SCAN 2012

Service Community Assessment of Needs
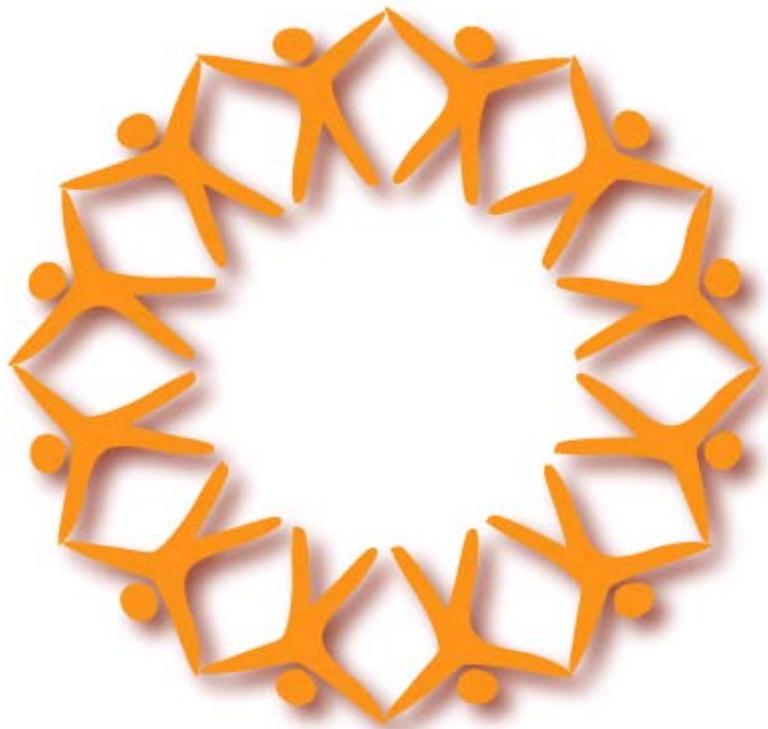
Bloomington Indiana MSA

(including Monroe, Owen and Greene Counties)

United Way

United Way
of Monroe County

Friends,

A sincere thank you to the many individuals and organization representatives who gave their time, advice, and hard work to make this project possible, including the community contributors and reviewers, the responding organizations, the SPEA Capstone advisors, SPEA Capstone teams, the Survey Research Center at IUPUI, and United Way of Monroe County staff and volunteers.

Barry Lessow, Executive Director
United Way of Monroe County
SCAN 2012 Project Chair

SCAN CAPSTONE TEAMS

Capstone Advisors:
Les Lenkowsky, Indiana University School of Public and Environmental Affairs
Kirsten Grönbjerg, Indiana University School of Public and Environmental Affairs
Beth Gazley, Indiana University School of Public and Environmental Affairs

Capstone Team I: Larry Allen*, Kwang Bin Bae, Beatrice Baskervill, Tamar Berdzenishvili, Holly Bonetti, Nikki Brown*, Rachael Candee*, Andrew Cloran, Jenna Cluver*, Jonathan Dohring, Robert Dohring, Michael Falls, Emily Gorenz*, Trevor Hagedorn, Stacie Henrickson*, Nathaniel Holton, Rachel Justis, Matthew Kinghorn, Joseph Leenhouts-Martin*, Hoona Kim, Bulent Koremez, Dong Eun Lee, Kai-Lin Liu, Tracy Lonstein, Katie Loudin*, Rene Malles, Suzzy Mangas, Lindsay Marciniak*, Colleen Mitchell, Sarah Morris*, Amanda Nickey, Michael Nosofsky, Christopher Power, Susie Puskar*, Lindsay Ragis, Sarala Rai, Katherine Schwartz, Andrew Thomas*, Sarah Thompson*, Malachi Waples, Todd Michael Weber, Jessica Wechter*, Chad Wiedyk, Jessica Zetlau

Capstone Team II: Rebecca Fagen, Ashley Hall*, Emily Miller, Sarah Perfetti, Danielle Rankin, Danielle Talbert
* indicates Team Leader

SCAN CONTRIBUTORS

Thank you to these individuals who provided interview data, served as reviewers, or provided other assistance: Lisa Abbott, Julio Alonso, Jeff Baldwin, Sheri Benham, Jason Carnes, Sherry Dick, Becky Eisinger, Bill Ferry, Susanna Foxworthy, Leslie Green, Kirsten Grönbjerg, Ashley Hall, Lee Ann Jourdan, Beth Krouse, Todd Lare, Denise Lessow, Jessica Mace, Miah Michaelsen, Kevin Osborne, Vicki Pierce, Richard Rampley, Susan Rinne, Heather Robinson, John Stephens, Shirley Stumpner, and Matt Wysocki.

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About SCAN 2012

OVERVIEW

United Way of Monroe County works with member agencies and community partners to bring about lasting change and improve people's lives. By focusing on the building blocks for a better life – the "3E's" or Education, Earnings, and Essentials – solutions to the most pressing issues in the community are created and sustained. Education helps children, youth, and adults achieve their potential, by entering school ready to learn, graduating school ready to earn, and continuing to build job and life skills. Earnings help hard working families get ahead through gaining or maintaining stable employment, increasing and retaining income, and building savings and assets. Essentials are the basic needs of individuals and families, like sufficient food, a stable place to live, health care and wellness, and crisis management skills.

Since the last needs assessment, SCAN 2003, local families have been affected by a number of national and regional events. The recent national economic recession resulted in significant unemployment, and made it more difficult for working families to afford housing, health care, and other essentials. At the same time, state and local government enacted budget cuts, some companies were forced to leave positions unfilled, and many organizations, including nonprofits, faced shortfalls in donations and other revenue, often with demands for greater accountability. Everyone has had to review priorities, and seek partnerships and other creative ways to accomplish the work that needs to be done.

SCAN 2012 provides a comprehensive look at these human services in Monroe County, in relation to three neighboring counties, Lawrence, Owen, and Greene, and the state of Indiana. Like SCAN (2003), SPAN/MC (1998), and interim data updates, SCAN 2012 serves to increase public awareness of community needs, changing trends, and emerging issues; to provide a valuable tool to human service program planners, service providers, policy makers, funders, researchers, grant writers, and other community leaders; and to support a more coordinated and collaborative approach to achieving community goals.

This version includes an emphasis on indicators and outcomes, together with additional information that can be of value for proactive decision-making and setting community goals using measurable quality of life indicators.

Like its predecessors, SCAN 2012 was a collaborative effort. United Way of Monroe County, together with research and data committees from Indiana University's School of Public and Environmental Affairs, engaged representatives from nonprofits, public and private sectors, education, human service, and civic organizations. The nonprofit organizations participating in SCAN 2012 represented social services, health care, education, recreation, youth development, arts and culture, the faith community, environment, animal matters, and community development.

The SCAN 2012 Report includes:
- A profile of Monroe, and the three neighboring counties Lawrence, Owen, and Greene, that make up the primary service area for Bloomington-based organizations.
- A look at the nonprofit human services sector, including changes in capacity and demand since 2003.
- Data comparisons, along with upward and downward trends, in each of five key human service areas – Education, Earnings, Health and Wellness, Youth Development, and Essential Needs. Primary data collected from randomly-selected households, survey data from human service providers, and secondary data are presented. When comparing data from 2003 to 2012, an arrow symbol is used to represent an improving ▲ or declining▼ trend.

METHODOLOGY

The results of SCAN 2012 are based on data from a variety of primary and secondary sources. These information sources include: existing demographic, contextual, and community data from local, state, and national sources; and interviews and surveys with clients, providers, and households.

Primary source data was collected by the Survey Research Center at Indiana University-Purdue University Indianapolis, the School of Public and Environmental Affairs 2010 and 2011 Capstone classes, and United Way staff. For both SCAN 2003 and 2012, three primary data collection tools were used: the Household Survey, the Service Provider Survey, and the Client Challenges Survey. Additional interviews were conducted to provide contextual background.

The Survey Research Center contacted over 300 households who answered questions by telephone (including mobile numbers) about their experiences with economic needs, employment, housing, education, social and public safety, health care, and services for household members of all ages during the past year. For each question on the **Household Survey**, the person was asked whether each area presented a "major challenge", "minor challenge", or "no challenge" to the household. Most questions were designed to be consistent with the 2003 assessment to provide a reliable basis for comparison. The Monroe County household surveys were conducted in March of 2010; 276 complete and usable surveys were obtained. The Survey Research Center provided weighting in the data analysis to correct for any potential bias in income distribution.

The **Service Provider Survey** obtained information about types of available human services. Providers were contacted by phone and email to explain the project and to gain their participation. Service providers (87) in a variety of sectors answered 30 questions in an online survey to give their perspective on community use and needs for services in a variety of areas, community priorities, and the capacity and operation of their organization and its programs. A comprehensive list of participants was identified using 2-1-1, Guidestar, the National Center for Charitable Statistics (NCCS), United Way Member Agency and Donor Choice Agency lists, participants from SCAN 2003, and local government. Organizations that were located in or provided services in Monroe, Lawrence, Owen, or Greene Counties were included as part of the survey. Identifying information was separated from individual results and kept confidential.

There were 65 executive or department directors that completed the survey for their organization, while two board members and 21 staff members completed the survey on behalf of their organization. Responses to questions were structured for respondents to select one multiple choice answer that best described their situations. There were also a few questions with an option of open-text responses.

The **Client Challenges Survey** similarly used an online format to ask 88 key informants who represent a broad spectrum of organizations and agencies providing human services in the four counties to assess the needs of their current clients. Respondents were asked to rate the degree to which their clients had experienced specific household challenges in the past year in areas like economics, basic needs, employment, literacy, environmental quality, health care, education, childcare, transportation and disability services. The 2011 Capstone class then collected supplementary and contextual information from key informants through interviews in the community.

Secondary data for SCAN 2012 consisted of research and analysis of current community indicators for Monroe, Lawrence, Owen, and Greene Counties. Data were collected to reflect economic and demographic characteristics, information pertaining to education, health, basic services, income stability, labor statistics, youth and human development, and personal safety. Information came from a variety of sources, including the U.S. Census, the American Community Survey, KidsCount, Indiana Youth Institute, Indiana Business Research Center, among others. While some sources used methodologies (for example the American Community Survey) that inherently have a greater margin of error, together these sources provide a more accurate representation of the community's needs.

SCAN 2012 serves as a tool that can be updated regularly by integrating current data and statistics, reflecting changes in population demographics, community characteristics and needs. The community benchmarks can serve as a useful means of continuing to track the status of human services. The SCAN data and reports are maintained online by the United Way of Monroe County. A listing of many of the social service agencies in Monroe County can also be found by viewing the United Way member agency listing and the United Way Donor Choice agencies at www.monroeunitedway.org.

1. Profile of the Region

REGION AT A GLANCE

To better understand the human service needs of our community, it is useful to have a sense of the demographic and economic profile of the region's households. Many of the nonprofit organizations that are based in Bloomington and Monroe County have regional offices and provide services to individuals in Lawrence, Owen, and Greene Counties. Those statistics are included when they are available.

Monroe County has the largest population of the four counties, and also the highest population of college students. Greene County is the largest county in physical area, followed by Lawrence County. Owen County has experienced the greatest amount of growth since 1990.
(See Table 1.1)

Table 1.1: Population distribution

	Monroe	**Lawrence**	**Owen**	**Greene**
Population (2011) Indiana 6,516,922	139,799	46,195	21,499	32,895
Growth (%) since 2010 Census Indiana 0.5%	1.3%	0.1%	-0.4%	-0.8%
% Urban	77%	44%	0%	35%
% Rural	23%	56%	100%	65%
Land area sq miles	394	449	385	542
Water area sq miles	17	3.2	2.7	4.2
Density/square mile	332	102	58	60
Median resident age Indiana 35.2	27.6	38.2	37.6	38.1
% Male	49.1%	48.7%	49.7%	49.2%
% Female	50.9%	51.3%	50.3%	50.8%
College Students	26.7% (34,916)	2.1% (979)	2.2% (495)	3.6% (1162)

Source: Indiana Business Research Center, www.stats.indiana.edu

Table 1.2 gives a picture of the local workforce of this region, including education, wages, and average commuting time. Monroe County has the workforce with the highest levels of education, and the lowest commuting times. Lawrence County has the highest rate of unemployment of the four counties.

Table 1.2: Workforce Profile

	Monroe	**Lawrence**	**Owen**	**Greene**
Labor Force (2011)	69,447	21,451	11,324	15,702
% over 25 years with high school degree or higher (2009)	90.5%	81.3%	81.4%	83.5%
% over 25 with BA or higher (2009)	40.1%	12.2%	8.8%	10.9%
% living and working in county	89.1%	66.4.0%	38.0%	48.6%
Mean travel time to work (minutes)	18.2	25.2	33.6	29.7
Unemployment rate 12/2011 Indiana 8.7%	6.9%	10.7%	9.6%	8.7%

Source: Indiana Business Research Center, www.stats.indiana.edu

Table 1.3 provides a snapshot of average household size and income. Of the four counties, the cost of living is greatest in Monroe County, and lowest in Greene County. Owen County has both the largest average household size and median income. Monroe County has the highest percentage of renters, and the largest percentage of individuals living in poverty.

Table 1.3: Household Income Profile

	Monroe	Lawrence	Owen	Greene
Cost of Living (1/2011 – US 100)	85.6	79.8	80.4	78.3
Average household size (2010) Indiana 2.5	2.2	2.4	2.5	2.4
Median household income (2010) Indiana $44,616	$38,348	$41,305	$42,658	$41,504
Median household income (2000) Indiana $41,5111	$35,453	$37,743	$36,885	$33,998
Per Capita Personal Income (2010) Indiana $33,981	$30,042	$29,862	$28,994	$30,610
Owner occupied homes and condos	25,298	14,663	6,756	10,700
Renter occupied apartments	21,600	3,902	1,526	2,672
% Renters	46%	21%	18%	20%
% of All ages in poverty (11/2011) Indiana 15.3%	24.3%	15.2%	14.1%	14.0%
% Under 18 in poverty (11/2011) Indiana 21.6%	18.1%	22.6%	22.5%	20.7%
% of All ages in poverty (2000) Indiana 8.8%	11.1%	8.8%	10.5%	10.0%
% Under 18 in poverty (2000) Indiana 12.1%	11.6%	12.4%	14.8%	14.6%

Source: Indiana Business Research Center, www.stats.indiana.edu

POPULATION CHANGE

Monroe County is one of 92 counties in the state of Indiana, and is surrounded by six counties: Owen and Greene on the West, Lawrence on the South, Jackson and Brown on the East, and Morgan to the North. The latest estimates (2011) report that the current population is 139,799, with a growth of about 14% from 2000 to 2010 (Table 1.4).

Table 1.4: Population change by decade

Year	Monroe	Lawrence	Owen	Green	Indiana
2011	139,799	46,195	21,499	32,895	6,516,922
2010	137,974	46,134	21,575	33,165	6,483,800
2000	120,563	45,922	21,786	33,157	6,080,485
1990	108,978	42,836	17,281	30,410	5,544,156
1980	98,783	42,472	15,841	30,416	5,490,210
2000 to 2010 % change	14.4%	0.5%	-1.0%	0.0%	6.6%
1990 to 2010 % change	26.6%	7.7%	24.8%	9.1%	16.9%
1980 to 2010 % change	39.7%	8.6%	36.2%	9.0%	18.1%

Source: Indiana Business Research Center, www.stats.indiana.edu

By population size, Monroe County ranks as the 13th largest county in the state of Indiana. It is important to note that the US Census Bureau counts all people residing at a certain locality at the time of census and does not distinguish between permanent and temporary residents, citizens or non-citizens. The population in Monroe County includes Indiana University (IU) students and their families. The IU Enrollment Office provides a profile of the student population in Bloomington (see Table 1.5). The student population is an important economic component of the area. Students and their families contribute to sales and other tax revenue, and they are consumers of different public, private, and nonprofit goods and services.

Table 1.5: Number of IU Bloomington students by place of origin

	2003	2006	2007	2008	2009	2010
US citizens	34,629	33,905	34,300	35,414	36,899	36,681
International citizens	3,884	3,984	4,388	4,709	5,193	5,631
Indiana origin	24,329	24,811	24,869	25,607	26,464	26,656
Monroe origin	6,251	6,806	7,047	7,392	7,333	7,373
Lawrence origin	329	189	209	206	200	193
Owen origin	119	83	65	78	87	93
Greene origin	141	120	106	130	126	113

Source: Indiana University, http://registrar.indiana.edu/dma/enrollreports.shtml

Components of Population Change

The US Census Bureau lists net domestic migration, international migration, and natural increase as the components of population change. Net domestic migration measures the difference between domestic in-migration to an area and domestic out-migration from the same area in the United States (excluding Puerto Rico) during a given time period. International migration encompasses foreign born lawful permanent residents (immigrants), temporary migrants (such as students), humanitarian migrants (such as refugees), and people illegally present in the United States. The US Census does not estimate these components individually. A natural increase measures the surplus of births over deaths in a given time period.

Table 1.6: Components of Population Change in 2010/2011

	Monroe	Lawrence	Owen	Greene	Indiana
Net Domestic Migration (change '10-'11)	362	58	-97	-276	-9,059
Net International Migration (change '10-'11)	472	3	13	4	7,175
Natural Increase (births minus deaths)	488	-13	0	-18	28,233
Births	1,281	505	232	374	84,732
Deaths	793	518	232	392	56,499

SOURCE: US Census

Monroe County had the greatest increases in net domestic and international migration, and the largest natural increase compared to the other three counties. Greene and Lawrence Counties both experienced population outflow.

One important aspect of population trends is the death rate. Mortality rate is calculated as the number of deaths divided by the population, multiplied by 1,000. The mortality rate has remained at the same level, about 6 per 1,000 in the population, in Monroe County for the last seven years. From 2002 to 2006, infant mortality per 100 births increased in Monroe and Greene Counties, and improved in Owen and Lawrence counties.

Table 1.7: Mortality rate per 1,000 population

	Monroe	Lawrence	Owen	Greene
2009	6.2	10.6	9.8	10.8
2008	6.2	10.5	10.0	10.8
2003	6.2	9.5	9.7	11.3
2001	6.1	10.7	8.7	10.4

SOURCE :Indiana Business Research Center, http://www.stats.indiana.edu

POPULATION AGE

Population demographics are useful for organizations planning services that focus on specific age groups or characteristics. Monroe County has the lowest median age of the four counties, and as expected with the presence of a university, the largest concentration is among those ages 18 to 24. Lawrence, Owen, and Greene counties have similar age breakdowns, with the largest number being among older adults age 45 to 64. Greene has the greatest proportion of pre-school age children. Lawrence and Greene have the greatest proportion of senior citizens.

Table 1.8: Population estimates by age in 2010 with component percentage

	Monroe	Lawrence	Owen	Greene	Indiana
Preschool (0-4)	6,503 (4.7%)	2,723 (5.9%)	1,217 (5.6%)	1,981 (6.0%)	434,075 (6.7%)
School age (5-17)*	15,968 (11.6%)	8,149 (17.7%)	3,794 (17.6%)	5,902 (17.8%)	1,174,223 (18.1%)
College age (18-24)*	39,873 (28.9%)	3,289 (7.1%)	1,645 (7.6%)	2,494 (7.5%)	650,310 (10.0%)
Young adult (25-44)	33,823 (24.5%)	10,969 (23.8%)	4,937 (22.9%)	7,993 (24.1%)	1,668,175 (25.75)
Other adult (45-64)	27,760 (20.1%)	13,442 (29.1%)	6,790 (31.5%)	9,478 (28.6%)	1,715,911 (26.5%)
Older (65+)	14,047 (10.2%)	7,562 (16.4%)	3,192 (14.8%)	5,317 (16.0%)	841,108 (13.0%)
Median age	27.7	41.6	42.4	41.1	37.0
Total	137,974	46,134	21,575	33,165	6,483,802

SOURCE: Indiana Business Research Center, www.stats.indiana.edu
NOTE: *Age groups changed from 2009 sections of school age (5-17) and college age (18-24)

POPULATION RACIAL COMPOSITION

Racial composition in the four counties is largely homogeneous, with the greatest percentage in the "white alone" population group. Monroe County has the largest diversity and percentage of individuals born in another country.

Table 1.9: Population racial composition

	Monroe		Lawrence		Owen		Greene	
	2003	**2010**	**2003**	**2010**	**2003**	**2010**	**2003**	**2010**
White non Hispanic	91.0%	87.9%	98.1%	96.5%	98.3%	97.0%	98.4%	97.2%
Asian	4.0%	4.4%	0.3%	0.0%	0.2%	0.6%	0.2%	0.0%
Black non Hispanic	3.2%	3.2%	0.5%	0.6%	0.4%	0.0%	0.4%	0.0%
Hispanic or Latino	2.0%	2.3%	0.9%	1.1%	0.8%	1.0%	0.9%	1.1%
Two or more races	--	1.5%	--	0.8%	--	1.1%	--	1.2%
% Born in another country	--	5.4%	--	0.9%	--	0.4%	--	0.5%

SOURCE: Indiana Business Research Center, http://www.stats.indiana.edu

LANGUAGES SPOKEN AT HOME

According to the U.S. Census, 79.4% of Americans age five and over speak English. Part of the population cannot speak, read, write or understand the language well enough to function. For others, English is not their native language. For these individuals, it is more difficult to interact effectively with schools, housing providers, medical institutions, immigration officials, or social service agencies.

National Figures
The 2010 U.S. Census asked if people spoke a language other than English at home. Among the 289,215,746 people aged five and over, over 59 million (20.6%) spoke a language other than English at home. These figures were up from 14% (31.8 million) in 1990 and 11% (23.1 million) in 1980.

State of Indiana
The state of Indiana has a lower percentage of non-English language speakers compared to the country. According to the 2010 Census, there are an estimated 317,744 adults (over the age of 25) "non-English-language speakers" in Indiana, or about 6.4% of the population. The term "non-English-language speakers" refers to people who spoke a language other than English at home, regardless of their ability to speak English.

2010 County Figures

The majority of residents in all four counties speak English at home. Monroe County has approximately 8% of residents whose primary home language is not English. The following tables show English mastery for each county by primary languages. For Monroe County, the most common birthplace of foreign born residents is Korea (14%), followed by India (7%), Japan (6%), Germany (6%), Canada (6%), Taiwan (5%), and China, excluding Hong Kong and Taiwan, (5%).

Table 1.10: English competency for the 8% of Monroe County Residents who do not speak English at home

Primary home language	Of these…	Speak English very well	Speak English swell	Do not speak English well
Spanish	2%	72%	13%	15%
Other Indo-European Language	3%	78%	16%	5%
Asian or Pacific	2%	48%	37%	16%
Other language	1%	77%	12%	11%
91.9% of Monroe County residents speak English at home				

SOURCE: Indiana Business Research Center, http://www.stats.indiana.edu

Table 1.11: English competency for the 2% of Lawrence County Residents who do not speak English at home

Primary home language	Of these…	Speak English very well	Speak English swell	Do not speak English well
Spanish	1%	68%	9%	24%
Other Indo-European Language	1%	66%	23%	12%
Asian or Pacific	0%	65%	20%	15%

97.9% of Monroe County residents speak English at home

SOURCE: Indiana Business Research Center, http://www.stats.indiana.edu

Table 1.12: English competency for the 2% of Owen County Residents who do not speak English at home

Primary home language	Of these…	Speak English very well	Speak English swell	Do not speak English well
Spanish	1%	77%	6%	17%
Other Indo-European Language	1%	66%	19%	15%
Asian or Pacific	0%	53%	47%	0%

97.6% of Monroe County residents speak English at home
SOURCE: Indiana Business Research Center, http://www.stats.indiana.edu

Table 1.13: English competency for the 2% of Greene County Residents who do not speak English at home

Primary home language	Of these…	Speak English very well	Speak English swell	Do not speak English well
Spanish	1%	82%	5%	13%
Other Indo-European Language	1%	86%	9%	5%
Asian or Pacific	0%	27%	0%	73%

97.8% of Monroe County residents speak English at home
SOURCE: Indiana Business Research Center, http://www.stats.indiana.edu

MINORITY POPULATIONS IN MONROE COUNTY

The diversity of Monroe County makes the community more vibrant. However this diversity can also present challenges for service providers when residents have difficulty speaking English. Organizations were asked to respond to survey questions about language barriers and diversity issues. It appears that there are some additional needs for English language services.

While minorities are a relatively small segment of the Monroe County population, several minority groups showed a fast rate of growth from 2008 to 2009. The County's Asian population grew from 5,657 to 5,887. The Hispanic and two or more races groups each grew from 3,026 to 3,152 and from 2,051 to 2,110, respectively. The black population grew from 4,364 to 4,531 while the white population grew from 116,718 to 117,759.

Population projections for Monroe County indicate that this growth will continue for minority populations. Between 2010 and 2025, the Hispanic population is predicted to grow by 48% and

the Asian population is expected to see a 41% increase. The growth in some minority populations will mean that the demand for bi-lingual services will continue to increase as well.

Much of Monroe County's growth in certain minority populations is the result of direct international migration. Figure 1.2 highlights the annual estimates for net international migration to Monroe and surrounding counties. Net international migration to this region has remained consistent in this decade. Monroe County has had an average annual net international migration of 455 residents while surrounding counties have averaged 20 net international migrants annually.

The Census Bureau population estimates do not separate international migrants by source region but the Census Bureaus' American Community Survey (ACS) data indicates that the majority of Monroe County's international migrants originate from Asia. The ACS 3-year estimates for 2006 to 2008 show that Monroe County has averaged 1,770 (margin of error +/- 400) international in-migrants annually over this period. The estimates indicate that 1,060 (+/- 310) of these international in-migrants came from Asia.

Figure 1.2: Annual net international migration for Monroe and surrounding counties, 2001 to 2009

Source: U.S. Census Bureau Population Estimates http://www.stats.indiana.edu/topic/population.asp
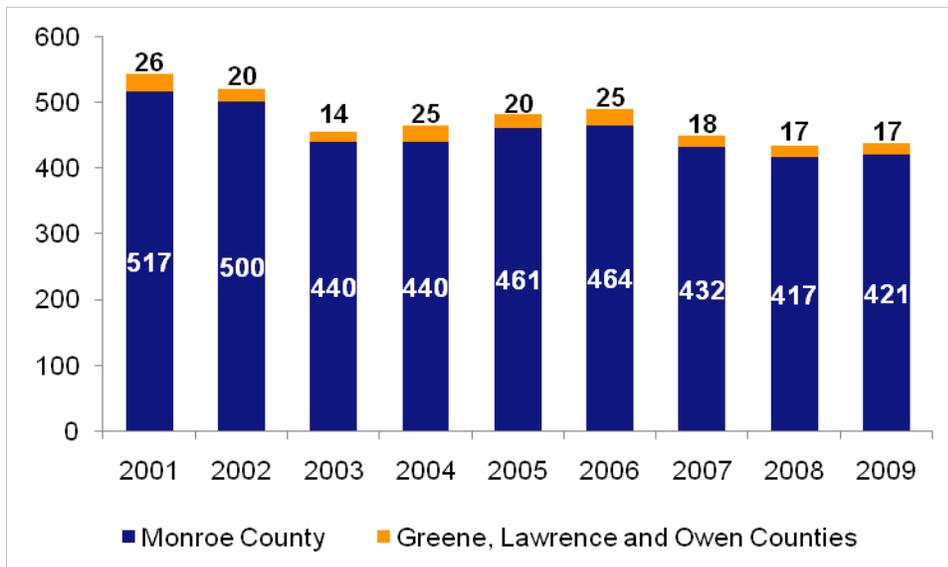
2. Human Services Organizations

NONPROFIT PROFILE

Community residents benefit from the quality and diversity of local nonprofit service providers. Organizations that serve Monroe and the neighboring counties of Lawrence, Owen, and Greene, were asked about their organization's mission, clients, revenues, programs, services, administration, management tools, technology, funding, resources and service needs. Reponses from 87 different organizations represented education, employment, heath, social services, legal, housing, public safety, environment, faith-based, arts, and recreation or youth development.

Table 2.1 illustrates a comparison of the survey respondents in 2003 and 2010 by sector. Organizational sector is determined by organizations' National Taxonomy of Exempt Entities (NTEE) codes. Organizations receive an NTEE code when they register for tax-exempt status with the IRS. (Small charitable nonprofit organizations with gross receipts under $5,000, and church congregations are not required to register with the IRS.) "Public and societal benefit" organizations include those working with civil rights, social action, advocacy, philanthropy, voluntarism, community improvement, and social science research institutions.

Table 2.1: Survey respondents by sector

	2003	2010
Arts, Culture, and Humanities	4%	7%
Education	6%	14%
Environment and Animals	3%	1%
Health	12%	11%
Human Services	50%	45%
Public, Societal Benefit	19%	13%
Religion Organizations	6%	8%

SOURCE: 2003 SPP (n=72) and 2010 SPP (n=87)

Service Area and Populations in 2010:
- 50% of the organizations served more than one county; comparable to 46% in 2003.
- 34% served all four counties in the service area.
- 43% of the organizations serving Monroe County did so exclusively.

Table 2.2: Counties served in 2010

	Monroe	Lawrence	Owen	Greene
Service Area	92%	43%	52%	42%

SOURCE: 2010 SPP (n=87)

Table 2.3 shows that 63% of the organizations served all ages. (Since organizations may serve more than one age group, percentages do not add to 100. Organizations were not asked about the ages served in 2003.)

Table 2.3: Ages of populations served

	Percent of Nonprofits
All ages	63%
Birth to 5	7%
Kindergarten age	15%
Elementary age	16%
Middle school age	20%
High school age	28%
College age (18-22)	26%
Adults (23-64)	20%
Seniors (65 and over)	17%

SOURCE: 2010 SPP (n=87)

Programs for Non-English Language Speakers in 2010:
- 14% of organizations reported having programs designed for non-English speakers.
- 44% did not have specific programs.
- 42% reported that it was not applicable or did not know.

For organizations that did have specific programs, the distribution is shown in Table 2.4.

Table 2.4: Non-English language programs

Language	Organizations with Non-English programs
Spanish	36%
Korean	15%
Vietnamese	< 1%

SOURCE: 2010 SPP (n=87)

NONPROFIT SERVICE NEEDS AND CAPACITY

Demand

A total of 66% of organizations reported an increase in demand from 2009 to 2010; this is similar to the 60% reporting an annual increase in demand in 2003. However, 76% of the organizations reported an increased demand for services in the last five years in 2010, compared to only 57% in 2003.

▼ **Providers indicated that the difficult economic situation has resulted in greater demand among families where adults are working, yet still struggling to make ends meet.**

Table 2.5: Changes in demand, 2003 compared to 2010

	Past Year		Past Five Years	
	2003	**2010**	**2003**	**2010**
Major Increase: >25%	17%	17%	23%	43%
Minor Increase: 10 – 25%	43%	49%	34%	33%
Stayed About the Same	35%	23%	19%	14%
Minor Decrease: 10 – 25%	5%	5%	2%	1%
Major Decrease: < 25%	0%	1%	3%	3%

SOURCE: 2003 SPP (n=72) and 2010 SPP (n=87)

Demand by Sector

Table 2.6 shows the changes in the level of demand for the past year. **Human Services organizations reported the largest increase in demand over the past year, with 28% reporting a major increase in demand, and 55% reporting a minor increase in demand**. Education experienced the second largest major increase at 17%, followed by Religion organizations at 14%. Only Arts, Culture & Humanities, and Health organizations, report no major change in the demand in 2009.

Table 2.6: Changes in demand over the past year by organization sector

	Human Services	Education	Religion	Public & Societal Benefit	Arts, Culture, & Humanities	Health
Major Increase: >25%	28%	17%	14%	10%	0%	0%
Minor Increase: 10 – 25%	55%	58%	71%	30%	17%	40%
Stayed About the Same	12%	8%	15%	60%	33%	50%
Minor Decrease: 10 – 25%	0%	17%	0%	0%	33%	0%
Major Decrease: < 25%	0%	0%	0%	0%	0%	10%
Not Applicable	5%	0%	0%	0%	17%	0%

SOURCE: 2010 SPP (n=87)

Similarly, Table 2.7 illustrates increases in demand by sector type over the past five years.
▼ **Demand for services has increased across all sectors in the past 5 years.**   Seventy-one percent of Religion organizations reported a major increase in demand for services over the past five years, followed by Human Service organizations at 45%, Education organizations at 42%, and Health organizations at 40%. Twenty-nine percent of Religion organizations reported a minor increase in demand over the past five years, as did 40% of Human Service Organizations, 25% of Education organizations, and 30% of Health organizations.

Table 2.7: Changes in demand over the past five years by organization sector

	Human Services	Education	Religion	Public & Societal Benefit	Arts, Culture, & Humanities	Health
Major Increase: >25%	45%	42%	71%	20%	33%	40%
Minor Increase: 10 – 25%	40%	25%	29%	30%	34%	30%
Stayed About the Same	5%	17%	0%	50%	33%	10%
Minor Decrease: 10 – 25%	0%	0%	0%	0%	0%	10%
Major Decrease: < 25%	3%	8%	0%	0%	0%	10%
Not Applicable	8%	8%	0%	0%	0%	0%

SOURCE: 2010 SPP (n=87)

Capacity

In 2003, 46% of organizations had indicated that meeting the needs and interests of clients was a major challenge. In the 2010 survey, 37% of organizations reported that meeting the needs and interests of clients was a major challenge. (This difference was not statistically significant.) Religion organizations, Health, Public & Societal Benefit, and Human Services sectors experienced the greatest challenges in 2010 with 71%, 70%, 60%, and 48% respectively reporting a major challenge.

Table 2.8: Capacity in 2010 to meet client needs by organization sector

	Human Services	Education	Religion	Public & Societal Benefit	Arts, Culture, & Humanities	Health
Major challenge	48%	45%	71%	60%	33%	70%
Minor challenge	0%	27%	14%	20%	0%	0%
No challenge	8%	0%	0%	0%	17%	0%
Don't know, not applicable	48%	27%	14%	20%	50%	30%

SOURCE: 2010 SPP (n=87)

OPERATIONS AND GOVERNANCE

Nonprofit operations and governance includes organization structure, policies, strategic planning, and administration. The 2010 Service Provider Survey asked organizations to indicate operations or policy related items the organization possessed or utilized. The use of such policies and tools serve as an indicator of nonprofit management capacity. Similar data was collected in SCAN 2003 and are presented below as a comparison when available.

Structure and Policies

Table 2.9 shows that there are no significant differences between the 2003 and 2010 responses to items focused on formal organization policies. Most notable is a decrease in the use of written by-laws. However, this difference may be partly attributed to the inclusion of newer community organizations in the 2010 survey.

Table 2.9: Organizations with formal organization policies

	Percent of Nonprofits	
	2003	**2010**
Written by-laws	85%	73%
A written grievance policy	79%	74%
A written conflict of interest policy	72%	70%
Board succession and self-assessment tools	32%	41%

SOURCE: 2003 SPP (n=72) and 2010 SPP (n=87)

Table 2.10 shows that a majority of organizations surveyed in 2010 reported having employee and volunteer policies including written job descriptions, retirement plans, and personnel policies. This is similar to 2003.
▼**There was a slight decline in the percentage of organizations offering health benefits and retirement plans in 2010.**

Table 2.10: Employee and volunteer policies

	Percent of Nonprofits	
	2003	**2010**
Written job descriptions	92%	86%
Written personnel policies	86%	85%
Health benefits	80%	75%
Employee retirement plan	66%	61%
Formal volunteer training program	42%	52%
Professional development opportunities for staff	--	77%

SOURCE: 2003 SPP (n=72) and 2010 SPP (n=87)

The 2010 survey asked new questions about written policies on document management and destruction, as well as privacy statements protecting donors and clients. Sixty-five percent reported having document management and destruction policies and 72% reported having privacy statements protecting donors and clients.

Strategic Planning

According to the 2007 BoardSource Nonprofit Governance Index, 79% of nonprofits surveyed nationally have a written strategic plan. They ranked strategic planning third among areas of board performance needing improvement for nonprofit organizations.[1] An effective plan informs present activities of an organization, while providing direction and clarity for future initiatives of the organization. In 2003, 75% of local organizations indicated strategic planning as a challenge, 26% reported that time for strategic planning was a major challenge and 49% indicated it was a minor challenge. In 2010, significantly fewer organizations reported developing a strategic plan as a challenge.

▲ **11% of organizations indicated strategic planning is a major challenge, and 35% reported it as a minor challenge**. Comments from nonprofit executives indicate that there was increased access to professional development activities and resources to support strategic planning since SCAN 2003.

INFORMATION TECHNOLOGY AND COMMUNICATION

Technology

Technology has increasingly become a necessity for nonprofit organizations. Basic technology needs include Internet access for key staff members, the implementation of standard productivity software, and the use of a website. Some organizations have wireless high-speed internet, provide current hardware and software tailored to particular tasks, and allow for training and staff support related to IT needs. Like many organizations, nonprofits are also starting to take advantage of the opportunities that social media offer for communication with the public and their constituencies. This can include blogs, Twitter and Facebook posts, YouTube videos, downloadable media to mobile devices, GIS services and 3D visualization, and customized mobile applications for staff and volunteers.

In SCAN 2003, Monroe County nonprofit organizations scored higher on technology and communication items than counterparts in other parts of Indiana because of the HoosierNet and Giant Step Initiative sponsored by United Way of Monroe County. Similarly, the region benefits from the presence of IU, Ivy Tech, Crane, Smithville, AT&T, and other companies that have helped to build a high-tech infrastructure. Smaller nonprofits benefit from access to this technology environment, and from board members and other volunteers who are qualified and willing to help improve technology and communication.

In 2003, most organizations had access to email, computers for key staff, direct Internet access for key staff, and a website. The 2010 Service Provider Profile found that technological capacity had either remained stable or increased, as was the case for the number of organizations with a website.

▲ **Website presence increased from 85% in 2003 to 94% in 2010. See table 2.11.**

Table 2.11: Technology use by nonprofit organizations

	Percent of Nonprofits	
	2003	**2010**
E-mail	94%	99%
Computers available to key staff	93%	92%
Direct Internet access for key staff	90%	89%
An organization website	85%	94%
Computerized financial records	82%	82%
Computers available to key volunteers	55%	53%
Electronic donations	--	52%
Facebook page	--	64%
Electronic newsletter	--	45%
Twitter	--	19%

SOURCE: 2003 SPP (n=72) and 2010 SPP (n=87)

Technology and Information Challenges

The greatest organization challenges in 2010 included effective technology use (58%), access to technology assistance (48%), and website maintenance (45%).

Table 2.12: Technology challenges in 2010

	Access to technology assistance	Using social media	Maintaining a website	Getting needed technology tools	Using technology effectively
Major challenge	13%	11%	9%	8%	8%
Minor challenge	35%	23%	36%	36%	50%
No challenge	50%	43%	50%	53%	41%
Don't know, not applicable	3%	23%	5%	4%	1%

SOURCE: 2010 SPP (n=87)

Communication

In 2003, SCAN results showed that:

- 72% of organizations indicated communicating with clients was a challenge (18% major, 54% minor).
- 88% said that enhancing the visibility of their organization was a challenge (30%, 58%).
- 69% of organizations reported forming and maintaining good relationships with other organizations was a challenge (4%, 65%).
- 88% identified public relations as a challenge (30% major, 58% minor).

Similarly, in 2010, SCAN found that 77% of organizations found enhancing the visibility and reputation of their organization challenging. Other communication challenges included relationships with the media (4% major, 54% minor), and communicating with clients (4% major, 53% minor). Many organizations have taken advantage of the efficiency and messaging opportunities afforded by electronic communications. Using more electronic communications is also becoming part of the sustainability focus of some organizations.

Table 2.13: Communication Challenges in 2010

	Enhancing visibility & reputation	Having an email & e-newsletter	Having a printed newsletter	English & foreign language interpreters
Major challenge	19%	11%	9%	8%
Minor challenge	58%	19%	20%	40%
No challenge	21%	43%	51%	25%
Don't know, not applicable	3%	28%	20%	28%

SOURCE: 2010 SPP (n=87)
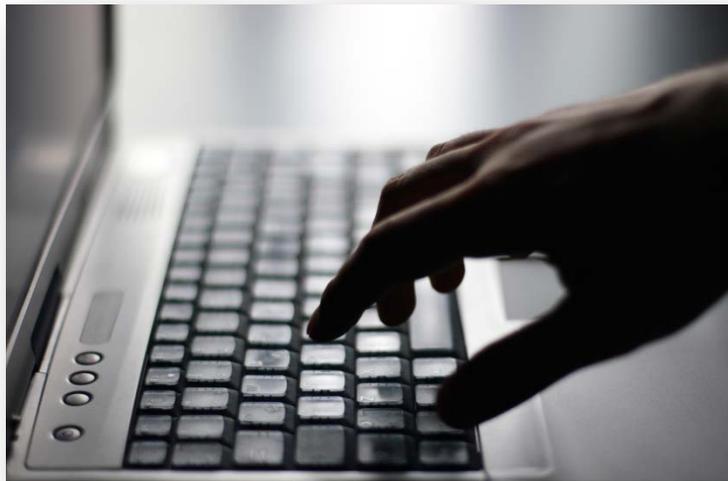
Communicating directly with clients, stakeholders, and volunteers is often the primary method of informing the community about the organization's mission and activities. Staff members and volunteers with a solid understanding of both technology and the organizations are very helpful to achieving the organization's objectives. Results from the 2010 Service Provider Profile indicate that informal contact, direct messages, and newsletters (both print and electronic) were the primary modes of communicating the organization's programs and services. See Table 2.14.

Table 2.14: Sharing information about organization programs and services

Activity	2010
Informal contact with donors, board, or volunteers	76%
Messages directly from the organization	71%
Newsletters or other publications	71%
From media	69%
Program events	66%
Regular meetings	55%
Annual meeting or reports	53%

SOURCE: 2010 SPP (n=87)

Collaboration

The 2010 Service Provider Profile asked representatives from community organizations how participating in collaborative community projects presents an operating challenge to their organization. Fifty-eight percent of organizations found collaboration to be no challenge, 36% found it to be a minor challenge, 1% found it to be a major challenge, and 5% did not know.

In 2003, collaboration was examined in terms of dedicated staff, volunteer and financial resources. Activities related to collaboration included advocating for issues impacting service areas, and involving an organization in "big picture" pro-active planning. While organizations indicated that participation in community groups, partnerships, coalitions, and similar networks can be important to serving clients more effectively, and in building professional skills and experiences, it can also be a significant draw on resources, both human and financial. Time was seen as a significant factor.

HUMAN RESOURCES

Many nonprofit organizations are seeing increasing demand for their services with declining financial resources. Most also face heightened requirements for service accountability from both funders and the general public, as well as from federal forms like the 990. Managing information and technology can also be time consuming. Organizations must recruit, train, develop, and manage paid staff, along with their boards and other volunteers.

Figure 2.1 shows the responses to human resource challenges from the 2010 survey. Several of the same questions were also asked in 2003, with several new items added in 2010 related to training and developing staff and volunteers. On average, about half of the organizations were experiencing difficulties with training and development.

Figure 2.1: Human Resource Challenges
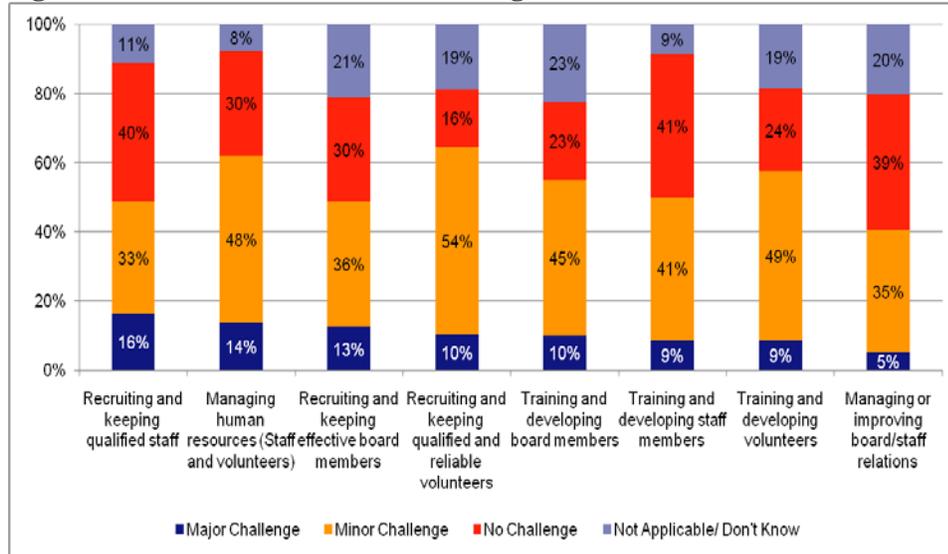
Source: 2010 SPP survey, n=87

▲**On every item related to recruiting and managing staff or board members, organizations experienced fewer major and minor challenges in 2010.**
By comparison, in 2003:
- 63% found recruiting and keeping qualified staff members to be a challenge (23%, 40%) while only 49% reported this to be an issue in 2010.
- 76% found managing staff and volunteers to be a challenge (21%, 55%), compared to 62% in 2010.
- 73% found recruiting and keeping effective board members difficult (27%, 49%), compared to 49% in 2010.
- 55% thought managing or improving board and staff relations to be a challenge, compared to 40% in 2010.

Staff Members

When asked to compare how the number of employees changed compared to a year ago, about half of the nonprofit organizations reported no change in the number of full time employees, part time employees, or work-study/interns. By comparison, in 2003, 61% of organizations had reported no change in the number of full time employees, which is a significant difference. In 2010, more organizations increased the number of full-time employees (18% compared to 10%), while decreasing the number of part-time employees (14% compared to 8%). In 2010, 26% reported an increased number of work-study and intern positions. (Comparable data is not available for 2003.)

Figure 2.2: Changes in Staffing Compared to the Previous Year

1. ▲**Recruiting and retaining qualified staff members is improving, but is still a challenge for some organizations.**
High staff turnover and staff management, while statistically less of a problem than in 2003, is still a significant challenge for some nonprofits. In 2010:

- 16% reported recruiting and keeping qualified staff as a major challenge; 33% found this to be a minor challenge.
- 14% found managing staff and volunteer resources to be a major challenge; 48% said it was a minor challenge.
- Challenges with recruiting and keeping qualified staff members also depended on the number of staff members in an organization. Both smaller and larger organizations experienced more difficulties. For 18% of organizations with 2.5 to 5 full-time equivalent employees, 6% of organizations with 5.5 to 15 full time employees, and 25% of organizations with 15.5 to 50 full time employees, recruiting and keeping staff is a major challenge. Smaller organizations have fewer administrative staff to perform human resource functions, and often do not have a dedicated person in that role. Larger organizations have more challenges often because of their greater size and complexity.

2. ▼**Training and developing staff members is more difficult for organizations that have experienced increase in demand.**
Based on the findings of SCAN 2003, low-cost, targeted, staff development was made available to area nonprofits through United Way, the Nonprofit Alliance of Monroe County, and from The School of Public and Environmental Affairs at Indiana University among others. For organizations where service demand over the past five years has stayed about the same, approximately 60% do not report any difficulties with training and development of staff. However, for organizations with an increase in demand during the last five years, this was not the case.

- 52% of organizations with a minor increase (10 – 25%) in demand found this to be a challenge (11% major, 41% minor).
- 54% of organizations with a major increase (over 25%) in demand found staff training and development to be a challenge (9% major, 45% minor).

3. The use of Human Resource Policies, including Employee Benefits stayed consistent.
In the 2010 Survey, organizations were asked to report on the existence of staff benefits or policies that affect staff retention. When asked which of these operating or policy-related items they had or used, the responses, in order from the highest to the lowest, were:

Table 2.15: Comparison of nonprofit organization staff benefits

	Percent of Nonprofits	
	2003	**2010**
Written job descriptions	92%	86%
Written personnel policies	86%	85%
Professional development opportunities for staff	80%	77%
Health benefits	80%	75%
Written grievance policy	79%	74%
Employee retirement plan	66%	61%

SOURCE: 2003 SPP (n=72) and 2010 SPP (n=87)

- Although 75% of the organizations provide health benefits, about 24% still reported offering health benefits as a major challenge, and 25% said it was a minor challenge.
- While 31% reported having employee retirement plan as a challenge (major challenge for 13 %), 61 % offer such plans.
- This is slightly lower than in SCAN 2003, where 80% had health benefits, and 66% offered an employee retirement plan.

Board Members
Board members are an important resource for nonprofit organizations, providing expertise and input on policy and fiscal matters, representing their organization to the community, donating their time, and making financial contributions.

1. ▲More organizations had an increased number of Board members in Monroe County compared to 2003.
Organizations were asked to report, compared with a year ago, how the number of Board members and volunteers has changed:
- In 2010, while 60% reported no change in the number of board members, 15% of organizations experienced a minor increase (10 – 25%).
- In 2003, 80% reported no change, while only 7% experienced a minor increase.

2. ▲Overall, managing boards is a minor challenge for organizations, but recruiting and keeping effective board members has improved since 2003.

Recruiting, keeping, and developing effective board members can be a challenge for organizations. It is especially challenging for organizations with increasing demands.

- Recruiting and keeping effective board members has improved since 2003. In 2010, 13% reported this to be a major challenge, compared to 27% in 2003. Similarly, 36% said this was a minor challenge in 2010, compared to 49% in 2003.
- In 2010, about 55% found training and developing board members to be a challenge (10% major, 45% minor). Similarly, 40% found managing or improving board/staff relations to be a challenge (5%, 35%), compared to 16% and 39% respectively in 2003. This is also an improvement.

Organizations that have experienced increases in demand over the past five years report the most challenge with recruiting and keeping qualified board members, although the majority report it to be a minor challenge.

- 15% of organizations that experienced either a major or minor increase in demand reported that it was a major challenge to recruit and keep qualified board members.
- 39% with a major increase in demand over the past five years reported recruiting and keeping qualified board members as a minor challenge.
- 44% of organizations with a minor increase in demand over the past five years reported recruiting and keeping qualified board members as a minor challenge.

Volunteers

Volunteers are traditionally a major resource for nonprofit organizations. In 2008, 62 million people volunteered more than 8 billion hours in the United States (Independent Sector, 2000). Because of the large number of volunteers, the sizable number of hours they contribute, and the prevalence of their involvement in charities, volunteer management has emerged as an important part of nonprofit and human resource management.

Nationally, adult voluntarism was stable from 2007 to 2008, increasing from 61 million to 62 million. However, the college voluntarism rate increased 2.2% from 25 million in 2007 to 27 million in 2008. For young adults ages 16 to 24, the rate increased by 5.1% from 2007 to 2008 (7.8 million to 8.2 million). In Indiana, 26.1% of 16 to 19 year olds and 16.7% of 20 to 24 year olds volunteered. Nationally, 25.6% of 16 to 19 year olds volunteered and 18.1% of 20 to 24 year olds volunteered.

Locally, 14% of organizations reported a major increase in the number of non-board volunteers. The state of Indiana has a higher than average percentage of people that volunteer. In Indiana, the 2003 voluntarism rate was 31.2%, compared to 27.4% nationally. Similarly, in 2008, the state voluntarism rate was 29.5% compared to 26.4% nationally. Indiana ranked nineteenth nationwide in volunteering rates between 2006 and 2008. Hoosiers also volunteer a higher than average number of hours – the sixth most hours per resident in the United States, at 45.8 hours per resident, compared to the national average of 34.7 hours per resident. In the Bloomington Metropolitan Statistical Area, the voluntarism rate was 32.6% between 2006 and 2008[2] and was above both the state and national averages during that time.

Many area service providers depend on volunteer assistance to carry out their mission. Whether it's advocating for children through CASA, tutoring adult learners at VITAL or playing music at

WFHB; many human service needs would go unmet without extensive and reliable volunteer support. Organizations were asked to report how volunteer support has changed in the last year. The Household survey, meanwhile, asked residents whether they volunteer regularly.

Volunteer support for local services appears strong. The majority of area service providers reported that volunteer activity in their organizations has held steady or increased over the past year. Additionally, nearly half of the Household survey respondents said that they volunteer regularly.
▲**More households had members who reported volunteering in 2010 than in 2003.**

1. ▲Organizations had an increased number of volunteers over the past year.
Compared to 5% in 2003, 14% of organizations reported a major increase in the number of volunteers in the last year. Similarly, only 5% reported a minor decrease in the number of volunteers in 2010 compared to 12% in 2003. Overall, 46% reported an increase in the number of volunteers engaged in the past year in 2010 compared to 35% in 2003, which is significant.

Table 2.16: Changes in volunteer activity

Activity	2003	2010
Major Increase: >25%	5%	14%
Minor Increase: 10 – 25%	30%	32%
Stayed About the Same	53%	34%
Minor Decrease: 10 – 25%	12%	6%
Major Decrease: < 25%	0%	0%

SOURCE: 2003 SPP (n=72) and 2010 SPP (n=87)

2. ▲While organizations are reporting increases in the number of volunteers, they are not reporting major challenges in managing those volunteers. Management of volunteers was split into multiple dimensions: recruiting and keeping qualified and reliable volunteers, training, and developing volunteers. Overall, managing volunteers was seen as a minor challenge for about half of the organizations.

Figure 2.3: Challenges in managing volunteers in 2010
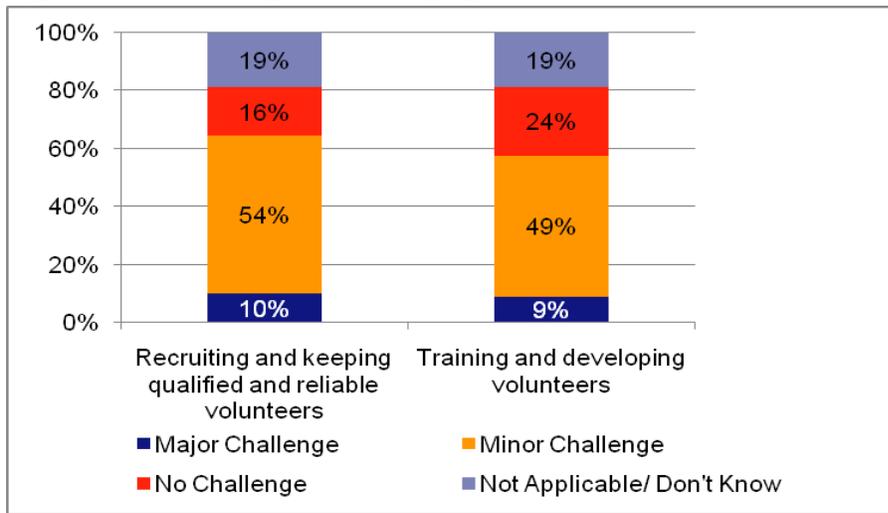
3. While voluntarism appears strong, the Household survey suggests that not all socioeconomic groups in Monroe County volunteer at the same levels.
Survey respondents with lower total household incomes and lower levels of educational attainment were less likely to report that they volunteered on a regular basis.

The likelihood that Monroe County residents volunteer regularly is influenced by several socioeconomic factors. As Figure 2.4 illustrates, the household survey respondents with a total household income above $75,000 are four-times more likely to volunteer than are respondents from households with a total income below $15,000. The survey results indicate that residents in households with a total income between $15,000 and $35,000, however, are only slightly less likely to volunteer than are residents in higher income households.

Figure 2.4: Volunteering by total household income
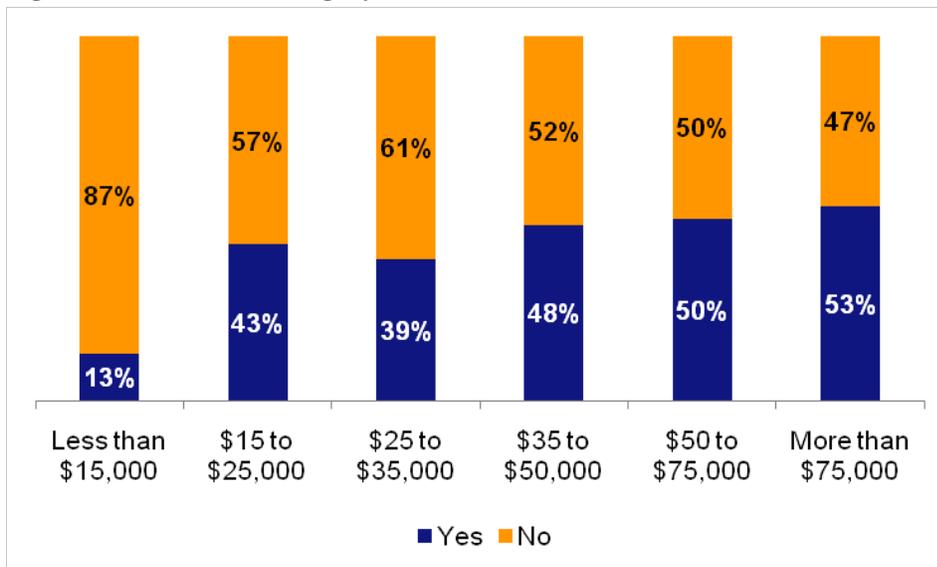
4. The level of educational attainment also affects the rates of voluntarism.
Roughly 60% of respondents with a bachelor's degree or a master's or doctorate volunteer regularly (see Figure 2.5). Thirty-two percent with a high school degree or GED reported volunteering regularly. The BLS survey on voluntarism nationwide showed a similar trend with 43% percent of the population with a bachelor's degree or higher volunteering compared to 18% for those with a high school diploma and 9% for those without a high school diploma.

Figure 2.5: Volunteering regularly by educational attainment
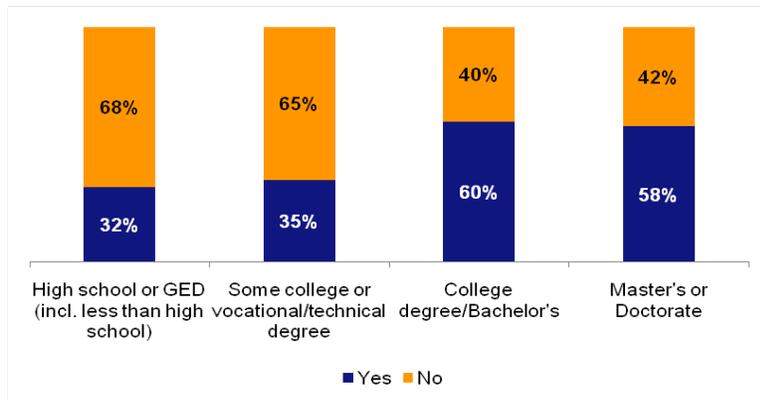
SOURCE: 2010 Household Survey (n=276)

5. Increases in volunteers are related to increases in demand.
Organizations that experienced an increase in demand in 2010 also reported an increase in non-board volunteers over the past year.

- 42% with a major increase in demand over the last year also reported at least a minor increase in the number of non-board volunteers in the last year.
- 43% with a minor increase in demand over the last year also reported a minor increase in the number of non-board volunteers.
- Religion organizations, human services, education, and health organizations saw the greatest increases in demand over the last year.

6. Recruiting and keeping qualified and reliable volunteers can be a challenge, especially for organizations experiencing increases in demand.
Nationally, the volunteer retention rate in 2008 was 64.5%. Statewide it was 68.6% in 2008. In this survey, 64% of organizations report that recruiting and keeping qualified volunteers is a challenge. While this question addresses several components of volunteer management, there is a strong, positive correlation between high volunteer rates and high volunteer retention rates. Since Bloomington has a higher volunteer rate than the statewide Indiana rate and the national rate, it could also be concluded that Bloomington has a higher than average retention rate for volunteers.

However, despite higher volunteer rates, and possibly higher retention rates, organizations with increasing demands still report that it is a challenge to recruit and keep qualified and reliable volunteers. In 2010, 64% of organizations reported that this was a challenge, compared to 80% in

2003. Overall, recruiting and keeping qualified volunteers moved from a major challenge to a minor challenge.

▲As Figure 2.6 illustrates, in 2010, only 10% of organizations reported that recruiting and keeping qualified and reliable volunteers was a major challenge, compared to 26% in 2003.

Figure 2.6: Recruiting and keeping volunteers
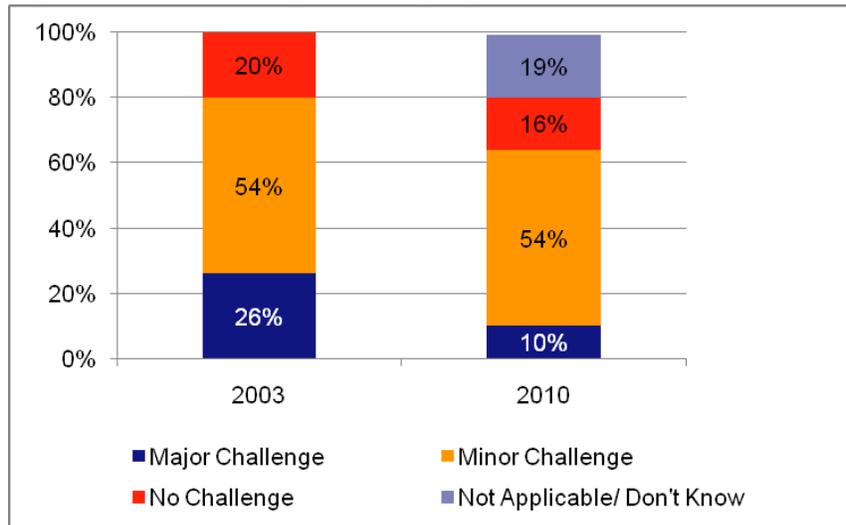
SOURCE: 2003 SPP (n=72), 2010 SPP (n = 87)

- 42% with at least a minor increase in demand in the last year also reported at least a minor challenge in recruiting and keeping volunteers.
- 42% with a major increase in demand in the last year also reported that recruiting and keeping volunteers as a minor challenge.
- 22% of organizations with a major increase in demand over the past five years reported it as a major challenge; while 59% saw it as a minor challenge.
- 56% with a minor increase in demand over the past five years also reported a minor challenge recruiting and keeping volunteers, and 16% reported a major challenge.

Even the 25% of the organizations that had stable demand over the past five years reported that recruiting and keeping qualified and reliable volunteers was a major challenge, and another 42% reported it was a minor challenge.

7. Training and developing volunteers is a challenge.
Training and developing volunteers was a major challenge overall for 9% of organizations and a minor challenge for 49%.

One element that contributes to improving recruiting, retention, training, and developing volunteers is formal volunteer recruitment and training programs. A UPS Foundation study in 1998 and Urban Institute study in 2004 found that volunteer training programs are essential to improving recruiting, keeping, training, and developing volunteers. In the Monroe County area 42% of organizations had formal volunteer recruitment and training programs in 2003, while 52% had such programs in 2010.

Volunteer Resources

There are several resources within Monroe County that help increase the community's pool of volunteers and help link volunteers to opportunities that match their skills and interests. The Bloomington Volunteer Network (BVN) coordinates many services in support of volunteering including hosting and maintaining an online clearinghouse of volunteer opportunities. Other BVN resources include a newsletter, training on volunteer issues for local service providers, and coordinating the Volunteer VIP networking group. NPA, the Non Profit Alliance, holds periodic trainings and resource sessions for local organizations, and promotes these and volunteer opportunities through a regular electronic newsletter received by over 400 subscribers. The Area 10 Agency on Aging manages the Retired and Senior Volunteer Program (RSVP) which coordinates volunteer opportunities for residents 55 years or older in Monroe and Owen counties. In addition to acting as a clearinghouse for volunteer opportunities, RSVP runs several special programs including providing Job Coaches for low-income individuals searching for work, and the Crafting Bridges program where RSVP volunteers work with incarcerated individuals to make gifts for their children. Both Indiana University and Ivy Tech Community College operate service-learning programs that provide volunteering opportunities for their students. These are just a few of the ways that residents of this region engage in volunteer activities. There are a variety of other ways that residents can become involved in the community including through churches and other faith-based organizations, neighborhood associations, and schools.

FINANCIAL RESOURCES

Like any organization, a nonprofit cannot provide services to its clients without adequate financial resources. The Indiana Capacity Assessment: Indiana Charities 2007 research report has shown that across Indiana, 90% of nonprofits report that obtaining funding is at least a minimal challenge. SCAN 2003 reported that 70% of nonprofits found obtaining funding to be a major challenge; 21% said it was a minor challenge. In 2010, nonprofits were again asked to provide insight into the impact of financial resources on their service capacity.
▼**SCAN 2012 shows that 51% of organizations found funding to be a major challenge, and 43% said it was a minor challenge – or 94% found it to be a challenge.**

Table 2.17 shows the results from the provider survey, which asked providers about the extent to which certain activities currently present a financial challenge to their organizations.

Table 2.17: 2010 Financial Challenges

Activity	Major Challenge	Minor Challenge
Obtaining funding or other financial resources	51%	43%
Getting foundation or corporate grants	40%	43%
Expanding your donor base	39%	39%
Getting government grants	38%	34%
Planning a capital campaign	24%	16%
Working with planned gifts	23%	23%
Having a fundraising plan	21%	29%
Writing effective grant proposals	9%	42%
Accounting or financial management	5%	19%
Having a recent audited financial statement	5%	9%
Other	33%	7%

SOURCE: 2010 SPP (n=87)

Organizations most frequently cited obtaining funding, getting foundation or corporate grants, expanding the donor base, and getting government grants as major challenges. Accounting and financial management, and having a recent audited financial statement, were most frequently cited as presenting little or no challenge to organizations. (This is consistent with 2003, where 41% reported a minor challenge, and 56% no challenge on these items.)

Obtaining Funding and Other Resources

Of the organizations surveyed, 51% reported that obtaining funding or other financial resources is a major challenge, while another 43% cited it as a minor challenge. Obtaining funding or other financial resources was a challenge for almost all organizations in 2010 as can be seen from in Figure 2.7. Even 67% of organizations with a major decrease in demand found this to be a major challenge.

Figure 2.7: Challenge of obtaining funding based on nonprofit change in demand during the past year
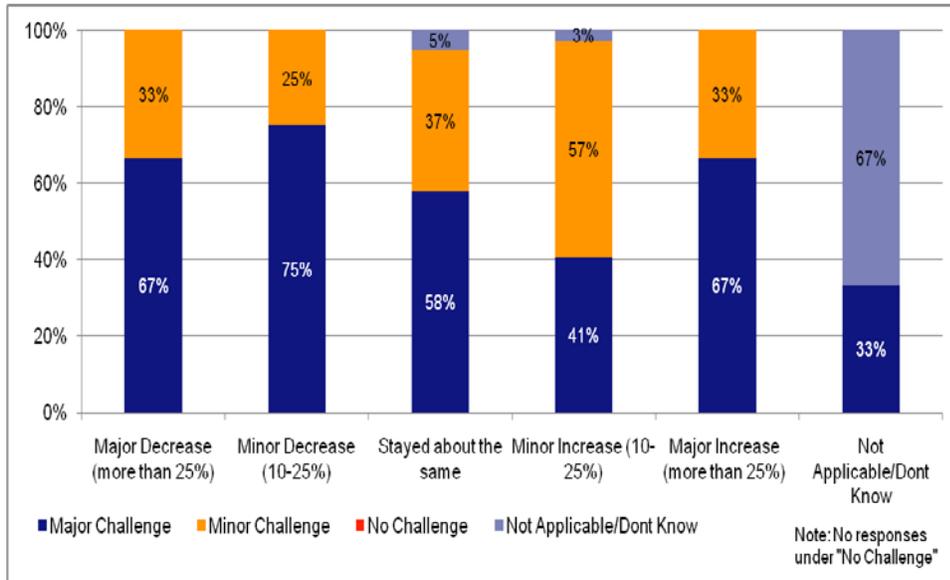
SOURCE: 2010 SPP (n=87)

Similarly, Figure 2.8 shows that most organizations have experienced a major challenge in obtaining funding, regardless of change in demand for services over the past five years. None of the nonprofits surveyed cited obtaining funding as no challenge.

Figure 2.8: Challenge of obtaining funding based on nonprofit change in demand during the past five years
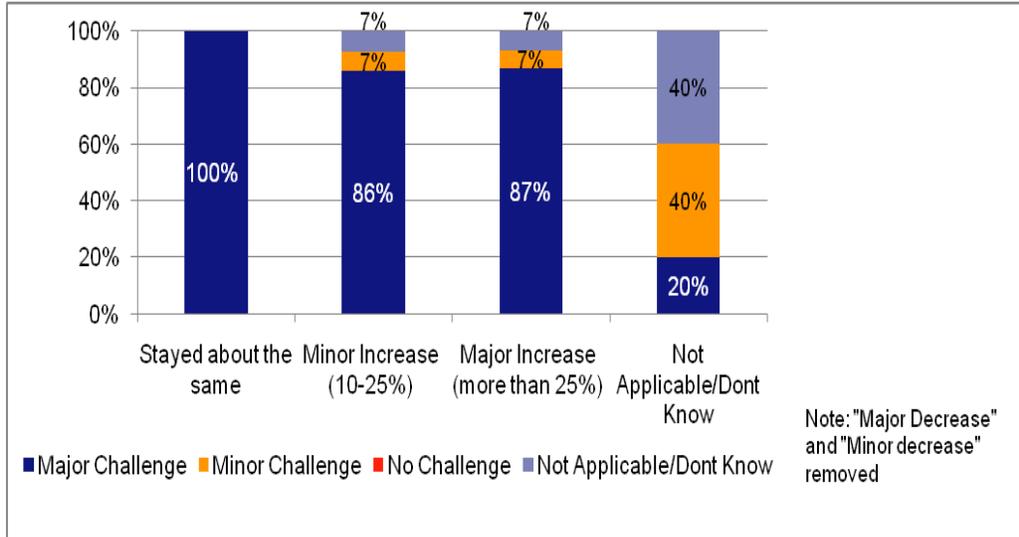
SOURCE: 2010 SPP (n=87)

Source of Funding

Nonprofit organizations rely on a variety of funding sources. Table 2.18 illustrates the changes in different revenue sources from 2003 to 2010. Comparisons are made with 2003 when possible, however several items marked with an * are categorized differently. In 2010, the "stable" category was added; numbers that do not add to 100% in 2010 reflect "unsure" responses.

Most revenue sources, including special events, corporate donations, and gifts from individuals, were down from 2003 to 2010. Some exceptions include:
- Local funders like United Way (69% decreasing in 2003 and 37% increasing in 2010).
- Dues and memberships (91% decreasing in 2003 to 78% increasing in 2010).
- State grants (85% decreasing in 2003 and 47% increasing in 2010).
- Federal grants (87% decreasing in 2003 and 51% increasing in 2010).
- Fees from clients (36% decreasing in 2003 and 18% decreasing in 2010).

Table 2.18: Comparison of revenue sources between 2003 and 2010

	Decreased		Stable	Increased	
	2003	**2010**	**2010**	**2003**	**2010**
In-kind income	40%	41%	8%	60%	36%
Special events (net)	38%	36%	14%	62%	34%
Businesses and corporate donations	25%	33%	23%	75%	28%
*Local funders (average of United Way, Comm. Foundation, etc.)	69%	31%	14%	31%	37%
Donations and gifts from individuals	31%	31%	26%	69%	23%
State grants (FSSA, IHCDA, etc)	85%	25%	21%	15%	47%
Local grants (City & County Council, Township Trustees, etc)	45%	25%	19%	55%	44%
Federal grants (CSBG, CDBG, etc)	87%	23%	11%	13%	51%
Fees from clients	36%	18%	10%	64%	56%
Dues & member fees	91%	13%	4%	9%	78%
Endowments or investment income	44%	13%	35%	56%	47%
Other		13%	13%		75%
*Third-party reimbursements (Private insurance etc.)	43% (vouchers only)	10%	6%	57% (vouchers only	81%
*Government reimbursements (Medicaid, Medicare)	67% (other public)	6%	8%	33% (other public)	80%

SOURCE: 2003 SPP (n=72) and 2010 SPP (n=87)

Nonprofit Revenues

Half of the organizations surveyed that serve households in Owen, Greene, and Lawrence counties have annual revenue in excess of $1 million. These multi-county agencies tend to be larger organizations. Meanwhile, only 29% of organizations that serve Monroe County have annual budgets larger than $1 million; 35% of organizations serving Monroe County have revenues between $250,000 and $999,000.

Figure 2.8: 2010 Total revenues by county served
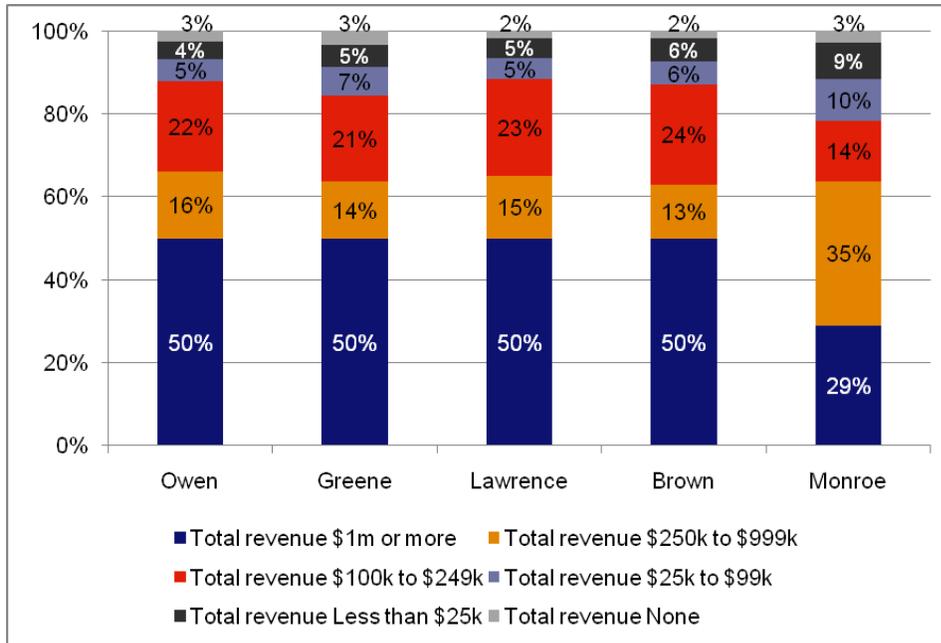
SOURCE: 2010 SPP (n=87)

Financial Reporting Practices

SCAN 2003 found that most area nonprofits have sound reporting practices, an indicator of an organization's ability and commitment to systematically self-monitor and self-assess. SCAN 2012 also concludes that overall, area nonprofits continue to maintain good reporting practices. Table 2.19 shows that the only differences were a decrease in the number of nonprofits producing an annual report in the past year compared to 2003.

Table 2.19: Nonprofit organization reporting practices

	2003	2010
An annual report produced within the last year	87%	78%
A recent audited financial statement	70%	75%
Protocols for fiscal policy (investments, flow of funds, safeguards, etc.)	66%	68%
An evaluation or assessment of program outcomes within the past two years	52%	57%

SOURCE: 2003 SPP (n=72) and 2010 SPP (n=87)

Awareness of Human Services

The 2010 Household Survey asked Monroe County residents where they would go if they needed help paying for basic things like utilities, housing, or food. Similarly, the 2010 Client Challenges Survey asked providers to report the top three places where their clients would go if they needed to access the same kind of help. On the Household Survey, more than half of respondents (60%) said they would seek assistance from family or friends first, followed by community social service agencies (20%). In contrast, provider agencies stated that their clients, who are of course more aware of available services, would seek help from community social service agencies (53%), followed by family or friends (47%). The 2003 Household Survey contained a similar question. However, respondents were only asked to identify one place, not the three, so the percentages in 2010 add up to over 100%.

Table 2.20: If you needed help paying for basic things, where would you go for help?

	Household Survey		Client Challenges Survey
	2003	2010	2010
Family or friends	55%	60%	47%
Social service agencies	7%	20%	53%
Church group	3%	19%	38%
Township trustees	7%	10%	38%
State government	0%	8%	30%
Don't know	17%	15%	18%
Would not ask	1%	6%	11%
211	--	4%	5%

SOURCE: 2003 Household Survey (n=259), 2010 Household Survey (n=276), 2010 Client Challenges Survey (n=88)

The 2010 Client Challenges Survey, as well as the 2010 and 2003 Household Surveys, asked participants to comment on the degree of individual awareness of services available in Monroe County. An individual's level of awareness could influence the likelihood that she or he would acknowledge these agencies as a resource for meeting basic needs. The majority of respondents from each of the 2010 surveys, 67% of household respondents and 95% of providers, reported being at least somewhat aware of services available in Monroe County. By comparison, only 54% of respondents to the 2003 Household Survey said they were at least somewhat aware of services.

▲ **Awareness of services has increased in 2010.**

Table 2.21: Public awareness of the community social services agencies in Monroe County

	2003	2010
Very aware	16%	22%
Somewhat aware	38%	45%
Not very aware	29%	20%
Not at all aware	17%	13%

SOURCE: 2003 Household Survey, 2010 Household Survey (n=276)

Table 2.22: How aware are your clients of the community social services agencies in Monroe County?

	2010
Very aware	14%
Somewhat aware	81%
Not at all aware	5%

SOURCE: 2010 CCS (n=88)

The 2010 Client Challenges Survey also asked provider organizations to share their perceptions of the top three reasons why potential clients do not seek out their services. The most prevalent response was that clients are embarrassed (18%), followed by no access to transportation (14%).

Table 2.23: Reasons potential clients don't seek services

	2010
They are embarrassed to seek them	18%
They do not have transportation	14%
They do not realize they need them	13%
They are concerned about the cost	12%
They do not have the time	11%
Don't know	8%
They are afraid of being reported	7%
Language barriers	2%
Other	14%

SOURCE: 2010 CSS (n=88)

Current Resources for Nonprofit Capacity in the Monroe County Area

This section presents a sampling of existing resources that provide nonprofit agencies in Monroe County with access to financial, human, and information capital. Several organizations provide a large amount of training and support to nonprofit organizations in Monroe County, including the United Way, The Indiana Nonprofit Resource Network, The Nonprofit Alliance, The City of Bloomington, Indiana University, the School of Public and Environmental Affairs at Indiana University and many other departments at Indiana University and the Monroe County Library. These resources are listed in alphabetical order.

The Bloomington Volunteer Network (BVN) is a service of the Bloomington Community and Family Resources Department and aims to link local citizens interested in volunteering with organizations in need of human assistance. The BVN maintains a database of volunteer opportunities and a volunteer calendar in Bloomington along with a wish list database for nonprofit organizations. The BVN runs a professional group called Volunteer VIP and provides training for nonprofit professionals in Bloomington. In addition, the BVN maintains an online list of resources for nonprofit organizations, provides support for planning service projects, and engages volunteers in MLK day.[3]

The City of Bloomington provides a number of resources to registered nonprofit organizations in Monroe County. The city runs the Bloomington Volunteer Network, neighborhood grant programs, and provides funding through the Community Development Block Grant program,[4] Additionally, the City encourages volunteering through MLK Day[5] and other events, and supports individual nonprofit organizations with emergency funding, technical assistance and other support.

Community Foundation of Bloomington and Monroe County helps local nonprofits build endowments, work with planned giving, and develop their financial capacity. It offers periodic workshops on these topics.[6]

The Indiana Nonprofit Resource Network (INRN) provides regional workshops for nonprofits aimed at boosting voluntarism, developing leadership, and aiding with grant writing. INRN also provides networking opportunities for organizations within its four regions and throughout Indiana.[7]

Indiana University (IU) is committed to its community, and provides several programs to enhance the nonprofit sector. Especially through the School of Public and Environmental Affairs and the Office of Service-Learning, IU supports the nonprofits in Monroe County and surrounding counties.

School of Public and Environmental Affairs (SPEA) at Indiana University offers programs for future public and nonprofit sector managers, researchers, and consultants. It also provides capacity-building resources directly to community nonprofits. SPEA students are active community volunteers both independently and through student organizations and programs like the Nonprofit Leadership Alliance, Service Corps, and Students Taking Active Roles Today (START). Service Corps is an experiential learning Work-study program that places students in local nonprofit and public organizations in the community.[8] START is a student organization that promotes volunteerism and community service within Monroe County.[9] SPEA also hosts free lectures for SPEA students and nonprofit professionals. A number of classes at SPEA are service-learning classes, including the v600 Capstone course that is designed to create a professional product and synthesize knowledge gleaned from other coursework.

IU Office of Service-Learning (OSL) provides Service-Learning courses at IU that are designed to identify real community needs and equip students with the knowledge and skills they need to

meet them. OSL provides Service-Learning courses in a variety of disciplines, meeting the variety of needs within the community.[10]

Indiana Youth Institute (IYI) provides data research, trainings, webinars, conferences, consulting, grants, and a help line to youth workers and youth-serving organizations in Indiana at minimal or no cost. Its programs and services are designed and maintained through unbiased data analysis and are reviewed quarterly.[11]

Ivy Tech Community College provides courses in nonprofit management, as well as a lecture series open to nonprofits in the community. Recent lecture series topics have included creating partnerships, board development, marketing on a tight budget, event planning, grant writing, and volunteer management.[12]

The Monroe County Public Library (MCPL) provides the Indiana Room as a resource to nonprofits. In the Indiana Room, United Way of Monroe County funds access to the Foundation Center database and the Foundation Center Online Professional, detailed databases including information about grants, 990s, financial development, and regional and national trends. MCPL also provides meeting spaces, free of charge, to hold training sessions and informational meetings to inform the public of current issues.[13]

The Nonprofit Alliance (NPA) is an all volunteer "collaboration among some 400 (nonprofit) organizations in and around Monroe County." The NPA's mission is to "to enrich the local community by strengthening the nonprofit sector through communication, collaboration, professional development and outreach." The NPA distributes a weekly electronic email that "that keeps the nonprofit community informed about events, funding opportunities, trainings, job openings, personnel transitions, professional resources, and new research." The NPA also organizes workshops and training events.

United Way of Monroe County works with 25 certified member agencies and other partners, to ensure that Monroe County residents have the building blocks for opportunity: education for life and career, earnings that allow people of all ages and abilities to be self-sufficient, and the essentials (access to food, housing, health care, and emergency services). United Way has special programs that help meet these objectives, including Born Learning to help children in the community enter school ready to learn... just like the stay-in-school initiatives are ensuring they will graduate ready to earn. United Way of Monroe County also has a Nonprofit Resource Center that is available to local nonprofit organizations at no charge. In partnership with the Monroe County Library, nonprofits have access to books and journal articles that will provide guidance on strategic planning, fundraising, and marketing, among other important topics. United Way sponsors the 2-1-1 information database in conjunction with Area 10 Agency of Aging and the Indiana 2-1-1 Partnership. More information on Monroe County United Way's efforts to aid nonprofits in the fundraising and grant writing process can be found on their website at www.monroeunitedway.org.

3. Education

Every event and experience contributes to a child's development before formal learning even begins in Kindergarten. Readiness for school prepares children to benefit from schooling and to be able to develop the cognitive, linguistic, social, and motor skills that allow a child to assimilate the K-12 curriculum.

Each stage in education is important. Literacy acquired in the early elementary years is one of the key predictors of future academic success. The middle school years strongly influence chosen career paths. A high school diploma or General Education Development (GED) has become a minimal requirement for most adults looking to enter the workforce. Post-secondary opportunities for both job development and higher education allow individuals to maximize their career options and to meet the demands of increasingly knowledge-based jobs.

A person's level of educational attainment is strongly related to his or her level of employment and income. Those who manage to complete college are also more likely to vote, to volunteer, and to assume leadership roles in their communities. Education can have a strong positive impact on overall quality of life, but many populations, particularly young adults from low-income families, face barriers to educational attainment.

This chapter presents key education indictors for the Monroe, Lawrence, Owen, and Greene County service areas, and compares them to values from SCAN 2003. It then examines three stages in the lifelong learning process: early childhood education, K-12 education, and adult education.

Table 3.1: Education indicators

	2003	2010
Percent of All Households Having Major Difficulty Finding Affordable Day Care[1]	0%	33%
Indiana Statewide Testing for Educational Progress (ISTEP) Passage Rates for Monroe County Community School Corporation (MCCSC)[2]	78%	81%
Percent of All Households Having Major Difficulty Finding Affordable Afterschool Program for Children[1]	3%	14%
Four-Year Graduation Rates for MCCSC[2]	77%	83%
Four-Year Dropout Rates for MCCSC[2]	10%	13%
Percent of All Households Having a Problem Reading Well Enough to Get By[1]	5%	8%
Percent of Monroe County Population 25 Years and Over with a High School Diploma or Higher[3]	92%	91%
Percent of Monroe County Population 25 Years and Over with Bachelor's Degree or Higher[3]	42%	43%

SOURCE: [1] 2003 Household Survey (n=259), 2010 Household Survey (n=276); [2] Indiana Department of Education; [3] U.S. Census Bureau, American Community Survey

EDUCATIONAL ATTAINMENT

Monroe County leads surrounding counties, the state of Indiana, and the country in the percentage of its population 25 years and over with a high school diploma or higher, and a bachelor's degree or higher (Table 3.2). The presence of Indiana University Bloomington (IUB) is a factor in educational attainment statistics for the county. Lawrence, Owen, and Greene counties fall slightly behind the Indiana and national averages for persons with a high school diploma. This difference becomes more pronounced for persons with a Bachelor's degree or higher.

Indiana ranks forty-third in the nation in the percentage of adults with a bachelor's degree or higher. However, the Department of Workforce Development projects over 250,000 job openings through 2016 in Indiana that will require at least some post-secondary education.

Table 3.2: Educational attainment for population 25 years and above, 2010

Geographical Area	Population with High School Diploma or Higher	Population with Bachelor's Degree or Higher
Monroe County	91.1%	42.7%
Lawrence County	81.0%	12.5%
Owen County	81.9%	8.3%
Greene County	83.2%	11.1%
Indiana	86.2%	22.4%
United States	84.6%	27.5%

SOURCE: U.S. Census Bureau; www.stats.indiana.edu

The U.S. Census Bureau, through the American Community Survey (ACS), annually collects data on educational attainment. Comparative data for Monroe County, Indiana, and the United States is presented in Figure 3.1.Monroe County has a higher percent of adults with both a high school diploma or Bachelor's degree or higher than the state and national averages in both 2003 and 2010.

Figure 3.1: Educational attainment for people 25 years and over
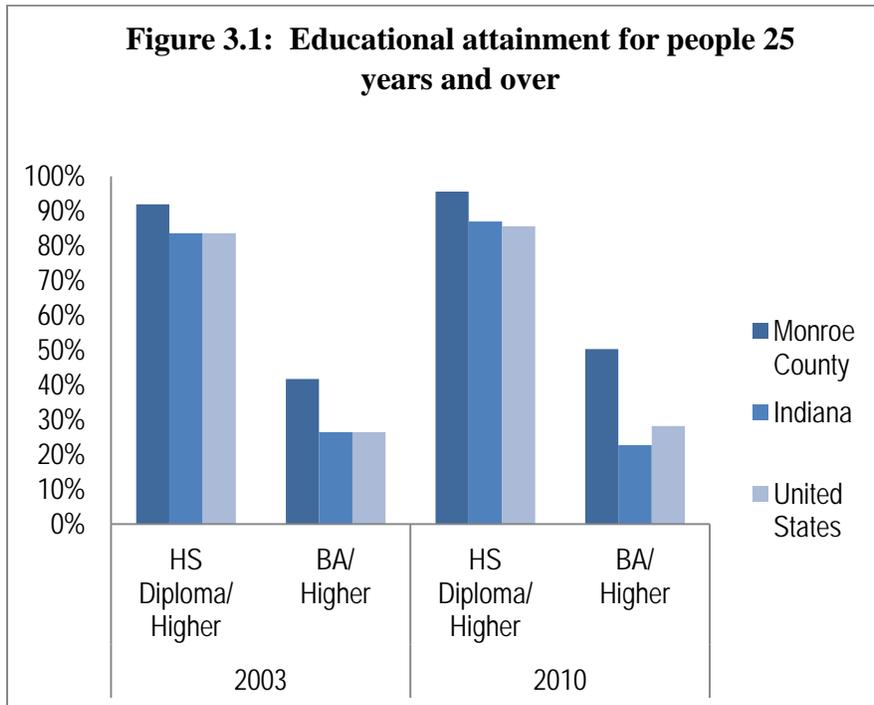
SOURCE: US Census

Comparing household income based on educational attainment in 2003 and 2010 shows that:

- ▼**Those without a high school diploma or GED are worse off in 2010. While 10% made less than $15,000 in 2003, now that number has climbed to 30%.** And since income levels are not adjusted for inflation, their purchasing power is even less.
- A higher percentage of those with a high school diploma are earning $15 - $25,000, and $25 - $35,000 than in 2003. Fewer are making above that, supporting reports that the education threshold to enter many higher-paying positions has become greater.
- ▲**Those with a Bachelors degree showed the highest increase in the middle income brackets between $25,000 and $50,000**. While only 9% of the households in the lowest income range have a college or bachelor's degree, for incomes above $25,000, this percentage has at least tripled.
- The results for more advanced degrees varied by income bracket.

Table 3.3a: Education level completed by income level

Household Income	Less than High School or GED		High School		Vocational/ Technical Degree		Some College	
	2003	2010	2003	2010	2003	2010	2003	2010
Less than $15,001	10%	30%	37%	23%	1%	7%	35%	20%
$15,001-$25,000	6%	8%	24%	32%	2%	4%	31%	12%
$25,001-$35,000	4%	4%	32%	42%	11%	0%	21%	8%
$35,001-$50,000	0%	0%	28%	9%	5%	5%	25%	20%
$50,001-$75,000	0%	0%	12%	11%	3%	11%	30%	30%
More than $75,000	0%	0%	14%	9%	5%	4%	11%	10%
All Households	4%	6%	28%	17%	3%	5%	27%	17%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)
NOTE: Table continued below

Table 3.3b: Education level completed by income level (continued)

Household Income	College Degree/ Bachelors		Masters Degree		Doctorate		Other	
	2003	2010	2003	2010	2003	2010	2003	2010
Less than $15,001	14%	9%	4%	5%	0%	7%	1%	0%
$15,001-$25,000	24%	4%	11%	20%	0%	12%	2%	8%
$25,001-$35,000	18%	38%	11%	4%	4%	4%	0%	0%
$35,001-$50,000	17%	39%	19%	18%	3%	0%	3%	9%
$50,001-$75,000	40%	34%	15%	7%	0%	7%	0%	0%
More than $75,000	24%	27%	24%	32%	19%	16%	3%	2%
All Households	20%	26%	14%	17%	3%	9%	1%	3%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

The area is fortunate to have a variety of organizations that are available to help people earn formal degrees, as well as improve their life and work skills. According to the Service Provider Profile Survey, 5 out of 12 service providers reported a major increase in demand for educational programs or services over the last 5 years.

Poverty and Earnings by Educational Attainment

As would be expected, poverty is negatively correlated with higher levels of educational attainment in Monroe County. Between 2005 and 2010 poverty rates for Monroe County have increased for those with a high school diploma or less, but have decreased for those with some college or more. In 2010 the total poverty rate in Monroe County for those with less than a high school education was about 45%.

Table 3.4: Total poverty rate for population 25 years and above by educational attainment, Monroe County

	2005	2006	2007	2008	2009	2010
Less than high school graduate	23.9%	34.5%	26.4%	15.6%	25.2%	45.4%
High school graduate or equivalent	9.4%	11.8%	17.6%	15.0%	14.6%	16.4%
Some college or associate's degree	13.0%	6.3%	13.3%	11.7%	10.7%	10.9%
Bachelor's degree	15.7%	8.0%	11.7%	10.2%	10.4%	9.9%
Graduate or professional degree	9.6%	6.9%	5.6%	6.3%	6.7%	

SOURCE: U.S. Census Bureau, American Community Survey

Low educational attainment negatively impacts a household's ability to meet basic needs. For example, 22% of Household Survey respondents with a high school education, GED, or less reported that running out of money by the end of the month is a major problem. In 2010, 78% of human service providers in Monroe County estimated that some to most of their clients lack the necessary education to achieve employment advancement or wage increases which would allow them to adequately cover household expenses.

EARLY CHILDHOOD

Population Growth of Children Age 0-4

While neighboring counties experienced a slight decrease in population among children age 0-4 since 2003, this age group increased 9% in Monroe County since SCAN 2003. This increase in population has generated a need for additional services for children within the community during their critical early years.

Educational Opportunities for Children Age 0-4

Indiana does not offer a state-funded preschool program for all pre-kindergarten students, resulting in significantly more children enrolled in nonpublic pre-kindergarten than in public pre-kindergarten, especially in Monroe County Community School Corporation (MCCSC). The state of Indiana, however, has offered some grant monies to school districts to fund full-day kindergarten. Many nonpublic educational opportunities exist for children age 0-4 in Monroe County. Child Care vouchers may be used toward those providers that meet Child Care and Development Fund (CCDF) provider eligibility standards.

Table 3.5: Profile of early childhood education options for Monroe County

Early Childhood Education Option	2005	2009	2010
# Children Served by First Steps	328	225	232
# Head Start Funded Enrollment Slots	235	235	324
# Licensed Child Care Centers	20	20	29
# of Licensed Child Care Homes	63	69	64
# Registered Child Care Ministries	13	12	12
# Licensed Child Care Slots per 100 Children, Age 0-4	38.4	37.2	36.2
# of Children Receiving Child Care Vouchers	868	769	664
Monthly Ave # of Children on Wait List for Child Care Vouchers	73	179	160

SOURCE: Indiana Youth Institute
NOTE: All data for State Fiscal Year, July 1 to June 30th except for Child Care Voucher receipts

Since 2005, child care options for families in Monroe County have become more challenging. Although the number of Head Start enrollment slots and the number of licensed child care centers has increased slightly, the number of children served by First Steps has remained about the same. First Steps provides early intervention services, ranging from health services to speech therapy, to families with infants and toddlers experiencing developmental delays or disabilities. The number of licensed child care slots per 100 children ages 0-4 has also decreased slightly. The number of children receiving child care vouchers has decreased from 868 in 2005 to only 664 in 2010 -- placing more children on the wait list for financial assistance. Child care options have not grown at the same rate as the need for child care. Currently, it is estimated that 413 seats are needed for 4-year-olds.

Opportunities for Children from Low-Income Families

Monroe County offers several educational opportunities for young children from low-income families including the Monroe County Head Start program, run by the South Central Community Action Program. This organization operates at 9 sites around Monroe County and offers programs for eligible children ages 3-4 to "grow mentally, socially, emotionally, and physically." Head Start enrollments in Monroe, Lawrence, and Owen counties have been at capacity from 2004 to 2009, but enrollments in Greene County have decreased over that same period. These Head Start centers are constrained in serving children by their funding capacity. Monroe County United Ministries (MCUM), a National Association for the Education of Young Children (NAEYC) accredited United Way Member Agency, is an agency that also offers childcare to low-income families on a sliding-fee scale.

Household Child Care Needs and Concerns

In 2003, no households reported that finding affordable day care was a major problem, but many indicated it was a minor problem across all income levels. In the 2010 Household Survey, it was a major problem for 44% of the households in the less than $15,001 income bracket, for 50% of those with a household income of between $35,001 and $50,000, and for 58% of those with a household income of between $50,001 and $75,000.

▼ **In general, finding affordable day care has become more of a problem for all households than it was in 2003, but now more middle and upper income households are impacted.**

Table 3.6: Percent of households having difficulty finding affordable day care

Household Income	Major Problem			Minor Problem	
	2003	2010		2003	2010
Less than $15,001	0%	44%		39%	0%
$15,001-$25,000	0%	0%		33%	0%
$25,001-$35,000	0%	0%		22%	100%
$35,001-$50,000	0%	50%		67%	0%
$50,001-$75,000	0%	58%		20%	42%
More than $75,000	0%	11%		40%	22%
All Households	0%	33%		100%	24%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

In addition to finding affordable day care, some households indicated difficulty finding day care during work hours. According to the 2010 Household Survey responses, this challenge is not isolated to low-income households, although it was found to be at least a minor problem for 50% of those households with incomes lower than $15,001. For all households, 17% indicated finding a day care during work hours to be a major problem, and 24% found it to be minor problem. Some parents work at service jobs with evening and weekend hours, for which it can be more difficult to find child care.

Table 3.7: Percent of households having difficulty finding day care during work hours

Household Income	Major Problem			Minor Problem	
	2003	2010		2003	2010
Less than $15,001	0%	20%		33%	30%
$15,001-$25,000	0%	0%		42%	0%
$25,001-$35,000	0%	0%		75%	0%
$35,001-$50,000	0%	0%		40%	0%
$50,001-$75,000	0%	33%		60%	42%
More than $75,000	0%	11%		100%	17%
All Households	--	17%		--	24%

SOURCE: 2010 Household Survey (n=46)

Statistics at the state level also mirror concerns with affordability. The average yearly cost for placing a 4-year-old in center-based care in Indiana is $6,981, and nationally ranges between $3,780 and $13,158. Eligibility in Indiana for public child care assistance to families of three is limited to families with an income of $22,356, which is 122% below the poverty level. For the 2007 fiscal year, 18,400 families and 35,200 children on average received monthly assistance under the CCDF. Furthermore, 120,430 families received help with child care expenses through the federal Child and Dependent Care Tax Credit, totaling $59,200,000 in claims.

Quality Child Care

There can be considerable variation in program quality for the childcare options that exist for families in Monroe and the surrounding counties. Children enrolled in high quality early childhood education programs are more likely to complete higher levels of education, have higher earnings, have better health and be part of more stable relationships, and are less likely to commit a crime or be incarcerated. Despite the proven need for quality child care, only 24.3% of the 629 child care centers and 2.9% of the 3,725 family child care homes in Indiana are nationally accredited by the Indiana Association for Child Care Resource and Referral (IACCRR). The IACCRR is funded by the Family and Social Services Administration (FSSA) and is a member of the Nation's Network of Child Care Resource & Referral Agencies (NACCRRA).

In addition to national accreditation, states have begun to implement Quality Management and Improvement Systems (QRIS). QRISs are assessment tools "designed to make child care quality transparent to child care providers, parents, and policymakers." Indiana's Paths to QUALITY is one of 20 statewide quality rating and management systems. Paths to QUALITY is "a voluntary system created by Childhood Connections, to help raise the level of early child care and education, providing support to parents and providers." Table 3.8 explains in detail each path. Childhood Connections supports quality education and resources by helping families to find good child care and offering training and technical assistance to child care providers.

Table 3.8: Paths to Quality Levels and Distinctions

Level	Title	Explanation
Level One	Health and safety needs of children met	All participants have demonstrated that they are operating in good standing and have been recognized by the state of Indiana to meet all required health and safety standards.
Level Two	Environment supports children's learning	All participants have demonstrated a commitment to improve program quality and offer opportunities for children to advance their growth and development. Level 2 providers will have evidence of consistent daily schedules, planned activities for children, and will provide relevant information to families.
Level Three	Planned curriculum guides child development and school readiness	All participants have demonstrated knowledge and skill to plan appropriate activities and opportunities for children that lead to school readiness. Level 3 providers have made a significant investment in the professional development of the staff, and incorporate family and staff input into the program.
Level Four	National accreditation (the highest indicator of quality) is achieved	All participants have demonstrated a commitment to the highest level of professionalism in child care, achievement of a nationally recognized accreditation. Level 4 providers are managed by a provider or director who has volunteered to provide mentoring to others in the field.

SOURCE: Childhood Connections

In Monroe County, 50 child care providers are voluntarily participating in the Childcare Connections Paths to Quality rating system. All child care centers that have received a Paths to QUALITY rating are licensed and regulated as either a Class I or II FCC Home or a Licensed Childcare Center. There are 35 child care providers at level one, including 29 Family Care Centers, 1 Head Start Program, and 5 Child Care Centers. At level two, there are 2 Head Start Programs and 1 Child Care Center. Eight child care providers are ranked at level three, including 7 Family Care Centers and 1 Child Care Center. There are only 4 Child Care Centers ranked at the highest level.

Readiness to Succeed
United Way of Monroe County recognizes that it is important for children to enter school developmentally on track in the areas of literacy and social, emotional, and intellectual skills.

Two recent initiatives to promote early childhood development include Born Learning and Monroe County Smart Start. There are Five Domains of School Readiness that should be measured and addressed according to The National Education Goals Panel:

- Physical well-being and motor development
- Social and emotional development
- Approaches to learning (curiosity, enthusiasm, and persistence)
- Language development
- Cognition and general knowledge

Neither the Indiana Department of Education (IDOE) nor local early childhood providers currently consistently assess readiness to succeed through a set of common indicators. United Way Worldwide recognizes the development of readiness to succeed as an area for growth and is currently working with national partners to create more timely measures of early childhood development and school readiness that can be standardized on a national level. The goal is to have states adopt a common set of indicators that will serve as a national framework for promoting policies to ensure school readiness and school success. Each indicator will ideally be something that is important to measure and can be tracked; has policy relevance; allows states to assess gaps including for high risk populations; uses developmentally-appropriate measures, and measures that are effective across all racial, cultural, and language groups.

Early literacy is often used as a predictor of school readiness. The 2010 Household Survey asked households if parents read to any young children in the home. Few Monroe County respondents with young children indicated that reading to their children daily was a major problem. However, 39% of those households with incomes below $15,000 said it was a minor problem, and 29% of those households between $25,001 and $35,000 in household income said it was a minor problem.

Table 3.9: Percent of households with young children having difficulty taking time to read to them daily

Household Income	Major Problem	Minor Problem
Less than $15,001	0%	39%
$15,001-$25,000	20%	0%
$25,001-$35,000	0%	29%
$35,001-$50,000	0%	5%
$50,001-$75,000	0%	14%
More than $75,000	0%	5%
All Households	2%	13%

SOURCE: 2010 Household Survey (n=276)

NOTE: This question was not asked on 2003 Household Survey

K-12 EDUCATION

Public Schools
There are ten public school corporations operating within the four counties. They include:
Monroe County Community Schools Corporation (MCCSC) and Richland-Bean Blossom (R-
BB) in Monroe County; Spencer-Owen Community Schools in Owen County; North Lawrence
and Mitchell Community Schools in Lawrence County; and five smaller corporations in Greene
County: Bloomfield, Eastern Greene, Linton, Shakamak, and White River Valley (WRV). In this
section, data for Eastern-Greene Corporation is included as an example from Greene County.

November 2010 brought the passing of the MCCSC School Tax Levy Referendum. While
initially voted down by officials, community members joined together to encourage a property
tax increase to help avoid budget cuts for local Monroe County schools.

Student Demographics
Over the past 5 years, enrollment in these 6 public school corporations remained relatively
steady. MCCSC, North Lawrence, and R-BB experienced growth in enrollment for grades 1-8
overall. Enrollment for grades 9 -12 declined somewhat in all school corporations except for
Mitchell (see Table 3.10 below).

Table 3.10: Public Enrollment for Grades 1-8

School Corporation	2005-06	2006-07	2007-08	2008-09	2009-10
MCCSC	6,464	6,657	6,713	6,728	6,541
R-BB	1,686	1,671	1,700	1,700	1,704
North Lawrence	3,314	3,358	3,352	3,299	3,323
Mitchell	1,280	1,336	1,297	1,272	1,203
Spencer-Owen	1,932	1,882	1,868	1,839	1,775
Eastern Greene	849	828	844	820	847
Indiana	683,406	686,707	689,560	687,233	685,031

SOURCE: Indiana Department of Education

Table 3.11 provides a snapshot of enrollment by race for the 2010-11 academic year in the Bloomington MSA. MCCSC's student body is more ethnically diverse than the other 5 corporations, with a total nonwhite population of 22%.

Table 3.11: Snapshot of the percent of students enrolled by race 2010-11

Race	MCCSC	R-BB	North Lawrence	Mitchell	Spencer-Owen	Eastern Greene
American Indian	1%	0%	1%	0%	1%	0%
Asian	5%	0%	1%	0%	0%	1%
Black	4%	1%	0%	0%	0%	1%
Hispanic	5%	3%	2%	1%	0%	1%
Multiracial	7%	3%	2%	1%	1%	2%
White	78%	92%	95%	97%	97%	97%

SOURCE: Indiana Department of Education
NOTE: Percentages do not add up to 100% due to rounding

The Limited English Proficiency (LEP) classification is used to develop programs aimed at overcoming language barriers and improving integration in the education system. Students who speak a primary language other than English must pass an English Language Proficiency test within 30 days of enrollment, and those who perform poorly are counted as LEP students. LEP students make up approximately 3% of the total MCCSC enrollment (see Table 3.12). The number of enrolled LEP students in MCCSC increasedfrom 2005-06 to 2009-10. MCCSC is the only large public school district in the area whose enrollment is comprised of a non-negligible percentage of LEP students. This is similar to state values.

Table 3.12: Percent of English Language Learners (ELL) students served

School Corporation	2005-06	2006-07	2007-08	2008-09	2009-10	2010-2011
MCCSC	2.7%	3.7%	3.7%	3.2%	3.1%	2.8%
R-BB	0.1%	0.1%	0.1%	0.3%	0.4%	0.3%
North Lawrence	0%	0%	0.0%	0.2%	0.1%	0.3%
Mitchell	0%	0%	0.0%	0.0%	0.0%	0.0%
Spencer-Owen	0%	0%	0.0%	0.2%	0.2%	0.3%
Eastern Greene	0%	0%	0.1%	0.1%	0.2%	0.2%
Indiana	3.1%	3.7%	4.2%	4.1%	4.5%	4.7%

SOURCE: Indiana Department of Education

The percentage of students receiving Special Education services are shown in Table 3.13. Special Education rates have remained relatively stable between 2005-06 and 2009-10. Eastern Greene and Spencer-Owen have the largest percent of special education students.

Table 3.13: Percent of special education students

School Corporation	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
MCCSC	14.9%	14.8%	15.1%	15.6%	15.6%	14.8%
R-BB	17.1%	18.0%	16.9%	17.1%	18.0%	16.8%
North Lawrence	18.8%	17.4%	18.4%	18.1%	18.3%	17.7%
Mitchell	17.8%	17.9%	18.3%	18.1%	19.0%	18.5%
Spencer-Owen	19.0%	19.4%	19.3%	20.4%	19.6%	20.4%
Eastern Greene	15.8%	20.6%	17.9%	22.3%	21.4%	20.8%
Indiana	14.5%	14.6%	14.5%	14.5%	14.4%	14.8%

SOURCE: Indiana Department of Education

Monroe has the lowest percentages of Special Education students among the 6 corporations. About a third of the households in the survey reported having difficulties getting services for a child with a learning disability. Low-income families in the Bloomington MSA reported having the greatest challenge; 70% of those earning less than $15,001 reported either a major or minor problem. About 57% who earn between $15,001 and $25,000 reported a minor challenge, with each subsequently higher income category having less difficulty.

Table 3.14: Percent of households having difficulty getting services for children with a learning disability

Household Income	Major Problem	Minor Problem
Less than $15,001	20%	50%
$15,001-$25,000	0%	57%
$25,001-$35,000	0%	40%
$35,001-$50,000	11%	22%
$50,001-$75,000	12%	12%
More than $75,000	10%	13%
All Households	10%	23%

SOURCE: 2010 Household Survey (n=276)

Educational Outcomes

The Indiana Statewide Testing for Educational Progress (ISTEP+) exam, designed to measure educational achievement, is taken yearly by students in grades 3-8. Students in certain grades also complete social studies and science tests; high school students must pass ECA (End of Course Assessments) in Algebra I, Biology, and English 10. New in 2011-2012 is the IRead test for 3rd grade reading competency.

The ISTEP+ has been used to determine a school's Adequate Yearly Progress (AYP), and will be the basis of letter grades performance that will be assigned to schools. Since 2001, MCCSC achieved AYP as a district in 2004 and 2006, while R-BB achieved AYP from 2004-2008. AYP is also calculated at the school level, though progress varies among individual schools. For example, Binford Elementary earned AYP each year from 2002 to 2008, while Fairview Elementary failed to reach AYP each year between 2002 and 2008. The pros and cons of the high-stakes testing system continue to be the subject of ongoing discussion.

Table 3.15: Percent of students passing the 4th grade English ISTEP

School Corporation	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
MCCSC	78%	78%	77%	75%	76%	81%
R-BB	77%	77%	74%	80%	70%	78%
North Lawrence	67%	73%	69%	73%	73%	76%
Mitchell	75%	70%	75%	75%	76%	71%
Spencer-Owen	66%	68%	73%	73%	68%	77%
Eastern Greene	71%	74%	71%	73%	69%	73%
Indiana	73%	73%	75%	74%	73%	77%

SOURCE: Indiana Department of Education

Since 2004-05, the passage rate of MCCSC fourth grade students on the ISTEP English test has been above the state average. Mitchell students' scores have fluctuated over the last 6 years with a recent 5% drop between 2008-09 and 2009-10; 6% below the state average. The passage rate of R-BB fourth grade students was above the state average for 3 of the last 5 years. R-BB's passage rates fluctuate between 2004-05 and 2009-10 by 10 percentage points, compared to 3 percentage points for MCCSC and 2 percentage points for the state. Both North Lawrence and Spencer-Owen have experienced passage rates at or below the state average for the past five school years. Similarly, Eastern Greene's fourth grade ISTEP English test passage rate was below the state average in 5 out of the last 6 school years.

Afterschool Programs

Afterschool programs provide supplemental educational value for students outside of the classroom. Finding affordable afterschool programs is an issue in the greater Bloomington area, particularly for low-income residents.
▼**Table 3.16 shows that access to affordable afterschool programs has decreased since 2003 for households at all income levels except those making more than $75,000.**

Finding affordable afterschool programs is more of a major problem for those households earning less than $15,000 and between $15,000-$25,000, at 33% and 30% respectively. Although the survey shows that access to affordable afterschool programs is a problem, there are several options in Monroe County, including Boys and Girls Club in Bloomington and Ellettsville that offer annual fees as low as $20, and Girls Inc. that charges participation fees on a sliding scale starting at $55/year.

Table 3.16: Percent of households having difficulty finding affordable afterschool programs

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than $15,001	10%	33%	10%	0%
$15,001-$25,000	6%	30%	12%	40%
$25,001-$35,000	8%	38%	4%	25%
$35,001-$50,000	0%	15%	6%	30%
$50,001-$75,000	0%	11%	7%	35%
More than $75,000	0%	0%	9%	0%
All Households	3%	14%	8%	19%

SOURCE: 2010 SCAN Household Survey (n=276), 2003 SCAN Household Survey (n= 259)

Transportation for afterschool programs, which was identified as a major problem for 13% of all households, can also be a barrier to accessing affordable afterschool programs (see Table 3.17). Those households with moderate incomes appear to have the greatest challenge.

Table 3.17: Percent of households having difficulty getting transportation to bring children home from after-school program

Household Income	Major Problem	Minor Problem
Less than $15,000	20%	13%
$15,001-$25,000	22%	22%
$25,001-$35,000	33%	22%
$35,001-$50,000	5%	10%
$50,001-$75,000	22%	14%
More than $75,000	0%	12%
All Households	13%	14%

SOURCE: 2010 Household Survey (n=276)
NOTE: This question was not asked in 2003

Tutoring Activities

In addition to programs offered by the school systems and nonpublic schools, several organizations in Monroe County offer tutoring services. Many districts offer parents of students who are eligible for free or reduced lunch, and are considered to be non-proficient in English, language arts, or math, the opportunity to enroll in Supplemental Education Services (SES), a tutoring program provided through authorized vendors. In 2007-08, 537 students were eligible and 88 students participated in SES in Monroe County. In 2008-09, 455 students were eligible and 78 participated. SES providers include ATS Project Success and Club Z! Tutoring. The participation rate for SES programs is low, likely due to the use of limited vendors and the challenges of participating in an extra program.

MCCSC offers Community Partners in Reading (CPR), which helps struggling second graders learn to read. CPR targets second graders because national research has shown that children who cannot read at grade level by the third grade continue to fall further behind and fail to meet their academic potential. CPR matches 2 students with 1 community partner from a local business or organization. Each student spends 30 minutes a week with his or her reading partner, working on vocabulary and comprehension.

Tutoring services for the surrounding counties include Brown County Literacy Coalition, which offers tutoring in each of its core programs. These core programs include family literacy, school age tutoring, adult education and tutoring (also available for incarcerated adults), and weekly readers at Head Start. In addition, Volunteer Connection of Greene County places tutors in Greene County schools.

Nonprofit organizations including the Boys & Girls Club, Big Brothers Big Sisters, and Pinnacle Learning Services, also offer tutoring services. Seventy percent of nonprofit provider respondents reported that some to all of their clients had a problem getting tutoring or similar support for children who were struggling in school in the last 12 months (see Table 3.18).

Table 3.18: Percent of clients having difficulty getting tutoring or similar support for children who are struggling in school

Percent of Clients	Percent
Most or All (80-100%)	7%
About Half (40-60%)	17%
Some (20-30%)	46%
Few to None (about 0%)	30%
Total	100%

SOURCE: 2010 Client Challenges Survey (n=88)

College Readiness

Indiana students can earn several types of high school degrees: Core 40, Core 40 with Academic Honors, or Core 40 with Technical Honors. A Core 40 diploma is now a graduation requirement for all students. Beginning in 2011, a Core 40 diploma is the minimum college admission requirement for the state's public four-year universities.

Under Public Law 221, End of Course Assessments (ECAs) are required for students pursuing Core 40 Diplomas.[14] Table 3.17 provides a snapshot of student achievement in all 6 school corporations on the Algebra I and English 10 ECAs. Except for MCCSC and North Lawrence, students performed worse than the state average (71.7%) on the English 10 ECA. With regard to the Algebra I ECA, Spencer-Owen, R-BB, and MCCSC perform better than the state average (72.5%).

Table 3.19: Percent of students passing end of course assessments in Algebra I and English 10, 2010-11

School Corporation	Algebra I	English 10
MCCSC	81.7%	79.9%
R-BB	85.6%	77.1%
North Lawrence	89.5%	81.8%
Mitchell	57.1%	68.5%
Spencer-Owen	71.0%	65.4%
Eastern Greene	74.6%	68.3%
Indiana	72.5%	71.7%

SOURCE: Indiana Department of Education

▲**MCCSC graduation rates have increased from 2005-06 to 2009-10 by 6% and R-BB by 11%. R-BB graduation rates exceeded the statewide average in 2009-10.**
Dropout rates improved over the last several years for all high schools in Monroe County; however, Bloomington High School North and South both surpassed the statewide dropout rate by 1 percentage point. In 2011, MCCSC reported that 74% of high school graduates went on to attend college.

Table 3.20: Four-year graduation rates

School Corporation	2005-06	2006-07	2007-08	2008-09	2009-10
MCCSC	77%	77%	79%	79%	83%
R-BB	84%	82%	84%	91%	95%
North Lawrence	79%	81%	78%	82%	85%
Mitchell	68%	72%	75%	74%	79%
Eastern Greene	75%	79%	75%	79%	90%
Indiana	77%	76%	78%	82%	85%

Source: Indiana Department of Education

Table 3.21: Four-year dropout rates

School Corporation	2005-06	2006-07	2007-08	2008-09	2009-10
MCCSC	10%	12%	11%	13%	7%
R-BB	3%	6%	5%	4%	2%
North Lawrence	8%	5%	7%	5%	4%
Mitchell	15%	23%	16%	21%	11%
Eastern Greene	17%	14%	15%	14%	5%
Indiana	11%	12%	10%	9%	6%

SOURCE: Indiana Department of Education

For the Scholastic Assessment Test (SAT) composite scores, only MCCSC's SAT composite scores exceeds the state average. SAT composite scores have improved in MCCSC and North Lawrence from 2005-06 to 2009-10.

Table 3.22: Average Math and English SAT composite score

School Corporation	2005-06	2006-07	2007-08	2008-09	2009-10
MCCSC	1071	1077	1089	1097	1080
R-BB	1022	1016	1008	988	988
North Lawrence	983	997	1004	1004	1026
Mitchell	1023	975	966	948	968
Spencer-Owen	983	967	992	978	970
Eastern Greene	972	994	1007	975	955
Indiana	1007	1004	1004	1003	999

SOURCE: Indiana Department of Education

Schooling Options

There are a variety of accredited and non-accredited nonpublic schools throughout the area, including 21 in Monroe County, 6 in Lawrence County, 2 in Owen County, and 6 in Greene County.

There are two charter schools in Bloomington, the Bloomington New Tech High School and the Project School. New Tech High School opened in August of 2008 and provides an opportunity for students to learn through inquiry-based approaches to instruction. The vision of the Project School is to "eliminate the predictive value of race, class, gender and special capacities on student success in our school and in our communities by working together with families and community to ensure each child's success."

The Edge (RB-B) and The Graduation School (MCCSC) are public school alternatives for students who have not been successful at the high school level in those districts. Hoosier Hills operates a vocational program within Bloomington North High School.

Harmony School and Pinnacle School are both independent, accredited, K-12 schools, also located in Bloomington. Harmony has a focus on democratic education and self-governance, small classes, and student involvement. Seniors complete an independent project as a requirement for graduation. Pinnacle is a nonprofit that specializes in serving students who struggle with reading, writing, and math, including those with dyslexia, through individualized, hands-on, project-based instruction. Pinnacle serves a six-county region, and also offers testing services.

Other options for families include a variety of schools in each county that are affiliated with a faith-based tradition, two online public schools, and homeschooling. Indiana has no statute that regulates homeschools. Instead, homeschools are treated as nonpublic, non-accredited schools that do not require state permission to legally operate. Parents who contact authorities wishing to obtain information on homeschooling are given a request to "enroll," which is recorded as informing the state of intent to homeschool. Although statewide homeschool enrollment statistics can be found on the IDOE website, these statistics are seen as incomplete since formal enrollment is not required at the state level.

The School Choice program, enacted in the summer of 2011, gives families the opportunity to obtain vouchers based on their household income to enroll their eligible children in nonpublic schools. The amount of the voucher is based on family income and a portion of the base fee per student for that school district. For example, in Monroe County, a family of four that qualifies for free lunch would be eligible to receive a voucher of $4500. A maximum of 7500 vouchers were available in Fall 2011; 15,000 are expected to be available for Fall 2012. Participating schools must participate in the state student data systems, be accredited, administer the ISTEP and ECAs, and adhere to a series of regulations and accountability guidelines.

ADULT EDUCATION

Adult education can provide opportunities to gain new knowledge and build additional skills and competencies. For many adults, education programs also serve to supplement gaps in previous educational attainment and achievement.

Literacy Level

Literacy issues affect a larger proportion of human service nonprofit clients than the general population. Seventy-five percent of service providers reported that some to half of their clients have a problem reading well enough to get by. Poor reading skills can also impact one's ability to find a job. Seventy percent of providers estimated that at least some of their English-speaking clients have difficulty finding a job due to poor reading abilities.
▼**Households also cited reading well enough to get by as a problem. In fact, this has become slightly more of a problem for all households since 2003.** There also appears to be a positive correlation between income and this issue as illustrated by increasing trends in the lower and middle income brackets.

Table 3.23: Percent of households having difficulty reading well enough to get by

Household Income	Major Problem		Minor Problem	
	2003	**2010**	**2003**	**2010**
Less than $15,001	5%	4%	10%	18%
$15,001-$25,000	3%	0%	6%	12%
$25,001-$35,000	4%	12%	4%	4%
$35,001-$50,000	0%	9%	0%	7%
$50,001-$75,000	0%	0%	0%	0%
More than $75,000	0%	0%	3%	0%
All Households	2%	3%	3%	5%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

ESL Programs

According to the 2005 American Community Survey (ACS), around 113 per 1,000 adults ages 18-64 who speak English poorly or not at all participated in ESL programs at the state and national levels. Although no surveyed providers reported that most or all of their clients had a problem accessing English as a Second Language (ESL) resources, 39% of these providers reported that it has been a problem for at least some of their clients.

Table 3.24: Percent of clients having difficulty accessing resources to help learn English

Percent of Clients	Frequency	Percent
Most or All (80-100%)	0	0%
About Half (40-60%)	5	11%
Some (20-30%)	12	27%
Few to None (about 0%)	27	61%
Total	44	100%

SOURCE: 2010 Client Challenges Survey (n=88)

NOTE: This question was not asked in 2003 Household Survey

ESL resources are also important in helping community members find a job. Forty-six percent of service providers stated that at least some of their clients were having a problem finding a job because of language barriers (see Table 3.25).

Table 3.25: Percent of clients having difficulty finding a job because of language barriers

Percent of Clients	Frequency	Percent
Most or All (80-100%)	1	2%
About Half (40-60%)	2	4%
Some (20-30%)	20	40%
Few to None (about 0%)	27	54%
Total	50	100%

SOURCE: 2010 Client Challenges Survey (n=88)

NOTE: This question was not asked in 2003

Service providers were also asked to report how language or diversity issues were affecting their clients. Table 3.24 presents the results to the question: Over the past 12 months, what is your best estimate of the percentage of your clients who are having a problem with accessing resources to help learn English? Five service providers reported nearly half of their clients were having difficulty finding help to learn English while another 12 providers said that nearly one-third of their clients had this problem.

Table 3.26: Percent of clients having difficulty accessing resources to help learn English

Percent of Clients	Frequency	Percent
Most or All (80-100%)	0	0%
About Half (40-60%)	5	11%
Some (20-30%)	12	27%
Few to None (about 0%)	27	61%
Total	44	100%

SOURCE: 2010 Client Challenges Survey (n=88)
NOTE: This question was not asked in 2003 Household Survey

Resources for Minority Populations

There are a number of resources for minority populations in Monroe County. There are two key programs that provide English as a second language (ESL) services for non-native English speaking residents. The Volunteers in Tutoring Adult Learners (VITAL) program located at the Monroe County Public Library provides free one-on-one and group ESL tutoring. The VITAL program maintains a lengthy waiting list for learners seeking services. The Monroe County Community School Corporation's (MCCSC) Adult Education program also offers ESL services. Operated out of the Broadview Learning Center, this free program offers classes directed by licensed teachers and volunteers, and also offers citizenship skills curriculum. MCCSC also has an ESL office to coordinate services for its K-12 students.

The City of Bloomington's Community and Family Resources Department, along with partnering organizations, offer several services geared towards engaging the area's Hispanic population in community affairs. These services include the *Hola Bloomington* radio program on WFHB; the *Boletin Comunitario* and the *Enoticiero,* which are Spanish language publications that highlight area programs, services, and events; and outreach services to assist Hispanic residents navigate services such as health care coverage, and income tax filing. La Casa Cultural Center is an Indiana University (IU) based organization that stands as an important networking and education resource for the campus community.

The City of Bloomington's Commission on the Status of Black Males is charged with addressing education, health, criminal justice, and employment issues for black men in the community. The commission convenes public forums to discuss these matters and develops plans to address needs. The Asian Culture Center at IU and area churches such as the Korean United Methodist Church of Bloomington are important networking, education, and outreach resources for Asian residents.

GED Programs

Twenty five percent of 2010 Household Survey respondents reported having difficulty accessing a GED program. Providers see this as a greater need for their clients; 50% estimated that some to half of their clients had trouble getting into a program within the last 12 months.

Table 3.27: Percent of clients having difficulty getting into a GED program

Percent of Clients	Frequency	Percent
Most or All (80-100%)	0	0%
About Half (40-60%)	1	3%
Some (20-30%)	18	47%
Few to None (about 0%)	19	50%
Total	38	100%

SOURCE: 2010 Client Challenges Survey (n=88)

NOTE: Trend data not available because question was not asked in 2003

Community Colleges

Fifty percent of enrolled students at Ivy Tech Community College of Indiana are over the age of 25. For the 2008-09 academic year, enrollment at Ivy Tech for the 6 county service area (Monroe, Lawrence, Owen, Greene, Morgan, and Martin counties) was 8,950. Enrollment increased for all Ivy Tech community colleges at an average rate of 7% a year between 1991 and 2009 and 23% college-wide for Ivy Tech in 2008-09. Prior to 1999, the average annual growth rate was 2.6%; after this date it rose to 9.2%. Over 60% receive financial aid, and 98% are Indiana residents.

Costs are another important factor in higher education accessibility. Nationally, community college tuition continues to rise and has increased 46% over the past 10 years from $1,937 to $2,819. Annual community college tuition in Indiana remains about $100 to $450 higher than the national average. However, it is still cost-effective for community college students to pursue dual-credit course options in high school, and to also take advantage of articulation agreements with 4-year institutions. Many of these programs offer career pathways in allied health care fields and the life sciences; areas of strong job growth in Indiana.

College Enrollment

College enrollment steadily increased from 2001 to 2008 at both the national and state levels. Indiana is slightly ahead of the national average (34%) in the percentage of 18-24 year-olds enrolled in college. However, enrollment of working-age adults ages 25-49 in Indiana (5.2%) in relation to the number of residents without a bachelor's degree is lower than the than the national percentage (5.7%).

4. Earning a Living

A household's economic stability is usually determined by its ability to find and keep a job, secure a good place to live, and build and protect assets. Changes on any of these fronts will produce significant shifts in the stability and certainty of purchasing power, as well as in the quality of life enjoyed by residents in the region.

The Earning a Living chapter examines how employment, housing, and assets contribute to a family's financial stability. Comparisons are made with state and national measures when possible. There is also a discussion of the most recent 2009 Self-Sufficiency Standard for Indiana.

During their annual Business Outlook Panel (November 2011), the forecast from the Kelley School of Business, Indiana University, and the Indiana Business Research Center was for:
- Very slight growth in the national economy of 2.5% to 3%, with a "sluggish recovery".
- Relatively slow job growth with a national unemployment rate declining somewhat to around 8.4% by the end of 2012.
- Little change in home construction or prices due to a combination of the large surplus of available housing stock and persistent unemployment.
- Stable prices for energy barring any unforeseen circumstances.
- Tight state and local budgets.
- About 40,000 jobs added in Indiana in 2012, with stronger growth in financial, education, health, professional, and business services. Manufacturing, construction, and trade jobs should also see some growth. The government sector will remain steady or continue to shrink.
- Indiana unemployment of 8% by the end of 2012.
- A gain in real personal incomes in Indiana of less than 2.5%.

These came with the caveat that domestic and global factors could produce weaker outcomes than those forecasted. For more details, see www.ibrc.indiana.edu/ibr.

A comparison of some local indicators between 2003 and 2010 is shown in Table 4.1.

Table 4.1: Earnings Indicators

	2003	2010
Per Capita Personal Income for Bloomington MSA[1]	$25,118	$30,715
Median Household Income for Monroe County[2]	$33,311	$36,061
Median Household Income for Lawrence County[2]	$36,280	$39,398
Median Household Income for Owen County[2]	$36,529	$41,4225
Median Household Income for Greene County[2]	$33,998	$41,394
Unemployment Rate for Monroe County[2,3]	3%	7%
Percent of All Households Having Difficulty Finding a Job that Pays Enough for Basic Needs[4]	28%	33%*
Percent of All Households Having Difficulty Getting Access to Needed Work-Related Training[4]	10%	20%
Homeownership Rates for Monroe County[4]	54%	53%
Percent of All Households Having Difficulty Affording Rent or Mortgage[4]	27%	34%
Percent of Unbanked and Underbanked Households in Bloomington MSA[5]	--	41%^
Percent of Households Living in Poverty in Monroe County[6]	13%	22%^

SOURCE: [1] Economic Research Federal Reserve Bank of St. Louis, [2] STATS Indiana not adjusted for inflation, [3] Bureau of Labor Statistics, [4] 2003 and 2010 Household Surveys, [5] Indiana Business Research Center, [6] U.S. Census Bureau, Small Area Income and Poverty Estimates
NOTE: ^2009, †2000, *2010

FINDING AND KEEPING A JOB

Employment Status

The driving force of any economic profile is employment. Though the National Bureau of Economic Research (NBER) officially declared the end of the recession in June 2009, experts believe that it will be several years before employment growth catches up with economic growth.

The unemployment rate as of March 2011 was 7.6% for the Bloomington MSA, which is lower than the national (8.8%) and state (8.5%) unemployment rates. The 2010 Household Survey indicated a higher unemployment rate (16%) among its respondents. This higher self-reported rate may reflect individuals who are unemployed, but not currently seeking work, and those who have been unemployed for a length of time and are no longer eligible to receive benefits. There are also individuals who consider themselves unemployed when they can't find work in their field of preparation, or who are holding out for the "right" opportunity. The figures also include students.

Tables 4.2 and 4.2a below show the current work status of households, as well as the percent of households currently looking for work.

Table 4.2: Percent of Households' Current Work Status

Household Income	Unemployed*		Retired		Part Time		Full Time	
	2003	2010	2003	2010	2003	2010	2003	2010
Less than $15,001	27%	16%	11%	13%	39%	13%	14%	58%
$15,001-$25,000	13%	46%	15%	19%	35%	15%	33%	19%
$25,001-$35,000	11%	24%	14%	12%	14%	0%	50%	44%
$35,001-$50,000	0%	7%	8%	7%	8%	9%	75%	77%
$50,001-$75,000	9%	11%	9%	5%	21%	13%	61%	71%
More than $75,000	11%	5%	13%	5%	5%	7%	62%	83%
All Households	--	16%	--	9%	--	10%	--	66%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

NOTE: In the 2003 SCAN for the "Unemployed" category, respondents were asked if they were temporarily unemployed whereas in the 2010 SCAN they were asked if they were unemployed.

Table 4.2a: Percent of Households Currently Looking for Work

Household Income	Yes	No
	2010	2010
Less than $15,001	48%	52%
$15,001-$25,000	28%	72%
$25,001-$35,000	31%	69%
$35,001-$50,000	18%	82%
$50,001-$75,000	7%	93%
More than $75,000	1%	99%
All Households	18%	82%

SOURCE: 2010 Household Survey (n=278)

In addition to a high unemployment rate, key SCAN informants indicated a growing number of individuals in Monroe County are considered "underemployed." This term describes workers with high skill or education levels whose jobs do not utilize these abilities and often cannot provide a livable wage.

▼**The number of households that are having a problem finding a job that pays enough to meet the family's basic needs has increased across all but the highest income levels.**

Table 4.3: Percent of households having difficulty finding a job that pays enough to meet the family's basic needs

Household Income	Major Problem			Minor Problem	
	2003	2010		2003	2010
Less than $15,001	19%	46%		29%	32%
$15,001-$25,000	21%	32%		21%	28%
$25,001-$35,000	17%	26%		25%	33%
$35,001-$50,000	12%	11%		12%	29%
$50,001-$75,000	4%	11%		11%	5%
More than $75,000	3%	0%		6%	1%
All Households	13%	16%		15%	17%

SOURCE:2010 Household Survey (n=276), 2003 Household Survey (n=276)

When businesses close or companies downsize, workers must often look for jobs outside of their previous profession that require a new skill set or additional education. Job training is an essential element to increase the marketability and competencies of potential employees. In 2010, 20% of all households indicated a challenge with getting access to necessary job training. While none of the 2003 respondents at the $35,000-$50,000 income level reported difficulty getting access to necessary job training, in 2010, 20% respondents in this income bracket found it to be a problem (see Table 4.4).Similarly, 10% of providers felt that limited access to job training was a problem for most or all of their clients, while 27% felt it was a problem for about half of their clients. Forty-one percent of providers felt that this was a problem for some of their clients.

▼**It is more difficult overall for to get access to necessary job training since SCAN 2003**

Table 4.4: Percent of households having difficulty getting access to needed work-related training

Household Income	Major Problem			Minor Problem	
	2003	2010		2003	2010
Less than $15,001	5%	9%		19%	41%
$15,001-$25,000	3%	4%		9%	32%
$25,001-$35,000	4%	0%		8%	12%
$35,001-$50,000	0%	7%		0%	13%
$50,001-$75,000	0%	0%		4%	18%
More than $75,000	0%	0%		9%	4%
All Households	2%	3%		8%	17%

SOURCE: 2010 Household Survey (n=276) 2003 Household Survey (n=259)

In addition to job training, reliable transportation often affects employment status, and can be a vital part of income stability. Individuals must be able to get to work, either by driving their own vehicle or taking public transportation.

Table 4.5: Means of getting to work in 2010

Transportation to Work	Monroe	Lawrence	Owen	Greene
Drove a car alone	44,462 (74%)	17,064 (80%)	7,736 (77%)	11,729 (79%)
Carpooled	6,243 (10%)	3,117 (15%)	1,725 (17%)	2,182 (15%)
Bus	1,016 (2%)	101	10	15
Railroad	27			
Taxi	70			
Motorcycle	92	23	10	15
Bicycle	956 (2%)	7	7	8
Walked	5,173 (9%)	263 (1%)	182 (2%)	376 (3%)
Other means	274	220 (1%)	68 (1%)	108 (1%)
Worked at home	2,110 (3%)	506 (2%)	362 (4%)	495 (3%)

SOURCE: 2010 Household Survey (n=276); 2003 Household Survey (n=259)

Public transportation within the city of Bloomington is accessible and runs regularly. However, outside of city limits and in surrounding counties, public transportation networks are less developed or nonexistent. Although most households indicated that having access to public transportation to go to and from work is not a problem, 25% said this was at least a minor challenge.

Table 4.6: Percent of households having difficulty with having access to adequate public transportation to get to and from work

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than $15,001	10%	17%	19%	22%
$15,001-$25,000	12%	24%	12%	29%
$25,001-$35,000	8%	4%	13%	13%
$35,001-$50,000	18%	20%	3%	13%
$50,001-$75,000	15%	2%	7%	15%
More than $75,000	6%	8%	6%	6%
All Households	11%	11%	10%	14%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

INCOME

Despite unemployment rates that are lower than the nation, Indiana and the Bloomington MSA lag behind national income measures. The per capita personal income of the Bloomington MSA in 2009 was $30,796, which is 91% ($33,725) of the per capita personal income in Indiana. This may be partly due to the effect of students' low income on the overall per capita income.

Per capita personal income is a good indicator of how a region fares, but a more accurate picture may be obtained when considering household income. Although Indiana as a whole falls below national averages, the median household income in the Bloomington MSA falls even farther below national averages. This is also true for surrounding counties that are impacted less by a student population. While median household income for Monroe and surrounding counties lags below national and state medians, absolute differences between the geographical areas have remained relatively steady between 2003 and 2010.

Table 4.7: Comparison of median household income

Geographical Area	2000	2010
Monroe County	$33,311	$36,061
Lawrence County	$36,280	$39,398
Owen County	$36,529	$41,422
Greene County	$33,998	$41,394
Indiana	$41,567	$45,427
United States	$50,046	$50,221

SOURCE: STATS Indiana, USA Counties in Profile

In order to understand the economic profile of this region, it is important to recognize the household demographics being served. The region consists of approximately 90,700 households (49,000 in Monroe, 19,000 in Lawrence, 8,700 in Owen, and 14,000 in Greene). While many of the income statistics incorporate both single-parent and dual-income households, many families in the Bloomington MSA have only one income earner in the home. Although the overall percentage of single-parent homes is less than in the state and nation, it is still a significant proportion in Monroe, Lawrence, Owen, and Greene counties when considering that income levels are consistently lower for single-parent families for all geographical areas (Figure 4.1).

Figure 4.1: Percent of all families with single heads-of-household, 2005-2009
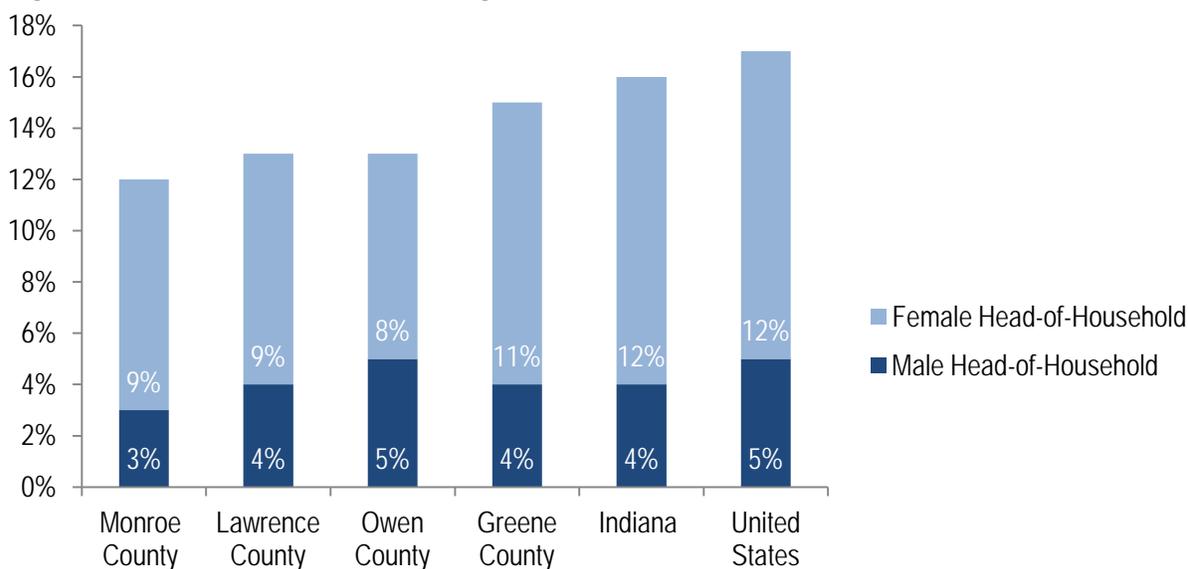
SOURCE: US Census Bureau, American Community Survey, Social Characteristics
.

Female-led single-parent homes are considerably more prevalent than male-led single-parent homes in the Bloomington MSA, Indiana, and the nation. While the wage gap continues to close, according to the American Community Survey Narrative, a single woman heads 33% of all Monroe County households that fall below the poverty line. And, the median income for women in Monroe County is $32,486, whereas for men it is $43,452. While these data are not specific to single-parent households, they describe the overall discrepancy in compensation that most likely prevails for single-parent, full-time, year-round workers.

The influence of education on income is important to consider when assessing a community's strengths and needs. The higher degree of education attained, the greater the likelihood of increased wages. In 2009, in Monroe County, the median income of an individual with less than a high school diploma made $16,896, while an individual with a graduate or a professional degree made $44,292. Monroe County is fortunate to have two higher learning institutions within its borders: Indiana University's main campus and an Ivy Tech campus.

In Monroe, Lawrence, Greene and Owen counties, more highly educated individuals (over age 25) earn greater incomes. Residents in the surrounding counties receive higher compensation for completing high school and any amount of post-secondary education. Although residents in Monroe County are more highly educated, they receive less compensation relative to surrounding counties. This is most likely due to the high concentration of students and graduate students in the area; over 40% of Monroe County residents have at least a bachelor's degree. At all education levels within Monroe County, returns are lower than the national averages.

Although Indiana University and Ivy Tech attract a younger demographic to Monroe County, Bloomington has recently marketed itself as a retirement community. The senior citizen

population, age 65 and over, constitutes 10.3% of the total population in Monroe County. Senior citizens often live on fixed incomes and must make financial decisions accordingly. Social Security is a stable source of income, but it is often not enough for most people to rely on exclusively. In 2008, 90% of the national population and 95% of the population in Indiana over the age of 65 received Social Security. For 64% of individuals receiving Social Security benefits, these payments accounted for at least 50% of their total income. Further, 34% of recipients relied on Social Security for at least 90% of their income. The mean Social Security Income for Monroe County in 2009 was only $16,079, making it difficult for individuals to use this source of revenue as anything more than a partial income supplement.

A household requires sufficient income to pay for its basic needs. Service providers in the 2010 Client Challenges Survey indicated that their clients have challenges paying for these necessities (Table 4.8).

Table 4.8: Percent of clients having difficulty paying for basic needs

	Frequency	Percent
Most or All (80-100%)	21	34%
About Half (40-60%)	16	26%
Some (20-30%)	22	35%
Few to None (about 0%)	3	5%
Total	62	100%

SOURCE: 2010 Client Challenges Survey (n=62)

The Earned Income Tax Credit (EITC), which was enacted in 1975, is a federal income tax credit for low- and moderate-income working individuals and families. The expansion of the EITC in 2010 sparked greater awareness and participation in the program. Viewed as one of the nation's largest anti-poverty program, last year it raised 6.6 million people out of poverty, including 3.3 million children. Estimates show that 20-25% of households do not claim the credit, even though they are eligible. United Way of Monroe County estimates that $200 million dollars of EITC owed to eligible Hoosiers go unclaimed every year. Forty-one percent of service providers felt that obtaining the EITC was a problem for 20-30% of their clients. The Financial Stability Alliance for South Central Indiana, led by United Way of Monroe County, is a partnership of nonprofits, financial institutions, and local government agencies working to foster community-wide collaboration around financial stability and asset development. The Alliance increases collaboration and information sharing among financial stability partners and service providers in Brown, Greene, Monroe, and Owen counties (www.financialstabilityalliance.org).
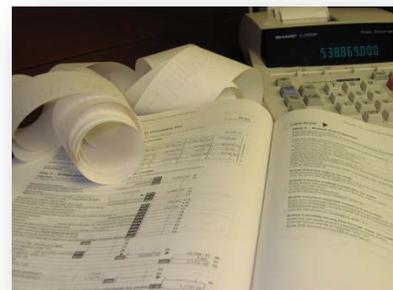
A GOOD PLACE TO LIVE: HOUSING

Numerous changes have taken place in the housing sector since SCAN 2003. Two of the most significant events are the collapse of the national housing and lending markets and the economic recession. Housing prices steadily increased around the country until the market collapsed suddenly in 2008. Many refer to this as the bursting of the housing bubble. Subprime and predatory lending practices increased risk of default among individuals with mortgages. As mortgage payments increased, many homeowners found themselves spending a larger percentage of their income on retaining housing or risked losing their place of residence.

Homeownership
A person's homeownership status is an important factor in determining his or her economic stability. According to the 2010 Household Survey, 69% of all households own their own home. This number ranges from 23% at the lowest income level to 94% at the highest.

Table 4.9: Percent of households that rent or own the place in which they live

Household Income	Rent		Own		Family/Other	
	2003	**2010**	**2003**	**2010**	**2003**	**2010**
Less than $15,001	85%	70%	9%	23%	7%	7%
$15,001-$25,000	61%	44%	33%	44%	6%	0%
$25,001-$35,000	50%	44%	50%	58%	0%	0%
$35,001-$50,000	28%	20%	72%	80%	0%	0%
$50,001-$75,000	15%	21%	79%	79%	6%	0%
More than $75,000	14%	6%	87%	94%	0%	0%
All Households	--	29%	--	69%	--	1%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

In 2009, 53.4% of Monroe County households were owner occupied units. In large part due to the sizeable student population, this number is much less than the United States owner occupancy level of 65.9% and the Indiana owner occupancy level of 70.4% in 2009.

Homeownership rates among working families at 100 and 250 percent of the federal poverty line are much lower than average rates. In Indiana, 38.4% of working families living at or below 100 percent of the poverty threshold, and 50.9% of working families at or below 200 percent of the poverty line, own their own home. At the national level, 30.3% of working families living at or below 100 percent of the poverty threshold and 42.5% of working families at or below 200 percent of the poverty line own their own home.

Affordability
The U.S. Department of Housing and Urban Development (HUD) suggests that households should spend no more than 30% of their income on housing or they are considered cost burdened. Many working families in Indiana spent more than that on housing in 2009. Twenty-seven percent of owners with a mortgage and 49% of renters spent more than 30% of their income on housing. In Monroe County those statistics are even greater at 29% and 70%

respectively. Respondents to the 2010 Client Challenges Survey also indicated that this is a problem, with 93% judging that at least some of their clients spent over 40% of their income on rent—even more than HUD's cost burden threshold.

▼**Households who indicated a major problem having enough money to pay their rent or mortgage was 13% in 2010 compared to 6% in 2003.** Even households in the $35,001-$50,000 income bracket reported having major difficulties, with an increase from 0 to 11 percent.

Table 4.10: Percent of households having difficulty having enough money to pay rent or mortgage

Household Income	Major Problem			Minor Problem	
	2003	2010		2003	2010
Less than $15,001	29%	38%		14%	36%
$15,001-$25,000	9%	20%		39%	40%
$25,001-$35,000	4%	8%		29%	35%
$35,001-$50,000	0%	11%		21%	18%
$50,001-$75,000	4%	11%		15%	23%
More than $75,000	3%	0%		3%	1%
All Households	6%	13%		21%	21%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

The median value for owner-occupied units in Monroe County in 2009 is $148,200 and has risen each year since the last SCAN report. Comparatively, the median value in the state of Indiana is $123,100. The estimated median monthly rent in Monroe County is higher than any of the surrounding counties and $43 more than that of the state. These prices are primarily inflated due to the number of students that are renting in the area (see Table 4.11 and Figure 4.4 below).

Table 4.11: Percent of Clients Spending over 40% of Income on Rent or Mortgage

	Frequency	Percent
Most or All (80-100%)	6	14%
About Half (40-60%)	18	42%
Some (20-30%)	16	37%
Few to None (about 0%	3	7%
Total	43	100%

SOURCE: 2010 Client Challenges Survey (n=43)

Figure 4.4: Estimates of median monthly rent and housing costs, 2005-2009 (5-Year Averages)
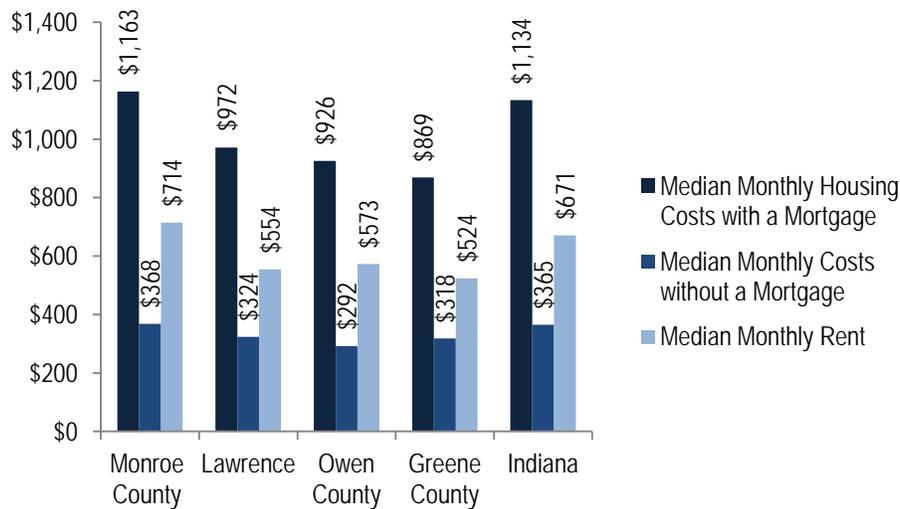
SOURCE: U.S. Census Bureau, American Community Survey, Narrative

Few programs exist to make rent more affordable for low-income families in the long term. One such program is the Housing Choice Voucher Program (HCV), formerly Section 8. HCV participants receive government subsidies to spend no more than 30% of their income on rent. Individuals can use these vouchers to live where they choose, provided the landlord agrees to participate in the program. However, service providers indicated in the 2010 Client Challenges Survey that the time spent on the HCV waiting list is a problem for some of their clients. Individuals may spend up to a year for the waiting list to become available because it only opens for a short period of time. Once on the waiting list, individuals usually remain there for a year or longer.

Table 4.12: Percent of clients spending 12 months or more on the section 8 waiting list

	Percent
Most or All (80-100%)	9%
About Half (40-60%)	24%
Some (20-30%)	41%
Few to None (about 0%)	26%
Total	100%

SOURCE: 2010 Client Challenges Survey (n=88)

Housing Quality

While being able to afford rent or mortgage on a house is important, the quality of that home also affects income stability and the household's standard of living.

▼**In the lowest income bracket, 65% of households reported having a problem with living in a home that is in need of major repairs in 2010. This is higher than in 2003.**

Table 4.13: Percent of households living in housing that needs major repairs

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than $15,001	14%	16%	33%	49%
$15,001-$25,000	3%	19%	21%	23%
$25,001-$35,000	4%	4%	8%	15%
$35,001-$50,000	3%	7%	12%	22%
$50,001-$75,000	0%	0%	19%	18%
More than $75,000	6%	0%	3%	9%
All Households	4%	6%	15%	21%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

Although the highest income brackets did not report a major problem, they did indicate minor challenges of living in a house that is in need of major repairs. This could be due to the fact that individuals making more money have higher expectations for quality. However, more households in the middle income brackets are experiencing greater difficulties making ends meet, and may postpone items like home repairs, that are seen as less essential for the time being. These deferred expenses can catch up with a household, or result in the need for more costly work once performed.

Housing-Related Expenses

Respondents to the 2003 and 2010 Household Surveys within the lower income brackets were more challenged by having enough money to pay utility bills than households at the higher-income levels. In 2010, 64% of households at the lowest income level struggled to earn enough money to pay for utility bills, compared to 1% in the highest income bracket.

▼**There is a greater trend for working households in the middle income brackets to have major difficulties paying expenses compared to 2003.**

Providers also indicated that their clients lived in homes that need major repairs and faced challenges affording utilities (see Table 4.14 and 4.15). Forty-seven percent of providers indicated that having enough money to pay the utility bills was a problem for some of their clients in 2010.

Table 4.14: Percent of Clients Living in Housing that Needs Major Repairs

	Frequency	Percent
Most or All (80-100%)	2	5%
About Half (40-60%)	14	32%
Some (20-30%)	20	45%
Few to None (about 0%)	8	18%
Total	44	100%

SOURCE: 2010 Client Challenges Survey (n=44)

Table 4.15: Percent of households having difficulty paying utility bills

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than $15,001	33%	32%	24%	32%
$15,001-$25,000	12%	0%	27%	36%
$25,001-$35,000	0%	16%	29%	16%
$35,001-$50,000	0%	11%	12%	14%
$50,001-$75,000	0%	5%	15%	25%
More than $75,000	0%	0%	6%	1%
All Households	6%	9%	17%	17%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

BANKING AND ASSET DEVELOPMENT

Banking
Banking is a key step in income stability and financial independence. United Way notes that banking and bank services, including access to credit, can help to stabilize a family's income. Households without a bank account pay more for financial services than those who are able to cash checks and use in-network ATMs. Possession of a bank account also helps lend credibility to an individual. Without a bank account it can be difficult, if not impossible, to obtain a loan, mortgage, or line of credit at a reasonable rate.

The recent economic downturn has not only changed the way Americans spend, it has changed the way they bank. Recent changes to predatory lending laws and the tightening of credit markets in response to the bursting of the housing bubble have also changed the financial landscape. Americans have responded to the economic recession by saving more and spending less. This

reverses a trend that saw personal savings rates at record lows in the late 1990s and early 2000s. Although these data are not available for the state or region, personal savings rates in the United States increased from 1.4% in 2005 to 5.8% in 2010. While this could indicate that individuals are becoming more financially responsible, it could merely be a response to the recession. Regardless, increased rates of savings often lead to slower economic growth and recovery, at least in the short-run.

Despite recent increases in savings, there are still many individuals who remain unbanked, meaning they did not have a bank account in 2009, or "underbanked," meaning they had a checking or savings account, but had used alternative high-interest, nonbank sources. These can include tax refund anticipation loans, money orders, check cashing services, payday loans, pawn shops, or rent-to-own agreements. The IBRC estimates that the number of unbanked and "underbanked" individuals in Indiana in 2009 is 24.1%, compared to 25.6% nationally. This statistic is even higher for minorities (57.8%) and for households making less than $15,001 (55%). Estimates show that 40.6% of individuals in the Bloomington MSA are unbanked or "underbanked"—one of the highest rates in Indiana.

In 2009, Bank On Bloomington launched to bring together local financial institutions and community partners to help residents access mainstream financial services and financial education. Bank On Bloomington helps area residents open a bank account, an important step toward financial stability. Residents who have never had an account or have had difficulties in the past will find that many traditional barriers have been reduced or eliminated. These barriers may include minimum balance requirements, difficulties with an account in the past such as unpaid overdraft charges, or lack of a U.S. driver's license or state-issued identification.

Figure 4.5: Percent of unbanked and underbanked households in Indiana by income, 2009
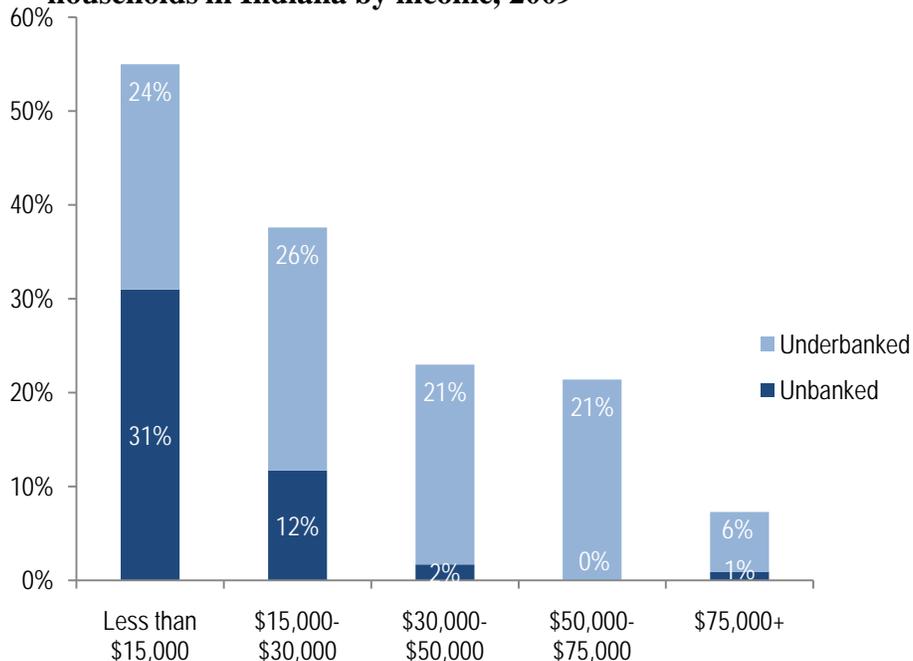
SOURCE: FDIC National Unbanked and Underbanked Households

Traditionally, bankruptcy filings have served as a proxy for other financial stability characteristics. However, recent changes in the laws regarding bankruptcy filings have made it more difficult and skewed these data. For example, personal bankruptcy filings spiked in all 4 counties in 2005, but dropped significantly in 2006, following changes in the law. Monroe County leads Lawrence, Owen, and Greene counties in total bankruptcy filings. Lawrence County has the most bankruptcy filings per capita since 2006. Despite decreases following the legal changes, all 4 counties have seen steady increases in bankruptcy filings since the drop in 2006.

Another aspect in growing assets is the ability to get a loan at a reasonable interest rate. Income was the greatest predictor of this ability. Forty-five percent of households who made less than $15,000 and 32% of those who made between $15,000 and $35,000 said that getting a loan at a reasonable interest rate was a major problem in 2010.
▼**Getting a loan at a reasonable interest rate in 2010 was more difficult than in 2003 for all income brackets except for households with income over $75,000.**

Table 4.16: Percent of households having difficulty getting a loan at a reasonable interest rate

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than $15,001	33%	45%	10%	20%
$15,001-$25,000	15%	32%	15%	9%
$25,001-$35,000	8%	36%	4%	0%
$35,001-$50,000	3%	13%	9%	5%
$50,001-$75,000	4%	13%	0%	14%
More than $75,000	3%	0%	9%	2%
All Households	9%	17%	8%	8%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

While obtaining a loan at a reasonable interest rate is difficult for households, only 3% of households surveyed indicated that setting up or keeping a bank account was a major problem. However, among those who made less than $15,000 last year, 18% said that setting up or keeping a bank account was a major problem. Seventy-three percent of service providers in the 2010 Client Challenges Survey indicated that at least some of their clients had difficulty setting up or keeping a bank account (see Table 4.17 below).

Table 4.17: Percent of households having difficulty setting up and keeping a bank account

Household Income	Major Problem	Minor Problem
Less than $15,001	18%	18%
$15,001-$25,000	0%	20%
$25,001-$35,000	4%	0%
$35,001-$50,000	0%	16%
$50,001-$75,000	0%	5%
More than $75,000	0%	1%
All Households	3%	9%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)
NOTE: This question was not asked in 2003.

In addition to clients needing help obtaining a loan and opening a bank account, providers generally felt that clients were most in need of budgeting assistance and financial literacy. Ninety-eight percent of providers indicated that at least some of their clients have had a problem making or keeping a budget and 38% of providers felt this was an issue for most or all of their clients.

Table 4.18: Percent of clients having difficulty making and keeping a budget

	Frequency	Percent
Most or All (80-100%)	18	38%
About Half (40-60%)	14	29%
Some (20-30%)	15	31%
Few to None (about 0%)	1	2%
Total	48	100%

SOURCE: 2010 Client Challenges Survey (n=88)
NOTE: This question was not asked in 2003.

Building Self-Sufficiency

In SCAN 2003, the demographic with the greatest need was individuals living below the poverty line. While this continues to be true, following the recession that began in December 2007, there is an increased need within the working middle class, as well. This recession depressed earnings, placed strain on families, and increased the services demanded of local nonprofit providers. This might indicate why Area 10 Infolink, the 2-1-1 resource provider for Monroe and Owen counties, saw a 47% increase in calls asking for assistance during the first year of the recession.

Figure 4.6: Poverty Rates, 2003 and 2010
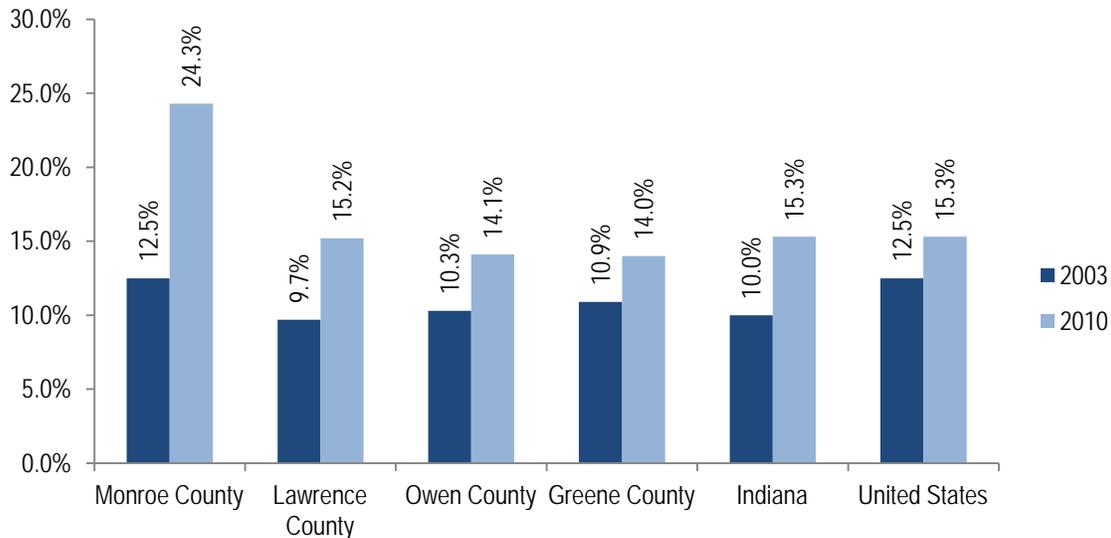
SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates

When looking at the opportunity for financial stability—finding and keeping a job, having a permanent place to live, and growing assets—the economic recession has had an especially measurable impact on households living in poverty. When calculating the poverty rate, surveys utilize different methods that produce many varied results. According to the Small Area Income and Poverty Estimates (SAIPE), which emphasize statistics at the county level and have lower variance than the American Community Survey, the poverty rate in Monroe County is 21.9% (see Figure 4.6 above). Although all of the rates in the Bloomington MSA, state, and nation increased from 2003 to 2009, Monroe County had the greatest increase.

Perhaps more useful to practitioners, the Self-Sufficiency Standard defines the amount of income a household will find necessary to meet basic needs (including taxes) without public subsidies (e.g., public housing, food stamps, Medicaid or child care) and without private/informal assistance (e.g., free babysitting by a relative or friend, food provided by churches or local food banks, or shared housing). The family types for which a Standard is calculated range from one adult with no children, to one adult with one infant, one adult with one preschooler, and so forth, up to two-adult families with three teenagers.

Molly Orshansky, who developed the Self-Sufficiency Standard, believes that the official federal poverty level has become out-of-date. "The federal poverty level (FPL) is based on USDA food budgets that meet minimal nutritional standards. Because families in the 1950s spent an average

of one-third of their income on food, it was assumed that multiplying the food budget by three would result in an amount that would be adequate to meet other basic needs as well. Since its creation, the FPL has only been updated for inflation. FPL thresholds reflect the number of adults and children, but they do not vary by age of children, nor by place (SAIPE)."

In contrast, the Self-Sufficiency Standard is based on major budget items faced by working adults, not just food. These basic needs include housing, child care, food, health care, transportation, taxes, and miscellaneous costs. The Self-Sufficiency Standard calculates the most recent local or regional costs of each basic need. Accounting for regional or local variation is particularly important for housing because housing costs vary widely (e.g., the most expensive areas of the country, such as Manhattan, can cost four times as much as in the least expensive areas, such as Mississippi, for equivalent size units).

The Self-Sufficiency Standard varies costs by age groups of children (infants, preschoolers, school agers, and teenagers). This is especially important for child care, which varies substantially by age. The Self-Sufficiency Standard reflects modern family practices, and assumes that all adults (whether married or single) work full-time. Thus the Standard includes the employment-related costs of transportation, taxes, and child care (when needed). Note that the Federal Poverty Level assumes a two-parent household with a stay-at-home parent, or single parents relying on welfare or family support. Therefore work-related expenses such as child care, taxes, and transportation are not considered.

Table 4.19: Examples of self-sufficiency standard data for Monroe County

Monthly Expenses	Adult + preschooler	Adult + schoolage	Adult + teenager
Housing	668	668	668
Child care	668	434	0
Food	340	399	424
Transportation	231	231	224
Health Care	319	329	348
Misc	223	206	166
Taxes	445	357	226
EITC	-51	-109	-214
Child Care Tax Credit	-65	-70	0
Child Tax Credit	-83	-83	-83
Making work pay tax credit	-33	-33	-33
Self-Sufficiency Wage			
Hourly	**$15.13**	**$13.22**	**$9.81**
Monthly	**$2,662**	**$2,327**	**$1,726**
Annual	**$31,946**	**$27,919**	**$20,717**

For more information, and to see examples for types of household by county, visit www.selfsufficiencystandard.org.

The Self-Sufficiency Standard includes the net effect of federal and state taxes and tax credits, as well as any local taxes and tax credits. The Standard's real-world assumptions allow the costs of all basic needs—not just food—to vary over time and across geographic locations. With this updated and detailed approach, the Standard is able to develop a realistic measurement of the income requirements for 70 different family types across each county in a given state.

Several different criteria are employed to ensure the Standard is as consistent and accurate as possible, yet varied by geography and family composition. To the extent feasible, the data used in the Self-Sufficiency Standard are:

- collected or calculated using standardized or equivalent methodology nationwide;
- obtained from scholarly or credible sources such as the U.S. Census Bureau;
- set at minimum but adequate levels; (e.g., nutrition levels)
- updated annually; and
- varied geographically and/or by age as appropriate.

ECONOMIC CHALLENGES FACING VULNERABLE POPULATIONS

Elderly and Adults with Disabilities

The elderly are defined by the United States Census Bureau as persons aged 65 or older. People with disabilities include individuals of any age who live with an emotional, learning, physical, or mental impairment. These two populations may face additional difficulty accessing basic services, maintaining consistent employment, developing strong social ties, advocating effectively for themselves, and participating independently in their communities.

Population Growth

Currently, the elderly make up just over 10% of the total population living in Monroe County. All four counties have seen increases in their elderly population in the last two decades, suggesting continued growth in demand for services. The percentage of elderly in the other three counties is greater than in Monroe; with Lawrence at 16.4%, Owen at 14.8%, and Greene at 16.0%. In the state as a whole, 13% of the population is over 65. Approximately 20% of the total population living in Monroe County now falls between the ages of 45 and 64, so it is safe to project that the community will continue to experience a shift in the average age of its members.

The Indiana Business Research Center has projected population growth for the elderly through 2040. The percentage of total population in Monroe County, age 60 and older, is projected to grow to 23% in 2040; this reflects a projected 65% growth rate between 2010 and 2040. Monroe County's growth rate is projected to outpace surrounding counties. Data for the projected population growth of the disabled are more difficult to obtain. As of 2000, 13% of Monroe County residents aged 5 or older live with a disability. This percentage is significantly lower than the Indiana average of 20%, although "disability" is not always consistently defined at the state and local levels.

Elderly and People with Disabilities in Poverty

The United States Census Bureau provides poverty rates by household, family type, race, and age (youth or elderly only). In 2008, approximately 8% of the total elderly population was living

below the federal poverty line in Monroe County, a figure which is similar to the state average but is slightly lower than the 10% national average. The most recent Census Bureau report does not provide information on the number of households including at least one person with a disability living in poverty.

Conditions associated with living in poverty can affect the success with which the elderly or disabled are able to maintain housing and access needed medical care, food, transportation, and clothing. In addition, many elderly have found it necessary to obtain employment past what has, historically, been the average age of retirement.

People with disabilities and their families often require expensive medical care and services that are not fully compensated by Medicaid or Medicare. The disabled also face greater difficulty maintaining regular employment and obtaining education to increase employment opportunities. For these reasons, individuals with disabilities and their families may face poverty at greater rates than those without disabilities.

Monroe County nonprofits have worked to meet the needs of the elderly and disabled in poverty. In fiscal year 2009, Area 10 Agency on Aging served approximately 50,839 home delivered meals and 33,856 congregate meals to the elderly or disabled who were living in poverty. The same agency reached approximately one third of the elderly in poverty living in Monroe County through their meal delivery and congregate meal services in 2008 and 2009. This agency currently has 25 people waiting to enter these meals programs. LifeDesigns and Stone Belt both provide services to individuals with disabilities, including employment search and support.

Employment Trends for the Elderly

Historically, labor force participation in the United States begins to fall after age 55, a figure that has been influenced over time by economic conditions, eligibility for social security benefits, the availability of health insurance, and the prevalence and design of employer-sponsored pensions. The United States Census Bureau data show that the percentage of men and women aged 62 and older who work in paid employment has risen over the past several years. On a local county level, between 2005 and 2009, Area 10 Agency on Aging assisted 500 Monroe County residents over the age of 65 with finding employment through the organization's Older Worker Employment Program.

The United States Census Bureau projects that labor force participation among people age 55 and older may continue to increase due to recent trends away from defined-benefit pension plans with a monthly annuity for life toward defined-contribution plans that typically payout lump-sum benefits. The declining portion of employers who offer retiree health insurance also may influence the number of individuals who continue to work until they are eligible for Medicare at age 65. Since 1990, there has been a steady increase in the number of individuals age 62 and older who maintain fulltime employment in the United States. Women aged 65 to 69 experienced the largest percentage increase in paid work force employment, with a 47% increase between 1990 and 2008. Men experienced a 24 to 27% increase in work force participation beyond the age of 62.

The United States Census Bureau projects that in the next two decades, rather than leaving employment entirely, the elderly will phase into retirement with part time employment. The

Pension Protection Act of 2006 (P.L. 109-280) allows pension plans to begin paying benefits to workers who have not yet separated from their employers at the earlier of age 62 or the pension plan's normal retirement age, which in most plans is 65. This may allow more elderly workers to retain employment and phase into retirement.

Employment Trends for the Disabled

People with disabilities may face great obstacles finding and maintaining regular paid employment. The most recent *Disability Status Report*, published in 2005 by Cornell University in collaboration with the American Association of People with Disabilities (AAPD), found that people with disabilities worked disproportionally less than people without disabilities. The *Disability Status Report* claimed that only 38% of nearly 21.5 million people in the United States with disabilities and between the ages of 21 and 64 ("working age") were employed in 2005. This figure can be compared to the proportion of individuals without disabilities of working age with employment: just over 78% in 2005. The report also asserted that, in 2005, people with disabilities made an average of $6,000 less for fulltime work than those without disabilities.

Since SCAN 2003, service providers in Monroe County have expanded their programs to assist people with disabilities to find employment and stay employed. In 2008, Stone Belt provided employment for over 150 people with disabilities and worked with local for-profit and nonprofit agencies to raise awareness of how to accommodate persons with disabilities in the workplace. Also in 2008, Options for Better Living (now LifeDesigns) expanded its continuing education program (CEO) to include Owen County, and increased participation in the Monroe County program by almost 50% between 2006 and 2008. In 2009, Stone Belt expanded employment opportunities for people with disabilities through the opening of their new Life Sciences Plant.

Retiring to Bloomington

Bloomington was rated by Rand McNally as the 8th best place to retire in the United States and Canada. The city received its ranking based on its climate, level of personal safety, services and housing opportunities for the elderly, and general affordability. There are currently three large retirement communities in Bloomington, Indiana and a number of public campaign websites to attract more people to Monroe County to retire. An increase in migration of the elderly to Monroe County may increase demand in the short term for services and recreation options for the elderly. In the long term, demand for resources such as assisted living facilities, nursing homes, acute and sustained medical care, independent living assistance, and respite care for family members may increase.

Nursing Homes and Assisted Living Facilities

When the elderly or a person with a disability can no longer live independently, they must rely on family members or outside service providers, such as nursing homes and assisted living facilities, for safe housing and healthcare options. There are six nursing homes in Monroe County, some of which also operate as retirement homes and communities. In 2011, these facilities offered a total of 599 certified beds for the elderly. A certified bed refers to the number of beds paid for through Medicare and Medicaid reimbursements.

Two major nonprofit service providers, Stone Belt and LifeDesigns, offer residential living facilities for people with disabilities. Both have staff and programs designed to offer assistance in the personal homes of people with disabilities and their families. Care to residents in these homes are provided by a range of staff members, including registered nurses, certified nursing assistants, doctors, and other staff members to provide assistance to the elderly and people with disabilities for a range of daily tasks as they need help.

SCAN 2003 identified a need for a community ombudsman to assist the elderly and their families in safe, affordable, quality nursing home placements. Area 10 Agency on Aging now has an ombudsman on staff.

Assistance to Families

In 2003, 4% of households participating in the 2003 Household Survey reported that a person with a disability lived in their household. The 2010 Household Survey discovered that 17% of survey respondents had at least one family member living in their household with a disability. Additionally, the number of households reporting at least one person, aged 65 or older, living in their household increased from 8% in 2003 to 38% in 2010.

In 2010, the Pew Research Center performed an analysis of census data and Bureau of Labor Statistics to track changes in the multi-generational household. Between 2000 and 2008, the number of households with two or more generations (grandparents and parents) grew by 7 million, to comprise 16% of all households in 2008. Many of these households are supported by two primary wage earners, now providing for their parents and their own children.

The Pew Institute cites the recent economic downturn, the high rate of home foreclosures, and Medicare cuts enacted in 1997 as incentives for the elderly to choose retirement with their children, rather than living alone or in a retirement community or nursing home. Many of these families need outside assistance during the working hours for members of their household who are elderly or have a disability.

Respite Care

Respite care is the provision of short-term, temporary relief to those who are caring for family members who might otherwise require permanent placement in a facility outside the home. In SCAN 2003, the lack of respite care for families with at least one household member with a disability or over the age of 65 was identified as a challenge. This was again identified as a problem for Monroe County families in the 2010 Client Challenges and Household Survey; 14% of service providers agreed that obtaining respite care for household members was a challenge for at least half their clients.

Elder Daycare

Adult daycare is a planned program of activities designed to promote wellbeing though social and health related services. Adult daycare centers operate during daytime hours, Monday through Friday. Nutritious meals that accommodate special diets are typically included, along with an afternoon snack. In SCAN 2003, nonprofit service providers in the Monroe County community identified a need for affordable adult eldercare programs to assist multi-generational families in supporting the elderly during working hours. This need was again identified in the 2010 Client Challenges Survey; 16% of service providers stated that accessing elder daycare for household members was a problem for at least half their clients.

Transportation and other Basic Services

Transportation for people with disabilities and the elderly was identified in SCAN 2003 as a problem for households in Monroe County. Since 2003, LifeDesigns and Area 10 Agency on Aging have both expanded their service options to provide transportation for the elderly and people with disabilities in all of their service areas. Despite this additional coverage, service providers participating in the 2010 Client Challenges Survey still identified transportation for these populations as a challenge to themselves and their family members.

Current Resources for the Elderly and People with Disabilities

In this section we highlight a sampling of human service providers that meet one or more of the following criteria: a large (by staff size and/or budget) provider in the service area, a long-established or highly visible provider, a provider serving a specific target population, a provider that offers a unique combination of services, or a provider that was mentioned in SCAN. The following is by no means an exhaustive list of service providers.

Area 10 Agency on Aging assists elderly, including low income elderly, with access to food, housing, employment and assistance with household tasks, transportation, respite care, adult day care, and community programs and volunteering opportunities.

Bell Trace Health and Living Center and Bloomington Nursing and Rehabilitation Center both received the highest quality of care and safety ratings of all Monroe County nursing homes in 2009. These homes provide a total of 110 openings for residents paying for services through Medicare and Medicaid, in addition to other openings for residents.

Elder Care Connections and Home Instead are both for profit agencies providing assistance to families with elderly household members for transportation, general in home assistance, and companionship.

Elderhouse and IU Health Bloomington both provide adult day care centers to the public.

LifeDesigns serves over 270 people with disabilities each year and experienced service growth of 35 percent in 2008. LifeDesigns provides opportunities for respite care, education, employment, assisted living, and group housing, among other programs.

Special Olympics Indiana - Monroe County offers year-round sports training and athletic competition for children (8 years and up) and adults with intellectual, cognitive, and learning disabilities.

Stone Belt enhances opportunities for 1,300 people with disabilities each year through their employment, residential, educational, volunteer, advocacy and arts programs. This total is approximately 10% of all persons with disabilities in Monroe County.

5. A Healthy Community

A healthy community ensures the health and well-being of every individual. It has sufficient primary health care providers and other health services, and its citizens have the means and desire to access the appropriate services. Health care impacts all ages – from prenatal care and infant health and growth, to encouraging positive habits and minimizing risky health behaviors in youth, to providing health services for adults to treat acute illness and disease, as well as decreasing chronic illnesses and mental health problems, and by addressing the specialized needs of the elderly.

Recent changes have occurred across the state as regional hospitals realigned under the new Indiana University Health system. Bloomington Hospital, rebranded with the new IU Health logo, became affiliated with Clarian's nationally recognized health care, while maintaining a local identity and reinforcing its partnership with Indiana University and the IU School of Medicine. Along with IU Health, a number of smaller local hospitals and dozens of other specialized care facilities and medical organizations are located in the Bloomington Metropolitan Statistical Area. The quality of acute care available for serious events, including cardiac arrest and trauma, is exceptional. Through the model STEMI initiative, the goal is to get a patient experiencing a heart attack from a totally blocked artery to a catheterization lab in 90 minutes or less to have the best outcomes. IU Health Bloomington was recently recognized with national Magnet status for the quality of its nursing care, and consistently hits high benchmarks in most of its service lines. Many medical practices have converted to electronic data patient records, which allow more accurate treatment, the sharing of patient files, and a reduction in medication interactions and error rates.

Yet, despite the array of medical services offered, our region has gaps in some areas of specialization, and like most parts of the country, a shortage of primary care physicians. The waits for appointment times can be excessive. Access to health care resources for some households is often limited by the ability to procure health insurance, co-pay amounts for services and prescriptions, and the cost of insuring employees for small businesses. There are some clinics and agencies offering low-cost or free services to low-income individuals, but their resources are often stretched, and individuals may not meet the thresholds for services.

Chronic poor health may result in a lower quality of life, and reductions in income and standard of living. Chronic illnesses resulting from poor lifestyle choices like smoking and preventable obesity take a significant toll on families and communities, and contribute to rising insurance and health care costs. Local initiatives like ACHIEVE are partnerships designed to help organizations change policies to promote better workplace wellness and employee choices.

All of this is taking place in the context of national health reform conversations and pending legislation. Many legislative initiatives of the Health Care and Education Affordability Reconciliation Act of 2010 are not slated for implementation until 2014. These changes could impact the operational and administrative responsibilities of both large and small employers in relation to employee health care coverage. Prior incentives for higher volume, fee-for-service care delivery and payment systems will move to systems that incentivize the provision of high-value services. Providers will focus on improving outcomes, quality, and cost across the

continuum of care – with the objective of providing the best-possible quality at the lowest possible price. However, in the meantime local providers have indicated that:

- Health insurance costs continue to escalate, with some organizations reporting an anticipated increase of 12 – 19% in insurance premiums for 2013.
- Services and payments for Medicaid enrollees have been, and continue to be reduced in response to rising costs and state budget deficits.
- Undocumented residents are excluded from buying health insurance coverage.
- Providers are reviewing services to decide what should be offered in each location, thinking about access, cost, and service quality. It may be necessary to concentrate resource-intensive services currently provided in multiple locations at fewer sites, while continuing to offer broader access services in more geographic locations.
- Health care providers are finding it necessary and beneficial to become more coordinated and integrated.

This chapter identifies key health indicators for Bloomington and the three neighboring counties, Lawrence, Owen, and Greene, and compares how community households perceive health and wellness compared to SCAN 2003. Secondary data portraying the health status and concerns for the community are also presented.

HEALTH INDICATORS

The Robert Wood Johnson Foundation released a 2011 national study of 27 health indicators across key areas organized by state and county. These follow in two tables. Monroe County ranked 16/92 counties for overall Health Outcomes, compared to 61, 39, and 80 for Lawrence, Owen, and Greene, counties respectively. While Monroe County is below the state percentile for smoking at 21%, it is still above the National Benchmark of 15%. Similarly, the neighboring counties all match or exceed the state percentile of 25% of residents who smoke. All four counties are above the National Benchmark for obesity. Monroe County was ranked 65th in clinical care, out of 92. Owen ranked 79th, Greene ranked 91st, and Lawrence ranked 52nd. Clinical care includes indicators for adults without insurance, primary care provider ratios, and preventable hospital stays. The data tables for all indicators follow:

Table 5.1: Robert Wood Johnson Foundation Health Indicators – Mortality & Morbidity

Health Outcomes	Monroe	Lawrence	Owen	Greene	Indiana	National Benchmark
2012 Indiana Overall County Rank /92	**17**	**72**	**32**	**81**		
2011 County Rank/92 for comparison	**16**	**61**	**39**	**80**		
Mortality - Rank	**11**	**75**	**44**	**73**		
Premature death	6,281	8,841	7,572	8,783	7687	5,466
Morbidity - Rank	**21**	**64**	**25**	**80**		
Poor or fair health	14%	20%	15%	20%	16%	10%
Poor physical health days	3.4	3.8	3.9	4.4	3.6	2.6
Poor mental health days	3.6	4.4	2.9	4.5	3.6	2.3
Low birth weight	7.0%	7.9%	7.0%	8.5%	8.1%	6.0%

Source: Robert Wood Johnson Foundation Survey, 2012. www.countyhealthrankings.org

- Monroe County went down one point overall, but improved in mortality and morbidity.
- Lawrence County dropped 11 places, with lower scores on both mortality and morbidity.
- Owen County improved 7 places, with an 8 point improvement in morbidity.
- Greene County went down one point overall, but improved scores in both areas slightly.

Table 5.2: Robert Wood Johnson Foundation Health Indicators – Health Behaviors

Health Outcomes	Monroe	Lawrence	Owen	Greene	Indiana	National Benchmark
Health Factors County Rank /92	**5**	**53**	**84**	**48**		
Health Behaviors – Rank	**2**	**20**	**90**	**44**		
Adult smoking	20%	23%	32%	27%	24%	14%
Adult obesity	26%	29%	36%	31%	31%	25%
Physical inactivity (new)	22%	30%	31%	29%	27%	21%
Excessive drinking	17%	12%	---	10%	16%	8%
Motor vehicle crash death rate	9	20	23	20	15	12
Sexually transmitted infections	280	---	125	101	340	84
Teen births	14	48-57	45	49	44	22

Source: Robert Wood Johnson Foundation Survey, 2012

In looking at the differences in the Health Behavior items between 2011 and 2012:
- Monroe County improved slightly in adult smoking and excessive drinking, and significantly in having fewer sexually transmitted infections.
- Lawrence County improved slightly in adult smoking and teen births.
- Owen County improved in adult smoking and teen births, but had a higher percent of adult obesity and sexually transmitted infections.
- Greene County stayed about the same in most measure, with an increase in STI's.

Table 5.3: Robert Wood Johnson Foundation Health Indicators – Health Factors: Clinical

Health Outcomes	Monroe	Lawrence	Owen	Greene	Indiana	National Benchmark
2012 Clinical Care – Rank	**9**	**55**	**59**	**79**		
Uninsured adults	17%	17%	18%	17%	16%	11%
Primary care providers	873:1	1310:1	3729:1	2170:1	889:1	631:1
Preventable hospital stays	50	89	66	101	78	49
Diabetic screening	84%	82%	87%	83%	87%	89%
Mammography screening	70%	64%	61%	60%	64%	74%

Source: Robert Wood Johnson Foundation Survey, 2012

Monroe County improved from a rank of 65 to a rank of 9, with improvements in most categories. Owen improved from 79 to a rank of 59; Greene improved from a rank of 91 to 79. Lawrence stayed about the same, with a slight drop from 52 to 55. Note that even though Monroe County has a primary care provider ratio that is above the state level, it is still not sufficient to meet the local need. The other three counties have a significant shortage of primary care providers.

It is encouraging that the participation in diagnostic screenings has improved. The level of uninsured adults continues to be higher than the desired national benchmark. It is difficult to get an accurate percent of uninsured adults; other data estimates range from 10% to a percentage in the low 20's.

Table 5.4: Robert Wood Johnson Foundation Health Indicators – Other Factors

Health Outcomes	Monroe	Lawrence	Owen	Greene	Indiana	National Benchmark
Indiana Overall County Rank /92	**17**	**72**	**32**	**81**		
Social & Economic – Rank	**10**	**75**	**76**	**19**		
High school graduation	87%	83%	74%	91%	84%	--
Some college	77%	43%	39%	49%	58%	68%
Unemployment	7.3%	12%	10.3%	9.1%	10.2%	5.1%
Children in poverty	18%	23%	22%	20%	22%	13%
Inadequate social support	19%	25%	--	15%	20%	14%
Single-parent households	32%	33%	32%	28%	32%	20%
Violent crimes	302	106	--	54	367	73
Physical Environment - Rank	**48**	**21**	**70**	**89**		
Air pollution – particulate matter days	1	0	0	2	2	0
Air pollution – ozone days	0	0	0	4	3	0
Limited Access to healthy foods (low income, not near a grocery store)	9%	1%	27%	19%	7%	0%
Access to recreation facilities/ 100,000	6	11	4	3	10	16
Fast Food Restaurants (new)	45%	62%	43%	49%	50%	25%

Source: Robert Wood Johnson Foundation Survey, 2012

The high school graduation rate improved in all four counties, as did the percentage of individuals attending some college. The percentage of children in poverty was consistent with the 2011 report, while the percentage of children in single-parent households increased in every county except Greene.

There were 2 new items on this survey, and the item about homicide rate was changed to violent crimes. Monroe, Lawrence, and Greene all improved on the item about access to healthy, fresh foods for low income individuals.

PRENATAL CARE AND INFANT HEALTH

The Kids Count in Indiana 2011 Data Book (IYI.org) reported 1,298 live births in Monroe County (2008), with 73.7% of mothers receiving Prenatal Care in their 1st Trimester. While there are many characteristics used to determine healthy babies, one of the most widely accepted is birth weight. In Monroe County, 7.7% of babies were born underweight, which is higher than last year (6.3%), and in 2003. Owen and Greene Counties both showed improvement; Owen went from 8.5% (2005) to 5.8% (2008), while Green went from 11.3% (2005) to 8.4% (2008). Lawrence County remained relatively stable at 9.6% in 2008, compared to 9.7% in 2005.

About the same percentage of women are smoking during pregnancy compared to 2003, although the survey was modified in 2007. There was a slight drop from elevated levels last year. ▲**The teen birth rate for Monroe County was lower than in 2003.**

The Women, Infants and Children (WIC) program, administered through IU Health, provides support for low-income women and their children in Monroe and Greene counties. The program helps to reduce emergency room visits for these families, and includes an educational component to help develop parenting skills.

YOUTH HEALTH

Access to appropriate health services and promoting healthy habits in youth and teens is critical to preventing chronic health conditions. Hoosier Healthwise is a state-run program sponsored through the Family and Social Services Administration (FSSA). It includes Indiana's State Children's Health Insurance Program (SCHIP), and is designed specifically for low-income families, pregnant women, and children. Enrollment of children in Hoosier Healthwise has remained steady the last few years, at about 5.8% for Monroe County and between 9 and 10 percent in the other three counties.

Even with this program, 9.5% of children under the age of 19 in Monroe County were uninsured in 2009. This is consistent with the surrounding counties, with Lawrence at 10%, Owen at 11%, and Greene at 9%.

In addition to typical health services, it is in these years that habits regarding lifestyle choices are formed. These include smoking, nutrition, exercise, and risky behaviors. Health providers have been seeing an increase in the number of cases of children with diabetes and high blood pressure secondary to obesity.

ADULT HEALTH

Households and service providers both completed survey questions based on a number of areas related to health care, including access to routine physicals, vision and dental care, health insurance status, difficulties with alcohol use, dealing with stress, access to counseling, and paying for these services. When compared to SCAN 2003, many of the same difficulties still exist in Monroe, Lawrence, Owen, and Greene counties. A significant number of clients do not receive regular check-ups or have a primary family doctor, some chronic diseases are on the rise,

and mental health/substance addictions are a growing problem. Most noticeably, issues that were mostly difficulties for households in the lowest income brackets in 2003 now impact working, middle class households.

Regular Check-ups

The inability or unwillingness of individuals to seek regular medical check-ups has serious implications for the prevention and treatment of chronic and infectious diseases. Table 5.5 shows that the lowest percentage of individuals receiving medical care in the form of regular check-ups in the under $15,000 income bracket. It is interesting to note that the percentage of households receiving regular check-ups is lower in every income bracket except the highest one. This may be a reflection of a tougher economy, but also the shortage of primary care physicians. The Trust for America's Health (healthyamericans.org) 2010 rankings of the shortage for health care providers in the 50 states rated Indiana as follows:

> Primary Care: 27/50
> Mental Health: 31/50
> Dental Care: 39/50
> Nursing: 18/50

Table 5.5: Getting regular check-ups by income level

Household Income	2003	2010
Less than $15,001	52%	39%
$15,001-$25,000	67%	52%
$25,001-$35,000	71%	65%
$35,001-$50,000	76%	64%
$50,001-$75,000	67%	58%
More than $75,000	70%	94%
All Households	63%	68%

SOURCE: 2010 Household Survey (n=276),
2003 Household Survey (n=259)

Paying for Health Care

Households were asked about their ability to pay for certain health care costs, including physician's visits, prescription medications, dental care, vision care, and family counseling.

Table 5.6: Percent of households having difficulty having enough money to go to the Doctor

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than $15,001	38%	43%	14%	18%
$15,001-$25,000	18%	24%	21%	12%
$25,001-$35,000	8%	20%	29%	28%
$35,001-$50,000	0%	14%	15%	18%
$50,001-$75,000	4%	9%	11%	11%
More than $75,000	3%	0%	3%	9%
All Households	10%	15%	16%	14%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

The percentage of households who reported having health insurance, including Medicaid and Medicare, remained unchanged from 2003 to 2010 at 90%.
▲**However, it was more difficult for households at all income levels to afford going to the doctor in 2010.** The income brackets with the largest challenges affording doctor visits were the middle income brackets between $25,000 and $50,000. Households in the lowest income brackets also found this to be a major problem, even with the availability of the Volunteers in Medicine Clinic in Bloomington, and similar low-cost clinics.

Table 5.7: Percent of households having difficulty paying for prescriptions

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than $15,001	43%	16%	19%	46%
$15,001-$25,000	15%	12%	21%	23%
$25,001-$35,000	13%	12%	17%	35%
$35,001-$50,000	3%	9%	15%	22%
$50,001-$75,000	7%	5%	7%	11%
More than $75,000	3%	0%	9%	1%
All Households	11%	6%	15%	17%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

Similar to 2003, paying for prescriptions presented a difficulty for about 23% of the general households surveyed; and 62% of those with incomes below $15,000 – although fewer in this bracket found it to be a major challenge. The data collected from service providers supports the ongoing challenges their clients face in paying for medications. Clients who do not take prescribed medications may face a decline in their condition, including reduced function or inability to work or pursue their daily tasks. Health Clinics like VIM or the County Health Clinic

offer lower cost prescriptions, and many households are able to save through generic mail-order services. United Way distributes prescription cards that can be used at a pharmacy for discounted pricing for those whose insurance lacks prescription coverage. It is again interesting to note the jump in difficulty for the $35,000 - $50,000 income bracket, showing that working middle class families are feeling the impact of the recent recession.

Dental Care

Obtaining dental care is a challenge for some Monroe County residents and residents of the surrounding areas. While paying for the dentist is a major problem for about 15% of all general households, about half of those households earning less than $15,000 report this to be a major challenge, consistent with 2003. Again, like many other areas, the percentage of struggling households increased since 2003 for both the 15,000 - $25,000 bracket, and the $25,000 - $35,000 bracket. Under some insurance plans, providers may limit coverage or not cover dental procedures at all.

Table 5.8: Percent of households having difficulty having enough money for the Dentist

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than $15,001	52%	48%	10%	18%
$15,001-$25,000	18%	44%	9%	8%
$25,001-$35,000	17%	35%	17%	23%
$35,001-$50,000	9%	16%	12%	16%
$50,001-$75,000	7%	14%	15%	21%
More than $75,000	3%	0%	3%	9%
All Households	15%	20%	11%	15%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

Vision Care

Children in the area have unique access to free eye-health screenings. The IU School of Optometry offers school screenings for kindergarteners and first graders, as well as screening for infants under one year old. The School of Optometry has partnered with InfantSEE, a public health program to provide these services, and to help determine if children are in need of eyeglasses or other eye care from an early age. The School of Optometry, in partnership with Volunteers in Medicine, offers free comprehensive vision care including check-ups for adults who qualify.

Households were asked if having enough money to get eyes checked or to get glasses was a challenge. In SCAN 2003, about 58% of households with income of less than $15,000 reported that paying for eyes examinations or glasses was a major problem. In SCAN 2010, that number rose to 62%. The same pattern seen for other health related expenses for the middle class continues, with the middle income brackets ($25,000 - 35,000) rising from 25% to 37%, and ($35,000 - $50,000) increases from 18% to 34%.

Table 5.9: Percent of households having difficulty paying for vision care

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than $15,001	29%	46%	29%	16%
$15,001-$25,000	15%	20%	20%	21%
$25,001-$35,000	8%	12%	17%	35%
$35,001-$50,000	3%	7%	15%	27%
$50,001-$75,000	4%	9%	7%	25%
More than $75,000	0%	0%	6%	3%
All Households	2%	13%	8%	18%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

When asked to estimate the percentage of their clients having difficulties paying for these same health services, Dental Care and Vision Care were given as the two highest categories believed to impact the most clients. All four areas were believed to present challenges for anywhere from a third to nearly half of their clients.

Table 5.10: Provider estimate of client difficulty paying for health services

	Paying for the Doctor	Buying Prescriptions	Dental	Vision Care
Most or All (80-100%)	18%	16%	31%	25%
About Half (40-60%)	31%	34%	35%	33%
Some (20-30%)	47%	48%	33%	37%
Few to None (about 0%)	4%	2%	2%	6%

SOURCE: 2010 Client Challenges Survey (n=88)

Obesity

According to the CDC, obesity has become a major national health concern affecting 1 in every 3 adults. Obesity increases the risk for developing various diseases and conditions, including coronary heart disease, type II diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Obesity is most often caused by a poor diet and

limited physical activity. In Monroe, Lawrence, Owen, and Greene counties, obesity has risen since SCAN 2003, with Owen County consistently ranking among the most obese. In response, Indiana has made treating and preventing obesity a bigger priority with the creation of the Indiana Healthy Weight Initiative in 2008.

Figure 5.1: Percentage of obese residents (2004-2007, 2010)
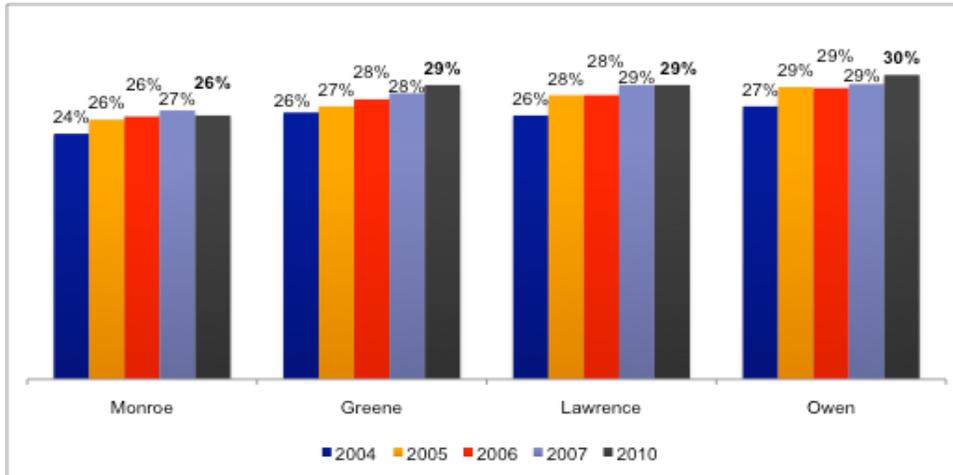
SOURCE: CDC, "Diabetes Data and Trends,"
http://apps.nccd.cdc.gov/DDT_STRS2/CountyPrevalenceData.aspx?mode=OBS

Diabetes

Type II diabetes is one of the most common chronic illnesses resulting from obesity. In 2007, between 7 and 9% of the population in Monroe, Owen, and Greene Counties had been diagnosed with diabetes. In 2010, there were 789 Medicare enrollees with diabetes in Monroe, 396 in Greene, and 282 in Owen County. Interestingly, while Lawrence, Owen, and Greene Counties have upward trends in diabetes rates, Monroe County has a clear downward trend from 2003 to 2010.

Figure 5.2: Trends in percentage of residents with diabetes

SOURCES: CDC, http://www.cdc.gov/diabetes/statistics/index.htm& County Health Rankings, http://www.countyhealthrankings.org/indiana/monroe/7
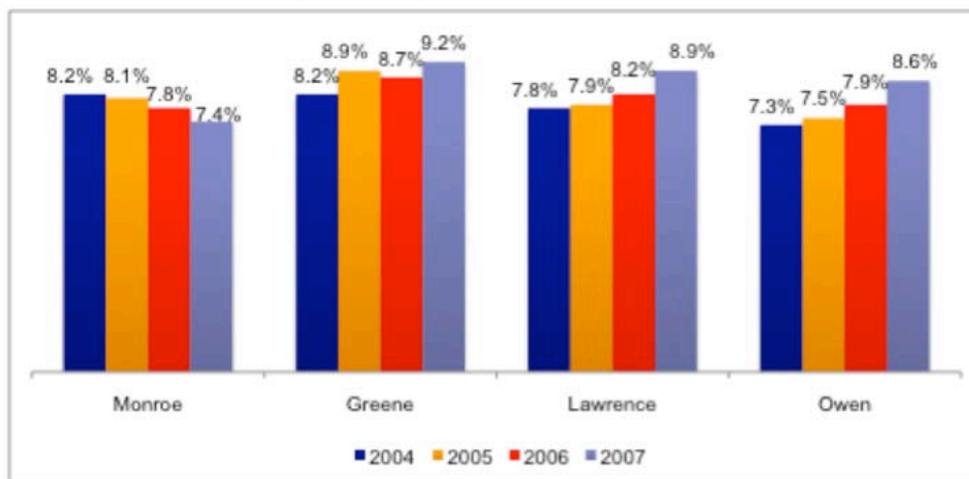
Treatment of diabetes is a priority of the state of Indiana, as demonstrated by higher percentages of diabetic screenings occurring among Medicare enrollees. According to the 2010 County Health Rankings website, regular HbA1c screening among diabetic patients is considered the standard of care. When hyperglycemia is addressed and controlled, complications from diabetes can be delayed or prevented. In 2010, 84% of diabetic Medicare enrollees in Monroe County reported getting a diabetic screening, compared to the overall screening rate in Indiana of 79%.

The Indiana Health Weight Initiative began in 2008, as a program that hopes to impact the obesity rate among children and adults. Medical professionals, health care industry workers, and policy makers have shown support for the program in limiting the effect of chronic disease on Indiana citizens. The efforts of this program are not limited to obesity and diabetes, but also demonstrate significant support for cancer prevention and treatment. Several local organizations have similarly begun initiatives targeted at childhood obesity.

Cancer

Cancer is the second leading cause of death in Monroe County, claiming more lives from 2003-2009 than other causes of death, aside from cardiovascular complications. Additionally, uninsured patients paying for cancer treatment out-of-pocket contribute considerably to medically-related bankruptcy. Once diagnosed it is difficult for individuals to obtain health insurance if they did not already have it. Data gathered by the National Cancer Institute indicate that the cost of treating cancer increased dramatically from 1991-2004, resulting in total cost of $72 billion nationwide.

Research on cancer diagnosis and mortality indicate that up to 43% of all cancer deaths could be prevented with lifestyle changes. With this concern in mind, Monroe County and the state of Indiana have begun campaigns within the last five years that encourage individuals to pursue a healthier lifestyle, with diet and exercise. According to data collected by the Monroe County Department of Health from 2003-2008, cancer deaths among men and women remained high from 2003 to 2008, and among men the rate continued to increase. Overall, more men in Monroe County die from cancer than women, which corresponds to the national statistic indicating that survival rates are higher among women than men. Improving the health behavior of Indiana citizens is recommended, in conjunction with early detection and screenings for many cancers, such as: breast, colon, rectum, cervix, prostate, testis, oral cavity, and skin.

Figure 5.3: Male and female cancer rates by 100,000 persons in Monroe County
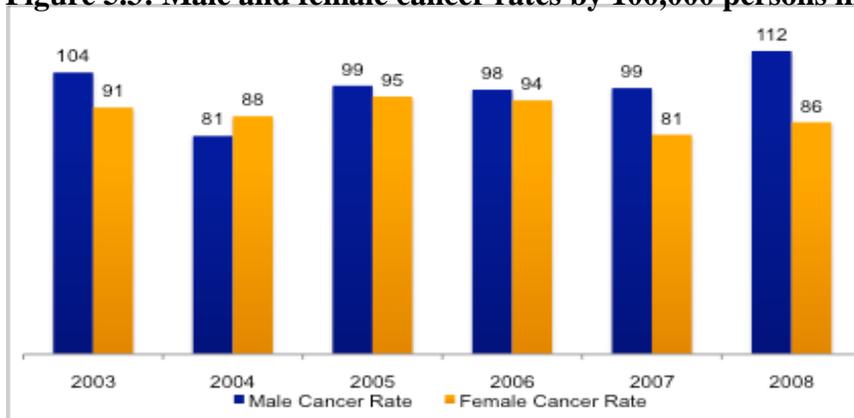
SOURCE: Monroe County Department of Health 2003-2008 (most recent data available)

Indiana has the sixth highest smoking rate in the U.S., at 26%, which is higher than the national average of 20%. In Monroe and Lawrence counties, 22% and 25% of citizens use tobacco. The rate is significantly higher in Owen, and slightly higher in Greene County, where 35% and 27% use tobacco, respectively. It has been suggested that as many as one-third of cancer deaths could be attributed to tobacco use. The Monroe County Department of Health and various health care providers hope to continue to reduce smoking rates in the area through continued tobacco education efforts. Additionally, Monroe County's 2005 smoking ban increased area efforts to limit the effects of second-hand smoke.

Stress, Anxiety and Mental Health

Households were also asked to respond to questions about stress, anxiety, depression, and counseling. Stress, anxiety, and depression have become a greater difficulty for all income brackets except for the top two tiers.

Table 5.11: Percent of households whose lives are negatively impacted by stress, anxiety, and depression

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than $15,001	38%	33%	19%	47%
$15,001-$25,000	18%	24%	27%	32%
$25,001-$35,000	13%	42%	33%	8%
$35,001-$50,000	9%	11%	27%	16%
$50,001-$75,000	11%	9%	22%	38%
More than $75,000	6%	1%	15%	16%
All Households	14%	16%	21%	26%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

Similarly, households in all but the top two income brackets found it more difficult to pay for family counseling.

Table 5.12: Percent of households having difficulty having enough money to pay for family counseling

Household Income	Major Problem		Minor Problem	
	2003	**2010**	**2003**	**2010**
Less than $15,001	24%	32%	10%	14%
$15,001-$25,000	12%	44%	3%	0%
$25,001-$35,000	4%	12%	4%	31%
$35,001-$50,000	0%	7%	3%	18%
$50,001-$75,000	0%	5%	15%	5%
More than $75,000	3%	0%	0%	1%
All Households	6%	12%	6%	10%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

In the Client Challenges Survey, providers were asked several questions about their clients who specifically face challenges related to their general counseling needs. Of the 45 area providers who responded to a question about their clients having enough money to pay for family counseling, a little over half (58%) indicate that 20 to 40 percent of their clients have a problem with this item. A quarter of providers surveyed report that most or all of their clients have a problem paying for family counseling. This illustrates an evident need for better access to affordable wellness providers and resources to prevent and alleviate these challenges.

Providers were also asked about clients who face challenges related to substance abuse, another area of mental health. Of the 48 area providers who responded, half indicate that at least 40% of their clients have a problem with alcohol or drugs disrupting their life. On the contrary, only about 1% (the same as SCAN 2003) of households listed substance abuse as a major problem.

In general, area providers who completed the Client Challenges Survey indicate that a larger portion of their clients have a problem dealing with the negative impact of stress, anxiety, or depression than have a problem with drugs or alcohol disrupting their lives, or than have a problem getting into a substance abuse treatment program. Similarly, but on a much lesser scale, respondents to the Household Survey indicate that the negative impact of stress, anxiety, or depression is a more pervasive challenge than drugs, alcohol, or getting into a substance abuse treatment program.

Table 5.13: Do alcohol/ drugs disrupt your life, family, work, school, or health?

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than $15,001	5%	13%	10%	7%
$15,001-$25,000	0%	0%	9%	12%
$25,001-$35,000	0%	0%	8%	20%
$35,001-$50,000	0%	0%	3%	4%
$50,001-$75,000	0%	0%	7%	2%
More than $75,000	0%	0%	6%	1%
All Households	1%	2%	7%	5%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

The County Health Rankings Report further illustrates the degree to which alcohol affects Monroe County. This report indicates that binge drinking is a specific problem for Monroe County, especially in comparison with the state as a whole. The report defines binge drinking as the percent of the adult population that reports consuming more than four (for women) or five (for men) alcoholic beverages on a single occasion in the past 30 days. The target value for this indicator is 9% of the population, but the overall rate for the state of Indiana is currently at 15%. At the county level, Monroe and Owen are among the highest, with 20 and 21% of the respective populations classified as binge drinkers. Greene County, on the other hand, is at the target value of 9%.

Illicit drug use, particularly methamphetamines, is also a challenge facing Monroe, Owen, and Greene County. The Indiana Prevention Resource Center indicates that rates of meth lab seizures from 1998-2008 increased rapidly in Monroe County, while statewide rates have increased fairly steadily.[15] About half of the human service providers reported some clients (20 – 30%) having a problem getting into a substance abuse treatment program.

This challenge is not new to Monroe County. In fact, 2% of households and 8% of provider clients in SCAN 2003 reported having at least a minor problem getting into a substance abuse treatment program.

SENIOR HEALTH

Although all the issues affecting adult health also apply to senior citizens, as the Baby Boomer generation nears retirement, there will need to be focused attention on this age group and its health concerns. The percentage of elderly is anticipated to continue to rise over the next 20 years in all four counties. Monroe County attracts a large number of retirees, as well. IU Health Bloomington opened a new and expanded Hospice facility in October 2011.

Types of Health Services

As previously mentioned, there are a number of medical services available in the region. While access to healthcare is often limited by the availability of health insurance to the individual, other variables can also play a significant role, including proximity, transportation, facility shortages, and economics. Accessible healthcare and transportation are more limited in the rural areas of these counties, which can create barriers to necessary care.

Table 5.14: Medical attention by income level

	Go Nowhere	Family Doctor	ER	Prompt Care	VIM low cost clinic	Other
Less than $15,001	6.8%	43.2%	24.4%	13.6%	6.8%	4.5%
$15,001-$25,000	0.0%	72.0%	26.9%	4.0%	0.0%	24.0%
$25,001-$35,000	0.0%	88.5%	12.0%	12.0%	23.1%	3.8%
$35,001-$50,000	0.0%	88.6%	8.9%	20.0%	0.0%	2.3%
$50,001-$75,000	0.0%	82.1%	19.6%	50.0%	0.0%	0.0%
More than $75,000	0.0%	85.2%	7.4%	25.9%	1.2%	4.9%

SOURCE: 2010 Household Survey (n=276)

SCAN 2012 found that 78% of general households go to family doctor. Use of the Emergency Room (ER) is much greater among unemployed respondents than among those who are employed or retired. A little over one-third (34%) of unemployed survey respondents report that they are most likely to utilize the ER for medical problems. The Household survey also analyzed use of the Emergency Room by primary source of health insurance. Twenty-five percent of those who reported having Medicare or Medicaid said they would go to the Emergency Room to solve medical problems.

Transportation

Monroe County offers accessible public transit within the city limits at low cost to residents and at no cost to IU students with a valid student identification card. However, transportation options are limited outside of Bloomington and providers indicate that this is a barrier to health access for some of their clients. In the 2010 household survey, 1% of households said this was a major problem, while 7.3% said it was a minor challenge.

The 2010 Client Challenges Survey also identified access to health care and basic services, such as food and clothing, as problems for their clients. Access to healthcare, due to service providers choosing not to accept Medicaid, was cited as the primary obstacle to families in the provision of healthcare to the elderly and people with disabilities.

Medical Insurance

Across all age groups and types of medical problems, access most often comes down to affordability and insurance. Some studies estimate that up to 24% of adults in Monroe County are currently uninsured, in comparison with a state uninsured level of 14%.

The Henry J. Kaiser Family Foundation's Commission on Medicaid and the Uninsured described foreseeable disadvantages to those who do not have health insurance. The Commission stated that the uninsured are less likely to have a stable source of care, less likely to receive preventative care and regular check-ups, and more likely to forgo needed medical care due to their inability to pay.

In the Client Challenges Survey, providers were asked the reason their clients do not have health insurance. According to the 47 providers who responded, almost two-thirds (62%) said that their clients did not have insurance because of the cost. However, providers such as IU Health cannot deny treatment based on a patient's inability to pay, though they may refuse to treat someone outside of ER services. Hospital charity care and bad debt are considered two aspects of uncompensated or uncollectable funds. In 2007 alone, IU Health provided more than 39 million dollars in uncompensated funds and charity care across their service area.

Table 5.15: Households with insurance by income level

Household Income	2003	2010
Less than $15,001	81.0%	61.4%
$15,001-$25,000	82.0%	76.0%
$25,001-$35,000	71.0%	88.5%
$35,001-$50,000	100.0%	100.0%
$50,001-$75,000	96.0%	96.4%
More than $75,000	100.0%	100.0%
All Households	90.0%	89.9%

SOURCE: 2010 Household Survey (n=276),
2003 Household Survey (n=259)

- For those earning less than $15,000, 50% said cost was the factor, and 17.6% were not employed
- For those earning between $15,000 and 25,000, 33% could not afford insurance
- For those earning between $ 25,000 and 35,000, 43% said cost was the factor
- In 2003, 90% of households had insurance inc. Medicaid or Medicare; but only 81% of those with incomes less than $15,000 had insurance

Households without health insurance were asked why they did not have it.

Table 5.16: For those who do not have health insurance, it is typically because…

	2003	**2010**
They can't afford it	43.0%	66.7%
Their job doesn't offer it	10.0%	10.6%
Personal Choice	24.0%	11.8%
Other	20.0%	10.8%

SOURCE: 2003 Household Survey (n=259), 2010 Household Survey (n=276)

For those that are insured, according to the 2010 Household Survey respondents, the single most prevalent type of insurance (56%) was employer-provided. Medicare and Medicaid covered 13% of responses, followed by 23% who report having insurance through their spouse or other family member. Nine percent of household respondents stated some other source of insurance.

Table 5.17: Health insurance sources

	2010
Your employer	56.0%
Medicare or Medicaid	12.5%
Your spouse or other family member	22.2%
Some other source	8.5%
Healthy Indiana Plan (HIP)	0.8%

SOURCE: 2010 Household Survey (n=276)

6. Youth Development

All individuals and families within a community need the essentials – an education, an income to provide for food, shelter, and other living expenses, and access to health care. But beyond these basics, human development can include the fostering of self-empowerment, positive values, access to community support networks, a commitment to learning, social competencies, and constructive use of time. In critical stages of development early in life, changes are rapid, leaving only short windows of time to establish the developmental successes that are prerequisites for success in later life stages. Community initiatives like Born Learning, and Monroe County Smart Start are designed to help families maximize their time with very young children. The Indiana Youth Institute promotes the health development of children and youth, working to help them attain five critical elements of healthy youth development: physical health and safety, emotional fulfillment, academic achievement, civic engagement and economic self-sufficiency. Nonprofit agencies and other community resources can play a key role in making sure that children and youth have opportunities to develop fully.

This chapter examines the community's needs related to youth and human development and how, in Monroe County and the surrounding areas, these needs are met.

YOUTH POPULATION INDICATORS

In SCAN 2012 "youth" are defined as individuals aged 0 to 17 years. References to early childhood, or "children," generally include those aged 0 to 4 or 0 to 5 years. "School-age youth" encompass individuals aged 5 to 17 years. These definitions align with the functional definitions of many key data sources. Some studies include individuals aged 18 to 25 years as youth. The SCAN 2012 surveys defined early childhood to include individuals aged 0 to 5 years to be consistent with SCAN 2003. (An effort has been made to note instances in which data were gathered for a narrower or broader population of youth than that which is described here.)

In 2010, youth comprised approximately 16.3% of Monroe County's total population. See Table 6.1 for details on the youth populations in Monroe County and surrounding counties.

Table 6.1: Youth population in the four counties

County	Preschool (0-4)	Percent of county population	School Age (5-17)	Percent of county population
Monroe	6,503	4.7%	15,968	11.6%
Lawrence	2,723	5.9%	8,149	17.7%
Owen	1,217	5.6%	3,794	17.6%
Greene	1,981	6.0%	5,902	17.8%

Source: www.stats.indiana.edu

PHYSICAL HEALTH AND SAFETY

Abused and Neglected Youth

Rates of abused and neglected youth are measured by the number of substantiated cases per 1,000 youth aged 0 to 17 years. Since SCAN 2003, two area counties, Greene and Monroe, have experienced significant decreases in rates of youth abuse and neglect. Rates in Greene County dropped by 66% between 2003 and 2008. After peaking in 2004, Monroe County rates fell 42% by 2008. On the other hand, Lawrence and Owen Counties both experienced slightly increased youth abuse and neglect rates between 2003 and 2008 (Table 6.2). Note that this information does not include the number of cases that remain open, cases that have re-opened, comments about the severity of the cases, or any changes in abuse and neglect reporting requirements and/or legal definitions. Finally, as a measure of community perceptions of issues related to child abuse and neglect, Client Challenges Survey respondents estimated that 56% of their clients experienced problems with child neglect.

Table 6.2: Substantiated youth abuse and neglect cases per 1000 youth (ages 0-17)

County	2006	2007	2008	2009	2010
Monroe	11.3	10.8	12.8	21	17.8
Lawrence	11.2	9.6	11.9	16.8	12
Owen	15.6	13.7	17	32.1	21.2
Greene	17.8	15.4	11.7	27.2	23.3

SOURCE: County and Indiana - Indiana Youth Institute, KIDS COUNT Data Center, http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=IN&loct=5&by=a&order=a&ind=1130&dtm=2467&tf=35 (accessed April, 28,2010)

Under Indiana law, the appointment of either an attorney guardian ad litem (GAL) or a trained court appointed special advocate (CASA) is required for all child abuse and neglect cases. In addition, the filing of any contested termination of parental rights petitions requires the court to appoint a GAL or CASA for the children involved.

The Monroe County CASA program, a nonprofit organization funded partially (~40%) by the county, provides advocates for most of the region's abused and neglected children of record. Four Monroe County CASA staff members and approximately 75 volunteers manage 100 to 110 open CHINS cases at any given time, while at least 70 more youth remain on the waitlist. The number of Children in Need of Services (CHINS) case filings increased from 168 cases in 2008 to 257 cases in 2010 (Table 6.3). Without a marked increase in funding to offset the increased caseload, the organization was able to serve only 72% of the local need in 2009, compared to 86% in 2008. A recent request for additional appropriations from the county was granted by unanimous vote, and these funds will support a new part-time staff position in 2012.

Table 6.3: Children in need of services

County	2006	2007	2008	2009	2010
Monroe	139	140	168	272	257
Lawrence	73	64	43	60	44
Owen	23	35	60	77	80
Greene	66	68	61	52	23.3

SOURCE: County and Indiana - Indiana Youth Institute, KIDS COUNT Data Center,
http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=IN&loct=5&by=a&order=a&ind=1130&dtm=2467&tf=35

Teenage Parents

The teen birth rate was measured by the number of births to mothers aged 15 to 17 years per 1000 females within that age group. As shown in 6.4, Monroe County fared better than other area counties, with a rate of 15 births per 1000 females aged 15 to 19 years. Lawrence, Greene, and Owen County both had much higher teen birth rates than the national average (60, 56, and 61 births per 1000 females respectively).

Table 6.4: Birth rate per 1000 females (ages 15-17)

County	2004	2005	2006	2007	2008
Monroe	10	3.5	5.9	5.5	5.5
Lawrence	22.8	24.1	19.9	26.4	30.1
Owen	7.8	17.6	13.8	27.0	20.0
Greene	20.1	10.1	26.2	24.4	21.1

SOURCE: IYI Kids Count Data Center www.datacenter.kidscount.org

Research shows that children born to young, single mothers who lack a high school education face a myriad of challenges to their healthy development, as each of these risk factors are consistently among the best predictors of child maladjustment.[16] The rates for these high-risk births are measured as the number of births per 1000 women under the age of 20 without a high school diploma. As shown in 6.5, when compared to surrounding counties, Monroe County has the lowest number of high-risk births.

Table 6.5: Number of babies born to single mothers under the age of 20

County	2004	2005	2006	2007	2008
Monroe	56	41	50	55	54
Lawrence	33	37	33	38	32
Owen	18	13	12	25	16
Greene	23	21	28	29	24

SOURCE: IYI Kids Count Data Center www.datacenter.kidscount.org

One statewide initiative related to teenage pregnancy aid is the Indiana State Department of Health (ISDH) Free Pregnancy Test Program (FPTP). FPTP was started in 2003 with the goal of increasing the percentage of women beginning prenatal care in the first trimester of pregnancy, and improving access to primary, prenatal, and family planning care throughout Indiana. The program targets women of child-bearing age, women without high school diplomas, and those with lower incomes. FPTP provides free pregnancy test kits to participating agencies, including locations in Greene and Lawrence countie. In 2005, FPTP tested 17,000 women at over 104 locations around Indiana.

Family Structure

Research shows that youth access to resources and developmental success are related to the education attainment level of a parent or guardian, the number of wage earners living in a youth's household, and the age of the parents or guardians at the birth of the child. Family structure is further related to other risk factors that could affect youth development. For example, youth born to single parent households are more likely to live below the federal poverty line. Also, youth in single-parent households experience greater rates of parental absence, lack of parental involvement in childrearing, and a lack of supervision, all of which have been shown to place youth at greater risk for poor educational attainment, behavior problems, and poor psychological well-being.

Afterschool Activities

Afterschool activities can provide opportunities for mentoring, tutoring and academic support, positive social interaction, physical activity, and the chance to develop talents and interests. Youth without supervision or productive activities during this time are more likely to engage in unhealthy or undesirable behaviors. Households were asked about challenges finding affordable afterschool activities and recreational activities for teens. These results are seen in the next two figures.

Figure 6.1: Trouble finding affordable afterschool programs
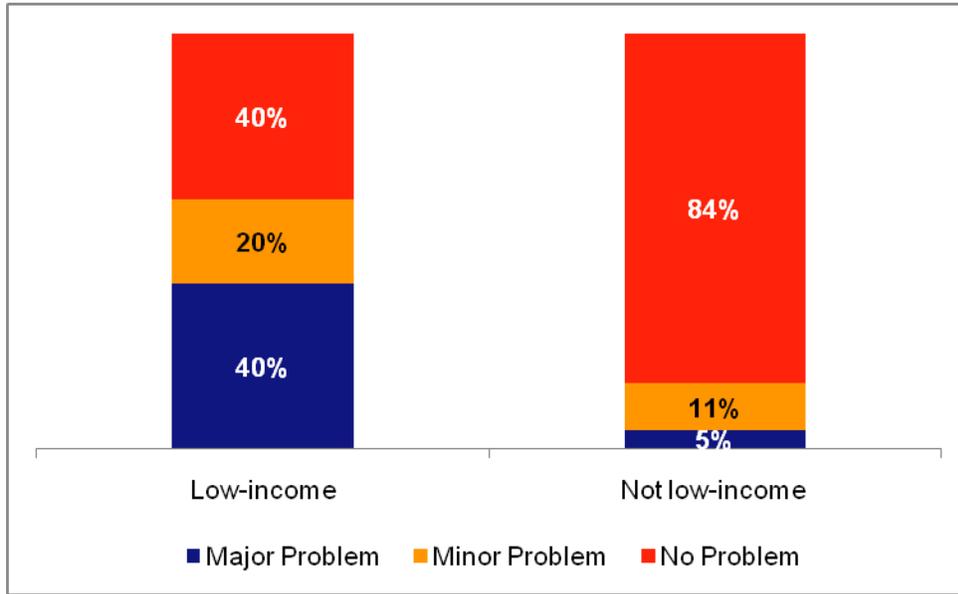
This has become a more significant issue since SCAN 2003 for households with lower income. While general households reported very similar responses in 2003 and 2010, in 2003, only 20% of households with incomes below $15,000, and 14% of households with incomes below $25,000, found this to be a major problem, compared to the 40% seen in 2010. ▼

Figure 6.2: Trouble finding affordable recreational activities for teenagers
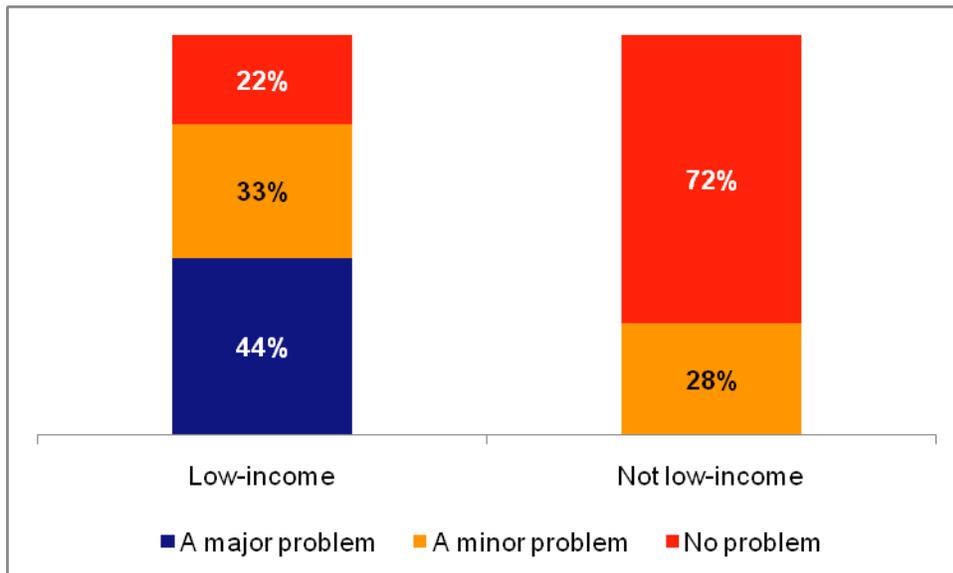
▼**Finding affordable recreational activities for teenagers is a much greater problem than in 2003 for all households.**
- In 2003, about 17% of all households said this was an issue.

- In 2003, about 30% of households with lower income found this to be a challenge, compared to 77% now.

CHILDCARE

The state of Indiana identifies three types of childcare providers: licensed childcare centers, licensed childcare homes, and unlicensed, registered childcare ministries. Childcare ministries are not required to register with the state, but may register on a voluntary basis. Registration assists the ministries in implementing program standards that meet the basic health and safety needs of children. Note that data on these licensed or registered childcare facilities do not necessarily include other types of informal childcare opportunities or in-home childcare. (For additional information on childcare assistance, household need, and the number of available childcare slots please refer to the Education section.)

There has been an increase in the number of youth on the childcare voucher waitlist stemming partly from 2007 when the Family and Social Services Administration broadened eligibility requirements for families requesting childcare vouchers from 140 percent of the federal poverty line to 170 percent. This change meant that more families living above the federal poverty line became eligible for childcare vouchers. To help alleviate the backlog, in 2008, the amount of Temporary Assistance for Needy Families (TANF) funding allocated to the CCDF voucher program increased to allow the program to serve more families. In 2009 Indiana's Family and Social Services Administration's Division of Family Resources received $40 million through the American Recovery and Reinvestment Act (ARRA) to be used as part of the CCDF block grant funding. As of December 2009, a total of 3,500 additional Indiana children who had been on the CCDF voucher waitlist were enrolled and are now receiving childcare vouchers.

New Childcare Interventions for Children in Poverty

Early Head Start and Head Start are both federally funded programs that operate at the local level in various community organizations, nonprofits, and schools. Early Head Start promotes early interventions in the lives of low-income pregnant women and their families with infants and toddlers, aged 0 to 3 years. Head Start is a preschool program for youth aged 3 to 5 years and is designed to promote school readiness for youth living in poverty. Both are designed to intervene in the lives of youth, as early as possible, to increase their opportunities for performing at the same academic levels as those with more financial resources. Families must meet income requirements to participate in the Early Head Start and Head Start Programs. In 2008, the maximum household income a family of four in Indiana could earn to participate in Head Start was $22,050.

In 2010, a total of 18,578 children participated in Head Start throughout the State of Indiana. Federal funding for Head Start in Monroe County has remained constant in the past six years, creating an enrollment cap of 235 children, aged 3 to 5 years. However, in March of 2010, Indiana secured funding to expand Early Head Start programs throughout the state. In May 2010, Monroe County began providing Early Head Start for 60 young children, aged 0 to 3 years.

SUPPORT FOR ACADEMIC ACHIEVEMENT

There are many support services already in place to support academic achievement in Monroe County and the surrounding areas. These include the Franklin Initiative, a career awareness and

workforce development program. The Franklin Initiative also coordinates the Stay in School Partnership. This coalition includes the probation department, mentoring organizations, Graduation Coaches from area high schools, United Way, and other youth serving organizations that work together to help prevent drop outs.

VULNERABLE YOUTH

Vulnerable youth include those with disabilities, those who are abused and neglected, teenage parents, delinquent youth, and youth born into unstable home environments.

Youth with Disabilities

The percent of total youth living with a disability is often difficult to track, as many remain undiagnosed or unreported. For the purpose of this assessment, disabilities include any emotional, learning, physical, or mental disability, and speech and hearing impairments. Youth with disabilities often require additional services and resources from both within and outside the education system.

Approximately 76% of low-income households participating in the Household Survey reported at least some problem accessing services for youth with learning disabilities in 2010. Thirty-eight percent of 2003 Household Survey respondents identified getting services for youth with a learning disability as a minor problem compared to 33% of respondents in 2010. When looking at households by income, 13% of low-income households and 10% of general households identified accessing these services as a major problem in 2010 (see Figure 6.3). Additionally, 37.5% of service providers reported that their clients had problems accessing services for children with learning disabilities, and getting transportation and educational services for any household member with a disability.

Figure 6.3: Problem getting services for children with disabilities
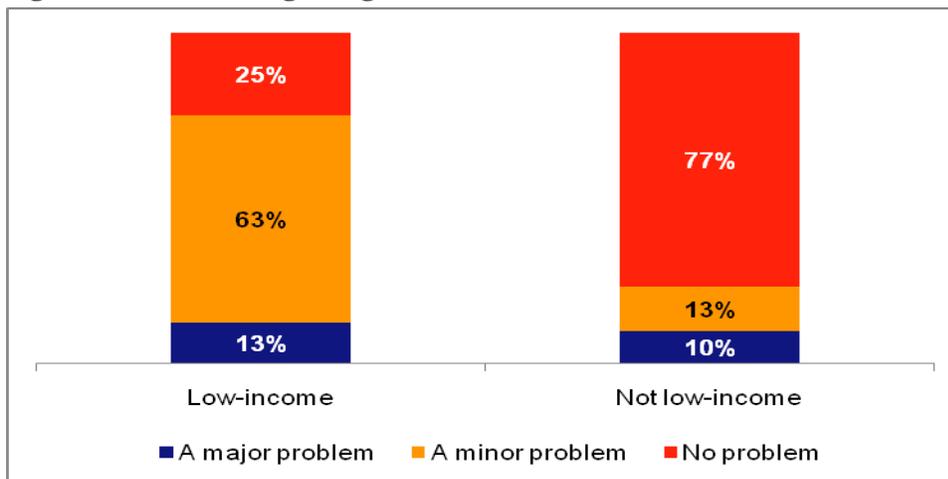
SOURCE: 2010 Household Survey

The Indiana State Board of Education defines special education to mean "specifically designed instruction, at no cost to the parent, designed to meet the unique needs of a student eligible for special education and related services in the class, home, hospital, in physical education, travel training, vocational education, and other institutions and services."

Students must be tested and identified by their respective school systems to have a qualified emotional, learning, mental, or physical disability, or a speech or hearing impairment, to receive public special education services. (Please refer to the Education section for additional information about special education enrollment in the four counties.)

The First Steps program provides services for children aged 0 to 3 years who are experiencing developmental delays or disabilities. In 2008, the most utilized First Steps services in the State of Indiana were developmental, speech, occupational, and physical therapy. The statewide average amount paid on behalf of each child served for the state's 2010 fiscal year was $2,016, a decrease from $2,958 in 2005.

In Monroe County, the number of qualifying children served through First Steps also decreased, from 328 children in 2005 to 232 children in 2010. This is different than the surrounding counties, which all saw in increase in qualifying children served.

In March of 2010, the Federal Government authorized additional monies from the American Recovery and Reinvestment Act of 2009 to youth with disabilities through the Individuals with Disabilities Education Act (IDEA). IDEA is the main federal statute that authorizes federal aid for the education of more than six million youth with disabilities nationally.

In 2008, Indiana received the most per capita of any state, from IDEA. Head Start, Early Head Start, First Steps, and other early interventions in the lives of children with disabilities have all received additional funding in Monroe County. Additionally, youth with disabilities in the school systems could also be recipients of these additional targeted funds.

AT-RISK YOUTH

SCAN 2003 found that there was a need for more afterschool activities and programs for youth, especially school-aged youth. Youth are likely to engage in risk-taking behaviors like substance abuse, sexual conduct, and other behaviors considered delinquent in the hours directly after school. Some of the measures that give service providers a starting point for considering the needs of school-aged youth include the number of expulsions from public schools, the public-school dropout rate, and school attendance rates.

Total enrollment in Kindergarten through 12th grade public schools remained nearly constant across Monroe and surrounding counties between 2006 and 2010. However, the total number of suspensions and expulsions fluctuated significantly. Between 2000 and 2008, Monroe and Greene Counties experienced a decrease in suspensions and expulsions, while Owen and Lawrence Counties both saw an increase in expulsions. Owen County also saw an increase in suspensions, although Lawrence County's incidents of suspensions decreased.

Since 2006, the percent of total enrolled public-school students (Kindergarten through 12th grades) who dropped out of school, for any reason, decreased across all counties except Owen county. Note that these rates reflect dropouts for any reason, including relocation and employment, and may not accurately reflect the needs of youth related to absence from school. See Table 6.6.

**Table 6.6: Percent of drop-outs
(Kindergarten through 12th grade)**

Geographical Area	2006	2010
Monroe County	8.6%	5.5%
Lawrence County	9.7%	5.8%
Owen County	9.2%	4.1%
Greene County	9.6%	10.3%
Indiana	10.8%	6.3%

SOURCE: Indiana Youth Institute, KIDS COUNT Data
Center

Attendance rates for Monroe and surrounding counties have fluctuated between 94 and 96 percent between school years 2002-03 and 2007-08. This is consistent with the Indiana State average attendance rates. This also means that, on average, each student enrolled in Kindergarten through 12th grade public schools is absent for approximately 5% of the school year. Attendance rates are not disaggregated by the department of education by age or reason, and include both excused absences and unexcused absences, such as vacations, suspensions, and skipping classes. In Monroe County and surrounding counties, each child missed an average of nine days of school each year.

ECONOMIC SELF-SUFFICIENCY

Youth in Poverty

In 2010, 22% of Indiana's youth were living in poverty.

Figure 6.4: Percent of youth in poverty (ages 0-17)
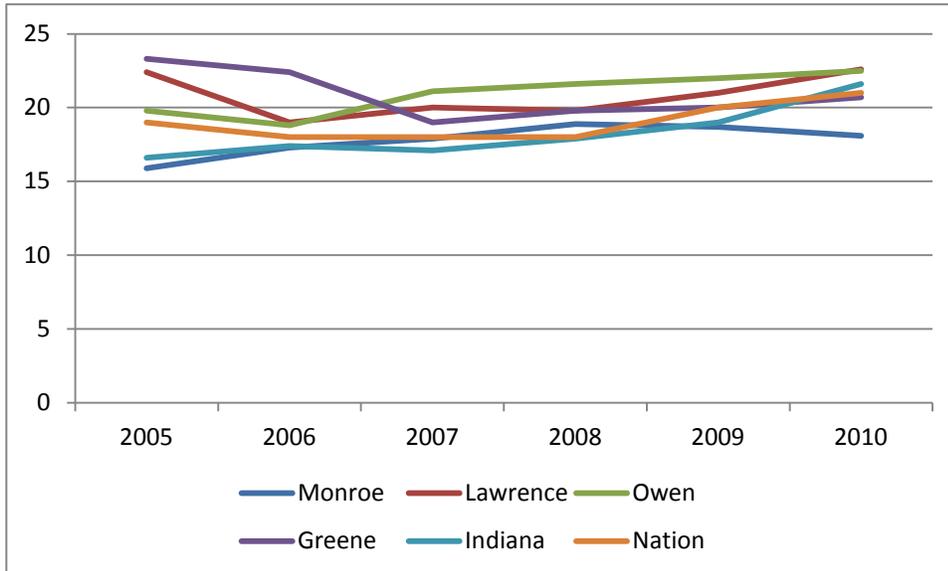
SOURCE: U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *Model-based Small Area Income & Poverty Estimates (SAIPE) for School Districts, Counties, and States*, (Indiana Youth Institute, KIDS COUNT Database, n.d.)
http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=IN

The recent nationwide recession has impacted many Indiana and Monroe County families. Residents have experienced increased unemployment and housing foreclosures. Survey results indicate that 36% of service providers participating in the 2010 Client Challenges Survey reported that at least half of their clients had problems with youth losing time in school due to family crises. Similarly, 26% of service providers responded that youth losing time in school due to frequent moves affected at least half of their clients.

Households characterized as "low income" who responded to the 2010 Household Survey were more likely to identify a range of needs when compared to households not characterized as such. Specifically, a larger proportion of low-income respondents identified challenges in accessing affordable childcare (see section on Childcare), affordable resources for after school programs, and recreational activities for youth. These same challenges were also reported by both households and service providers in SCAN 2003.

Indiana State Government House Bills 1165 and 1290
House Bill 1165 (effective July 1st, 2008) requires the Indiana Housing and Community Development authority to encourage a regional homeless delivery system, distribute information to assist individuals and families in accessing local homelessness resources, services, and programs, and collect data on the number of homeless individuals, including children and youth. Additionally, the bill allows youth at least 16 but less than 18 years of age or unattached youth to receive shelter, services, and items without parental consent. House Bill 1290 expanded foster care benefits to individuals up to the age of 21 (formerly the age limit for services was 18). House Bill 1165 also creates a Coordinator for Education of Homeless Children within the Department of Education. This individual is responsible for ensuring the quality instruction and education of homeless youths to prepare them for situations they may face during a job search.

Budget Cuts to Youth Service Providers
In Monroe County, the Youth Services Bureau has seen a 10% cut to two state grants over the next two years as well as a reduction in daily costs the state pays for court-ordered or state-placed youth at the YSB. The grants will mean a loss of about $6,000 over two years. The Indiana Department of Child Services is also facing budget cuts as funding for the Healthy Families program will drop to $27.9 million for federal fiscal year 2011 that begins Oct. 1 and to $24.7 million in 2012. In addition, eligibility for the Healthy Families program has changed. Healthy Families agencies now can serve only families earning up to 250 percent of the federal poverty level - for example, $55,125 for a family of four.

McKinney-Vento Homeless Assistance Act
The McKinney-Vento Act is a federal law enacted in July of 1987 that provides federal funds for homeless youth for education. The U.S. Congress established the Act with the goal of ensuring the enrollment, attendance, and success of homeless youth in school. States receive grants through the Act, and in response, must comply with its terms. The state of Indiana is in support of and in compliance with the Act, which is directed through the Indiana Department of Education.

The fiscal year (FY) 2009 budget for assistance to homeless youth nationally was $65,427,000. ARRA funding appropriated an additional $70,000,000 to McKinney-Vento homeless funds on April 12, 2009. In Indiana, ARRA has provided additional funds of $959,295 to the annually allocated amount of $886,441. In May 2009, President Obama signed into law a bill to reauthorize HUD's McKinney-Vento Homeless Assistance programs, known as the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. The HEARTH Act will improve and expand the McKinney-Vento programs by increasing priority for homeless families with children, increasing funds and resources to prevent homelessness, providing incentives for the development of permanent supportive housing, and authorizing a funding level of $2.2 billion for the program.

The National Alliance to End Homelessness reports that as of February 1, 2010, the President's FY 2011 budget proposal will include a funding level of $2.055 billion for McKinney-Vento

Homeless Assistance Grants. This represents an increase of 10 percent over the FY 2010 level of $1.865 billion.

Indiana Department of Child Services (DCS)
DCS was created in January 2005 by an executive order of the Governor to direct attention and oversight in two critical areas: protection of children and child support enforcement. The creation of this organization has centralized the hiring process, the regionalization, started new training programs, and created new standards for family case managers, and further centralized payment processing for child support. In 2007, Indiana approved the Child Abuse and Treatment Act (CAPTA) which provides federal funding to support prevention, assessment, investigation, and prosecution in cases related to Child Abuse. It also provides grants to public agencies and nonprofit organizations for demonstration programs and projects. Since the creation of this organization up until 2008, abuse rates have declined in Monroe County while neglect rates have risen. As of 2005, sexual abuse rates in Monroe County were at 3.53 per thousand children (under the age of 18). By 2008, this rate had decreased to 2.13 per thousand children. For physical abuse rates, in Monroe County, in 2006 there were 2.32 per thousand children. In 2008, that number had declined to 1.33 per thousand children. For neglect rates, however, in Monroe County there were 5.46 per thousand children in 2006 which increased to 9.33 per thousand children by 2008.

Child Care and Development Fund (CCDF)
CCDF is the primary federal program devoted to child care services and quality. It enables low-income parents and parents receiving Temporary Assistance for Needy Families (TANF) to work or to participate in the educational or training programs they need in order to work. Funds may also be used to serve children in protective services. In addition, a portion of CCDF funds must be used to enhance child care quality and availability. In Indiana, total child care funding which includes targeted and program funds from ARRA is $42,764,321. In Monroe County as a result of the CCDF, subsidized childcare payments have increased from $189,760 in December of 2008 to $214,263 in December of 2009. In addition, the CCDF funds have increased the number of children receiving subsidized care from 469 in 2008 to 510 in 2009.

The Indiana Governor's Council for People with Disabilities (GCPD)
GCPD is the designated state agency established by Indiana Code IC 4-23-29 that is solely responsible for the development of a state disabilities plan. It engages in activities consistent with the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 which provides states with federal funds to engage in advocacy, capacity building, and systemic change activities on behalf of persons with disabilities. This agency works to advance independence, productivity and inclusion of people with disabilities in all aspect of society through planning, evaluation, collaboration, education, research and advocacy. This agency has begun a series of programs such as the consumer investment fund which provides partial funding for people with disabilities and family members to enable them to attend and participate in events like conferences, public hearings, and workshops that reflect the community inclusion mission of the Council.

Social Security Benefit Reform
Since 2003, a number of initiatives have been passed that have a direct impact on Social Security benefits coverage. The President signed into law HR 743 and HR 1731 in 2004. HR 743, the Social Security Protection Act, contains more than 50 main provisions, many affecting the conduct of representative payees under the law which amongst other things would allow re-entitlement to childhood disability benefits after the existing 7-year re-entitlement period if the beneficiary's previous entitlement had terminated because disability ceased due to the performance of substantial gainful activity. H.R. 1731, the Identity Theft Penalty Enhancement Act, imposes criminal penalties for theft of another person's identity, including for purposes of obtaining Social Security-related benefits. Other initiatives include the Compassionate Allowances Initiative of which provides a way to expedite the processing of disability claims for applicants whose medical conditions are so severe that their conditions obviously meet Social Security's standards. Social Security is launching this expedited decision process with a total of 50 conditions. Over time, more diseases and conditions will be added. More recently as of 2010, the extra help program has been launched which allows more Medicare beneficiaries to qualify for reduced costs for Medicare prescription drug plans because some things no longer count as income and resources.

Hoosier Assurance Plan (HAP)
HAP is the primary funding system used by the Indiana Family and Social Services Administration's Division of Mental Health and Addiction (DMHA) to pay for mental health and addiction services. DMHA contracts with managed care providers who provide an array of care for individuals who meet diagnostic, functioning level and income criteria. The managed care providers provide a year's care at the most appropriate levels to all enrollees. The HAP is designed to support and manage the delivery of behavioral health care services to individuals who are in a low-income population and who have clearly identified mental health needs. In 2008, HAP has served 2,797 people in Monroe County for a variety of reasons including seriously emotionally disturbed children, adults with serious mental illness, adults and children with chronic gambling addictions, and co-occurring disorders. In Monroe County, the number of people HAP had served increased from the prior number of 2,158 for 2007.

Developmental Disabilities Institution Closures
In 2005, the state of Indiana Family and Social Service Division (FSSA) closed the Muscatatuck State Developmental Center which was a longtime developmental disabilities institution in Butlerville, Indiana. Shortly, thereafter in 2007, the state of Indiana also closed down the Fort Wayne State Developmental Center which further showed the state's commitment to deinstitutionalization. Despite closures, the number of people serviced by HAP at state run institutions for mental health and addiction has steadily increased since 2003 from 118, 906 to 134,995 in 2007.

This is a sample of human service providers that meet one or more of the following criteria: a large (by staff size and/or budget) provider in the service area, a long-established or highly visible provider, a provider serving a specific target population, a provider that offers a unique combination of services, or a provider that was mentioned in the 2003 SCAN report. The following is by no means an exhaustive list of service providers.

Big Brothers Big Sisters of South Central Indiana provides traditional matches for boys and girls, along with school-based mentoring programs. Children who participate in these mentoring programs show improvements in school and are more likely to graduate.

Girls Incorporated of Monroe County provides after school programs, year round sports programs and summer camps to girls between the ages of 6-18. Programs focused on building assertiveness, leadership skills, math and science skills, tutoring, physical activity and health education are just a small subset of Girls Inc. programs. Transportation is provided to the center, from select locations, by Girls Inc. staff.

The Boys & Girls Clubs of Bloomington has three locations and serves over 700 youth annually and approximately 2,500 youth in community outreach programs. Boys and Girls Club organize the Mitch's Kids tutoring program, after school programs, sports activities and summer day camps.

4-H operates on a local level from the Department of Agriculture. The stated goal of 4-H is to develop citizenship, leadership, and life skills of youth through mostly experiential learning programs. The 4-H offer programs ranging from agricultural activities to photography, engineering, science, and cooking, after school and summer programs are offered.

WonderLab, a hands on science center and museum, provides interactive exhibits and programs, including: hands on science and cooking projects, live animal presentations, adventure programs, gardening programs and targeted late night programs for teens.

Bloomington Parks and Recreation collaborates with local organizations, such as Banneker Community Center, to organize a full range of outdoor and sports activities for youth of all ages throughout the year and in the summer. Companions are provided for youth with special needs or disabilities.

Indiana University offers a limited number of mentorship opportunities for autistic children in Monroe County. The University Autism Mentoring Program matches college students enrolled in the Honors College with autistic children and youth to strengthen social skills in these youth and public awareness of autism.

Pinnacle School is an independent, nonprofit school that serves students in grades K-12, specializing in the education of students with dyslexia and other learning processing disorders. Class sizes are limited to 12 students, and scholarship opportunities are available.

People and Animal Learning Services (PALS) was established in Monroe County in 2000 to provide horse assisted therapeutic activities to children, youth and adults with disabilities. Since 2000, PALS has provided over 12,100 therapeutic riding lessons.

Citizen Advocacy of South Central Indiana matches community members with a person living with a disability to provide friendship, advocacy, and increased assistance to people with disabilities to participate in the community, access healthcare and legal advice, gain employment and other necessary tasks.

7. Meeting the Essentials

Essentials are the basic needs of individuals and families, like sufficient food, a stable place to live, health care and wellness, and crisis management skills. Barriers like unemployment, low wage rates, mental and physical illness, exposure to violence, substance abuse, and disabilities can prevent individuals from meeting these basic needs. United Way member agencies, along with many other public, nonprofit, and faith-based organizations located within Monroe, Lawrence, Owen and Greene counties offer services to help meet these essentials. Some providers deliver one specific service or program, while others offer a variety of services and programs to help address multiple needs. An example of this would be a homeless shelter that may also serve food, give away clothing, or run a job placement program or substance abuse treatment program.

A critical resource that has been created since SCAN 2003 is the 2-1-1 information and referral system. This three-digit telephone number connects callers with information about human services in their communities. The Indiana 2-1-1 Partnership, Inc. is the statewide organization that supports the 15 active, regional call centers across the state. Locally, 2-1-1 trained staff refer callers to community social services organizations, faith congregations, and government agencies that provide essential human services. The Area 10 2-1-1 Infolink Center in Ellettsville, IN operates the call center for Monroe and Owen counties. Calls to 2-1-1 are free and are answered 24 hours per day.

The American Recovery and Reinvestment Act of 2009 was passed on February 13, 2009, with the goal of reversing the recession and preventing a high rate of unemployment. Overall, ARRA cost approximately $787 billion, with $288 billion going toward tax cuts, $224 billion for education and health care, and $275 billion for federal contracts, grants, and loans.[17]

ARRA provided funding to states to support local community food banks; locally, Hoosier Hills Food Bank received $53,406 in ARRA funding.[18] Other social services agencies in Monroe County that received ARRA funds include Area 10 Agency on Aging ($31,469) and the South Central Community Action Program ($2,559,299).[19] The funds were given to these two agencies to bolster a variety of programs including those providing basic services. Other agencies received funding for emergency food and shelter.

Having access to an adequate food supply continues to be a problem for some individuals and families. Hunger can be associated with homelessness, poverty, and unemployment. Individuals may find themselves in need of shelter for a variety of reasons, including lack of sufficient financial resources, natural disaster, loss of employment, serious health issues, decline in public assistance, domestic violence situations, mental illness, or substance abuse. Households in crisis may need help addressing multiple needs. While hunger, homelessness, domestic violence, and safety issues are presented in this section, for more detailed information about earnings, health care, and youth development, please refer to those respective sections.

Some of the key indicators for essentials are:

Table 7.1: Essentials indicators

	2003	2010
Percent of Monroe County households receiving SNAP[1]	3%	3%
Percent of Monroe County households receiving WIC[2]	2%	2%
Percent of K-12 students that receive free lunch[3]	26%	31%
Percent of K-12 students that receive reduced fee lunch[3]	9%	11%
Percent of homeless that are unaccompanied youth[4]	8%	3%
Number of sheltered households with children[4]	77	55
Percent of households experiencing homelessness[4]	0.10%	0.13%

SOURCES: [1] Indiana Division of Family Resources, [2] The Annie E. Casey Foundation, 3 Indiana Department of Education, City of Bloomington Department of Housing and Neighborhood Development
NOTES: Trends cannot be appropriately applied for "number of sheltered households with children" or "percent of households experiencing homelessness" due to changes in Point-In-Time Count methodology as mandated by HUD.

In the 2010 Household Survey, 58% of households with an income of less than $15,000 said that running out of money at the end of the month is a major problem, and 22% said that this is a minor problem. As households run out of money, meeting basic needs becomes a greater challenge (Table 7.2).

Table 7.2: Percent of Households Running Out of Money by the End of the Month

Household Income	Major Problem	Minor Problem
Less than $15,001	58%	22%
$15,001-$25,000	27%	38%
$25,001-$35,000	23%	23%
$35,001-$50,000	14%	34%
$50,001-$75,000	16%	25%
More than $75,000	0%	10%
All Households	19%	23%

SOURCE: 2010 Household Survey (n=277)

▼Additionally, households reporting that having enough money to keep the car running is a major problem increased from 2003 to 2010. See table 7.3.

Table 7.3: Percent of Households Having Difficulty with Having Enough Money to Keep the Car Running

Household Income	Major Problem		Minor Problem	
	2003	**2010**	**2003**	**2010**
Less than $15,001	19%	32%	33%	26%
$15,001-$25,000	15%	16%	46%	20%
$25,001-$35,000	8%	12%	25%	35%
$35,001-$50,000	0%	11%	21%	27%
$50,001-$75,000	4%	7%	15%	18%
More than $75,000	0%	0%	0%	4%
All Households	6%	10%	22%	18%

SOURCE: 2003 Household Survey (n=205); 2010 Household Survey (n=272)

HUNGER AND FOOD INSECURITY

Households struggling to obtain adequate food are deemed "food insecure," meaning the household is forced to choose whether money should be spent on food, medical bills, or other essentials. Food insecurity may not be a problem faced by households on a regular basis. The recent increase in need for food assistance and drop in donors has kept food pantries struggling to keep up with demand. Many families from the middle class who normally would provide food to pantries have begun to seek assistance themselves due to the recent economic recession, causing not only a decrease in the food supply, but also an increase in the demand for food pantry services.

Across the nation, 16% of Americans are food insecure—the highest level of food insecurity that the United States has encountered since first reporting on the issue in 1995. The 2009 report from the Hunger and Homelessness Survey conducted by the U.S. Council of Mayors documents common reasons for food insecurity and how families attempt to fill the gap. The report shows that between 2008 and 2009 the request for emergency food assistance rose from 18% to 26%. This was the largest average increase in the past 18 years. Of the 37 million people served nationally in 2009, 37.8 percent were children and 8.1 percent were elderly.

The survey also found that the top three reasons people needed food assistance was due to unemployment (92%), high housing costs (60%), and low wages (48%).

Food insecurity rates are reported at the state and national levels. According to Feeding America, 11.2% of Indiana residents were classified as having food insecurity. Additionally, 13.1% of children under the age of 18 in Indiana are considered food insecure. The estimated average rate of children who are food insecure ranges between 10.9% and 22.1% across the country, and the

national average rate of children considered food insecure is 17.1%. Indiana ranks 45th in the country for its child food insecurity rate.

The national spike in food insecure households is also reflected locally. Area 10's 2-1-1 Infolink reports that 8% of their 2010 requests for assistance were food-related referrals.[20] Additionally, 20,820 Monroe County residents were considered food insecure in 2009—16.3% of the population. Of those classified as food insecure, 61% had an income at or below 130% of the poverty threshold, 2% were at 130-185% of the poverty threshold, and 37% had incomes above 185% of the poverty threshold.

The 2010 Household Survey reveals that those struggling most with food have less than $15,001 in annual income, with over 50% reporting that having enough money for food was a major or minor problem. Households in the $25,000 to $35,000 (8%) and $35,000 to $50,000 (11%) brackets also had a major problem with having enough money for food.   This is consistent with other measures that show more middle class families struggling.

Table 7.4: Percent of households experiencing difficulty having enough money for food over the past twelve months

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than $15,001	7%	34%	24%	23%
$15,001-$25,000	2%	12%	26%	4%
$25,001-$35,000	0%	8%	11%	15%
$35,001-$50,000	0%	11%	14%	4%
$50,001-$75,000	0%	0%	6%	11%
More than $75,000	0%	0%	3%	0%
All Households	--	9%	--	8%

SOURCE: 2010 Household Survey (n=220), 2003 Household Survey (n=279)

In the 2010 Client Challenges Survey, 89% of service providers indicated at least some of their clients had difficulty paying for food. Only 11% of the providers indicated clients they serve have little to no problem paying for food (see Table 7.5).

Table 7.5: Percent of clients experiencing difficulty having enough money for food

Percent of Clients	Frequency	Percent
Most or All (80-100%)	14	22%
About Half (40-60%)	15	23%
Some (20-30%)	28	44%
Few to None (about 0%)	7	11%
Total	64	100%

SOURCE: 2010 Client Challenges Survey (n=88)

Demand for Food Assistance

The increase in hunger and food insecurity has prompted an increase in the need for emergency or supplemental assistance. In the 2010 Client Challenges Survey, 40% of service providers reported that some of their clients needed emergency or supplemental food assistance on a regular basis over the past 12 months. Forty-five percent of providers also said that over half needed assistance in this area. Only 15% of the service providers in the Monroe County area reported no clients needing assistance with food.

Table 7.6: Percent of clients needing emergency or supplemental food assistance on a regular basis over the last twelve months

Percent of Clients	Frequency	Percent
Most or All (80-100%)	7	11%
About Half (40-60%)	21	34%
Some (20-30%)	25	40%
Few to None (about 0%)	9	15%
Total	62	100%

SOURCE: 2010 Client Challenges Survey (n=88)

While there has been a strain on organizations providing emergency food relief, government agencies have been working to help alleviate the increased demand. Between 2008 and 2009, federal emergency food assistance increased 5 percent. In 2010, one-member households in Monroe County had the highest usage of emergency food assistance (36%), followed by 2-3 member households at 29% and 4-6 member households at 28%. Individuals between the ages of 30-49 were the most common recipients of emergency food, followed closely by children age 6-17 (23%).

Table 7.7: Percent of households needing emergency or supplemental food assistance

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than $15,001	5%	13%	29%	22%
$15,001-$25,000	6%	0%	9%	32%
$25,001-$35,000	0%	0%	4%	4%
$35,001-$50,000	0%	7%	0%	5%
$50,001-$75,000	4%	0%	0%	0%
More than $75,000	0%	0%	0%	0%
All Households	2%	3%	5%	8%

SOURCE: 2010 Household Survey (n=272), 2003 Household Survey (n=205)

Supplemental Nutrition Assistance Program (SNAP)

SNAP, previously known as the Federal Food Stamp Program, provides food assistance and support to raise the nutritional levels of low-income households and individuals. The US Department of Agriculture, Food and Nutrition Service (FNS), administers SNAP at the federal level and develops the regulations that govern the program's implementation, which aims to help low-income families purchase nutritious food. Furthermore, the federal government funds 100% of the benefits and 50% of the administrative program costs associated with implementing SNAP. State agencies administer the program at the state and local levels and determine eligibility criteria and benefit distribution levels.

In order to qualify for Indiana's Food Stamp Program, households must meet financial and non-financial requirements. Financial requirements include a series of household income tests and a household asset test, while non-financial requirements include state residency, United States' citizenship or alien status, work registration, and compliance with the Indiana Manpower and Comprehensive Training (IMPACT) job placement program.

The Family & Social Services Administration (FSSA) administers the food assistance program in the state of Indiana through electronic benefits transfer (EBT) cards. FSSA ensures consistency in implementation of SNAP across each Indiana County according to federal regulations; however, each local office of the Division of Family Resources is responsible for processing applications, certifying eligibility, and issuing benefits. ARRA has invested more than $8 billion in the Supplemental Nutrition Assistance Program (SNAP). ARRA increased SNAP recipient benefits by 13.6% nationally and states received $300 million for SNAP administrative costs.

SNAP not only provides funding, but also information and programs that help people understand how to shop with nutrition in mind. In 2011, the number of SNAP recipients during a one-month period were 25% higher than the previous year, while the average benefits per household decreased slightly from $283 to $274. Table 7.9 shows data for Indiana during the same time period.

Table 7.8: Monroe County monthly Supplemental Nutrition Assistance Program recipients

	February 2010	February 2011
Households receiving SNAP	4,123	5,274
Individuals receiving SNAP	8,778	10,935
Average per household	$283	$274
Average per recipient	$133	$132
Total assistance issued	$1,168,615	$1,445,182

SOURCE: Indiana Division of Family Resources. *Monroe County Monthly Management Report: February 2011*.

Table 7.9: Indiana monthly Supplemental Nutrition Assistance Program recipients

	February 2010	February 2011
Households receiving SNAP	342,946	377,083
Individuals receiving SNAP	804,578	871,570
Average per household	$309	$304
Average per recipient	$132	$132
Total assistance issued	$106,097,11	$114,798,38

SOURCE: Indiana Family and Social Services Administration. *State of Indiana Monthly Management Report: February 2011*.

Temporary Assistance to Needy Families (TANF)

TANF, formerly known as Aid to Families with Dependent Children (AFDC) or welfare, is a governmental program that provides cash assistance and supportive services to families. Families with children under the age of 18 are eligible for TANF benefits in Indiana. Eligibility is also based upon income, past or current benefits from other government assistance programs such as Medicaid or Social Security, and medical information for members of the household. Generally, families with an adult receiving support through TANF may obtain benefits for a maximum lifetime limit of 60 months.

Between 2003 and 2009, the annual average number of families receiving TANF benefits in Monroe County decreased 38 percent. The number of families receiving TANF grants during this time in Owen, Greene, and Lawrence counties decreased by 36%, 29%, and 19%, respectively.

Women, Infants, and Children (WIC)

The WIC program provides grants to obtain food as well as nutrition education to low-income pregnant women, post-partum women, and their children who are considered at a nutritional risk. Applicants must meet categorical, residential, income, and nutrition risk requirements in order to be eligible to receive benefits. For the categorical area, women must either be pregnant or postpartum. Pregnant women receive assistance until six weeks after the end of the pregnancy. For women that are postpartum, assistance can be received up until six months after the

pregnancy, while those that are breastfeeding are entitled to benefits until the child is one year of age. Children qualify for benefits up to age five. To meet the residential requirement, one has to reside in the state where they are seeking assistance. A candidate must also have an income level that is at or below the specified level of the state agency. However, those already participating in SNAP, TANF, and/or Medicaid are considered eligible despite their income level. Finally, a physician must determine the applicant must be nutritionally at risk. WIC was created by the USDA in 1972 to provide supplemental food, healthcare, and nutrition information for low-income women, infants, and children 5 and under who are nutritionally at risk. Nationally, WIC participants increased 20% to 9,175,000 from 2003 to 2010. Monroe County saw a slower growth in WIC recipients, increasing 13% to 3,808 from 2003 to 2009. According to the Hoosier Hills Food Bank, WIC is used by 43% of the clients they serve within the Monroe County area.

Free and Reduced School Lunch Program
The Free and Reduced School Lunch Program provides free and reduced-price lunches to school children from economically disadvantaged, low-income families. The US Department of Agriculture publishes income guidelines for program eligibility that factor household income and size in relation to the federal poverty guidelines. Children from families with incomes at or below 130 percent of the federal poverty level are eligible for free meals, through the USDA's National School Lunch Program. Children from families with incomes between 130 percent and 185 percent of the federal poverty level are eligible for reduced price lunches.

Indiana's Department of Education, Division of School and Community Nutrition Programs, administers the program for the state of Indiana. In Indiana, children in households receiving SNAP or TANF benefits receive free school meals, regardless of family income. Eligible schools include public, nonprofit, private, and residential care institutions. Meals provided from the program are either low-cost or free. For the 2009-10 school year, the Indiana Department of Education (IDOE) reported 14,115 students enrolled in public, nonprofit private, and charter schools in Monroe County. Of these students, 3,550 received free lunches and 1,088 received reduced fee lunches through the program. Similar to statewide average statistics, almost one-third of students enrolled in the Monroe County Community School Corporation (MCCSC) participated in NSLP. Overall, MCCSC has witnessed an increase in the number of students who participate in NSLP (See Table 7.10).

Table 7.10: Public Students Receiving Free and Reduced Price Lunches (Percent)

County	2007	2008	2009	2010	2011
Monroe	29.7%	26.0%	32.0%	33.5%	35.9%
Lawrence	33.1%	37.1%	37.4%	43.3%	45.2%
Owen	40.1%	40.3%	40.6%	44.3%	38.8%
Green	38.7%	39.3%	41.1%	44.1%	44.2%

SOURCE: IYI Kids Count Data Center

In addition to the National School Lunch program, the USDA operates the School Breakfast Program using the same eligibility guidelines. The USDA collects and reports aggregated information about the School Breakfast Program in Indiana. In 2009, 226,762 children in Indiana received over 35 million breakfast meals through Indiana's School Breakfast Program. The total number of breakfasts served in Indiana has steadily increased since 2005, when approximately 26 million breakfasts were served to 210,886 participants. Between January 2009 and January 2010, participation in the School Breakfast Program in Indiana increased 13.5 percent.

It is important to recognize that not all who are eligible for any of the public food assistance programs will choose to apply and receive benefits. This could result from a variety of factors, such as a lack of awareness about the program, an inability to complete the necessary applications, feelings of embarrassment, or an unwillingness to enroll in a government assistance program.

When surveying Monroe County households, 13% said that having enough money for food was at least a minor problem, whereas 86% said that having enough money for food was not a problem within their household. The percentage of respondents who said that having enough money for food was not a problem in the 2010 Household Survey was similar to the percentage of respondents in the 2003 Household Survey.

Table 7.11: Percent of households having a problem with having enough money for food

	Percent
A major problem	6%
A minor problem	7%
No problem	86%

SOURCE: 2010 Household Survey
(n=272)

Approximately 89% of service providers believed that at least some of their clients (20% or more) had a problem with having enough money for food. Responses varied by income, as can be seen in Figure 7.1. Nearly half (47%) of low-income respondents said that having enough money for food was at least a minor problem.

Figure 7.1: Having enough money for food

53%

91%

17%

30%

6%
3%

Low-income   Not low-income

■ Major problem ■ Minor problem ■ No problem
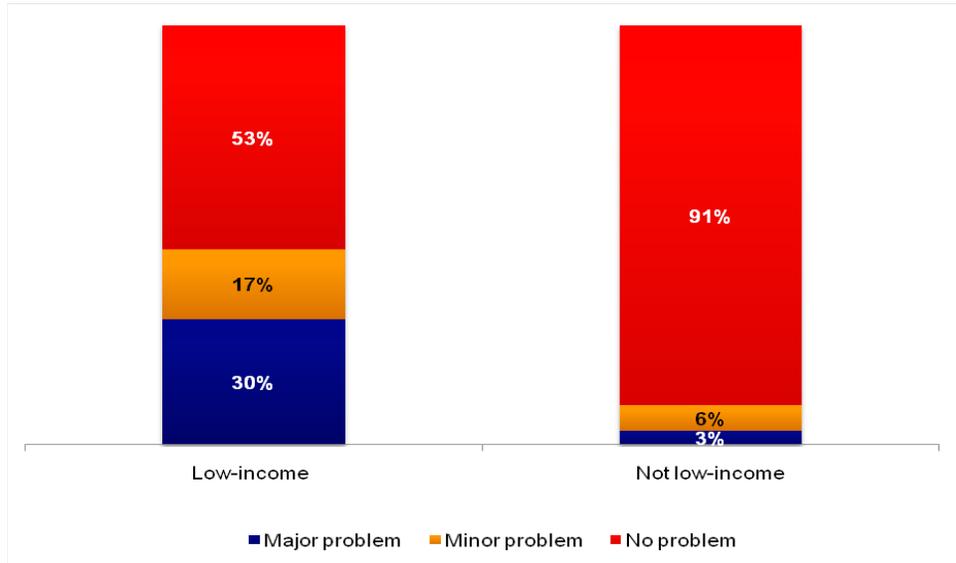
SOURCE: 2010 Household Survey (n=272)

Responses about having enough money for food also varied according to household composition. Of single parent households, 29% said that having enough money for food was a major problem. By comparison, only 7% of households with more than one adult and child stated this was a major problem. Figure 7.2 shows the full distribution.

Figure 7.2: Having enough money for food by single parent household

71%

79%

89%

90%

29%

10%

10%

4%
7%

8%
2%

Single parent household | One adult only household | More than one adult with child(ren) household | More than one adult, no child household

■ A major problem ■ A minor problem ■ No problem
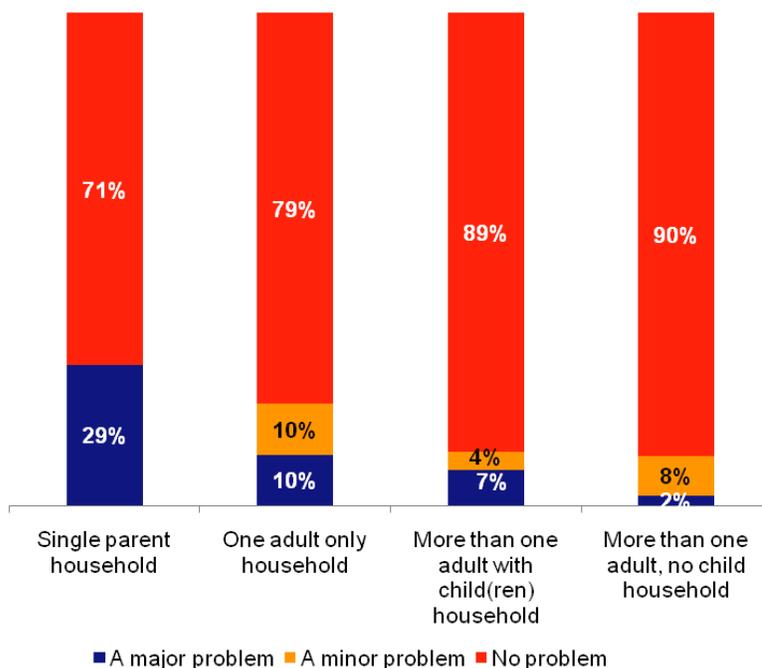
SOURCE: 2010 Household Survey (n=272)

The Household Survey participants' responses about having enough money for food also differed by the age of the respondent. Of all age groups, 30-44 year-olds had the largest share of households who had at least a minor problem with having enough money for food (23% for 30-44 year-olds, compared to 15% for those 65 and older, 10% for 45-64 year-olds, and 0 for 18-29 year-olds).

When asked if needing emergency and supplemental food assistance was an issue, 92% of 2010 Household Survey respondents said that it was no problem. This is similar to the percentage of 2003 Household Survey respondents who said it was not a problem.

Household Survey respondents, when broken into low-income and not low-income categories, responded differently about the degree to which finding emergency or supplemental food assistance was a problem. Of low-income respondents, 30% said that needing emergency or supplemental food assistance for their household was at least a minor challenge.

Figure 1: Needing emergency or supplemental food assistance by low-income
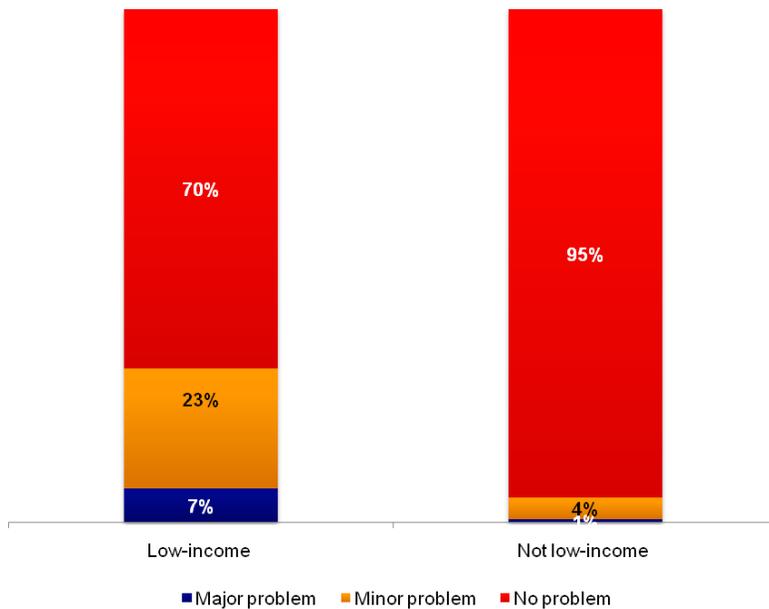
SOURCE: 2010 Household Survey (n=272)

Many government food assistance programs require applicants to complete a detailed application. When surveyed about their clients' challenges, 80% of providers believed that at least some of their clients were having a problem completing an application for state and federal assistance programs.

Several nonprofit and faith-based organizations provide food to residents of Monroe and nearby counties. The information included in this section is by no means a comprehensive overview of all food assistance services in these counties. The examples below are simply meant to illustrate the variety of food assistance programs and services in the region, and are food providers in the 2-1-1 Infolink call system.

Hoosier Hills Food Bank is the primary food distributor to nonprofit food pantries and free feeding programs in Monroe, Martin, Owen, Orange, Brown, and Lawrence counties. The organization has a meal sharing program whereby volunteers repackage food that has been prepared but remains unused at restaurants; the repackaged food is then distributed to local and rural feeding agencies. Hoosier Hills Food Bank receives food donations from commercial businesses, civic groups, and the USDA.

Food pantries operate in the Monroe County community to help people requiring short-term food assistance.

Mother Hubbard's Cupboard specializes in healthy, nutritious food. In addition to offering a food pantry focused on healthy food options, the organization offers nutrition education and gardening programs to give clients a better awareness of food and to encourage self-sufficient food practices regardless of income.

Monroe County United Ministries (MCUM) has operated in the community for 70 years. MCUM gives clients a three-day supply of food combined with other emergency assistance, such as clothing, hygiene items, and rent/utility assistance, as needed. MCUM receives significant food donations, volunteers, and financial support from congregations and other local faith-based groups. Some of MCUM's supporting congregations also operate smaller food pantry facilities on-site.

Community Kitchen specializes in serving both hot sit-down and cold to-go meals at their primary location on the south side of Bloomington, as well as hot and cold to-go meals at Community Kitchen Express on the west side of Bloomington. The Community Kitchen's Feed Our Future program provides sack lunch meals to at-risk youth in after-school programs. Another program targeted at youth hunger is Backpack Buddies, where the organization gives backpacks containing a weekend's supply of food to selected low-income children at four local elementary schools. Additionally, the Summer Breakfast program provides children in eight low-income neighborhoods with a free, nutritious 'brown bag' breakfast during the summer. In addition to serving youth, Community Kitchen serves identified, local HIV positive individuals through the Nutrition Links program, where volunteers deliver two carryout meals free of charge daily.

Shalom Community Center (SCC) offers a weekly food pantry on Wednesday afternoons. In addition to the pantry, SCC serves breakfast and lunch on-site Monday through Friday to anyone needing a meal. SCC also brings food and other necessities to Templeton Elementary School in Bloomington on Friday afternoons, so families can obtain these essentials.[21]

Backstreet Missions, Inc. offers a food pantry on Thursdays and hot breakfast, lunch, and dinner meals through Geno's Cafeteria. Backstreet Missions, Inc. provides additional basic necessities and promotes Christian messages and values.

The Salvation Army runs a food pantry in addition to supplying other basic needs services.

Area 10 Agency on Aging, in Ellettsville, maintains a food pantry and delivers hot meals to the elderly. The organization provides additional services to the elderly including transportation, healthcare, and other programs to assist this special population.

EMERGENCY AND TRANSITIONAL SHELTER

As defined by the U.S. Department of Housing and Urban Development (HUD), an individual is considered homeless if he or she lacks a fixed, regular, and adequate nighttime residence, or if the individual's primary residence can be considered a shelter, other institution, or a structure not designed for living. Individuals may experience homelessness for a temporary period of time or be chronically homeless.

In SCAN 2012, the term "shelter" refers to temporary housing sources ranging from emergency shelter, which allows entry on a nightly basis, to transitional housing, which offers longer-term stays and a designated bed or room. Each type of housing may serve a specific client base (i.e.: single women only, families only) and enforce unique rules and regulations upon patrons (i.e.: require identification, completing intake forms). While emergency shelter primarily focuses on meeting the basic need for a warm, safe space to sleep, transitional housing tends to offer its residents more comprehensive services like case management, transportation, or assistance with employment. To measure the extent of shelter needed in Monroe County and the surrounding area, data was collected from point-in-time estimates and secondary research on persons experiencing homelessness or struggling to provide their own housing. Capturing the actual count of individuals experiencing homelessness at any given time can be a challenge due to the transient nature of homelessness.

Shelter is often used as a generic term to describe the variety of temporary housing options for those in need of assistance. The term can mean an emergency shelter, which allows entry on a nightly basis. Other, longer-term shelters exist, where individuals may have a designated bed and place to stow belongings. For these individuals, shelter is guaranteed for a certain length of time based on the organizations' programs and policies. Additional longer-term arrangements include transitional housing or halfway houses. While not always the case, transitional housing more often resembles permanent living conditions, resembling apartments or rooms in a house. In this case, fewer individuals receive services at a given time, but the services are more comprehensive. Providers often help clients obtain employment, access other services, or get back on their feet after experiencing domestic violence. The goal of transitional housing programs is to enable individuals to move into their own, permanent housing.

Certain shelters focus on a particular target group, such as women who are victims of domestic violence, youth, or families. Some shelters offer both emergency housing as well as longer-term transitional housing. Because people who experience homelessness often face additional challenges, many shelters offer a variety of services. Such services include case management, substance abuse prevention and treatment, employment services, and provision of food, clothing, and hygiene items.

Shelters may also operate with certain entry requirements. For example, entry into some shelters

is contingent upon passing a breathalyzer test and those who fail are denied access to the shelter. Other shelters advertise as being low-barrier, meaning that anyone will be permitted entry, regardless of whether or not they are under the influence of drugs or alcohol.

The Local Scope of Homelessness

Individuals experiencing homelessness constitute a relatively small proportion of the local community, approximately 0.13 % in 2009. The community relies on the annual, locally-conducted Point-in-Time (PIT) Count for current data on the scope of homelessness. Coordinated by the South Central Housing Network, the 2009 PIT Count found 233 individuals experience homeless on any given night in the local area. During the 2009 PIT Count, 21% of participants (49 individuals) experiencing homelessness met the criteria for being "chronically homeless." Of this group, 28 participants resided in emergency or transitional shelter, while 21 respondents were unsheltered or lived in a place not meant for human habitation. To qualify as chronically homeless and gain access to additional shelter options, such as permanent supportive housing, an individual must be unaccompanied, have a disabling condition, and either be continuously homeless for a year or have experienced at least four episodes of homelessness in the past three years. A qualifying disability is "a diagnosable substance abuse disorder, a serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." Additionally, a disabling condition "limits an individual's ability to work or perform one or more activities of daily living."

The 2009 PIT Count also identified specific characteristics that can classify clients or respondents as chronically homeless. Both the unsheltered and sheltered homeless populations reported similar rates of mental illness (21% of sheltered and 24% of unsheltered individuals) and drug or alcohol addiction (33% of sheltered and 31% of unsheltered).

Table 7.12: Summary of homeless subpopulations for Monroe, Lawrence, Owen, and Greene counties, 2009

Subpopulation	Unsheltered		Sheltered		Total Homeless	
	Frequency	Percent of Unsheltered	Frequency	Percent of Sheltered	Frequency	Percent Total
Chronically Homeless	21	36%	28	16%	49	21%
Mental Illness	14	24%	36	21%	50	21%
HIV/AIDS	0	0%	11	6%	11	5%
Addiction	18	31%	58	33%	76	33%

SOURCE: City of Bloomington. Department of Housing and Neighborhood Development (HAND), 2010-2014 Consolidated Plan: 3-5 Year Strategic Plan
NOTE: Data in this table is a summary of Tables A52-A55 in the Appendix. See Appendix tables for greater detail on each demographic subpopulation. Table does not reflect unique individuals; count participants may identify with more than one characteristic and fit into several categories.

Research shows mental illness among the homeless in the Bloomington MSA (21%) mimics national trends, while the state statistic (12%) is much lower compared to other states and national figures. The National Coalition for the Homeless published findings from the U.S. Department of Health and Human Services Substance Abuse & Mental Health Services Administration (SAMHSA), which indicated that 20-25% of the homeless population in the United States suffers from some form of severe mental illness, compared to only 6% of the total U.S. population.

Service provider responses to the 2010 Client Challenges Survey showed that having a consistent place to sleep indoors was a problem for nearly half of their clients. While 52% noted that few to none of their clients experienced difficulty having indoor accommodations, 30% of service providers said some of their clients have trouble. Additionally, 18% of service providers indicated either half, most, or all of their clients have trouble finding a consistent place to sleep indoors.

Emergency and Transitional Shelter

The 2009 PIT Count also found that 174 individuals use emergency and transitional shelter within the Bloomington jurisdiction as well as 2 facilities outside the boundary. The number of emergency and transitional shelter beds decreased 21%, from 349 to 277. In 2010, key informants indicated that additional shelter capacity is needed for two-parent families and low-barrier shelters.

Table 7.13: Year-round shelter for persons experiencing homelessness in Monroe, Owen, and Green counties

	2004	2010
Emergency Shelter Beds	140	108
Average percent of beds filled	--	43%
Transitional Shelter Beds	209	169
Average percent of beds filled	--	83%
Permanent Supportive Housing	83	37
Average percent of beds filled	--	100%

SOURCES: City of Bloomington. Department of Housing and Neighborhood Development (HAND), 2005-2010 Consolidated Plan 3-5 Year Strategic Plan and 2010-2014 Consolidated Plan 3-5 Year Strategic Plan
NOTE: Annual bed coverage was not reported for 2004.

Youth and Family Homelessness

The National Coalition for the Homeless lists various reasons why youth typically become homeless: family problems, economic problems, and residential instability. Youth may choose to leave unhealthy home environments characterized by abuse and neglect or parental substance abuse, rendering them homeless. In addition, youth and their parents may become homeless if the family suffers a financial hardship, such as chronic low wages, job loss, or lack of access to affordable housing. Although in this situation the family unit becomes homeless together, parent(s) and children may ultimately be separated while seeking shelter assistance or other social services. Further, some youth never have a stable or permanent home. Upon discharge

from the foster system, youth often have no housing or financial support and are too old to legally remain in state care.

Data collected during the PIT Count indicated youth homelessness occurs much less frequently in the Bloomington MSA when compared to state and national averages. Locally, 3% of households experiencing homelessness on a given night in 2009 were headed by a person under 18 years of age, and all of those households were sheltered in emergency or transitional housing. Comparatively, unaccompanied youth constitute nearly 12% of the state homeless population. Of the 652 unaccompanied homeless youth, 31% were unsheltered and 69% resided in emergency or transitional housing. However, it should be noted that obtaining an accurate count of youth experiencing homelessness is difficult to determine as they are much more likely to "crash" with family or friends or enter the foster system, or be involved with the criminal justice system, therefore escaping the strict definition of homeless.

Table 7.14: Frequency of homeless households headed by an individual under 18 years of age

Age	Unsheltered		Sheltered		Total	
	Frequency	Percent of Unsheltered	Frequency	Percent of Sheltered	Frequency	Percent Total
Under 18	0	0%	8	5%	8	3%
18 and Older	59	100%	166	95%	225	97%
Total	59	100%	174	100%	233	100%

SOURCE: City of Bloomington. Department of Housing and Neighborhood Development (HAND), *2010-2014 Consolidated Plan: 3-5 Year Strategic Plan (Draft Version)*

Of the local homeless population, 65% of sheltered individuals and 7% of the unsheltered report they are part of a family. While many shelters take single parents with children, there are fewer resources for a couple with children.

On the Edge: Vulnerability to Homelessness
The Area 10 Agency 2-1-1 Infolink Center, serving Monroe and Owen counties, logged 5,429 calls in 2010. Area 10 reports that of the total calls it received in 2010, 24% requested assistance with "housing and utilities." Many of the callers contacting the Infolink Center were already in an emergency situation; 10% of those seeking help with rent were already facing eviction and 10% of those seeking help with utilities were already disconnected. The Infolink Center also reported that calls for emergency shelter in 2010 increased 7% from the previous year.

At the state level, the Indiana 2-1-1 Partnership reported that 31% of the approximately 440,000 calls for assistance they received in 2009 came from individuals or families experiencing an emergency housing situation. Referral requests included utility assistance (18%), rent and mortgage assistance (6%), shelter (4%), and other housing needs (3%). The 2-1-1 Partnership also reported that the top unmet needs for 2009 included financial assistance for rent, mortgage and utilities, shelter, transportation, and food.

FSSA Hybrid System

Indiana's Family and Social Services Administration (FSSA) transitioned it's TANF and SNAP eligibility process. Indiana FSSA had contracted eligibility screening for these programs with International Business Machines (IBM) so people could apply for benefits online or through an Interactive Voice Response System (IVR). To check the status of a submitted application, a person could call a 24-hour hotline. However, he or she would not be connected to the local FSSA office. Users of the program disliked the inability to communicate with a local caseworker, as the person on the hotline would often be in a different region of the state.

The State of Indiana cancelled its contract with IBM in 2009, and FSSA piloted a new hybrid system in the Vanderburgh region to combine the benefits of face-to-face interaction of the pre-modern system with the options of the modernized system. In the hybrid model, FSSA communicates directly with providers regionally. The Vanderburgh pilot region added 20 caseworkers to its county offices and completed SNAP eligibility recertification within its county offices. Calls to the FSSA 1-800 number are routed to the local county office (within the Vanderburgh region) of the person calling. Clients seeking TANF and SNAP benefits still have the ability to check the status of their case 24 hours a day, 7 days a week through the interactive voice response (IVR) system, as well as, apply online to receive benefits. FSSA implemented this hybrid system though other regions of Indiana, including locally.

Several nonprofit and faith-based organizations provide shelter to residents of Monroe and nearby counties. The information included in this section is by no means a comprehensive overview of all emergency and transitional housing services in Monroe, Lawrence, Owen, or Greene counties. The examples below are simply meant to illustrate the variety of shelter assistance programs and services in the region. Providers were included that meet one or more of the following criteria: a large (by staff size and/or budget) provider in the service area, a long-established or highly visible provider, a provider serving a specific target population, a provider that offers a unique combination of human services, or a provider that was mentioned in SCAN.

Martha's House offers emergency shelter and social services, including case management and employment assistance, to both men and women.[22]

Middle Way House provides emergency shelter for women who are victims of domestic violence and their children. In addition, Middle Way House runs a two-year transitional housing program, designed to prepare residents to sustain permanent housing and reintegrate into the community.

Amethyst House provide residential services for men and women with drug and alcohol addiction as well as outpatient treatment, therapy, and case management services.

Stepping Stones focuses on youth who are experiencing homelessness. Stepping Stones provides transitional housing for up to two years, and requires that youth seek employment.
The Binkley House, part of the Youth Services Bureau, provides short-term residential care and crisis intervention.

Shalom Community Center, offer a day-use shelter.

The Interfaith Winter Shelter runs from November through March each year and offers a low-barrier emergency shelter so people do not have to sleep outside during cold winter months. The shelter operates out of rotating sites, meaning that shelter is offered at one of four locations depending on the day of the week. Unlike other shelters, the Interfaith Winter Shelter does not require that clients pass a breathalyzer test to enter.

South Central Community Action Program, Inc. (SCCAP) provides assistance for individuals to obtain and maintain permanent housing. SCCAP provides affordable housing services, Section 8 vouchers, and self-sufficiency programming.

Roosevelt Mission is an emergency shelter in Greene County, which also offers transitional housing and three daily meals.

Michael's Haven in Lawrence County provides overnight shelter for men along with three daily meals.

The Salvation Army in Lawrence County offers temporary shelter in a motel, but is not itself a shelter. The Salvation Army also offers clothing, rent and utility assistance, as well as furniture and household items.[23]

CLOTHING

In addition to food and shelter, clothing and hygiene items are fundamental basic needs. Basic clothing is defined as essential, weather appropriate shoes and attire needed on a day-to-day basis. The inability to access appropriate clothing, shoes, and hygiene items can hinder an individual's ability to meet their basic needs.

A number of organizations including Goodwill, the Salvation Army, Opportunity House, My Sister's Closet, the American Red Cross, Monroe County United Ministries (MCUM), and Township Trustees provide basic clothing assistance to individuals in need within and around Monroe County. Additionally, several faith-based organizations distribute clothing and household items along with providing other basic services.

The 2010 Household Survey revealed that 20% of respondents had at least a minor problem with having enough money to buy needed clothing and shoes, while 80% of respondents had no problem having enough money to buy needed clothing and shoes. This is similar to what was found in 2003.

Nearly one-third (30%) of respondents with income less than $15,000 said that buying clothing and shoes was a major problem. The percentage of individuals with a major or minor problem buying clothing and shoes decreased as income increased, with no individuals in the top two income tiers ($50-$75,000 and $75,000+) reporting any major challenges.

Goodwill accepts donations of clothing and household items to resell in their thrift stores, resale shops, or second-hand stores. Similarly, the **Salvation Army** collects clothing and household goods to resell in their thrift stores. **My Sister's Closet** provides low-income women with free workforce attire through vouchers in addition to selling affordable, professional clothing. **Opportunity House** is a resale shop that accepts clothing and household item vouchers from MCUM's Emergency Services clients. It sells low-cost, gently-used items, and supports MCUM financially through clothing and goods revenues.

The **American Red Cross** provides clothing and household items to individuals who have lost their possessions due to disasters such as fires, floods, and tornados. **MCUM** provides limited clothing, such as socks, underwear, and winter-weather necessities, and personal hygiene items to individuals seeking emergency assistance through their Emergency Services Program.

COMMUNITY AND PERSONAL SAFETY

Community Strengths

In an attempt to assess the collective strength of a given community, it is common to look at indicators such as voluntarism, civic activity, and the cohesiveness of neighborhoods in comparison to the relative diversity of the area. The areas around Monroe, Lawrence, Greene and Owen Counties have often prided themselves on a unique blend of relative diversity and strong communities.

In assessing community strength, the 2010 Household Survey asked Monroe County residents whether they felt like "part of a neighborhood."
▲**Nearly 83% of households felt as though they were part of a neighborhood, compared to SCAN 2003 where approximately 69% felt that they were**.

Respondents were also asked how connected they felt to a broader community. The community connectedness question was new to the survey in 2010.

Table 7.15: How connected do you feel to your community?

	Frequency	Percent
Mostly Disconnected	35	16%
Somewhat Connected	106	49%
Very Connected	77	35%

SOURCE: 2010 Household Survey (n=272)

When comparing the community connectedness results with the income of the respondents, those with lower incomes felt more disconnected from the community. More respondents who did not fall into the low-income category felt very connected to the community.

Figure 7.4: Community connection by income
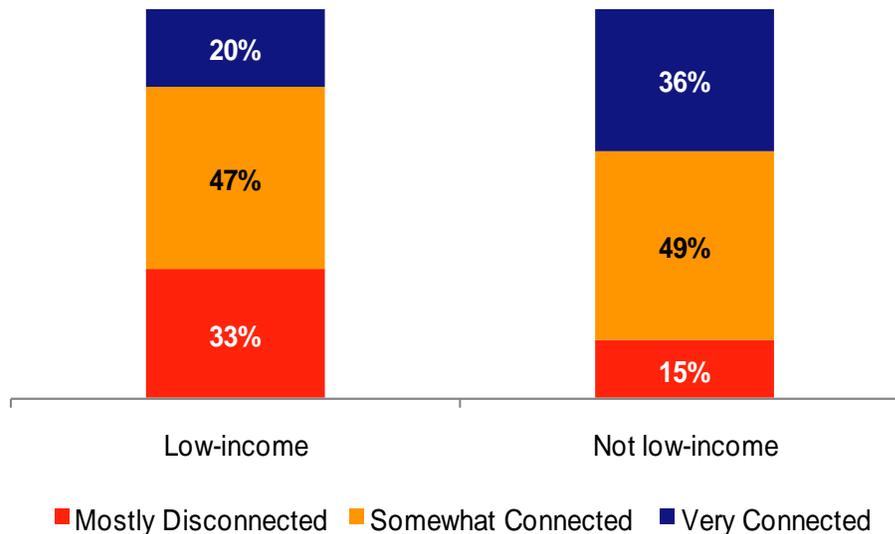
Source: Household Survey 2010

Finally, respondents were asked how often they felt that the people living around them watched out for each other. Only 10% of respondents indicated that they felt that those around them rarely or never watched out for others. Compared to SCAN 2003, the 2010 responses show an increase in perception that people always looked out for each other.

Table 7.16: How often do people who live near you watch out for each other?

	2003	2010
Always	25%	52%
Sometimes	42%	38%
Rarely	15%	8%
Never	18%	2%

SOURCE: 2003 Household Survey, 2010 Household Survey (n=272)

▲When compared to the SCAN 2003 responses, respondents feel significantly more connected to the neighborhood and community around them, and generally feel that neighbors are watching out for each other.

Household Crime and Vandalism

Household crime and vandalism are particular types of crimes that can affect the level of security that citizens feel within a community and point to a breakdown in civility. These types of crimes might include offenses such as burglary, theft, or vandalism. Although home safety is perceived to be no problem or only a minor problem to 98% of the respondents of the Household survey, service providers perceive it to be a problem for approximately half of their clients according to the responses of the Client Challenges survey. Three percent of the respondents to the household survey reported that feeling safe in their homes was a major problem, and 10% said that it was a minor problem. About 10% of respondents stated that they have personally been victims of household crimes.

Violent crimes include murder & non-negligent manslaughter, forcible rape, robbery, and aggravated assault. Property crimes include burglary, larceny/theft, motor vehicle theft, and arson. According to the Federal Bureau of Investigation, trends show that in 2007 violent crimes began declining in Monroe and Greene Counties. However, Lawrence County has been reporting an increase in violent crimes since 2005.

As part of the household survey, respondents were asked if they themselves felt unsafe in their homes or the location they currently slept. Three percent of those surveyed stated that they thought feeling unsafe was a major problem.

Low-income respondents stated that feeling safe in their home was a problem with greater frequency than those that were not low-income.

Figure 7.7: Percentage feeling unsafe in home by income
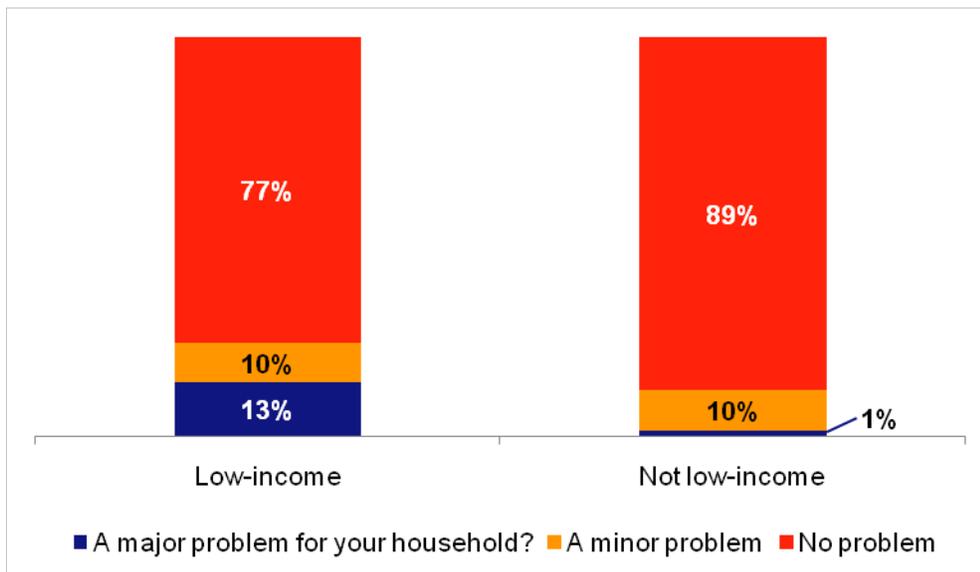
Source: Household Survey 2010

Close to half of service providers stated that 20% or more of their clients had been actual victims of household crimes such as burglary, theft, or vandalism within the past 12 months. In SCAN

2003, service providers responded that 5% of clients had a minor problem and 5 percent had a major problem with being a victim of a household crime.

CRISIS SERVICES

Domestic Violence

Domestic violence is a type of abuse where one person injures another person in a relationship such as a spouse, partner, or family member. This abuse can take the form of rape, emotional abuse, sexual assault, child abuse, threats of harm, and stalking among other forms. Domestic violence offenses often go unreported, so statistics regarding this issue may not accurately portray the scope of the problem. This abuse can affect the health of citizens and overall well-being of a community, and so it is useful to be aware of local efforts and initiatives to address these issues. Middle Way House is the sole dedicated provider of domestic violence services within Monroe, Greene, Owen, Lawrence, and Martin counties. It provides transitional housing and counseling for domestic violence victims, and also offers outreach programs which promote awareness of domestic violence issues.

Middle Way House reports that 184 women were accommodated with emergency shelter services in 2009. However, the number of requests for emergency shelter was 396. Although some requests for service were denied due to mitigating circumstances, Middle Way House did not offer services to 102 of these 396 because it was full when the requests were made and lacked the capacity to accommodate these women.

Table 7.17: Middle Way House emergency shelter services, 2009

	Frequency
Total number of people sheltered	184
Requests for shelter	396
Shelter days provided	$5,358
Shortest shelter stay	<24 hours
Longest shelter stay	7 months, 24 days

SOURCE: Domestic Violence Program and Rape Crisis Center Annual Statistics 2009. Middle way House.

Monroe County residents receive more services provided by Middle Way House than any other county, particularly in the city of Bloomington. This is to be expected, however, since the population of Bloomington is larger than any other city within the service area.

Table 7.18: Women and children sheltered by Middle Way House in 2009

	Women	Children
Monroe—Bloomington	45	20
Monroe—Other	30	12
Owen	9	4
Lawrence	8	7
Greene	5	5
Other IN Counties	25	9
Out of state	3	2
TOTAL	125	59

SOURCE: Domestic Violence Program and Rape Crisis Center Annual Statistics 2009. Middle Way House.

The Rape Crisis Center at Middle Way House provided 91 clients with sexual assault or rape services.

Table 7.19: Rape crisis center services by Middle Way House, 2009

Offense Type	Women Served
Sexual assault/rape	91
Incest	0
Child sexual abuse	7
Sexual harassment	3

SOURCE: Domestic Violence Program and Rape Crisis Center Annual Statistics 2009. Middle way House.

Legal advocacy is a service that Middle Way House provides to its clients.

Table 7.19: Legal advocacy by Middle Way House in 2009

	Cases
New Clients	376
Continuing clients	612
Protective orders filed	78
Dissolution/Child support	546
Court cases monitored	3597

SOURCE: Domestic Violence Program and Rape Crisis Center Annual Statistics 2009. Middle way House.

Only one-third of service provider respondents perceived that "few to none" of their clients were victims of domestic violence. (Table 7.20).

Table 7.20: Frequency of clients who are victims of domestic violence

	Frequency	Percent
Most or All (80-100%)	0	0%
About Half (40-60%)	7	14%
Some (20-30%)	25	51%
Few to None (about 0%)	17	35%
Total	49	100%

SOURCE: 2010 Service Provider Survey (n=87)

Thirty-nine percent of service providers perceived that some of their clients had engaged in sex that they had not consented to (Table 7.21).

Table 7.21: Frequency of clients who did not consent to sex

	Frequency	Percent
Most or All (80-100%)	0	0%
About Half (40-60%)	0	0%
Some (20-30%)	13	39%
Few to None (about 0%)	20	61%
Total	33	100%

SOURCE: 2010 Service Provider Survey (n=87)

LEGAL ASSISTANCE

Finding legal assistance can be a significant challenge for low income individuals. This is due to the lack of funding for legal service providers to meet population demand, difficulty of locating free legal services, income eligibility requirements, or lengthy waits for assistance and client related barriers such as transportation or time availability. Additionally, non-native English speakers are challenged with obtaining legal assistance from providers with the ability to communicate with these potential clients.

This large demand for services puts a strain on legal service provider's finances. The pro bono district has been able to alleviate some of these issues, assisting in the coordination of networks between legal service providers, attorneys, social service providers and potential clients. Furthermore, the IU Maurer School of Law has been an additional resource for the community through the law clinics that it provides.

The Indiana Pro Bono Districts enhance coordination between legal service providers, pro bono attorneys, social service providers as well as potential clients. Monroe, Greene, Lawrence and Owen Counties are within District Ten. The district tracks the legal needs of the community. Initially, it found that there was insufficient coordination between legal service providers and the district as well as between legal service providers and social service providers. The local district also discovered that lengthy waits for assistance were due to the insufficient number of providers available to handle legal needs. Furthermore, client related factors such as having income slightly above the eligibility requirement, lack of transportation, or follow-up with necessary paperwork and appointments, created additional barriers to legal assistance.

A persistent issue for the district is the number of legal service providers for low income individuals. The Indiana Legal Needs Assessment of 2008 developed a ratio for identifying the insufficient availability of legal services. The ratio of attorneys to Hoosiers living below 125 percent Federal Poverty Level (FPL) is about one attorney per 8,850 potential clients. For Hoosiers living between 125 percent to 200 percent of FPL the ratio increases to one attorney per 16,100 potential clients, while the ratio of private attorneys providing paid legal services to the general population is about one attorney to 668 potential clients. Indiana Legal Services states that 75% of income eligible applicants were unable to receive attorney representation to fully meet their legal needs.

The surveys conducted by the Pro Bono District show that many private attorneys are unwilling to provide pro bono services, which limits the necessary legal services within the community. These attorneys struggle to maintain a profitable practice, especially in rural areas and small towns. They are often reluctant to take cases outside of their area of expertise due to the fear of malpractice suits. They fear becoming involved in lengthy family law cases, as well as being overwhelmed with pro bono cases, impairing their ability to service paying clients. Furthermore, there is a general lack of incentive for attorneys from the judicial system to provide pro bono representation. It has become part of the district's mission to recruit and retain pro bono attorneys, but it is a difficult task.

Public defenders assist in providing services for individuals who do not have the necessary funds for legal representation. These attorneys often provide services for those facing criminal charges, juvenile delinquency, CHINS petitions, termination of parental rights petitions, mental health commitments, contempt hearings, appeals and petitions to revoke suspended sentences. However, they tend not to take cases that involve civil law suits. In order to obtain a public defender an individual must request one from the Judge who determines if the individual is capable for paying for legal services. If he or she is not capable of paying for legal services, the Judge appoints a public defender to the case.

Currently, Monroe County has eleven public defenders with the assistance of two investigators, two paralegals and a number of law clerks. In order to maintain efficient services, the county limits the number of active cases to each public defender, which is determined by the standards adopted by the Indiana Public Defender Commission. Interpreter services are also provided for non-native English speakers for all interviews, investigations, consultations and court proceedings, at the request of the client.

Guardian Ad Litem (GAL)/Court Appointed Special Advocates (CASA) are trained volunteers that advocate for children during legal proceedings. These volunteers advocate for children who are victims of physical abuse, sexual abuse and neglect to ensure that the child remains the focus of court proceedings and finds a safe, permanent home as quick as possible. The number of cases tends to be greater than the number of volunteers. Therefore, it is a challenge to recruit and retain volunteers for the program.

Justice System and Law Enforcement
The United States (U.S.) Justice System can be a significant challenge for the average person. However, these challenges can be even greater for specific populations, such as low-income individuals or non-native English speakers. These individuals may find it difficult to locate free legal services, pay legal fees and tend to delay seeking assistance. However, circuit courts have made it possible for many individuals to find alternative forms of justice and sentencing through the Family Court projects in Monroe and Owen Counties as well as diversion programs for first time offenders. The court system is able to save judicial time with these programs and maintain high levels of case disposition. Law enforcement resources have also been enhanced through the development of the Sheriff's Reserve, which has increased the number of patrols in Monroe County. Additionally, the Monroe County Correctional Facility has been increasing its capacity through the placement of two bunks or double bunking within each individual cell as well as developing agreements to prevent a population crisis, where the population exceeds the capacity of the facility.
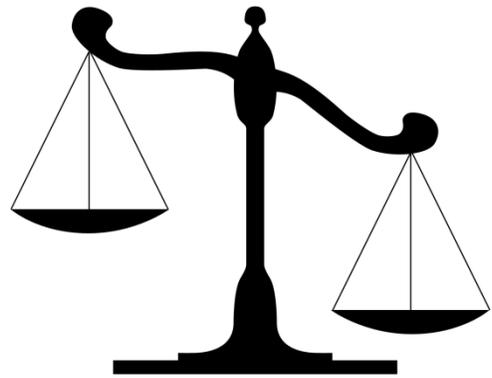
The structure of the Monroe, Greene, Owen and Lawrence Counties' judicial system is important in understanding the challenges that each county faces. These court systems have jurisdiction over every category of cases that can be filed within Indiana court law from traffic violations to felonies. These cases involve individuals as well as families. Monroe County is a unified circuit court with nine divisions that each has one judge. Greene County has a circuit court as well as a superior court with a total of two judges. Owen County has a circuit court structure with two judges. Lastly, Lawrence County has a similar structure to Greene County with a circuit court and superior court. It has a total of three judges with one judge for the circuit court and two judges for the superior court.

In 2010, the Monroe County Circuit Court had a total caseload of 65,528. On average, each of the nine divisions see 7,281 cases. These cases involve cases that are pending, new filings, redocket cases, civil infractions and ordinance violations. Felony filings increased by 9% from 2009 to 2010, but misdemeanor cases decreased by 3% in that same time period.

Alternative forms of providing justice and sentencing can help save judicial time through the utilization of mediation services as well as diversion programs for first time offenders. For instance, family law tends to be the primary legal need of individuals in Indiana. In many

instances, these cases can be resolved through dispute resolution, allowing the parties involved to develop long term problem solving techniques that focus on the best interest of the child.

Family Court Projects were developed throughout the state of Indiana to provide case coordination and programming based on family relations. It avoids uninformed, inconsistent or delayed rulings for families with multiple cases in the court system. Additionally, there is a disclosure of all information concerning the family's legal cases in order to obtain complete and long lasting resolutions to family situations. These projects were only developed in Monroe and Owen Counties, to assist in issues such as divorce, paternity or guardianship. The services of these projects have been expanded to serve not only families but children, adults, as well as pro se litigants, who represent themselves without the assistance of an attorney in a court proceeding.

Recent research suggests that the majority of legal challenges are faced by low-income individuals and non-native English speakers within the four counties of Monroe, Lawrence, Greene and Owen. The dynamics of these various counties make it difficult for the individuals in need of services to access potential resources. Based on a state needs assessment conducted by the Indiana Legal Services, Indiana Bar Foundation and Indiana State Bar Association released in 2008, 86% of survey respondents with income below the 125 percent Federal Poverty Level (FPL) reported having at least one legal problem. However, they tended to experience difficulties with transportation, telephone service, paperwork, or time availability as well.

Non-native English speaking populations are growing in the area, especially Spanish speakers. It has been a challenge for many community assessments to develop reliable data on these specific populations due to issues with immigration status or proficiency in English. The client challenges survey suggests that 78% of the providers surveyed have clients who are non-native English speakers and 63% of providers stated that their client's primary language is Spanish. Additionally, the Indiana Supreme Court Commission on Race and Gender Fairness found that these individuals tend to have less favorable outcomes within the justice system due to language and cultural differences.

To assist non-native English speakers, the state has developed a statewide interpreter system. Currently, the system is being tested for Spanish. The goal is to provide law firms, government agencies and local organizations with an interpreter certification program, a code of ethics for interpreters, and a registry of all interpreters by state districts. Monroe, Owen, Lawrence and Greene Counties are located in District 10, which has only three interpreters listed within the registry. The Indiana Supreme Court Commission on Race and Gender Fairness conducted a statewide survey concerning translation services and found that 77% of the respondents had to postpone court proceedings due to the unavailability of an interpreter.

Law Enforcement
Within Monroe County, law enforcement resources are divided into two sections: Patrol and Investigations. Within the patrol sector the number of deputies has remained constant from 2007 to 2008. However, in 2009 the number of deputies decreased due to the development of the Sheriff's Reserve, which includes volunteer deputies appointed by the Sheriff. These deputies have the same police power, training and duties as full-time merit deputies. The average caseload for the Investigations sector from 2005 to 2009 has been about 151 cases with at least 28% of these cases resulting in arrests. This caseload is managed by two to four detectives.

The Bloomington Police Department is a full service police agency. Currently, there are 128 full-time personnel with 92 sworn officers and 36 civilian personnel. It is divided into 11 divisions and units: Bike Patrol, Critical Response Team, Central Emergency Dispatch Center, Dive Team, Detective Division, Honor Guard, K-9 Unit, Patrol Division, Property and Evidence, Records and School Liaison. The Central Emergency Dispatch Center answers 9-1-1 calls from Monroe County, excluding the Indiana University (IU) campus that has its own 9-1-1 center.

The Indiana University Police Department (IUPD) has jurisdiction on any real property owned or occupied by the University, which includes any streets that are through and adjacent to the campus. It shares jurisdiction with Monroe County through an agreement with the Sheriff's Department. It is one of the larger university police organizations in the United States and it is among the 12 largest law enforcement organizations in the state of Indiana. Currently, IUPD employs 44 full-time sworn officers with part-time and student cadets assisting with functions of public safety at IU. These officers are fully certified by the Indiana Law Enforcement Training Board.

Correctional System

The Monroe County Correctional Facility is the largest division within the Sheriff's Department. Over the years, it has been struggling with the issue of overcrowding, and had to implement double bunking within cells. With the population exceeding the capacity of the facility in 2008, the Monroe County Sheriff's Department developed additional agreements to assist in dealing with the issue of overcrowding. In December of 2009, The Private Settlement Agreement was established, which allows the facility to request the release of inmates in order to avoid exceeding the facility's population limit. If the facility exceeds its capacity the Sheriff has the ability to contact other facilities in the area to transfer excess inmates.

Recidivism rates are an important aspect of the correctional system. Indiana recidivism rates capture an offender's return to incarceration within a three year period of their release date. There is no national standard definition for recidivism, which makes it difficult to compare rates at the national level. The state recidivism rates have decreased for three consecutive years. In 2005 the Monroe County recidivism rate of 38.9% was better than the state recidivism rate of 37.4%, likely due to some of the rehabilitation programs that are provided in the correctional system. These include adult basic education, GED preparation, Work Key certification through WorkOne, and Ivy Tech Community College entrance exams. Studies have shown that higher levels of education increase the likelihood of employment, which in turn decreases the likelihood of recidivism.

Additional Policy Information for Essentials:

Monroe County Comprehensive Community Plan: Monroe County CARES was established in 1983, and deals with alcohol and drug problems in the community. In 2008 it held a community-wide meeting to discuss new goals. These include increasing the number of consumers served in State certified addiction treatment programs in Monroe County, reducing the impact of alcohol and drug related criminal activity in the community, and decreasing the use and abuse of alcohol, tobacco, and other drugs.

Commission on Hispanic and Latino Affairs: The focus of this commission is issues of health, education, public safety, and cultural competency that affect the Hispanic and Latino community in Bloomington. Results of a recent community wide survey of both service providers and Latinos pointed to qualified interpreters and qualified written translation as the biggest needs for both sectors of the population. The commission has focused particularly on improving access to services for Limited English Proficient (LEP) individuals by training area agencies on best practices for serving LEP individuals and by building a network of trained and qualified community interpreters with whom those agencies can work. This does not apply to medical and legal interpretation.

Monroe County Sexual Assault Response Team (SART): A coalition including the Monroe County Prosecutor's Office, Indiana University, local law enforcement, and Bloomington Hospital have teamed up to implement coordination protocol for the community response to sexual assault. The Sexual Assault Response Team was announced on August 27, 2009, and provided training to the community on September 22, 2009.[24] The protocol utilizes Bloomington Hospital's Sexual Assault Nurse Examiner (SANE) Program in gathering evidence and giving victims of sexual assault privacy options. One of those options is to not report the crime, but for the evidence gathered to remain on record for one year after the assault. The SANE Program was started by private donations that totaled $27,000.

Two recent pieces of legislation that effect homelessness include:
Indiana State Government House Bills 1165 and 1290: House Bill 1165 (effective July 1st, 2008) requires the Indiana Housing and Community Development authority to encourage a regional homeless delivery system, distribute information to assist individuals and families in accessing local homelessness resources, services, and programs, and collect data on the number of homeless individuals, including children and youth. Additionally, the bill allows youth at least 16 but less than 18 years of age or unattached youth to receive shelter, services, and items without parental consent. House Bill 1290 expanded foster care benefits to individuals up to the age of 21 (formerly the age limit for services was 18).

McKinney-Vento Homeless Assistance Act: The McKinney-Vento Act is a federal law enacted in July of 1987 that provides federal funds for homeless youth for education. The U.S. Congress established the Act with the goal of ensuring the enrollment, attendance, and success of homeless youth in school. States receive grants through the Act, and in response, must comply with its terms. The state of Indiana is in support of and in compliance with the Act, which is directed through the Indiana Department of Education.

References

[1]BoardSource. "Nonprofit Governance Index 2007." *BoardSource.* 2007.
http://www.boardsource.org/dl.asp?document_id=553 (accessed March 29, 2010).

[2]Corporation for National and Community Service. *Bloomington Profile- Volunteering in America.* 2009.
http://www.volunteeringinamerica.gov/IN/Bloomington (accessed April 21, 2010).

[3] City of Bloomington, "Volunteer Network Mission, Vision and Values," (Bloomington: n.d.),
http://bloomington.in.gov/documents/viewDocument.php?document_id=3717 (accessed March 30, 2010).

[4] City of Bloomington, "Community Development Block Grants," (Bloomington: n.d.),
http://bloomington.in.gov/documents/viewDocument.php?document_id=213 (accessed April 4, 2010).

[5] City of Bloomington, "MLK Programs and Events," (Bloomington: n.d.),
http://bloomington.in.gov/documents/viewDocument.php?document_id=1570 (accessed April 4, 2010).

[6] Community Foundation of Bloomington and Monroe County, "Nonprofit Resources," (CFBMC, 2010),
http://www.cfbmc.org/page10004081.cfm (accessed April 20, 2010).

[7] The Indiana Nonprofit Resources Network, "The Indiana Nonprofit Resource Network," (INRN, 2010),
http://www.inrn.org/ (access April 3, 2010).

[8] School of Public and Environmental Affairs, "SPEA Service Corps," (SPEA, 2010),
http://www.indiana.edu/~speaweb/admissions/ma_servicecorps.php (accessed April 10, 2010).

[9] Students Taking Active Roles Today, "START," (START, 2010), http://speastart.blogspot.com/ (accessed April 14, 2010).

[10] Office of Service-Learning, "Office of Service-Learning Mission," (Indiana University Office of Service-Learning, 2004, updated 2008), http://www.indiana.edu/~copsl/mission.shtml (accessed March 31, 2010).

[11] Indiana Youth Institute, "Overview," (IYI, 2010), http://iyi.org/about/overview.aspx (accessed March 26, 2010).

[12] Ivy Tech Community College, "Nonprofit Lecture Series," (Ivy Tech, 2010),
http://www.ivytech.edu/indianapolis/WED/business-individual/nonprofit/ (accessed April 28, 2010).

[13] Monroe County Public Library, "Grants," (MCPL, 2010), http://www.monroe.lib.in.us/indiana_room/grants/ (accessed March 26, 2010).

[14] Learn More Indiana.(2007). Retrieved from
http://www.learnmoreindiana.org/k12academics/Assessments/Pages/Core40End-of-CourseAssessments.aspx.

15 Indiana Prevention Resource Center, "Community Risk Factors: Availability of Drugs,"
http://www.drugs.indiana.edu/search/prevstat_s06_61.aspx (accessed March 26, 2010).

[16]The Indiana Youth Institute, "2009 Kids Count in Indiana Datebook: A Profile of Child Well Being," (2009): 20,35, www.iyi.org/reports/order-Indiana-data-book.aspx.

[17] Recovery.gov, *The Act (2010), http://www.recovery.gov/About/Pages/The_Act.aspx,* (accessed Marth 19, 2010).

[18]Recovery.gov, *Where is the money going?* (n.d.),
http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientReportedDataMap.aspx?State=IN&datasource=recipient (accessed March 26, 2010).

[19] Ibid.

[20] Monroe United Way. (2011). Retrieved from
        http://www.monroeunitedway.org/211resources/211_2010_Report_of_Calls.pdf.

[21] Shalom Community Center, "Family Programming," http://shalomcommunitycenter.org/family-programming
        (accessed April 13, 2010).

[22] Martha's House, "Martha's House,"
        http://bloomington.in.gov/documents/viewDocument.php?document_id=3033 (accessed April 22, 2010).

[23] Ibid.

[24] Monroe County Prosecutor's Office http://www.co.monroe.in.us/prosecutor/Video/SARTPC1of2.avi (accessed
        March 7, 2010).