

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 county. In 2005, FPTP tested 17,000 women at over 104 locations around Indiana.

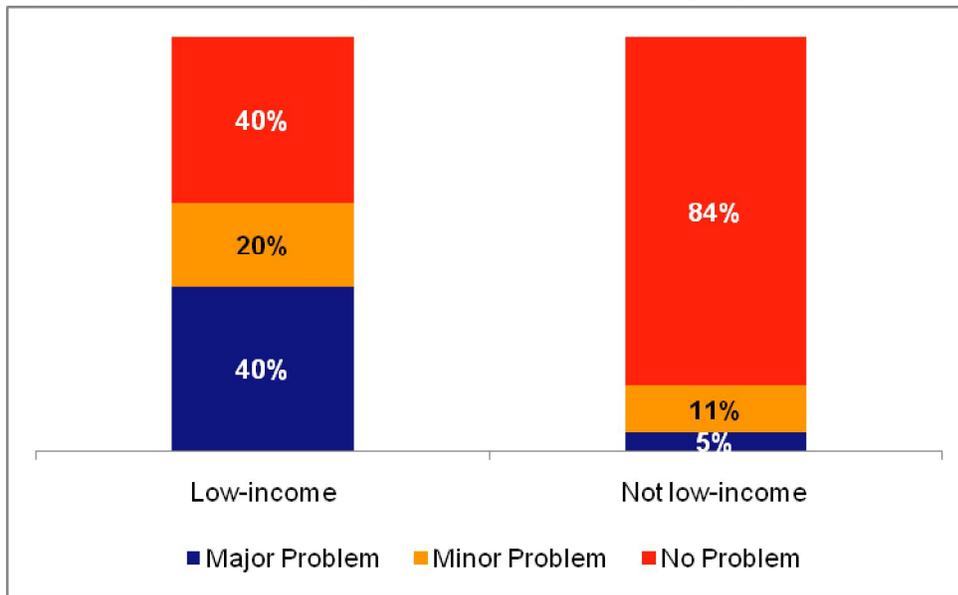
Family Structure

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

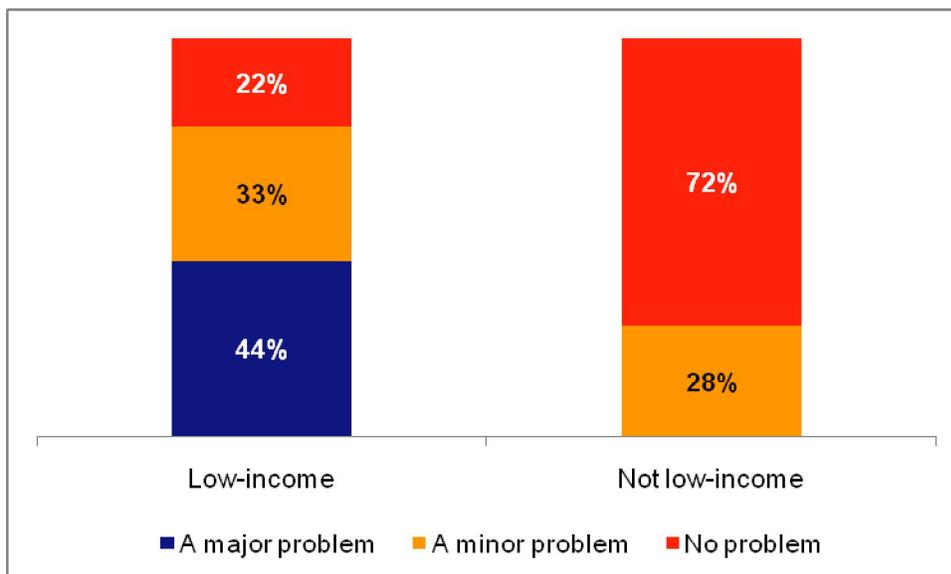
Afterschool activities can provide opportunities for mentoring, tutoring and academic support, positive social interaction, physical activity, and the chance to develop talents and interests. Youth without supervision or productive activities during this time are more likely to engage in unhealthy or 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

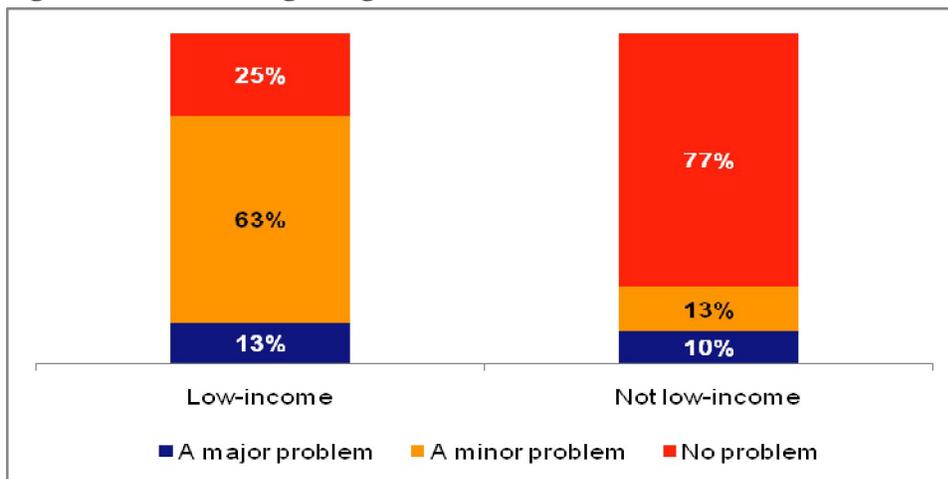
Vulnerable youth include those with disabilities, those who are abused and neglected, teenage parents, delinquent youth, and youth born into unstable home environments.

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 an 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

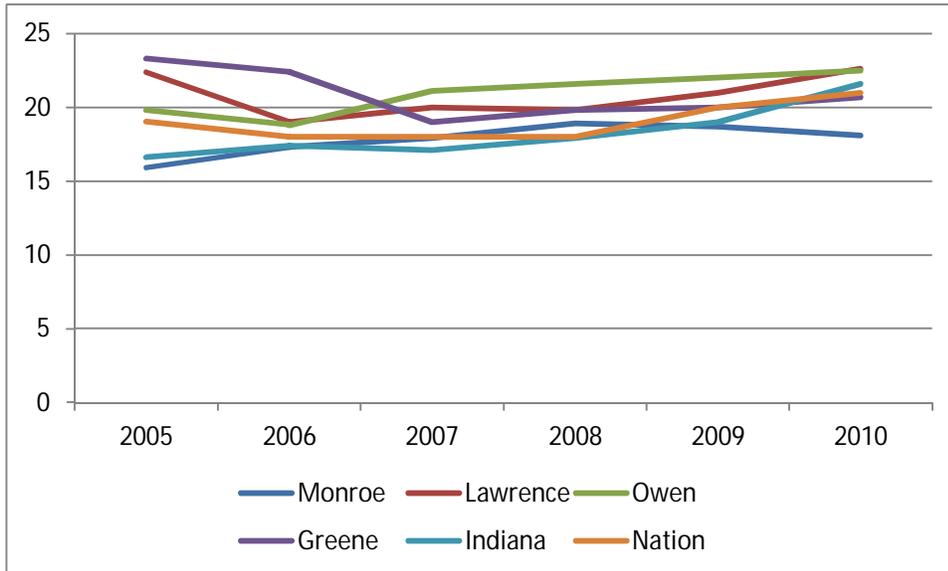
Attendance rates for Monroe and surrounding counties have fluctuated between 94 and 96 percent between school years 2002-03 and 2007-08. This is consistent with the Indiana State average attendance rates. This also means that, on average, each student enrolled in Kindergarten through 12th grade public 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.

Policies Related to Youth and Human Development

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.

Current Resources in the Monroe County Area

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.