Childhood Poverty: Indiana's Emergency

Report and Recommendations

Submitted by the
Indiana Commission on Childhood Poverty
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I. Executive Summary

One in five children in Indiana live in poverty. Nearly 9 percent or 138,000 live extreme poverty. Another 116,000 children lack health insurance.

In response to the growing number of Hoosier children living in poverty, state legislators enacted Public Law 131-2009, which appointed the Commission on Childhood Poverty in Indiana. The goal of the Commission is to evaluate the costs and effects of childhood poverty and provide a plan to reduce childhood poverty by 50 percent in Indiana by the year 2020.

The Commission on Child Poverty held monthly meetings from July 2010 through December 2011 and public forums throughout the state in the Fall of 2011. From study groups and public input, the Indiana Commission on Childhood Poverty produced this overview of poverty in Indiana and recommendations for action for legislative consideration.

Lack of affordable, reliable child care was found to be the number one barrier to steady employment for impoverished families. Child care is essential to keep low income families employed, full time and full year. For low income families child care costs are often the largest household expense.

Affordable, high quality early care and education has the potential to narrow the poverty and racial gaps in school achievement thereby improving life chances and reducing future childhood poverty rates. The risk factors of poverty can be reduced by focusing efforts on increasing the quality of care in child care settings. Currently, quality child care is expensive and out of the reach of many impoverished families. One study found that 40 percent of single working mothers spent at least half of their income on child care expenses.

Education is also a critical and essential component in decreasing rates of childhood poverty. It is through education that families can achieve income levels above the federal poverty rate and reach long-term self-sufficiency. To reach the goal of reducing childhood poverty by 50 percent at the end of ten years, efforts must be directed at keeping youth in school. Nearly 23,000 Indiana high school students dropped out of the Class of 2008. This unacceptable trend must be addressed immediately.

Educational programs that have been found to reduce rates of childhood poverty include literacy, mentoring, and workforce and training programs. The effectiveness of these programs are demonstrating positive outcomes that include long-term employment, incomes above the poverty level, home ownership, reduced crime, and less referrals to child welfare or other social services.

Homelessness and housing instability is associated with poor academic outcomes. In April 2011, Indiana's homeless count was the highest level since 2007. Children living with housing instability or homelessness are more likely to experience difficulties in school,

family conflict, child abuse and neglect and mental health and behavioral disorders. Children raised in low income housing experience health challenges, due to poor environmental conditions.

Reducing childhood poverty long-term requires that children and youth have access to safe and affordable permanent housing. Two youth populations especially at risk for homelessness include foster children and youthful offenders. Coordinated transition services, which include employment assistance, financial education and independent living skills, might address the needs of children exiting foster care or juvenile detention.

Indiana is currently ranked 50th out of 50 states in the nation for funding by the U.S. Health Resources and Services Administration, the agency that funds the Federally Qualified Health Center FQHCs. As a result, Indiana is not receiving all the financial support available for Medicaid and is not a leader in the implementation of the Medical Home Model. An expanded FQHC program could increase the availability of primary care services, including dental and behavioral health to children in living in poverty. Those states who have implemented the Medical Home Model have seen outcomes in reductions in unnecessary care, improvement in continuity of care, and better patient understanding and follow through on recommended actions.

Indiana faces a shortage of primary care professionals, including physicians, dentists, advanced practice nurses, and other health professionals. Current payment policies and practices appear to have the effect of discouraging private practitioners from participating in the state's Medicaid program. In addition, the provision of behavioral health care services to families living in poverty is inadequate to meet the needs of the population. There does not appear to be a comprehensive plan to expand the pipeline, nor to provide greater access to behavioral health care for families living in poverty. School-based clinics will help to fill a gap but children also need to be connected to a medical home and to work with primary care providers in the community.

The relationship between poverty and health is cyclical. As the rate of childhood poverty decreases, the health of Hoosier children will improve. As the health of Hoosier children improves, the productivity of the workforce will improve, and poverty will decrease. Investing in health care for all Hoosiers will improve economic prosperity in Indiana. Improving economic prosperity in Indiana will decrease healthcare costs in the future.

Programs that are showing successful outcomes in improving the well-being of children and targeting poverty include the Medial Home Model, the Benefit Bank, 2-1-1, the Circle's Campaign, and Jobs for America's Graduates. These programs should be expanded. Outcome data on the JAG program, for example, indicate that 88 percent of JAG Indiana participants graduate from high school. Statewide 88 percent of recent African-American male JAG participants graduated from high school, compared to a same-period graduation rate for all African-American students of only 66 percent, and a graduation rate for all other male students of 78 percent.

In order to engage in strategies that translate into improved child poverty outcomes, the Commission on Childhood Poverty is putting forth recommendations for consideration. Of

these, 26 were considered of the highest priority for reducing childhood poverty by 50% by 2020. These include:

1. Establish a statewide formal research project on poverty in Indiana in order to track progress from now to 2020 (and beyond) focusing on the most significant variables for our state as identified through the work of the Commission on Childhood Poverty (workforce development, education, housing, child care, health, streamlining services, etc.).
2. Create a statewide database and process for gathering information about poverty research and/or related issues in Indiana.
3. Provide funding for early childhood literacy programs.
4. Establish an Achievement Gap Oversight Group within the Indiana Department of Education and revise P.L. 221 requirements addressing School Improvement Plans to include the measurement of achievement gaps between minority and non-minority students, and require specific targeted plans to narrow and eventually close such gaps.
5. Establish educational planning for English-language learners which utilize evidence-based programming and provide literacy education in both the students' native language and in English.
6. Adopt a college-readiness assessment tool for all Grade 11 students.
7. Require state and local economic development plans to include comprehensive education initiatives.
8. State policy should ensure that school personnel are in place, well trained, and equipped to address the needs of homeless children and families.
9. Address the correlation between youth homelessness and foster care and juvenile delinquency.
10. Establish a uniformly applied definition to the "homeless" condition for Indiana-funded or administered programs.
11. Increase availability of safe and affordable housing.
12. State policy should address unsafe living conditions, especially lead.
13. State policy should incentivize participation in financial literacy and self-sufficiency activities for parents and families and young adults who are homeless, at risk of homelessness or accessing subsidized housing services.
14. Invest in public health, with an emphasis on preventive care including prenatal and postnatal care, well child visits, dental visits, mental health services, and early childhood development.
15. Amend current policies and practices to attract greater participation by private practitioners in medically underserved areas and for medically underserved, building upon current programs and increasing the capacity of safety net health care delivery sites.
16. Improve access to culturally competent care by encouraging the adoption of the Medical Home model of care.
17. Maximize the use of technology to improve consumers' access to information they can understand and use.
18. Simplify enrollment procedures, practices and systems for Medicaid, Hoosier Healthwise, Healthy Indiana Plan, and other insurance plans to ensure easy enrollment for children and families.

19. Improve the cultural competency of those who interact with or impact consumers of health care.
20. Educate providers and patients on each one's responsibility with their own health care and that of their child's. Improve health literacy among Indiana citizens.
21. Establish a central public portal for consumer-friendly information on accessing healthcare services, link healthy lifestyle behaviors to reduced medical needs.
22. Expand the JAG Indiana Program to include all secondary schools that have an average cohort size of 200+ students and that fall below the state average graduation rate over a three-year look-back period.
23. Expand Growth of The Benefit Bank® of Indiana (TBB™-IN)
24. Create a uniform data collection tool across agencies that issue state contract
25. Further leverage the Federal Stamp Employment and Training Funds
26. Expand 2-1-1 to Provide Telephone-Based Outreach Using The Benefit Bank (TBB)

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II. Introduction

In 2009, concern over the level of poverty among Indiana's children led the Indiana General Assembly to create the Commission on Childhood Poverty. Now, two years later the situation remains bleak, if not worse for many Hoosier families. Poverty is hardly a new phenomenon, but the numbers of children who have been caught up in the nation's economic downturn is staggering. Indiana faces the possibility of a lost generation of children who may never reach their potential, suffer health problems and face a future without hope unless the something is done.

Of the 1.5 million children living in Indiana, 20 percent, or 311,000 are living in poverty, with 8.9 percent or 138,000 living in extreme poverty. Another 116,000 children lack health insurance. Poverty, as the Commission well knows, is more than a number that appears in newspaper headlines. It is the face of hungry children in a state where 24.5 of children under the age of 18 struggle with hunger. That means about 388,000 children or one in four Hoosier children spanning all of Indiana's 92 counties, face hunger on a daily basis.

Nearly a decade ago children who died from child abuse became the face of a problem that moved the state to act. The numbers of children in poverty though tell us one thing – they are hardly strangers. The children are part of the families that live down the street from us. Some might say that times are tough and there is no immediate remedy to help these children. We know better.

Indiana has a successful history of supporting children and families. For example, in 2005, when the state was virtually bankrupt, Gov. Daniels invested in children in the child welfare system. He doubled the number of caseworkers working with abused and neglected children as he put together the tightest budget in Indiana in more than a half century. He also moved to create a new state agency, the Department of Child Services. Six years later, the state's child protective system is viewed as one of the best in the country." It's time for leadership in Indiana, from government officials to business leaders, to step up and support children again.

As part of the commission's work, it met with residents around the state to ask their ideas on what could be done to reduce childhood poverty in Indiana. A young mother in Muncie summoned the courage to stand up at a public meeting and recount her story of trying to care for three young children, two of whom she adopted. One of the adopted children had psychiatric special needs and the other was addicted to everything under the sun when born. When she applied for assistance, she was rejected. It turns out she made $4 a month to much to qualify for help. She wasn't looking for a handout, she insisted. "It's hard to climb out of a hole when there is no ladder."

Since the commission began meeting in 2010, it has been looking for "ladders" to help reduce childhood poverty. The commission's work has been done against a backdrop of certain principles: To promote awareness of the impact of childhood poverty on Indiana's

social and economic fabric; to emphasize the collective responsibility to eliminate childhood poverty; that individuals, particularly the father of children, need to take responsibility for bringing a child into the world and help the mother raise the child either as a couple or an actively engaged parent; to remove barriers to services; to ensure timely access to information, and to help ensure that children's rights are prioritized and appropriate resources provided to help remove children from poverty.

The commission's recommendations to reduce childhood poverty touch on the main causes of childhood poverty. As you will find in the report, the commission found that child care remains a barrier to many who want to work, but can't afford to pay for child care while they are at work. Some single working mothers spend at least half of their income on child care, leaving little left over for housing, food and medical care. In addition, the commission is calling for steps to improve the quality of child care learning opportunities so that when children start school, they do so on an equal footing.

The commission's report also recommends a series of steps that will help keep students in school and make sure they are ready to go on to college when the time comes as well as developing mentoring programs to help struggling students.

The lack of affordable housing poses risks for Indiana's children and the commission found there is a need for additional funding to develop housing to be done in collaboration with community agencies that have policies in place to develop successful affordable housing units.

The commission found that access to health care remains a significant challenge for families and their children living in poverty. Major barriers include limited financial and insurance resources.

The commission workforce development group found there is a need to restructure workforce development in Indiana to train and upgrade the skills of disadvantage workers. Such a step would strengthen Indiana's economic position and provide a supply of skilled workers to complement the demand for skilled workers in the labor market.

As the state moves forward to reduce childhood poverty, the commission is also recommending a formal research project on poverty in Indiana to track progress from now until 2020. It also is suggesting the creation of a data base to serve as a clearinghouse of what is being done to address poverty in Indiana.

Some of the recommendations will involve a commitment by the state to increase spending, but others involve streamlining programs and better coordination of programs that can be achieved with little or no additional cost. The commission found evidence of the Circles Campaign, a program that offer relationship support actively helping the poor in cities like Muncie and Indianapolis. A national development center in Indianapolis is now working with state and local agencies to help empower people to escape poverty rather than just find ways to help them pay a bill or provide temporary financial assistance.

Six years ago Indiana's children were suffering. The state's system to protect children

from abuse and neglect was broken and small measures that had been taken to fix a big problem had failed to bring about needed changes. Governor Daniels acknowledged the state was virtually bankrupt at the time. But his heart told him it was a problem that could not wait. Today, the state finds itself at a similar crossroads. The legislature in creating this Commission recognized the state's approach to helping children in poverty needed to change. With this report and recommendations, the Commission believes it has provided ideas and a roadmap to do just that – help Indiana's children.

III. The Mission, Structure and Outreach of the Commission on Childhood Poverty

A. Requirements of Public Law 131-2009

In the Spring of 2009, the Indiana legislature enacted Public Law 131-2009 establishing the Commission on Childhood Poverty. The Commission is charged with recommending strategies to reduce child poverty in Indiana by fifty percent (50 percent) by 2020.
The specific charges to the Council include:

1. Identify and analyze the occurrence of poverty in Indiana
2. Analyze the long-term effects of poverty on a child, the child's family, and the child's community
3. Analyze the costs of child poverty to municipalities and Indiana
4. Provide information on statewide public and private programs that address the reduction of child poverty
5. Examine the percentage of the target population served by programs and the current state funding levels for programs
6. Prepare reports consisting of the Commission's findings and recommendations, and
7. Present an implementation plan that includes procedures and priorities for implementing strategies.

B. Organizational Structure

The Commission on Childhood Poverty held monthly meetings from July 2009 through December 2010. The Commission was chaired by Dr. Michael Patchner, Dean of the Indiana University School of Social Work. The commission consists of the following members: two Senators and two Representatives from each political party, a representative from the Indiana Community Action Association, the Indiana Youth Services Association, the Coalition for Homelessness, Intervention, and Prevention, Indiana Legal Services, the University of Notre Dame, Institute for Latino Studies, Riley Hospital for Children, Department of Pediatrics, the National Association of Social Workers-Indiana Chapter, the Children's Coalition of Indiana, the Indianapolis Urban League, the Indiana Association of United Way, Purdue University Department of Early Childhood and Family Development, and the National Association for the Advancement of Colored People.

The commission members worked in subgroups and focused on six areas as specified in the legislation. Each subgroup researched their area and developed recommendations for improving the lives of parents and children living in poverty. The goal of each subgroup was to reduce childhood poverty by 50 percent by the year 2020. Several subgroups invited additional experts into their committees, either as subgroup committee members or guest speakers. The reports from each committee can be found in chapters 3-9.

The focus of the subgroups included:

1. Long term impact of poverty
2. Education opportunities including higher education opportunities and literacy programs,
3. Affordable housing,
4. Access to affordable health care including access to mental health services and substance abuse programs, and
5. Child care and early education programs,
6. Workforce training and placement to promote career progression,
7. Streamlining of services through public and private agencies providing human services to low income children and families.

The full Commission met monthly from July 2010 through December 2011. The Commission meetings were held at the Government Center and open to the public. In early meetings, experts were invited to present on various topics and services related to poverty in Indiana to provide the Commission members with background information. Later meetings became working meetings in which Commission members shared reports and recommendations. Interested individuals and groups attended the meetings and were encouraged to participate.

C. Public Forums

Public forums were held in Muncie, Indianapolis, Evansville and Gary beginning in October 2011. The goal of the forums was to obtain the perspectives of the general public, Hoosiers currently living in poverty, and experts from community programs located throughout the state. The forums were well attended and included the general public as well as professionals working with children and families living in poverty. A summary of the discussion and concerns expressed in each forum can be found in appendix E.

D. Community Programs Survey

The Commission developed and disseminated a statewide inventory to document public and private programs that address child poverty. The inventory questionnaire was sent to 41 “state agencies to gather data on existing statewide programs that serve children and their families in the area of poverty prevention, self-sufficiency programs focused on lifting people out of poverty and/or programs that provide support services for people in poverty. The inventory provides a framework from which to identify gaps in services and service areas and provides valuable information to assist in the development of the Commission’s recommendations to reduce child poverty by 50 percent by 2020.

E. Website

Commission on Childhood Poverty created a website to keep the general public aware of the Commission activities. The link to the website is on the IUSSW web page at http://socialwork.iu.edu/commission_on_childhood_poverty/index.html

IV. Description of Child Poverty in Indiana

The State of Indiana's Children

1,589,365 children live in Indiana
311,031 (20.0 percent) are poor children
137,978 (8.9 percent) live in extreme poverty
116,000 (6.9 percent) lack health insurance
(Source: CDF, 2011)

Understanding Childhood Poverty

In the U.S., a family is considered to be in poverty if their total annual income (before taxes) is less than the Federal Poverty Threshold for family size and composition. This measure is updated annually for inflation. Using this measure a family of four in 2011 was determined to be poor if their annual income was at or below $22,350 or the equivalent of $10.74 per hour of full time employment (U.S. Census). In Indiana, minimum wage remains at $7.25 per hour or $15,312 per year.

Federal poverty measures were first developed in 1964 based on family food budgets. That is, calculation of the Federal Poverty Level (FPL) is based on 1955 spending patterns when the average family spent about one-third of their income on food. Expenses today differ from expenses in the 1950s or 1960s as the cost of housing, child care, and healthcare outweigh the cost of food. As a result, "the official poverty measure is widely acknowledged to be an inaccurate depiction of a family's ability to meet basic needs. "To assess economic well-being, analysts refer to families with income below 200 percent of poverty as "low income" and use this standard in addition to the official poverty measure" (Kids Count, 2011).

The material hardships and financial pressures for families with incomes between 100 and 200 percent of the poverty level is well documented and found to be similar to families officially counted as poor. (Kids Count, 2011). These include missed rent payments, utility shutoffs, inadequate access to health care, unstable child care arrangements, and food insecurity as common among families with income below 200 percent of the poverty level.[3]

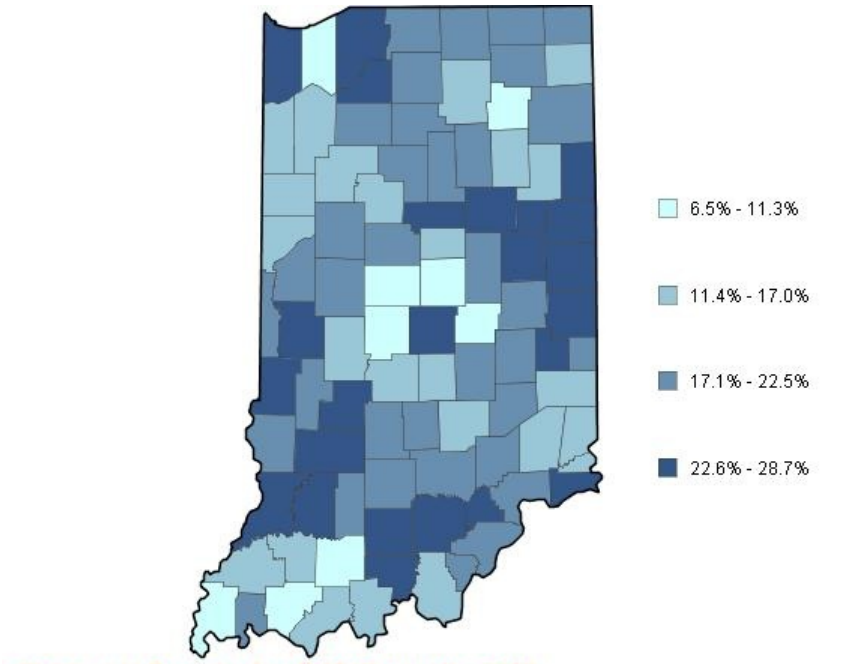
One measure that is being used to calculate how much money working adults need to meet their basic needs without subsidies of any kind that is specific to Indiana is the self sufficiency measure. This measure takes into account the varying costs of living and working by family size and composition, children's ages, and the state and county of residence. This measure provides a more realistic picture of what is needed for a family to

cover basic living expenses including as housing, child care, food, transportation, health care, and taxes without public or private assistance and can be calculated specifically to Indiana.

In Indiana, the Self-Sufficiency Wage varies across counties and family types. In 2009, for a single adult with one preschooler the self sufficiency wage ranged from about $21,803 in Sullivan County to $40,921 in Hamilton County.

Childhood Poverty across Indiana

Childhood poverty ranges from 6.5 percent in Hendricks County to nearly 29 percent in Vigo county. When poverty is examined by residence using 2009 data, 30.5 percent Hoosier children living in poverty were in the urban areas of the state, 12.9 percent were living in suburban areas and 20.6 percent were living in rural areas. (CDF, 2011, p. B 15, source US Dept of Commerce). Nine counties have the lowest child poverty rates which range from 6.5 percent to 11.3 percent. The counties include Hendricks (6.5), Hamilton (7 percent), Dubois (8 percent), Hancock (9 percent), Boone (9.3 percent), Porter (10 percent), Whitley (11 percent), Warrick (11.2 percent), and Posey (11.3 percent) counties. (Casey, 201, http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=IN).



Children in Poverty, Age 0-17 (Percent) – 2009

Indiana Youth Institute
KIDS COUNT Data Center, www.kidscount.org/datacenter
A Project of the Annie E. Casey Foundation

The counties on the other end of the continuum have rates from 24.5 percent to 28.7 percent. The most impoverished counties highest rates are listed in the table below.

Indiana Counties with the Highest Poverty Rates

Rank	County	Under age 18 in Poverty
1	**Vigo** (Terre Haute, Riley, Seelyville, West Terre Haute - other unincorporated towns)	28.7 percent
2-3	**Marion and Wayne** (Indianapolis-Richmond, Cambridge, Hagerstown, City, Fountain City, Economy, Milton - others)	28.4 percent
4	**Crawford** (Marengo, Milltown, Taswell, English, Alton, Eckerty, Leavenworth)	*28.3 percent*
5	**Parke** (Bloomingdale, Mansfield, Marshall, Mecca, Montezuma, Rockville, Rosedale)	27.8 percent
6	**Switzerland** (Vevay & Patriot)	27.3 percent
7	**Fayette** (Fayette, Connersville)	27.1 percent
8	**Randolph** (Albany, Farmland, Losantville, Lynn, Modoc, Parker City, Ridgeville, Saratoga, Union City, Winchester)	26.7 percent
9	**Adams** **(**Blue Creek, French, Hartford, Jefferson, Kirkland, Monroe, Preble, Root, St. Marys, Union, Wabash, Washington)	26.5 percent
10	**Scott** (Scottsburg, Lexington, Austin)	25.7 percent
11	**Grant** (Marion, Gas City, Fairmont, Jonesboro, Mathews, Upland, Fowlerton, Swayzee - others)	25.6 percent
12	**Lake** (Gary, Hammond, East Chicago, Crown Point Hobart)	24.8 percent
13	**Jay** **(**Bryant, Dunkirk, Pennville, Portland, Redkey, Salamonia)	24.7 percent
14	**Orange** (French Lick, Paoli, Orleans, West Baden Springs)	24.5 percent

Child Poverty Trends in Indiana

- Indiana ranks 22nd in the nation in the number of children under 18 living in poverty. (Casey, 2011)

- 1 in every 6 Hoosiers lived below the Federal Poverty Guidelines (FPG) —$22,050 for a family of four in 2009; up 14 percent since 2000. (Downing, 2010, p. 1; U.S. Census Bureau's Current Population Survey; Casey, 2011).
- 20 percent (303,490) of children live in poverty as defined as income below 100 percent of the federal poverty level in 2010 according to the U.S. Office of Management and Budget (Casey, p. 58) compared with a national average of 18.2 percent.
- 24.5 percent of children under the age of 18 in Indiana are struggling with hunger. This is about 388,640 or one in four Hoosier children, spanning all 92 Indiana counties. (Feeding America, 2011
- 32 percent of Hoosier children live in families where no parent has full-time work (Casey, 2011, p. 57).
- 13 percent of Indiana's children live with at least one unemployed parent compared with 11 percent for the rest of the nation. (Casey, 2011).
- Nearly 1 of every 3 female-headed households are impoverished. (Casey, 2010). During 2009, a female worker in Indiana earned 81 cents for every dollar earned by a male worker. (Downing, 2010).
- 4 percent of Indiana's children have been affected by foreclosure since 2007. (Casey, 2011)

Race and Ethnicity

The county breakdown does not illustrate the full story of poverty in Indiana. Both unemployment and underemployment have increased and have disproportionately affected Indiana's African-American and Hispanic workers. "Unemployment and underemployment have increased and have disproportionately affected Indiana's African-American and Hispanic workers. African-Americans have an unemployment rate of 18.7 percent and underemployment rate of 25.5 percent. While Hispanics have an unemployment rate of 17.3 percent and underemployment rate of 35.5 percent." (Downing, 2010, p. 1). As illustrated below, poverty varies along racial and ethnic lines and significantly impacts immigrant families.

- 14 percent (194,726) of white children lives in poor families. (CDF, 2010)
- 45.3 percent (75,192) of African American children live in poor families (CDF, 2010)
- 36.7 percent (48,841) of Hispanic children live in poor families (CDF, 2010)
- African-Americans have an unemployment rate of 18.7 percent and underemployment rate of 25.5 percent. While Hispanics have an unemployment rate of 17.3 percent and underemployment rate of 35.5 percent. (Downing, p. 1)
- 67 percent (62,697) of children of immigrant parents live in low-income families (NCCP, 2010)
- 41 percent (580,261) of children of native-born parents live in low-income families. (NCCP, 2010)

Low-income Working Families

Self-Sufficiency standards that measure how much income a family of a certain composition in a given place needs to adequately meet their basic needs without public or

private assistance should also be carefully considered. “Low-income working families, contrary to popular myth, work hard. Adults in low-income working families worked on average 2,552 hours per year in 2006, the equivalent of almost one and a quarter full-time workers. Despite working hard, too many American families are struggling to get by, advance to the middle class and provide a secure future for their children (Working Hard Still Falling Short, p.1).

Nearly one-third of Indiana's children live in low-income working families.

- 1 of 3 working families in Indiana are low-income (earning below 200 percent of Federal Poverty Guidelines) (Downing, 2010)
- 44 percent of minority families are low income working families
- 24.6 percent of jobs in Indiana paid below poverty in 2006
- 30 percent of low income families have parents with no health insurance
- 46 percent of low income families live in housing which assumes more than 1/3 of their income (Roberts, & Povich, 2008).

V. Long Term Effects of Poverty

1 in 4 children live in poverty in Indiana communities.

Numerous research studies document the negative short- and long-term effects of poverty on children, their families, and communities. These effects are not only immediate and personally devastating for the current generation of children and families living in poverty, but also negatively impact community and public life for future generations as well.

Definition of “Long-Term” Poverty

When we speak of “long-term” poverty, we must recognize it is more than simply a passage of time.

While many families may remain in poverty for several years (considered long-term), many more families also live in persistent poverty cycling in and out of poverty over time. This cycle of persistent poverty creates a cumulative effect, also considered long-term, which leads to limited opportunities and negative economic, health, social, emotional, and educational outcomes.

The cumulative effects of poverty are also long-term because of their lasting developmental effects on individual children living in poverty. For example,

> Some studies have shown that the earlier poverty strikes in the developmental process, the more deleterious and long-lasting its effects. Further, initial developmental problems engendered by child poverty can often be exacerbated by subsequent poverty; in this sense, the effects of poverty can be said to be cumulative. (Abner, Conley, & Li, 1997).

According to a study examining children’s poverty status from birth through age 17, being

poor at birth is a strong predictor of future poverty status. Thirty-one percent of white children and 69 percent of black children who are poor at birth go on to spend at least half their childhoods living in poverty. (McKernan, June 2010, p. 1)

Poverty rates for adults who were poor during childhood are much higher, especially for those individuals with high levels of exposure to poverty during childhood. (Wagmiller & Adelman, 2009).

In general, the longer a child is poor, the worse his or her adult outcomes. Those who are never poor as children are the least likely to be poor as adults, while those who are persistently poor as children are the most likely to be poor as adults. (McKernan, June 2010, pp. 7-8)
Therefore, in this sense, "long-term" also refers to generational cycles of poverty affecting children, families and communities.

Effects of Poverty on Children

Poverty has immediate and cumulative effects on children and impacts children across a variety of well-being indicators including food insecurity, low birth weight, health issues, homelessness, lack of family stability, social and emotional outcomes, reduced cognitive abilities and lower school achievement.

Many children born in poverty do not survive. Children in poverty are up to 3 times more likely to die during childhood. (www.cga.ct.gov/coc)

Both the infant mortality rate and child death rate for Indiana are above the national average. (Annie E. Casey Foundation, 2010 Kids Count Data Book www.datacenter.kidscount.org).

Children, who do grow up in poverty, confront widespread environmental inequities compared with their economically advantaged counterparts.

> They are exposed to more family turmoil, violence, separation from their families, instability and chaotic households. Poor children experience less social support, and their parents are less responsive and more authoritarian. Low-income children are read to relatively infrequently, watch more TV, and have less access to books and computers. Low-income parents are less involved in their children's school activities.
>
> The air and water poor children consume are more polluted. Their homes are more crowded, noisier, and of lower quality. Low-income neighborhoods are more dangerous, offer poorer municipal services, and suffer greater physical deterioration. Predominantly low-income schools and day care are inferior. The accumulation of multiple environmental risks rather than singular risk exposure may be an especially pathogenic aspect of childhood poverty. (Evans, February/March 2004)

Long-Term Costs of Childhood Poverty in Indiana

As noted above, addressing the long-term effects of poverty requires consideration of the broader context of families and communities. The economic effects of long-term poverty are costly in terms of individual children's development and growth, in terms of immediate costs associated with families in poverty, and in terms of future economic loss for our state.

Child poverty is costly for business, consumers, and the state. Every year a child spends in poverty costs society approximately $11,800 in future productivity (Children's Defense Fund Action Council, 2006).

Since 316,284 (19.9 percent) of Indiana's children live in poverty, the Indiana labor force is projected to lose over $3.7 billion in future productive capacity for every year that this number of Indiana children live in poverty. Conversely, ending a year of child poverty in Indiana is projected to save $3.7 billion. (Based on CDF projections and U.S. Bureau of Census data)

Poverty before age 5 has been found to have a critical impact on children's earnings trajectories 30 years later (Duncan, Ziol-Guest, & Kalil, 2010). More so than any other periods of childhood, the researchers found, poverty in early childhood was strongly linked to having lower earnings and fewer work hours 30 years later."

Poverty and its attendant stressors also has the potential to shape the neurobiology of the developing child in powerful ways, which may lead directly to poorer outcomes later in life…Our exploration of the role of economic deprivation early in childhood produced surprisingly strong associations in the case of two important adult attainments—earnings and work hours." (Duncan, Ziol-Guest, & Kalil, 2010)

Poverty is a complex issue with many contributing factors; however, one of the most significant factors is the ability for one or more parents or family members to have consistent full-time employment.

In addition, "Researchers estimate that a $3,000 annual increase in family income between a child's prenatal year and 5th birthday is associated with a 19 percent increase in earnings and an additional 135 work hours a year for that child down the road." (Duncan, Ziol-Guest, & Kalil, 2010)

In Indiana, 21 percent of children in poor families have at least one parent who is employed full-time, year-round. While 37 percent of children in poor families have a least one parent who is employed either part-year or part-time. Forty-two percent (42 percent) of children in poor families do not have an employed parent. (National Center for Children in Poverty— www.nccp.org)

In terms of the actual costs involved and the potential loss of future income, we cannot afford to fail to address the serious economic issues of childhood poverty in Indiana.

> Investing in human capital is essential to promote employment and employability, and to tackle inequality…The investment in people must begin in early childhood and be followed through into formal education and work. This is vital to ensure equity of opportunity for children from disadvantaged backgrounds. (OEDC inequality report, 12/5/2011)

In Conclusion

The remainder of the Commission's subcommittee reports speaks to the value and importance of human capital beginning with every Hoosier child. As we consider the long-term effects of childhood poverty, each recommendation offered for consideration recognizes we must start with individual children; however, the resulting impact will be far-reaching for our state. Addressing childhood poverty at the individual level automatically generates outcomes and repercussions in the broader context of families and communities at large.

In order to fulfill the legislative charge to the Commission on Childhood Poverty to submit recommendations for reducing poverty by 50 percent by the year 2020, we need to measure exactly where we are in terms of childhood poverty in Indiana, and we need to be able to measure our progress over the next decade. In this context, the Subcommittee on the Long-Term Effects of Poverty submits the following recommendations.

Recommendations from the Long-Term Effects of Poverty Subcommittee

1. **Establish a statewide formal research project on poverty in Indiana** in order to track progress from now to 2020 (and beyond) focusing on the most significant variables for our state as identified through the work of the Commission on Childhood Poverty (workforce development, education, housing, child care, health, streamlining services, etc.).

   Rationale: A formal research study of poverty in Indiana would document specific information about poverty throughout the state in a consistent way. As Commission recommendations and/or other interventions are implemented, results will be tracked to document those demonstrating success in reducing poverty rates in Indiana.

   Timeline: Immediate, short-term, and long-term

2. **Create a statewide database and process for gathering information about poverty research and/or related issues in Indiana.**

   Rationale: Such a database would serve as a repository and clearinghouse of what is currently being done in Indiana (both from research and program perspectives) to address poverty in our state and may encourage future collaboration and partnership opportunities to address poverty in Indiana.

   Timeline: Immediate, short-term, and long-term

VI. Analysis of Causes of Child Poverty

The causes and impacts of childhood poverty in Indiana documented by Commission members are provided in this chapter by topic including following:

1. Child care, early education programs and education opportunities including higher education opportunities and literacy programs,
2. Affordable housing
3. Access to affordable health care including access to mental health services and substance abuse programs,
4. Workforce training and placement to promote career progression.
5. Streamlining of services through public and private agencies providing human services to low income children and families, and

Child Care And Early Education Programs And Education Opportunities Including Higher Education Opportunities And Literacy Programs

Early Care and Education

Lack of affordable, reliable child care is the number one barrier to steady employment for impoverished families. Child care is essential to keep low income families employed, full time and full year, (Matthews, 2006). Additionally, when workers have access to high quality child care there is a decrease in turnover, absenteeism and tardiness, and an increase in productivity during work hours (Shellenback, 2004). These positive workforce outcomes make child care a sound investment for local businesses and communities as well children and families.

For low income families child care costs are often the largest household expense. One study found that 40 percent of single working mothers spent at least half of their income on child care expenses (Purmont, 2010). Child care and other work related expenses such as transportation consume such a large portion of household income. Little is left for other essentials such as food, housing and health care. Often the only child care choice available to low income families is unregulated, unreliable, poor quality care.

Affordable, high quality early care and education has the potential to narrow the poverty and racial gaps in school achievement thereby improving life chances and reducing future childhood poverty rates. A large body of scientific research has repeatedly shown the impact of high quality early care and education including improving school readiness and third grade reading levels, decreasing future retention rates and the need for special education services, improving graduation rates, and even decreasing juvenile arrests and crime.

Prenatal and infant programs are critical to health and well being for low income children. Current research on the brain finds that the most critical time for learning occurs prior to the age of three as 85 percent of a human brain's development occurs before this age. During these early years synapses are being formed which lay the ground work for future learning. These windows of brain development are critical and do not occur again

(National Research Council and the Institute of Medicine, 2004).

Quality preschool programs for children between the ages of three and five, either within a child care program or as part time programming, are widely considered to be one of the most effective ways to enhance children's well being. Ideally high quality preschool would be available for all low income three and four years old. This universal preschool should be the eventual goal; however, this solution is currently cost prohibitive. By focusing efforts on increasing the quality of care in the settings where children are currently being cared for; at home, in child care, at Head Start programs, or in a part time preschool, the risk factors of poverty can be reduced. Community based preschool models that include the school system, Head Start, private preschools and child care programs have the ability to serve the greatest number of children and have the greatest positive impact at a much lower cost. (Holcomb, 2006).

Today over 60 percent of all children under the age of five spend an average of 29 hours a week in some form of child care. High quality early care and education programs include the following components:

- Consistent and positive relationships with early childhood providers;
- Well trained providers certified in child development and early education;
- Appropriate child to staff ratios;
- Evidence based assessments and curriculum; and
- Family involvement in the program.

The long term effects of high quality early childhood programs gained during the first five years of life are more likely to be realized if children have enriching kindergarten and early school age experiences. School readiness at kindergarten entry and full day kindergarten attendance are linked to reading achievement trajectories through the fifth grade for low income children.

By integrating and aligning supportive services, families will have the comprehensive support necessary to meet their basic needs and escape poverty, both in the near term and in the future. Low income families need access to services that support the family and the future success of children; including, nutrition assistance such as WIC and the Child and Adult Care food program (CACFP), home visiting and other parenting programs such as Healthy Families and Parents as Teachers, affordable health care, and early intervention services such as First Steps.

Policy aimed at alleviating childhood poverty must focus on the following in order to effect change and sustain support for low income children:

- Leverage resources at every opportunity. Public programs should work together to maximize funding. State and local communities should leverage private funds whenever possible;
- Celebrate, support and sustain models that are effectively improving outcomes for children;
- Recognize that early care and education is currently being offered in a variety of settings including child care, Head Start, within school systems and at home.

Policy must work to improve the learning environments in these settings to maximize the impact of current investments; and

- Promote public awareness of the importance of children's early years and the return on investment of high quality early care and education.

Education: K-12

In a global and local economy that is moving away from traditional low-skilled manufacturing and labor jobs to more highly skilled technical positions, the relation between an educated populace and lower rates of childhood poverty over the next two decades is patently clear. Educating the workforce begins with a clearly established goal to keep all children in school, and gain the support of parents/guardians and their home communities for their academic efforts. According to the Alliance for Education in Indiana, nearly 23,000 Indiana high school students dropped out of the Class of 2008. To reach the goal of reducing childhood poverty by 50 percent at the end of ten years, this unacceptable trend must be addressed immediately.

Education is a critical and essential component in decreasing rates of childhood poverty. It is through education that families achieve income levels sufficiently above the federal poverty rate and reach long-term self-sufficiency. This is most strongly demonstrated by the U.S. Census Bureau data on employment status of the civilian population 25 years old and over, by educational attainment. Predicating that full-time employment, measured by the U.S. unemployment rate, equates to economic self-sufficiency, the facts are compelling, and the correlation is clear.

As of May 2011, adults with a bachelor's degrees or higher, had an unemployment rate of 4.5 percent, a level that has been stated as full employment in the aggregate. For those adults with some college or an associate degree, the unemployment rate was 8.0 percent. For those adults who are high school graduates, but have no college, the unemployment rate was 9.5 percent. And for those adults without a high school diploma, the unemployment rate was 14.7 percent, more than three times that of the group with the highest level of education!

Educational programs that have been found to impact rates of childhood poverty include literacy, mentoring, and workforce and training programs.

Alleviating poverty through literacy programs.

Longitudinal studies examining life outcomes for adults who were considered high-risk for school incompletion as children, and who participated in high quality pre-school literacy programs, showed higher performance on critical measures than their peers who did not participate in such programs. Program participants showed higher performance on cognitive measures, were more likely to complete high school, more likely to have long-term employment, more likely to achieve incomes allowing them to remain above the poverty level, more likely to own their own homes, own their own vehicles, less likely to commit crimes, and less likely to have referrals to child welfare or other social services. The lifetime program cost per child has been estimated at $14,700 (in 2001 dollars),

resulting in a prospective reduction to taxpayers in court, welfare, and other support services of over $105,000, a significant return on investment of 7 times the cost of the program.

Literacy programs are effective in supporting school preparation for pre-school children, remediation for school-aged children, and lowering the achievement gaps between minority and non-minority youth. Literacy programs that are conducted in English as well as the native language of new residents prepare children and adults to fully participate in Indiana educational system. Programs that address parental participation in children's school and out-of-school time learning activities and programs that address students' social and emotional learning needs have also been found to be effective.

Alleviating poverty through mentoring programs

Mentoring is a structured and trusting relationship that brings young people together with caring adults who offer guidance, support, and encouragement aimed at developing the competence and character of the youth. Documented outcomes associated with high-quality youth mentoring include: a marked decrease in truancy rates; higher rates of high school graduation than non-mentored youth; higher rates of post-secondary education; decreased alcohol and/or drug use; decreased bullying behavior and victimization; and fewer incidents of crime delinquent activity.

Alleviating poverty through quality after school programs

Research has demonstrated that OST programs can help mitigate summer learning loss, close the achievement gap between high- and low-income students, increase academic achievement, increase high school graduation rates, and reduce crime delinquent acts that occur frequently between the hours of 3 and 6 p.m. In addition to allowing members of working families the opportunity to remain employed full-time, year-round, studies conducted by such organizations as the National Institute of Child Health and Human Development have demonstrated that high quality childcare improves school readiness, decreases repeating grade rates, improves high school graduation rates, and is associated with decreases in later rates of juvenile arrests.

OST is an inclusive term for youth development programming that occurs outside of the traditional school day, including time before the school day begins, after school, school holidays, weekends, and summer breaks. Out-of-school time programming includes programming that is structured, offers a wide-range of learning and enrichment activities, and promotes the physical, emotional, cognitive, and social development of children and youth.

In Indiana, only approximately 10 percent of children in grades K-12 participate in OST programs, while data shows that 36 percent of children would likely participate if they had access to OST programs in their communities.

Higher Education

A college credential has been said to be the new currency in a global economy, yet the number of Hoosiers, particularly members of minority groups and those from low-income backgrounds, who go on for education beyond high school is extremely low. Only 17 percent of low-income students attend any college, and of those, only one-third go on to earn a degree; thus the rate of college completion may be as low as 6 percent for youth who already come from backgrounds that are impoverished. This low rate of attendance and completion at institutions of higher education reinforces generational poverty. Two proven strategies to improve rates of college attendance are redesigning remedial education and deploying comprehensive student support programs. Such strategies are not only designed for first-time college attendees, but also for adult students who have been displaced from the workforce and for whom shorter-term retraining opportunities may prove successful in returning to appropriate or full-time employment.

Recommendations for Education

Provide funding for early childhood literacy programs

Longitudinal studies examining life outcomes for adults who were considered high-risk for school incompletion as children, and who participated in high quality pre-school literacy programs, showed higher performance on critical measures than their peers who did not participate in such programs. Program participants showed higher performance on cognitive measures, were more likely to complete high school, more likely to have long-term employment, more likely to achieve incomes allowing them to remain above the poverty level, more likely to own their own homes, own their own vehicles, less likely to commit crimes, and less likely to have referrals to child welfare or other social services. This recommendation would be implemented in the immediate term in all school districts that have poverty rates of 40 percent or above, as measured by the student population as defined by Title I eligibility.

Timeline: Immediate recommendation

Establish an Achievement Gap Oversight Group within the Indiana Department of Education and revise P.L. 221 requirements addressing School Improvement Plans to include the measurement of achievement gaps between minority and non-minority students, and require specific targeted plans to narrow and eventually close such gaps.

In 2007, the National Center for Educational Statistics reported that white students had significantly higher scores on average than black students on all assessment measures. Recognizing the importance of such data for Indiana, the Indiana Chapter of the National Council on Educating Black Children has issued a 2010 Indiana State Community Plan, and has targeted action plans for 13 metropolitan areas. However, in order to close the identified achievement gap, a series of critical measurements must be accurately reported, including standardized test scores, graduation rates, retention rates, diploma type achieved, special education status, and eligibility for Title I services. The Achievement Gap Oversight Group would be tasked with collating and disseminating the data, and assisting school districts in planning interventions targeted at a particular district's needs. Targeted

funding could then be directed on an individualized basis, without the threat of penalizing a district. Revising P.L. 221 requirements would assure that attention to the achievement gaps remain a priority which would be robust to changes in administrations.

Timeline: Immediate recommendation

Establish educational planning for English-language learners which utilize evidence-based programming and provide literacy education in both the students' native language and in English

The English-language learner population has grown significantly in many school districts over the past decade. Traditional methods of teaching English to non-native speakers have focused on what has been called the "pull-out" method, that is, removing the child or adult from his native language environment, and teaching literacy solely in English. However, research has demonstrated that the strongest predictor for success in a second language is proficiency in the speaker's native language. A study conducted by Thomas and Virginia (1997) compared the 6 commonly utilized methods of preparing English language learners and found a clear advantage of two-way developmental bilingual education, especially when compared to the traditional pull-out method. Two-way developmental bilingual education showed an average performance six times higher than the pull-out method from grades three to 11 among mature, well-implemented programs in five school districts. This recommendation would begin to be implemented immediately, but with consideration given to a transition period to this method for districts that have other programs already established.

Timeline: Immediate recommendation

Adopt a college-readiness assessment tool for all Grade 11 students

Studies have shown that one-quarter of all recent Indiana high school graduates require remediation when they enter a four-year public college, and that more than two-thirds of community college students require remediation. Students who require remediation, particularly low-income and first-generation students, are much less likely to graduate than students who arrive prepared for college-level work. Efforts to align high school preparation with college-level expectations are essential, and Indiana's school systems must become more effective at identifying and addressing students' developmental education needs prior to enrollment.

The DOE in collaboration with the Commission on Higher Education, must work over the next 1-4 years to adopt a standard college-readiness assessment tool, and high schools must be prepared to provide remediation with sufficient time to retest and remediate until students' assessment scores reach acceptable levels. This proactive strategy does not depend on a single college-readiness standardized post-high school instrument such as the SAT or ACT, as by the time a student takes that test, the window of opportunity for remediation is no longer open, and individual areas of weakness are not reported back to the schools by the test administrators.

Timeline: Intermediate–term recommendation

Require state and local economic development plans to include comprehensive education initiatives

The return on investment in high quality education initiatives, beginning with early child care and continuing through post-secondary education, has been documented through such studies as the 2007 report: "Dollars and Sense: A Review of Economic Analyses of Pre-K" by Andrew Wat of Pre-K Now, and studies conducted in four states, Ohio, Massachusetts, Wisconsin, and Arkansas by Clive R. Belfield. High quality, comprehensive, strategic education planning strengthens the workforce for prospective employers, and allow businesses to recruit and retain skilled employees. Under this recommendation, over the next 10 years, all Indiana communities would follow the model utilized by Evansville and Columbus, and include comprehensive, strategic educational opportunities planning as integral to their community business and economic development planning.

Timeline: Long-term recommendation

Report on Affordable Housing

Homelessness and inadequate housing in Indiana is an issue which significantly impacts our youth in both short and long term capacities. According to the Indiana Youth Institute, homelessness is defined as: "children living in shelters, transitional housing, cars, campgrounds, motels, and sharing the housing of others temporarily due to loss of housing ("doubled-up" housing), economic hardship, or similar reasons[1]" (Indiana Youth Institute, 2009), Federal and state programs define homelessness differently[2]; for example, some include those who are "doubled up" while others do not. Regardless the definition of homelessness, research clearly demonstrates that residential instability is associated with poor academic, social, behavioral and economic outcomes among children.[3]

In April of 2011, the Indiana Public Policy Institute (IPPI) published a document identifying that Indiana's "homeless count" has shown its "highest level since 2007." The Institute acknowledges the "number of families without permanent housing has declined since last year," and credits the Homeless Prevention and Rapid Re-Housing Program as a

[1] Definition derived from McKinney-Vento Homeless http://www.iyi.org/resources/doc/IYI-Issue-Brief-HOMELESSNESS-Dec09.pdf

[2] The State of Indiana's housing programs define homelessness close to the IYI definition stated above. The federal McKinney-Vento Homeless Assistance Act has funded a range of programs to address homelessness, with a range of definitions depending upon the targeted population. Reauthorizations of McKinney-Vento enabled specific provisions and programs for schools and communities to address homeless children and youth.

[3] Prior research is summarized in Cunningham, Harwood & Hall (2010). Residential Instability and the McKinney-Vento Homeless Children and Education Program, Urban Institute, in Toro, P. A., Dworsky, A. &. Fowler, P. J. (2007, March). Homeless Youth in the United States: Recent Research Findings and Intervention Approaches," paper developed for the National Symposium on Homelessness Research for U.S. Dept. of Health and Human Services, available at http://aspe.hhs.gov/hsp/homelessness/symposium07/toro.

potential contributor (Indiana Public Policy Institute, 2011).

The Indiana Public Policy Institute (IYI) found that there were 2,925 students in Marion County alone who met the McKinney-Vento definition for homelessness, with IPS and Wayne Township suffering the greatest impact (Indiana Public Policy Institute, 2011). Ninety percent of such students are living in "doubled-up" housing conditions, a housing instance HUD does not recognize. Both the IYI and the IPPI acknowledge that the majority of homeless children are under the age of 8, with 63 percent under the age of 12 (The Indiana Youth Institute, 2009). In a discussion between Community Action of Greater Indianapolis and the Indianapolis Neighborhood Housing Partnership, it was pointed out that intervention on behalf of homeless children under the age of 6 implied additional hardship. Many of these youth are not yet in school, and the only method thus far of reaching homeless youth has been through public schools with the work done by the McKinney-Vento liaisons. Further research is necessary in determining the best way to reach this segment of homeless youth.

Two youth populations are especially at risk for homelessness, thus perpetuating poverty: foster children and youthful offenders. According to the Coalition for Homelessness Intervention and Prevention, 21 percent of 18-24 year olds who are homeless have "aged-out" of the foster care system. Many young men and women leaving the foster care program and starting families are not equipped with the skills necessary to maintain independence, a family or a home. Similarly, hundreds of juveniles are released from secure correctional facilities or probation programs without adequate skills to reenter their communities. Coordinated transition services, which include employment assistance, financial education and independent living skills, might address the needs of children exiting foster care or juvenile detention.

While homelessness in Indiana is a serious issue affecting our youth that requires much attention and action, inadequate and lack of safe and affordable housing plays a substantial role in the lives of children living in poverty. For example, lead in low-income housing affects the health of many children in Indiana. The Indiana State Dept. of Health reports that between 2000 and 2009, 469,322 children were tested and 5,313 have been confirmed to have elevated lead levels in their blood. Lead can damage a person's bones, kidneys, reproductive system and brain. Children are at higher risk. The cost of eliminating lead in older homes is often cost-prohibitive to landlords and others.

The implications of homelessness and poor housing conditions on the welfare of a child are severe. Children living with housing instability or homelessness are more likely to experience difficulties in school, family conflict, child abuse and neglect and mental health and behavioral disorders. These children are more likely to engage in risky behaviors and to become victims of crime (Toro, 2007). The IYI indicates that transient students typically take 6 months to recover socially and academically from changing schools (Indiana Youth Institute, 2009). In Indiana, only 35 percent of homeless high school students meet state proficiency in reading, and only 29 percent meet such in mathematics (Indiana Youth Institute, 2009; .Department of Education, 2009). It is clear that developmental issues result from poor housing conditions. Reducing childhood poverty long-term requires that children and youth have access to safe and affordable

permanent housing.

Recommendations for Affordable Housing

Based upon all of the research presented, the committee proposes that following recommendations, in the hopes of achieving the ultimate goal of the reduction of child poverty by 50 percent by 2020:

State policy should ensure that school personnel are in place, well trained, and equipped to address the needs of homeless children and families.

School personnel should be well versed in the requirements and strategies to address the needs of homeless children. School personnel should encourage student academic involvement and self-sufficiency training. Schools ensure services such as tutoring, mentoring and transportation are available to students and their families who are homeless or at risk of homelessness.

Address the correlation between youth homelessness and foster care and juvenile delinquency.

Young people who are "aging-out" of foster care or who are leaving juvenile detention or probation should be provided coordinated transition services, which include employment and training assistance, financial education and independent living skills.

Establish a uniformly applied definition to the "homeless" condition for Indiana-funded or administered programs.

Recognizing that some federal funding streams may not allow services provided to "homeless" children or families who are "doubled up," this commission recommends that, wherever possible, the State of Indiana adopt a uniform broad definition that allows efforts to target and assist youth who fly "under the radar" using more restrictive definitions.

Increase availability of safe and affordable housing.

Indiana lacks an adequate supply of safe and affordable housing. Funding should be prioritized for collaboration with community agencies and private developers committed to developing or rehabilitating housing into safe and affordable housing units.

State policy should address unsafe living conditions, especially lead.

Local health departments should be provided adequate resources to test and address unsafe conditions in local housing stock, especially where children reside. Landlords should be incentivized to address unsafe conditions.

State policy should incentivize participation in financial literacy and self-sufficiency activities for parents and families and young adults who are homeless, at risk of homelessness or accessing subsidized housing services.

Breaking the cycle of poverty requires interventions beyond provision of basic needs. While some special populations may always require public assistance because of their disability or limitations, many individuals and families could transition out of poverty, with appropriate supports. For example, housing subsidies might require participation in financial literacy, home maintenance, job training or other related self-sufficiency classes,

so that housing for families may be both achieved and maintained.

3. Health Care Report

Health and well-being are not simple matters of medical access. Current research now supports the Life Course Theory that a person's health and well being is more dependent on social, economic, and environmental factors than access to medical care. Health starts in our families, in our schools and workplaces, in our playgrounds and parks, in the air we breathe, and in the water we drink. Until all Indiana's children have access to clean water, nutritious foods, nurturing families, safe homes, neighborhoods and playgrounds, we will not be able to ensure that all children have equal opportunity for a healthy and productive life.

These social, economic, and environmental determinants of health are not the focus of the report, however. This report presents a comprehensive plan for assuring access to healthcare for Indiana families in poverty. Access to health care is a significant challenge for Indiana families and children living in poverty.

Major barriers to healthcare access may be grouped into two categories:

- Limited resources including healthcare financing and the distribution of and number of healthcare providers in Indiana, particularly in primary care, dental, and behavioral health care services.
- Consumer engagement with the existing healthcare system due to such barriers as cultural competency and health literacy.

These recommendations, hopefully, will guide future policy priorities in ensuring the best health care for all of Indiana's children and families.

Limited Resources

The Accountable Care Act (ACA), passed and signed into law last year, provides for significant expansion of the Medicaid program in 2014. Such expansion will result in an increase in the number of Hoosiers qualifying for the Medicaid. Theoretically, this change in program eligibility requirements will result in increased access to care for children living in poverty. The ACA also provides for expansion of the Federally Qualified Health Center (FQHC) program to improve the availability of primary care services, including dental and behavioral health. However, expansion of the program is not automatic in any given state, and Indiana is currently ranked 50th out of 50 states in the nation for funding by the U.S. Health Resources and Services Administration, the agency that funds FQHCs. Indiana currently has 51 FQHC sites, yet many areas of the state, primarily rural counties, are completely lacking in FQHC presence.

Indiana faces a shortage of primary care professionals, including physicians, dentists, advanced practice nurses, and other health professionals. These shortages can be addressed through a comprehensive, coordinated effort to (A) increase the number of individuals

entering training for the primary care professions, (B) establish a strong initiative to recruit physicians and other health professionals to primary care, both from within the state and from institutions external to the state, (C) expand the capacity of educational institutions to increase the number of primary care graduates, (D) support efforts to increase the capacity of "safety net" health care delivery sites including Federally Qualified Health Centers, State Supported Community Health Centers, Rural Health Clinics and Free Clinics, and (E) support programs to recruit and retain primary health care providers (e.g., physicians, dentists, and advanced practice nurses) who commit to practicing in health professional underserved areas.

Rural communities face challenges in attracting and keeping primary care professionals in their communities. We recommend that the State of Indiana build upon current programs aimed at encouraging individuals to choose primary care, such as the Indiana Area Health Education Centers (AHEC) and the Richard J. Lugar Center in Terre Haute, where the focus is specifically on training physicians for practice in rural settings. This may include an increase in funding to institutions that are willing to focus on the training of primary care practitioners, and the provision of additional financial incentives to students who, upon graduation, enter primary care practice in medically underserved areas or for medically underserved populations.

Access to behavioral health care is particularly challenging in Indiana. Community Mental Health Centers face financial challenges, as well as a shortage of experienced professionals. The provision of behavioral health care services to families living in poverty is inadequate to meet the needs of the population. There does not appear to be a comprehensive plan to expand the pipeline, nor to provide greater access to behavioral health care for families living in poverty. However, the Indiana State Department of Health's Maternal and Child Health Division is working with other State agencies, the Indiana University School of Medicine, Riley Hospital and partners throughout the state to increase capacity for Infant and Toddler Mental Health.

Many knowledgeable professionals in Indiana are practicing in a Medical Home environment; however Indiana is not a leader in the implementation of the Medical Home Model. The American Academy of Pediatrics (AAP) developed the medical home model for delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective for all children and youth. The U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA), funds primary care through Federally Qualified Health Centers (FQHCs). HRSA is encouraging all FQHCs to pursue Medical Home accreditation. However, much broader adoption is needed if we are to take full advantage of the benefits of this model. Early adopters of the Medical Home model have experienced improvement in efficiency and effectiveness of care (e.g., Wishard Health Services' Pecar Community

Health Center). The outcomes include potential reductions in unnecessary care, improvement in continuity of care, and better patient understanding and follow through on recommended actions.

While many of our schools have implemented effective practices through on-site clinics, a void remains to be filled. We recommend a collaborative effort by the Department of Education, Indiana State Department of Health, Indiana Primary Health Care Association, and other relevant parties in an effort to increase the number of school-based clinics. While school-based clinics will help to fill a gap, efforts must be made to connect children to a medical home and to work with primary care providers in the community.

Current payment policies and practices appear to have the effect of discouraging private practitioners from participating in the state's Medicaid program. FQHCs do receive fair payment for services provided to Medicaid enrollees, and are expected to provide enabling services to all patients (Medicaid or otherwise), including outreach, transportation, and translation services where needed. However, private practice dentists and physicians are often hesitant to accept Medicaid patients because of the low rate of payment for services. This issue requires additional study. It may be that current policy and practice can be amended to attract greater participation by private practitioners in medically underserved areas or for those working to meet the needs of medically underserved populations.

Consumer Engagement

Access to adequate health care must also be viewed from the consumer perspective. The following examples illustrate potential barriers to consumer engagement in health care.

- *Sarah, age 30, received six months of prenatal care at her neighborhood clinic, and developed a trusting relationship with her physician. She delivered her baby nine weeks early and he spent two months in neonatal intensive care. Sarah took the bus downtown every day to visit her baby while her other two children were in school. Sarah worried about losing her minimum wage job, her baby's progress, her other two children, and her financial situation due to the costs of transportation and food. Unfortunately, she failed to complete the required paperwork asking Medicaid to assign her baby to her neighborhood clinic. As a result, the baby was auto-assigned by Medicaid to a clinic on the other side of town on an unfamiliar bus route. Her other two children were also auto-assigned to two other clinics. Now she had three children in three different networks, none of which included her neighborhood clinic.*

- *Joanne felt a lump in her breast and wanted to see a physician and to have a mammogram. However, she worked in a minimum wage job and had no sick or vacation time left, having used it to care for her disabled husband. There were no clinics or healthcare providers in her town that had office hours in the evenings or weekends. Joanne postponed seeing a physician until she earned a day off seven*

months later.

- Valeria is six months pregnant and goes to her Medicaid-assigned clinic for prenatal care. Her husband has worked steadily at KFC for several years and has learned some English, but Valeria speaks and understands only Spanish. She has many questions about giving birth and about breastfeeding. The clinic has no Spanish-speaking healthcare providers, and arranges for an interpreter via telephone. The interpreter is a male. Valeria does not ask any questions.

- Ellen and Randy are college-educated and hold high paying jobs. Their baby arrived 13 weeks early with a host of medical complications and needs. Their once-secure lives have been changed. Which would stay home to care for a baby on a ventilator? How could they adjust their lifestyle to the loss of one full income? Once they exceeded the $2 million cap on their insurance benefits, this family, too, ended up on Medicaid.

Barriers to consumer engagement in healthcare include difficulty in navigating a complex health care payment system, lack of transportation, inconvenient hours of healthcare provider availability, and lack of cultural sensitivity among healthcare providers.

The relationship between poverty and health is cyclical, as illustrated in the model below. As the rate of childhood poverty decreases, the health of Hoosier children will improve. As the health of Hoosier children improves, the productivity of the workforce will improve, and poverty will decrease. Investing in health care for all Hoosiers will improve economic prosperity in Indiana. Improving economic prosperity in Indiana will decrease healthcare costs in the future.

Recommendations

Invest in public health, with an emphasis on preventive care including prenatal and postnatal care, well child visits, dental visits, mental health services, and early childhood development.

Utilize a life-course model of care that recognizes:

a) Every child's early experiences will impact his or her health later, and the health of generations to follow.
b) Caring for children includes addressing their physical, emotional, cognitive, social and spiritual needs

Amend current policies and practices to attract greater participation by private practitioners in medically underserved areas and for medically underserved, building upon current programs and increasing the capacity of safety net health care delivery sites.

Improve access to culturally competent care by encouraging the adoption of

the Medical Home model of care.

This patient-centered model of care facilitates partnerships between individual patients, their families, and their healthcare providers. Medical Home is an approach that can provide comprehensive primary care not only for children and youth, but also for adults.

Maximize the use of technology to improve consumers' access to information they can understand and use.

a) *Expect* the implementation of electronic health records.
b) Give consumers their own critical information—birth certificate, medical record, social security number, law enforcement and court data—in a single, portable electronic vehicle.
c) Require a single standardized application to multiple statewide programs.

Simplify enrollment procedures, practices and systems for Medicaid, Hoosier Healthwise, Healthy Indiana Plan, and other insurance plans to ensure easy enrollment for children and families.

a) Establish a central public portal for consumer-friendly information on how to access and use healthcare services; link healthy lifestyle behaviors to reduced medical needs.

b) Centralize and standardize data collection on children and families across all stakeholders and sectors, including the Indiana State Department of Health, the Family and social Services Administration, the Department of Education, and the Department of Child Services. Streamline and improve data/information sharing to allow individual who qualify for one program to qualify and be enrolled in all appropriate programs.

Improve the cultural competency of those who interact with or impact consumers of health care.

a) Incorporate proven programs that teach the experience of poverty as it affects children and families from all ethnic backgrounds (e.g., Bridges, Circles), and the related lack of access to resources, into the curriculum of medical students, nursing students, social workers, and other medical personnel in training and teachers. Front line staff in health care offices (i.e. registrars, receptionists, etc.) should also receive cultural competency training prior to their start of employment.

b) Incorporate programs that teach the culture of poverty as it affects children and families from all ethnic backgrounds into continuing education programs for physicians, physician assistants, nurse-practitioners, nurses, pharmacists, social workers, and other health care providers and educators.
c) Invest and offer programs that teach the culture of poverty as it affects children and families from all ethnic backgrounds to legislators, providers

and middle-class professionals and volunteers.

d) Require providers to use proven, existing tools to conduct a literacy assessment of their patients to ensure the best quality and appropriate services are rendered in a manner understood by their patient.

Educate providers and patients on each one's responsibility with their own health care and that of their child's. Improve health literacy among Indiana citizens. Establish a central public portal for consumer-friendly information on accessing healthcare services, link healthy lifestyle behaviors to reduced medical needs.

4. Workforce Training and Development

For youth of all income backgrounds, access to future self-sustaining employment and to post-secondary study is contingent upon high school graduation. Yet impoverished youth are more likely than their peers to drop out of high school, creating an early barrier to lifelong prosperity. In an era of scarce resources, successful drop out prevention programs, like Jobs for America's Graduates, that place concerted focus on youth from low-income families deserve attention and continued support. JAG Indiana, the state affiliate of the National Jobs for America's Graduates, is Indiana's largest and most effective dropout prevention program. Through its DOE-approved curriculum designed for high school sophomores, juniors, and seniors, JAG Indiana teaches youth employability skills and provides intensive career and college counseling. Annual statewide outcome goals are established for rates of graduation, job or military placement, and transition to post-secondary education study. Outcome data indicate that, despite their barriers to graduation, 88 percent of JAG Indiana participants graduate from high school. Moreover, statewide 88 percent of recent African-American male JAG participants graduated from high school, compared to a same-period graduation rate for all African-American students of only 66 percent, and a graduation rate for all other male students of 78 percent.

Recommendations for Workforce Training and Development

Expand the JAG Indiana Program to include all secondary schools that have an average cohort size of 200+ students and that fall below the state average graduation rate over a three-year look-back period.

The JAG Indiana program costs approximately $1800 per student per school year, compared to a reduction in lifetime earnings for a high school dropout of over $1 million, and a direct cost to taxpayers of an estimated $260,000 per dropout. As reported by the Indiana Department of Education, 131 high schools failed to meet the state average graduation rate in 2010, 54 of which have a 200+ cohort-population. Of these 54 schools, only 29 actively offered JAG Indiana during the 2010 school year. Expanding the JAG program to the remaining 25 schools would cost approximately $1.75M per school year. Currently, the JAG program is funded primarily with Workforce Investment Act dollars. State-level expansion-funding options may include Indiana Department of Education state

tuition supports, Temporary Assistance to Needy Families grants administered by the Family and Social Services Administration, federal dropout prevention grants and school improvement grants. However, given the increasingly-limited nature of public funds, private support from local businesses and philanthropic organizations should be explored fully.

Kids Count in Indiana 2010 Databook:
"Compared with their wealthier peers, impoverished children are more likely to have low educational attainment and achievement, and an increased likelihood of leaving high school without a diploma. They are also more at risk for health, behavioral and emotional problems. These issues are especially prevalent in families that have experienced generational poverty, and for children who have experienced poverty in early childhood."(Indiana Department of Child Services, 2010).

5. Streamlining Access to Services

There are a number of programs and agencies in Indiana who can offer assistance to families struggling to get out of poverty. The full extent of the services and their effectiveness is unknown.

The Commissioners repeatedly heard the same concerns raised by professionals, lay people and clients in the public forums throughout Indiana. That is, finding help and resources is difficult at best and unavailable at worst. Neither information nor support was readily available.

The Commission found there was no single place people could go to find information about efforts underway in Indiana to reduce poverty. A national training center to help develop the state's capacity to empower people to get out of poverty, was created in Indiana in the fall of 2011. Its members are working with the educators and health and community clinics, but it is likely that only a few people are even aware such work is underway.

Participants in the public forums said they didn't know where to turn for help. Services are restricted by irrational policies which create barriers to helping those in need. These included residency restrictions which ruled out families that were homeless too long or not long enough, food distribution policies that restricted access to food based packaging, and policies that punish families who try to find resources from more than one agency.

When people went to agencies for help, many experienced what some called "agency time," where they waited for hours to talk to someone only to find out they did not have the correct paperwork needed by the agency or they weren't needy enough because they found a couch to sleep on within the past few months. The stories were often heartbreaking as those in need simply did not know how to get in touch with programs that could help them.

Agency staff agreed. Due to the silo nature of service delivery, many could offer few services and little guidance on what further steps families could take to better their

situation.

The Commission had similar problems in identifying services. A survey was distributed as an attempt to gather information on public services that support impoverished children and families but only half of the public agencies provided the information despite numerous requests.

Another concern raised by public forum participants was the uneven distribution of resources throughout the state. Many believe that the services are disproportionately located in the Indianapolis area. Impoverished families often need to work with Indianapolis staff to obtain services. Sometimes this means finding transportation and traveling for several hours.

Finally, a concern was raised about monitoring services. With Indianapolis as a central hub for distributing funds, some areas of the states are finding very limited distribution centers. The funds appear to be concentrated within a handful of agencies and organizations and are not reaching the persons in need. These concerned professionals requested that monitoring of services extend beyond paper reports and include drop-in inspections to determine how services and resources are being dispersed.

There are two notable programs that are beginning steps at identifying and coordinating service delivery. These include The Benefit Bank of Indiana (TBB™-IN) and 2-1-1 information system.

What is 2-1-1?

2-1-1- is a three-digit phone number anyone can call to get information about health and human services. Trained and caring Information & Referral Specialists answer the 2-1-1- calls, talk about the caller's needs, and offer referrals to human service programs. Those who call can get information on housing and utilities, food and meals, clothing and household goods, employment, legal aid, counseling and much more. Private dollars have funded the majority of the start-up costs for this service.

Currently 79 Indiana counties have limited access to 2-1-1 service provided by 15 Centers around the state. They make 2-1-1 available to over 95 percent of all Hoosiers and received over 440,000 calls during 2009. To see a list of counties currently served, visit www.in211.org.

What is The Benefit Bank?

The Benefit Bank of Indiana (TBB™-IN) is a statewide grassroots outreach effort that uses an online expert service to assist low-income Indiana residents access a wide variety of work supports in the form of tax credits, public benefits, and student financial aid.

The problem is that more than $1 billion in supports are unclaimed every year by Indiana residents who are eligible but do not apply for supports. The reasons why low- and

moderate-income Indiana residents do not apply for and ultimately receive benefits include; complex application procedures, perceived stigma, pervasive myths about eligibility; and the fact that many don't find supports worthwhile unless supports are "bundled" (U.S. Government Accountability Office, 2004; Levinson & Rahardja, 2004; Food Research and Action Center, 2002).

The Benefit Bank of Indiana leverages a growing network of community and faith-based organizations that sponsor "TBB-IN sites" where trained counselors help clients complete the forms and or paperwork necessary to receive benefits, tax credits, or student financial aid. Currently Indiana has over 86 TBB sites, with over 265 trained TBB counselors.

With sophistication in eligibility screening, clients know with confidence which benefits they are likely to receive. In turn, the state and county agencies processing applications interact with an informed client with complete and legible paperwork.

The work supports claimed through TBB-IN have deeper impacts on families than the raw numbers reveal. When claimed, these supports: (a) increase rates of employment, education, and welfare-to-work, (b) decrease rates of poverty, hunger, homelessness, and re-incarceration. (Smeeding, Phillips, & O'Connor, 2002; Loprest, 2002; Mikelson, & Lerman, 2004; Ohio University's Voinovich School of Government, 2010; United States Interagency Council on Homelessness , 2010; La Vigne, N. G. & Thomson, G. L., 2003).

All of these positive social outcomes improve the economic security of Indiana children and families struggling to find opportunities for sustainability to lift themselves out of poverty. For more information, visit http://www.tbbin.org/

Recommendations for Streamlining

Expand Growth of The Benefit Bank® of Indiana (TBB™-IN)

Expand the existing network of organizations across Indiana currently using an online service called The Benefit Bank (TBB-IN) to connect low-income families with more of the $1 billion (97 percent of which are new federal funds) of unclaimed work supports in the form of tax credits, public benefits, and student financial aid. (See attachment for breakdown of unclaimed funds). Within four years, with a full suite of benefits, TBB-IN could assist low-income Indiana residents claim more than $158 million in supports with a total net economic impact of $404 million.[1]

Rationale: Research shows that connecting low-income families to these, and other similar assets available under existing government programs, is proven to increase rates of employment, education, and welfare-to-work success; decrease rates of poverty, homelessness, and recidivism by ex-offenders; and boost local economies when families spend these supports on goods and services.

Timeline: Immediate, short-term, and long-term

Create a uniform data collection tool across agencies that issue state contracts.

Currently there is no mechanism available to collect this information statewide to inform policy makers and coordinate service providers utilizing federal and/or state funds to address issues of poverty.

Timeline: Immediate, short-term, and long-term

Further leverage the Federal Stamp Employment and Training Funds

With only 28 percent of the state's working-age population (25-64) holding a two-year degree or higher,[4] Indiana needs to significantly increase the level of educational attainment of low-wage working adults. With cooperation between state government agencies, Purdue Extension, and Ivy Tech, this project could draw down millions of dollars from existing and underutilized government programs using three core strategies:

- **Expand the pool of low-income students accessing and succeeding in postsecondary education** by sponsoring grassroots outreach using The Benefit Bank of Indiana to connect potential low-income students and their families with hundreds of millions of federal dollars from available and underutilized government funds in the form of tax credits, public benefits, student financial aid, and veterans' education benefits, all of which can improve student access to and success in postsecondary degree and certificate programs.
- **Increase the rate of low-income students obtaining a postsecondary degree* or credential and securing gainful employment** by sponsoring the delivery of integrated supportive services at community colleges, including personalized coaching for low-income students enrolled in food stamps through TBB, and paying for half of these services and half of these students' education costs (including tuition, books, supplies, transportation, and child care or dependent care) by drawing down millions of dollars in available and underutilized federal funds.
- **Secure sustained funding to increase rates of access, persistence, completion, and employment for low-income students** by drawing down available federal funds to pay for 50 percent of outreach using TBB to sign up students for food stamps, 50 percent of supportive services, and 50 percent of education costs for students. The balance of a student's education costs is paid by Pell Grants, prospective employers, private scholarships, state funds, or participating students themselves.

Rationale: Increasing the level of educational attainment of low-wage working adults is critical to the economic success of Indiana and to the reduction of poverty in our state. Leveraging federal dollars will bring more resources into our state by drawing down

[4] 2008 American Community Survey

**Postsecondary Education: Broadly defined as a credential or degree beyond a high school diploma*

millions of dollars from existing and underutilized government programs

Timeline: Immediate, short-term, and long-term

Expand 2-1-1 to Provide Telephone-Based Outreach Using The Benefit Bank (TBB)

Expand the existing capabilities of 2-1-1 beyond Information and Referral (I&R) to include counseling low-income families over the telephone using an online service called The Benefit Bank. Using the online service, 2-1-1 counselors can screen for eligibility as well as complete paperwork for those families to apply for work supports in the form of public benefits.

The collaboration between 2-1-1 and The Benefit Bank of Indiana may work in two possible ways: (a) 2-1-1 representatives can complete a *QuickCheck* eligibility screening assessment and then direct a client to a local TBB-IN site using the online Site-locator, and (b) with additional functionality, The Benefit Bank of Indiana can empower trained counselors to use The Benefit Bank in a telephone-based setting to complete applications with a client over the phone. A trained 2-1-1 TBB counselor can then mail the corresponding forms to the client for submission to the appropriate agency, or electronically submit documents (with approval of the Indiana Family and Social Services Administration) to the state's eligibility determination system.

Outreach combining 2-1-1 and TBB can also target discrete populations to achieve specific social outcomes. For example, connecting veterans returning from Iraq and Afghanistan, as well as their families, with available supports including:

a. Yellow Ribbon Program
b. Post-9/11 GI Bill Education Benefits
c. Montgomery GI-Bill Active Duty (MGIB-AD)
d. Montgomery GI-Bill Selected Reserve (MGIB-SR)
e. Reserve Educational Assistance (REAP)
f. Veterans Education Assistance Program (VEAP)
g. Vocational Rehabilitation and Employment (VR&E)
h. Work-Study Allowance and Tutorial Assistance)

As with statewide placed-based outreach using TBB, funding from multiple state agencies (which are involved in managing these programs) justifies combining 2-1-1 and TBB outreach.

Rationale: Research shows that connecting low-income families to these assets increases rates of employment, education, and welfare-to-work success; decreases rates of poverty, homelessness, and recidivism by ex-offenders; and boosts local economies when families spend these supports on goods and services. Effective collaboration between 2-1-1 and TBB will be more efficient and increase the ability of both entities to better serve Hoosiers in need of basic human resources and services.

Timeline: Immediate, short-term, and long-term

Appendices

Appendix A: Public Law 131-2009

SOURCE: ; (09)SE0365.1.78. --> SECTION 78. [EFFECTIVE UPON PASSAGE] **(a) As used in this SECTION, "commission" refers to the commission on childhood poverty in Indiana established by subsection (b).**

(b) The commission on childhood poverty in Indiana is established. The commission shall evaluate the costs and effects of childhood poverty and provide a plan to reduce childhood poverty by fifty percent (50 percent) in Indiana by the year 2020.

(c) The commission consists of the following members:

(1) The dean of the Indiana University School of Social Work, or the dean's designee, who shall serve as chairperson of the commission.

(2) The state superintendent of public instruction, or the superintendent's designee.

(20) Two (2) members of the senate appointed by the president pro tempore of the senate. The members appointed under this subdivision may not be members of the same political party.

(21) Two (2) members of the house of representatives appointed by the speaker of the house of representatives. The members appointed under this subdivision may not be members of the same political party.

The speaker of the house of representatives shall appoint the

SOURCE: ; (09)SE0365.1.79. --> SECTION 79. [EFFECTIVE UPON PASSAGE] **IC 31-30-1-2.5, as amended by this act, applies to proceedings pending on or initiated on or after the effective date of this SECTION.**

SOURCE: ; (09)SE0365.1.80. --> SECTION 80. **An emergency is declared for this act**.

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(3) The director of the division of family resources, or the director's designee.

(4) The director of the Indiana housing and community development authority, or the director's designee.

(5) The director of the department of workforce development, or the director's designee.

(6) The commissioner of the state department of health, or the commissioner's designee.

(7) The director of the office of faith based and community initiatives.

(8) One (1) representative from the National Association of Social Workers - Indiana Chapter.

(9) One (1) representative from the Indiana Community Action Association.

(10) One (1) representative from the Children's Coalition of Indiana.

(11) One (1) representative from the Indiana Youth Services Association.

(12) One (1) representative from the Indianapolis Urban League.

(13) One (1) representative from the Coalition for Homelessness, Intervention, and Prevention.

(14) One (1) representative from the Indiana Association of United Ways.

(15) One (1) representative from Indiana Legal Services.

(16) One (1) representative from the Purdue University Department of Early Childhood and Family Development.

(17) One (1) representative from the University of Notre Dame, Institute for Latino Studies.

(18) One (1) representative from an Indiana branch of the National Association for the Advancement of Colored People.

(19) One (1) representative from the Riley Hospital for Children, Department of

Pediatrics.
members described in subdivisions (8), (10), (12), (14), (16), (18), and (21). The president pro tempore of the senate shall appoint the members described in subdivisions (9), (11), (13), (15), (17), (19), and (20). Vacancies shall be filled by the appointing authority for the remainder of the unexpired term. The initial appointments shall be made not later than August 15, 2009.

(d) Each member appointed under subsection (c) must have knowledge concerning childhood poverty in Indiana.

(e) A majority of the voting members of the commission constitutes a quorum.

(f) The Indiana University School of Social Work shall staff the commission.

(g) The commission shall meet:

(1) at the call of the chairperson; and

(2) as often as necessary to carry out the purposes of this SECTION.

However, the commission shall meet at least quarterly.

(h) The commission has the following responsibilities:

(1) Identifying and analyzing the occurrence and root causes of urban and rural poverty in Indiana.

(2) Analyzing the long term effects of poverty on a child, the child's family, and the child's community.

(3) Analyzing the costs of child poverty to municipalities and Indiana.

(4) Providing information on statewide public and private programs that address the reduction of child poverty.

(5) Examining the percentage of the target population served by programs described in subdivision (4) and the current state funding levels for the programs.

(6) Preparing reports consisting of the commission's findings and recommendations.

(7) Presenting an implementation plan that includes procedures and priorities for implementing strategies and biannual benchmarks to achieve the reduction of childhood poverty by fifty percent (50 percent) in Indiana by 2020. The plan must include, but is not limited to, provisions for improving the following for parents and children living in poverty:

(A) Workforce training and placement to promote career progression.

(B) Education opportunities, including higher education opportunities and literacy programs.

(C) Affordable housing.

(D) Child care and early education programs.

(E) After school programs and mentoring programs.

(F) Access to affordable health care, including access to mental health services and substance abuse programs.

(G) Streamlining of services through public and private agencies providing human services to low income children and families.

(i) In carrying out its duties, the commission shall consider pertinent studies concerning childhood poverty and take testimony from experts and advocates in the human services field.

(j) The affirmative votes of a majority of the commission's members on the commission are required for the commission to take action on any measure, including making recommendations for the reports required by this SECTION.

(k) Each member of the commission who is not a member of the general assembly is not entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also not entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties, as provided

in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(l) Each member of the commission who is a member of the general assembly is entitled to receive the same per diem, mileage, and travel allowances paid to legislative members of interim study committees established by the legislative council. Per diem, mileage, and travel allowances paid under this subsection shall be paid from appropriations made to the legislative council or the legislative services agency.

(m) The commission shall submit the reports required in subsection (h)(6) and the plan required in subsection (h)(7) to the governor and the legislative council by the following dates:

(1) Not later than December 31, 2010, the commission shall submit an interim report that contains interim findings and recommendations by the commission under subsection (h)(6).

(2) Not later than December 31, 2011, the commission shall submit the commission's final report that contains:

(A) the findings and recommendations of the commission under subsection (h)(6); and

(B) the implementation plan under subsection (h)(7).

The report to the legislative council must be in an electronic format under IC 5-14-6.

(n) The commission shall make the final report available to the public upon request not later than December 31, 2011.

(o) This SECTION expires January 1, 2012.

Appendix B: Commission Membership

The Commission consists of the dean of the Indiana University School of Social Work, or the dean's designee,

Dean Michael A. Patchner / 317-274-8362 / patchner@iupui.edu
Indiana University School of Social Work
902 West New York St., ES4138
Indianapolis, IN 46202

From the Senate ~ President Pro Tempore appoints two (2) members who may not be members of the same political party.

Senator Ron Alting
- **Indiana General Assembly / 317-232-9600**
  200 W. Washington
  Indianapolis, IN 46204

Senator Lonnie Randolph
- Indiana General Assembly / 317-232-9600
  200 W. Washington
  Indianapolis, IN 46204

The President Pro Tempore shall also appoint

One (1) representative from the Indiana Community Action Association,
- Ms. Bertha Akida Proctor / 812-882-7927 or 812-887-4444
  bproctor@pacecaa.org
  Pace Community Action Agency
  Administrative Offices
  525 N. 4th Street
  Vincennes, IN 47591

One (1) representative from the Indiana Youth Services Association,
- Ms. Cheryl Hall-Russell / 317-238-6955 challruss@indysb.org
  Indiana Youth Services Association
  445 N. Pennsylvania St., Suite 945
  Indianapolis, IN 46204-2523

One (1) representative from the Coalition for Homelessness, Intervention, and Prevention,
- **Timothy C. Joyce / 317-472-7632** TJoyce@chipindy.org
  Coalition for Homeless Intervention & Prevention
  3737 N. Meridian St., Suite 401

Indianapolis, IN 46208

One (1) representative from Indiana Legal Services, Steve Byers

- **Stephen Byers / 317-631-9410** stephen.byers@ilsi.net
  IN Legal Services
  151 N. Delaware St., Suite 1800
  Indianapolis, IN 46204-2523

One (1) representative from the University of Notre Dame, Institute for Latino Studies,

- **Juan Carlos Guzman / 574-631-8456** jc.guzman@nd.edu
  University of Notre Dame
  Institute for Latino Studies
  230 McKenna Hall
  Notre Dame, IN 46556

One (1) representative from the Riley Hospital for Children, Department of Pediatrics.

- **Dr. Joseph O'Neil / 317-944-4846** joeoneil@iupui.edu
  Riley Hospital
  Pediatric Associates, Inc.
  702 Barnhill Dr., Rm. 5900
  Indianapolis, IN 46202

From the House, the Speaker appoints two (2) members who may not be members of the same political party.

- **Rep. Dennis Avery**
- **Indiana General Assembly / 317- 232-9600** davery@usi.edu
  200 W. Washington St.
  Indianapolis, IN 46204

- **Rep. Cindy Noe**
  Indiana General Assembly / 317- 232-9677 h87@iga.in.gov /
  200 W. Washington St.
  Indianapolis, IN 46204

The Speaker shall also appoint ~

One (1) representative from the National Association of Social Workers-Indiana Chapter,

- Teri Cardwell / 317-338-6714 TLCardwe@stvincent.org
  St. Vincent Hospital
  Medical Social Services Department
  2001 W. 86th St.
  Indianapolis, IN 46260

One (1) representative from the Children's Coalition of Indiana,

- William Glick / 317-926-6100 director@ijjtf.org
  IN **J**uvenile **J**ustice **T**ask **F**orce
  1800 N. Meridian St., Suite 402
  Indianapolis, IN 46202

One (1) representative from the Indianapolis Urban League,

- Deidra Coleman / 317-693-7644 dcoleman@indplsul.org
  Indianapolis Urban League
  Sam H. Jones Center
  7777 Indiana Ave.
  Indianapolis, IN 46202

One (1) representative from the Indiana Association of United Way,

- **Christie Gillespie / 317-921-1283** christie.gillespie@uwci.org
  United Way of Central Indiana
  3901 N. Meridian Street
  Indianapolis, IN 46208-0409

One (1) representative from the Purdue University Department of Human Development and Family Studies,

- **Dreama (Dee) Love / 765-494-2933 loved@purdue.edu**
  Fowler Memorial House
  1200 W. State Street, Rm 117
  West Lafayette, IN 47907-2055

One (1) representative from an Indiana branch of the National Association for the Advancement of Colored People.

- Barbara A. Bolling, Esq. / w # 219-881-9461 BarbaraBolling@aol.com
  P.O. Box 64715 /
  Gary, IN 46401

Additionally ~ Six representatives from:

The state superintendent of public instruction, or the superintendent's designee.

Mr. Bennett's designee ~
Dee Kempson LSW ACSW / 317-234-4827 dkempson@doe.in.gov
151 W. Ohio Street
Indianapolis, IN 46204

The director of the division of family resources, or the director's designee.

Michael Carr / Interim Director / 574-250-2831 / michael.carr@fssa.in.gov
E-431, IGCS Room Human Resources
Indianapolis, Indiana 46204

The director of the Indiana housing and community development authority, or the director's designee.

Director Sherry Seiwert / 317-234-3873 sseiwert@ihcda.in.gov
30 S. Meridian St. Suite 1000
Indianapolis, IN 46204

The director of the department of workforce development, or the director's designee.

Mr. Mark Everson's Designee ~
Leslie Crist / 317-233-4010 lcrist@dwd.in.gov
10 N Senate Ave Room DWD - IGCS
Indianapolis, IN 46204

The commissioner of the state department of health, or the commissioner's designee.

Mr. Larkin's designee ~
Mary M. Weber, MSN, RN, NEA-BC / 317-233-1252 mweber@isdh.in.gov
Director, Maternal & Child Health Division
2 N. Meridian Street
Indianapolis, IN 46204

The director of the office of faith based and community initiatives.

Mr. Isaac Randolph/ 317-233-3295 irandolph@ofbci.in.gov
302 W Washington St Room E012
Indianapolis, IN 46204

Commission Staff (from Indiana University School of Social Work)
Justin DeSpain
Gail Folaron
Cathy Flynn
Matt Moore
Rob Schneider
Marquita Walker

Appendix C: Subcommittee Membership

Long-Term Effects of Poverty Sub-committee Members 2010-2011

Chair:
Dreama (Dee) Love, Human Development Extension Specialist, Department of Human Development and Family Studies, Purdue University loved@purdue.edu 765-494-2933

Sub-committee Members:
Steven Byers, Indiana Legal Services, stephen.byers@ilsi.net 317-631-9410
Deidra Coleman, Indianapolis Urban League dcoleman@indplsul.org 317-693-7644
Timothy C. Joyce, Coalition for Homelessness, Intervention, and Prevention TJoyce@chipindy.org 317-472-7632
Sherry Seiwert, Indiana Housing and Community Development Authority sseiwert@ihcda.in.gov
317-234-3873
Cheryl Hall-Russell, Indiana Youth Services Association challruss@indysb.org 317-238-6955

Education Sub-committee Members 2010-2011

Co-chairs:
Bill Glick, Director Juvenile Justice Task Force director@ijjtf.org 317- 926-6100
Dee Kempson, IDOE School Social Work Consultant dkempson@doe.in.gov 317-234-4827

Sub-committee Members:
Sara Beanblossom, Director of Operations and Outreach, Indiana After School Network sbeanblossom@indianaafterschool.org
Andrew Black, Indiana After School Network, Director of Public Policy
Ellen Clippinger, CEO. AYS KIDS eclippinger@ayskids.org 317-283-3817 x22
Leslie Crist, Director of Workforce Initiatives, Indiana Department of Workforce Development, Lcrist@dwd.in.gov 317-233-4010
Amanda Culhan, IDOE School Counselor Consultant: aculhan@doe.in.gov 317-232-0510
Karen Cushman, Principal, Nicholson Elementary School, Crawfordsville. kcushman@cville.k12.in.us
Christina Endres, IDOE McKinney-Vento Liaison endres@doe.in.gov 317-232-0548
Jackie Garvey, Executive Director Indiana Partnerships Center, 317-205-2595
Indiana's Parent Information and Resource Center Jgarvey@fscp.org
Joann Helferich, JD. AIM Director: Aftercare for the Incarcerated through Mentoring aimdirector@IJJTF.ORG 317-997-9048
David Klinkose, Afterschool Coalition of Indianapolis, *President*

david.klinkose@yahoo.com *317-501-4854*
Angela Mello IDOE English Language Learners and Migrant Education
amello@doe.in.go v 532-2800
Davis Moore, IDOE Trade and Industrial Career Specialist dmoore@doe.in.gov
***Sarah Mullin**, IDOE English Language Learners and Migrant Education*
smullin@doe.in.gov
Susan Tharp, *Community Coalition Manager (Southern Region)* susant@learnmore.org *464-4400*
December Warren, IYI Project Director Indiana Mentoring Partnership dwarren@iyi.org

Child Care Sub-committee Members 2010-2011

Chair:
Melanie Brizzi, BCC, Director Bureau of Child Care,

Sub-committee Members:
Dana Jones, IDOE, Early Childhood Specialist Department of Education
Dianna Wallace, IAEYC Director Indiana Association for the Education of Young Children
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Appendix D: Additional recommendations for Education

1a. Recommendations for Early Care and Education: Birth to age 5

Establish a State Advisory Council of Early Childhood Education and Care

Indiana is one of only four states that have not established an Early Care and Education Advisory Council as outlined in the Head Start Reauthorization Act. The result is a lack of coordinated, integrated services for children and restricted federal grant monies such as the funding available through the Race to the Top Challenge Fund. Membership of this council should be consistent with the requirements of the Head Start Act. This Council should work towards the creation of a seamless system of services for young children that includes child health, child welfare, early intervention, nutrition support, and education and should seek to leverage federal, state and local funds in the most effective and efficient means possible. Include "revenue neutral"

Increase the availability of child care subsidies

In order to ensure that low income families are able to consistently work, the Child Care Development Fund (CCDF) voucher program should be fully funded to serve the children that are currently on the waitlist. Child care subsidies allow families access to safe, stable, quality care for their children, while also supporting the recruitment, retention, increased income and productivity of employed parents. Add financial impact, describe how much money is from federal and how much is from the state, include a sliding fee scale Currently under the Child Care Development Block Grant (CCDBG) Indiana supports approximately 32,000 low income children each month with a voucher to subsidize the cost of child care while their parents are working or attending school or training. To be eligible for these vouchers families must earn less than 127 percent of the Federal Poverty Level (FPL) and may remain on the program until their income exceeds 170 percent FPL. In 2011 a single parent with two children must earn less than $1,961 gross wages per month to be eligible to receive the vouchers. There are currently over 12,000 eligible children on the waitlist for a voucher.

To ensure that low income families have the necessary access to child care to achieve self sufficiency, the eligibility threshold should be increased from 127 percent FPL to 200 percent FPL. Add fiscal details about federal funding and cost.

Ensure that child care programs receiving public funds are meeting the standards of high quality care

Current regulations for child care programs vary widely. These gaps in requirements leave many Care Development Fund (CCDF) children without the early learning experiences necessary to achieve future academic success. Currently Indiana spends over $150 million annually in both state and federal dollars on child care subsidies. In order to ensure accountability for these dollars, child care providers accepting CCDF payment should be required to meet certain standards including child safety requirements such as supervision, national criminal history checks and appropriate staff to child ratios as well as hire qualified caregivers that receive training on child development, child abuse and

prevention, the Indiana Early Learning Guidelines, and early health and developmental screenings to ensure that developmental delays are addressed early when they can be most successfully treated. The current CCDF eligibility regulations should be reviewed to ensure that Indiana's low income children are safe, healthy and learning while in public funded child care.[2] Combine with Affordable Housing's final recommendation

Sustain existing programs that have been shown to increase the quality of child care

Programs such as Indiana's quality rating and improvement system, Paths to QUALITY™ and the T.E.A.C.H. Early Childhood® INDIANA scholarship program have been showed to effectively improve the quality of early care and education. These programs should be sustained and expanded in order to ensure that early care and education programs, and the providers within these programs, have the necessary education, training and support needed to provide care that keeps Hoosier children safe, healthy and learning. [3] include that this is revenue neutral

Policy should ensure that current early childhood programs, including Title 1 preschools, are meeting the requirements of high quality care

Currently available preschool programming should be required to meet the standards of high quality programs including certified teachers, small class size, validated/ evidenced based assessments and curriculum, and strong family involvement. Many current early care and education programs are not required to meet these standards. Roll this up into #3 and make a combined recommendation.

1b. Recommendations: Education K-12

Policy should support high quality full day kindergarten for Indiana's five year olds

In order to close the achievement gap low income children should have full day kindergarten experiences that support future academic success. Kindergarten classes should meet the four characteristics of high quality programs; certified teachers, small class size, validated/evidenced based assessment and curriculum, and a strong family involvement. Barriers to attending kindergarten for low income children must be addressed such as transportation and school scheduling.

Require a statewide, valid kindergarten readiness tool be administered upon entry to kindergarten

The Indiana Department of Education has developed an assessment called the ISTAR-KR that can provide a baseline measurement of Kindergarten Readiness. This instrument is free to use and is developmentally appropriate for all children. The results of this assessment will provide a statewide baseline measurement of school readiness that can be used to evaluate the effectiveness of early care and education programming. This information can then be used to ensure that investments in early care and education have a clear measurable outcome, school readiness, which has a lasting impact on the future success of children. The results of this tool will provide guidance and accountability to early care and education programs receiving public funding and will also help measure

children's educational achievement from kindergarten to third grade.

Require Memorandums of Understanding (MOU) between local school systems and local early child care and education programs

Local schools should be required to draft and maintain MOUs with local early care and education programs. The MOU should outline efforts toward alignment and collaboration to improve school readiness and ensure smooth transitions from early childhood programs to elementary schools for children and families.

Statewide and local economic development plans should include early care and education initiatives

The return on investment in high quality early care and education initiatives has been well documented (see attachment A). Businesses looking to locate in Indiana must be confident that they will be able to recruit and retain high quality employees. To do this there must be ample opportunities for employees to obtain high quality early care and education for their children. High quality early education programs also strengthen the future workforce for these prospective employers. Communities, businesses and school systems benefit greatly from high quality early care and education opportunities and initiatives to promote and support such programming should be included in economic development planning. Local communities such as Evansville and Columbus have realized this and should be looked to as models for future planning.

State child care tax credits for families should be offered

Child care is a genuine, legitimate working expense and child care tax provisions recognize this. State child care tax provisions should be considered as one method of reducing the cost of work and improving the access and availability of quality child care for working families. Currently, 27 states and the District of Columbia have an additional or supplementary state tax credit beyond the federal child care tax credit. Two states, Vermont and Louisiana, have tied this tax credit to the quality of the child care purchased. Louisiana refers to this as the "school readiness credit" and has extended tax provisions to the child care facility and the staff. This type of quality incentive within the tax provision takes the two generational approach necessary to reduce childhood poverty long term: support economic self sufficiency of parents by reducing the cost of work and promote school readiness and the future success of children

1c. Recommendations: Literacy

Provide professional development regarding "Ready Schools," working with families and students experiencing poverty, and cultural competency

In 1998, the National Educational Goals Panel recognized that preschool and family support services may not be sufficient to enable children to learn skills that precede an ability to succeed academically. The Panel stated that schools had a responsibility to be ready to meet the diverse needs of children. The panel identified ten key principles considered essential to achieving "ready" schools, including that schools must help every teacher and every adult who interacts with children during the school day be successful; introduce or expand approaches shown to raise achievement; alter practices and programs

if existing ones do not benefit children; and serve children in their home communities. This recommendation would be implemented immediately, and would legislate that P.L. 221 and School Improvement Plans require: that all school districts serving a student population with a poverty level of 40 percent or above shall provide professional development for all staff on "Ready Schools;" that all schools provide Parent and Child Together (PACT) or Interactive Learning Activities (ILA) according to a minimum threshold determined by the Department of Education;, and that the professional development occur at least every third year for all staff. Requirements for teacher licensing would be changed to include a requirement for cultural competency training prior to receiving a teaching license, and continuing education regarding cultural competency would be included in all teacher's professional development plans.

Timeline: Immediate recommendation

Provide literacy training and training on U.S. education system requirements to non-English speaking parents/guardians and immigrant adults

To interrupt the cycle of generational poverty among certain immigrant populations, it is necessary to provide literacy training for parents of non-English speaking children, and to ensure that the parents/guardians of immigrant children are fully apprised of any differences between the U.S. education system requirements and those of the family's country of origin. It has been found that parents often are uninformed about education requirements that are common in U.S. or Indiana schools, such as compulsory education through age 18, high school graduation requirements, homework, and also about opportunities to connect to the schools through parent-teacher organizations. Such training should be implemented immediately in all school districts where there is a significant non-native English-speaking community.

Timeline: Immediate recommendation

Provide full-day Kindergarten for all of Indiana's eligible five year-olds

A demonstrated achievement gap exists in Indiana between low-, moderate-, and high-income children, a gap which persists into high school and affects graduation rates and rates of future employment and earnings. Such a gap also exists between minority and non-minority children. Studies have demonstrated that full-day Kindergarten experiences support future academic success for all income and ethnic groups. Clear and measurable outcomes can be determined through the use of the IDOE assessment tool, the ISTAR-KR, which is available free of charge and is developmentally appropriate for all children. Implementing this tool for all Kindergarten students can also help to ensure accountability, as it can provide data for educational achievement from Kindergarten to Third Grade. This recommendation would be implemented with funding coming from the Governor's plan to earmark a portion of the state revenue in excess of budgeted revenues as already proposed.

Timeline: Intermediate recommendation

Revise the Indiana Department of Education citizenship student guidance standards to reflect evidence-based social emotional learning standards

A meta-analysis of 213 positive youth development, social emotional learning, character education, and prevention interventions conducted by Durlak et al. (2011) found that social emotional learning programs improve students' attitudes about self and others, connection to school, positive social behavior, and improve students' achievement test scores by 11 to 17 percentage points. Such "emotional literacy" programs and interventions can be incorporated into routine educational practice, and are amenable to inclusion in both school and after-school time activities. This intermediate-term recommendation will require that evidence-based standards addressing social emotional learning at each grade level be incorporated into the curriculum by the start of the 2014 academic year.

Timeline: Intermediate recommendation

Increase opportunities for minority students to enter the teaching profession

In most school districts with high minority populations, there is a disproportionately small number of teachers who come from the same cultural background as most of their students.

Increasing opportunities for minority students to enter the teaching profession can be accomplished through increasing the annual allocation for the Minority Teacher/Special Services Scholarship fund, and allowing students to apply for the scholarships prior to their enrollment in a college or university. Increasing the recruitment efforts and providing assistance with the application and financial aid processes can begin in the immediate future, with goals set for increasing the number of students completing teaching degrees over the next 4-6 years.

Timeline: Intermediate recommendation

1d. Out-of-School Time Programs Recommendations

Out-of-School Time Programs

Streamline the funding mechanisms and eligibility determination for Out-of-School Time Programs (OST) programs. Currently the funding and eligibility protocols are a confusing mix of requirements as to academic standing, financial status, and state and federal regulations. As a result, school districts with limited resources often create a single program that combines several disparate elements, due to the lack of coordination between program requirements.

Timeline: Intermediate recommendation

Establish an Office of Child and Youth Services, with a commensurate Council, within the Family and Social Services Administration, to support the availability and accessibility of high-quality Out-of-School Time programming across Indiana

Indiana is one of only four states that has not established an Early Care and Education Advisory Council, as described in the Head Start Reauthorization Act. Such a Council would work toward the creation of a seamless system of services for young children to

include: child health, child welfare, early intervention, nutrition support, and early education.

The purpose of the Council would be to identify opportunities for, and barriers to, collaboration and coordination among federally- and state-funded OST programs and services, establish a common set of eligibility requirements, and gather data as to the nature and extent of participation in such programs. The data-gathering function would address and inform a needs assessment for OST programming, and provide assistance with marketing to eligible underserved populations

Lack of such a Council may in the future preclude Indiana from application for, or receipt of, funding available from such sources as the federal Race to the Top Challenge Fund. Many other such entities exist in Indiana utilizing volunteer appointed members. The primary cost associated with a Council would be a full-time Director and staff support. Utilizing other such positions as a model, the annual cost could be kept under $200,000. This recommendation would be implemented immediately, and would be sustained over time.

Timeline: Intermediate recommendation

> **Establish a set of credentialing standards for high-quality** Out-of-School Time Programs (OST) programs and program staff and ensure that child care programs receiving public funds are meeting the standards of high quality care

Indiana has established a quality rating and improvement system for child care homes and facilities, but the standards are optional and many providers are exempt from even basic safety and ratio standards. Minimal safety standards include national criminal background checks, standardized staff-to-child ratios, requirements for training on child development and prevention of child abuse and neglect, minimum square footage, and fire and emergency safety procedures. The Indiana Department of Education has developed a set of Early Learning Guidelines, and programs such as Paths to QUALITY and TEACH Early Childhood have been shown to improve the quality of early care and education. Legislation or administrative rules governing standards should apply equally to all providers, include those currently exempt, and Title I recipients.

Currently, the Indiana Afterschool Standards are utilized by programs on a voluntary basis, and could serve as the foundation for development of licensing regulations. In addition, the Indiana Youth Development Credential is utilized by program staff on a voluntary basis. A legislative or administrative summer study committee should be established to report back to the Secretary of FSSA, by the start of the 2013 General Assembly session, the results of an examination of other states' licensing regulations for OST programs, identify the impact of requiring licensure, determine how OST Programs may fit within the Paths to Quality structure, and identify a professional development system necessary for programs to meet the licensure criteria. Regulations for child care programs vary widely.

This recommendation would be of no cost to the State of Indiana, as the Bureau of Child

Care is already funded for such activities. All costs of this recommendation would be borne by providers. This recommendation would be implemented immediately, no programs would be "grandfathered" as exempt, and all programs and individuals seeking to provide state or federally-funded childcare would henceforth be subject to these requirements.

Timeline: Intermediate recommendation

1e. Mentoring Programs Recommendations

Demonstrate state government support of the value of mentoring youth by a Governor's Executive Order directing state agency heads to allow limited paid leave time for state employees for approved mentoring activities

Many private and public sector organizations have allowed limited paid leave time for their employees who are engaged in approved youth mentoring activities. An Executive Order by the Governor could spearhead a statewide commitment to provide mentors to the thousands of children and youth who are either on waiting lists for mentors, or who are special needs youth who would benefit from a caring connection with an adult.

Timeline: Intermediate recommendation

Alleviate some of the financial burden on youth mentoring programs by waiving all fees for mentors' background checks

All quality mentoring programs, and all those that would be approved under the Executive Order, must provide thorough background checks for all prospective mentors. This can be a timely and costly process when dozens of persons must be screened, and this places a financial burden on many programs. Of the programs surveyed by the Indiana Youth Institute, over 75 percent had annual operating budgets ranging from $250,000 to less than $50,000. This administrative recommendation would affect state and local law enforcement agencies, but not to an extent that would be burdensome for their budgets, as background information is routinely collected in many other instances.

Timeline: Intermediate recommendation

Require that all youth incarcerated in a juvenile correctional facility have an opportunity to participate in a mentoring program to assist in his/her transition to his/her home community, and provide adequate funding for such programs

Studies have demonstrated that establishing a mentoring relationship while a youth is incarcerated, which can continue up to or past the point of release, has a positive impact on recidivism, returning to school, completion of the GED while incarcerated, and improved family relationships post-release. Currently, there is limited state funding for mentoring programs for incarcerated youth, and state funding for transitional therapy services is not available until the youth is 60 days from release, which does not comport with evidence-based practice. HB 1316 (2011) authorizes the establishment of the Juvenile Transitional Services Fund (JTSF) within the Department of Correction (DOC), but the resources of the fund are currently limited to equivalent of funds which would be collected from the

parents/guardians of youth if they were ordered to pay child support. Non-profit agencies and the Division of Youth Services of DOC have collaborated and been awarded federal funding, but that funding is time-limited.

Over the next 2-3 years, the DOC should identify the funds needed to adequately address mentoring within the JTSF, and funding for such programs should be apportioned from funds available to Community Corrections and the Department of Child Services. Given the 50 percent decrease in population of Indiana's juvenile correctional facilities since 2000, the money saved should be allowed to remain within DYS for the support of transitional mentoring programs.

Timeline: Intermediate recommendation

1f. Higher Education Recommendations

Design college-ready courses based on placement examination expectations for students in Grade 12 who require remediation

Indiana recently established a mechanism by which students who have attained college-level mastery can skip their 12th grade year, and use their per-student allocation at an approved college or university instead. Since a large proportion of students who desire to attend college require some form of remediation, similarly the senior year for those students can be redesigned to focus on college preparation skills.

Over the next 1-4 years, the Department of Education, in collaboration with the Commission on Higher Education and representatives of Indiana's public colleges and universities, should design curricula that can meet the remediation needs of students, who could attend such classes rather than the electives that are now offered to seniors.

Since this represents an offset of coursework, this strategy can be designed to be revenue-neutral.

Timeline: Intermediate recommendation

Develop tiered support programs that are based on student proficiency and which promote student retention and on-time degree completion, in recognition of the growing diversity of Indiana's college and university population.

Indiana's higher education student population has undergone a dramatic transition over the last decade. The "traditional" student who enters college immediately post-high school has become the minority. Today's college students are a diverse group from all ages, and who are also often in the workforce, and who have family responsibilities in addition to work and school. Extended matriculation, or attendance in a start-and-stop manner, make degree completion more difficult, and add to already burdensome student loan obligations.

Indiana's community colleges and four-year institutions must, over the next 1-4 years:

align their curricula to set consistent expectations; promote joint “Smart Choices” plans that assist students in achieving on-time degree completion; and provide ongoing, tiered support, including peer support and mentoring with the goal of college completion and career connections.

This recommendation will require little or no net cost, given the added expenses which accrue to low student retention and graduation rates.

Timeline: Intermediate recommendation

Appendix D for Long-Term Effects of Poverty Report

Food Insecurity
In Indiana, 253,000 people, or 10.2% of the state population, are food insecure, meaning that they have limited or uncertain access to nutritionally adequate and safe food. 91,000 (3.6%) of households are very low food secure.
(http://www.frac.org/pdf/SOS_2008_withcover_nov08.pdf) Accessed: March 2010

Low birth weight
In Indiana, the percent of low-birth weight babies has risen 15% (from 7.4% in 2000 to 8.5% in 2007). Indiana ranks 30th with babies of low birth weight among all states. (Annie E. Casey Foundation, 2010 Kids Count Data Book www.datacenter.kidscount.org).

In comparison to normal weight babies, low birth weight infants are more likely to experience physical and developmental problems, to require special education classes or to repeat a grade. http://www.in.gov/isdh/reports/natality/2007/highlights.htm)

Infectious disease
Children in poverty are 3.6 times more likely to have poor health and 5 times more likely to die from an infectious disease. (www.cga.ct.gov/coc)

Asthma
Poor children are at a higher risk for asthma and lower respiratory illness. (Aber, Bennett, Conley, & Li, 1997)

Obesity
Thirty-four percent (34%) of children from lower income households are obese, compared to 19% of children from higher income households. (www.cga.ct.gov/coc)

Lead poisoning
Poor children are at a higher risk for lead poisoning. (Aber, Bennett, Conley, & Li, 1997)

Injuries
Children from disadvantaged backgrounds have been shown to be at greater risk for injuries resulting from accidents or physical abuse/neglect. (Aber, Bennett, Conley, & Li, 1997)

Special Health Care Needs
Indiana has a higher percentage of children with special healthcare needs than both Region V states and the national average. Additionally, according to 2006 data, it appears that not only is the prevalence of children with special needs growing faster than the national average but also that more of these children live at poverty levels than other states in Region V, but these differences are not statistically different. (p. 111)
(http://www.in.gov/isdh/files/Indiana_FY_2011-2015_Needs_Assessment.pdf)

Homelessness
Of the 285,000 children living in poverty in Indiana, one out of every twenty (5%) are

homeless. 25%-40% of homeless individuals are families with a single woman as head of household with 2-3 children. Homeless children have higher rates of hunger, developmental delay, depression, anxiety, behavior problems, poorer school performance, school failure and need for special education, poorer achievement rates of reading, spelling, and math compared to higher socioeconomic group children.

Lack of Family Stability
Parents living in poverty are more likely to endure stress, evidence mental health problems (e.g., depression, anxiety), and experience heightened marital/partner conflict. All of these factors, in turn, adversely affect the quality of parenting and subsequently, the parent-child relationship. (Sesma, 2003).

"Research results suggest that owing to the chronic stress of poverty, parents are more likely to display punitive behaviors….and less likely to display love and warmth…Since a supportive and stable home environment is important for children's mental health and development, receipt of long-term harsh treatment results in an insecure emotional attachment of children to their parents and subsequent behavioral problems, poor goal orientation, low levels of self-confidence and social competence, and a greater tendency towards inconsistent conduct and behavior." (Aber, Bennett, Conley, & Li, 1997)

Children's Social and Emotional Outcomes
One study found that long-term poverty is associated with children's inner feelings of anxiety, unhappiness, and dependence, while current poverty is associated with acting out, disobedience and aggression. (Moore, Driscoll, Zaslow & Redd,2002).

"Children from poor families are also at greater risk for experiencing behavioral or emotional problems such as antisocial behavior (Aber, Bennett, Conley, & Li, 1997; Duncan & Brooks-Gunn, 1997; Miech, Caspi, Moffitt, Wright, & Silva, 1999; Takeuchi, Williams, & Adair, 1991), as well as internalizing behavior problems, such as depression (McLeod & Shanahan, 1996; Miech et al., 1999; Takeuchi et al., 1991). Similarly, poor children show difficulties with aspects of social competence including self-regulation and impulsivity (Takeuchi et al., 1991), abilities associated with social-emotional competence (Eisenberg et al., 1996). "(Aber, Bennett, Conley, & Li, 1997)

Reduced Cognitive Abilities and Lower School Achievement
Infants and toddlers from lower-income families score lower on cognitive assessments than those from higher income families. http://www.childtrends.org/Files/Child_Trends-2009_07_10_ES_DisparitiesEL.pdf).

A review of ten studies on the effects of poverty on children concluded that poverty has large and consistent associations with negative academic outcomes. (Moore, Redd, Burkhauser, Mbwana, Collins, April 2009).

Poor children who go hungry perform significantly below non-hungry low-income children on standardized tests. In addition, Children that live below the poverty level are 1.3 times more likely to have developmental delays or learning disabilities than non-poor children. (www.cga.ct.gov/coc)

Parents of poor children have fewer resources to invest in them and, as a consequence, their homes have fewer cognitively-stimulating materials, and their parents invest less in their education. Haveman, Robert, Wolfe, B, 1994. Succeeding Generations: On the effect of investments in Chidlren. New York: Russell Sage Foundation.

"We have unequivocal evidence that poor children are more likely than non-poor children to manifest developmental delays and learning disabilities (Brooks-Gunn & Duncan, 1997; Klerman, 1991), to have lower IQs (Brooks-Gunn, Klebanov, & Duncan, 1996; Duncan, Brooks-Gunn, & Klebanov, 1994), and to repeat a grade or to drop out of school (Brooks-Gunn & Duncan, 1997; Children's Defense Fund, 1997)." (Aber, Bennett, Conley, & Li, 1997)

Even after controlling for relevant parent characteristics (e.g., education), poor children begin kindergarten with significantly lower achievement in math, reading, and general knowledge than their higher income peers (Gershoff, 2003; Lee & Burkham, 2002; West, Denton, & Germino Hausken, 2000) and increasingly fall behind as they progress through school (Fryer & Levitt, 2004, 2005; Rathbun & West, 2004)." (Aber, Bennett, Conley, & Li, 1997)

While the Indiana high school dropout rate has improved (from 13% in 2000 to 8% in 2008), Indiana still ranks 36 nationally for percent of teens not in school and not high school graduates. (Annie E. Casey Foundation, 2010 Kids Count Data Book www.datacenter.kidscount.org).

High school students from low income families drop out of school six times as often as student from high-income families. (www.cga.ct.gov/coc)

Appendix E: Public Forums

The Commission held five public forums in Muncie, two in Indianapolis, Evansville and Gary. Despite the geographic distance between these points, some of the concerns were the same regardless of where people lived. They expressed frustration over a system they saw as too rigid, where someone either was eligible for all services or none. Even when people wanted to do the right thing and get a better paying job, they feared that they would lose all their benefits before they made enough from their new job to cover all of their needs. A summary of remarks made at the public forums follows.

Muncie Public Forum 10/13/11

- A mother tells how her child has CP and is blind. The child attended the Indiana Blind School, but the mom had to quit her job every summer because she had no day care options for someone with a disability. At one point she became so desperate she even contacted an adoption agency because she did not think she could provide her child with a quality life.
- Another mother who has 3 kids explained she was a foster parent and adopted two of these children. One has psychiatric special needs. One was addicted to everything under the sun when born. This mother is now divorced. Her whole life is with kids. She had to drop out of school and is now applying for services, but makes $4 a month too much and has been denied services. She now feels guilty for taking them out of one bad situation and putting them into another. When applying for help they told her she can get a second job. But this won't work because she can't afford child care. Children need a consistent caregiver. This mom lives pay check to pay check.
- One mother speaks of how her child was turned down at a day care facility because he needed too much attention. Found an alternative, but later learned her child was beaten at the facility. She wondered why parents or family members can't be paid to care for children
- A parent asked why when parents go to work, they lose their benefits rather than being gradually taken off. When people move from low wage jobs to higher paying jobs, benefits are lost immediately. The system penalizes them by cutting their benefits. Therefore, it doesn't seem very compelling to even want to move toward any higher goals.
- One man questioned what children were receiving to eat at a summer program that provides a free lunch. The children received the same food every day: tortilla chips, apple, juice, tub of cheese. He questioned whether this supports a healthy life style and outcome.
- One woman who is participates in the Circles Campaign said since she started a lot of positive things have happened. She is now getting support to get a better paying job. She doesn't have insurance, but kids are covered with Medicaid and getting food stamps. She is going to school and passing classes. Before Teamwork there was no one to talk to. She is now working full time and going to school and doesn't see her kids much. She gets the kids up at 3 am so she can go to work.

- – Circles or programs that offer relationship support work. They provide a friend to help people move towards the changes they need.
- A divorced mother applied for food stamps even though she always hoped she wouldn't have to. She was working by teaching children with special needs yoga. When she came up for review, the food stamp worker look at the income for that week. That happened to be a week when she received a check paying her for 10 weeks of work. She also received a month's pay from a second job. Her first case worker broke the income down by the week, but she was then reassigned to a new caseworker who refused to break her income down by the week and told her she wasn't entitled to the money and she was lucky she didn't have to pay it back. The case worker told her she had assets, i.e. a car that she could sell. The caseworker didn't factor in the reality of the world. She recommended ceilings need to be adjusted to meet the reality of people's lives.
- A mother said she has a teenage daughter who got pregnant. She had unprotected sex despite the fact they had discussed birth control. She is not the first of her friends to get pregnant. There has been a whole line of these kids through their house. The house is a safe haven for these kids who were ignored by their own families. She feels unable as a parent to make an impact. She asked, "What are we doing now and what is making an impact?"
- A forum participant asked with the lack of living wage jobs how will the parents be able to sustain or reach self sufficiency?

Indianapolis Public Forum 10-20-11

- One ally in Circles said he grew up on eastside in a working class neighborhood. His father told them they were not quite poor; they didn't get food subsidy. There were 5 kids. At age 14 he got a paper route. He was told to buy all of his own clothes and stuff for himself. He walked 1 ½ miles to school, at Arsenal Technical High School. At Tech, he realized for the first time how poor he was and how his poverty created a difference from others. Now he is a CPA. He feels lucky that he picked up on the fact that there are opportunities out there. That is why he is an ally. To help people see the opportunities. They just need to take a risk.
- Some of the traits of poverty are being not responsive, don't have skills or know the opportunities, and being isolated. I want people to understand there are opportunities. Circles is to help people get future story. Sometimes in poverty is to feel like you will never get out of it because it is so deep. Three things people in poverty need: safe, affordable housing, child care, and transportation. Bus service in Indianapolis is insufficient.
- Some kids move every two weeks. Can you imagine the uncertainty that creates? It's like saying, "You are not good enough to stay anywhere for awhile." The key ingredient that needs to be addressed is knowing they don't have to move all the time
- There is a definite skill set needed to live in survival mode. There is also a skill set

for living in the middle class. Most of our institutions are middle class. It would be great if Bridges out of Poverty was taught to the judiciary. If judges understood the hidden rules of class, they would understand why people come to court dressed as they do, etc. They would better understand the whole world view around food, money, time, etc.

- You don't actually see poverty until you experience it. Catching a bus, finding work for people in poverty when they don't have a home or education; it's twice as hard to get what they need. They are struggling. It's hard for little kids when their mom is always away working. There are programs but they cost money. That means the parents need to work two jobs. There needs to be free tutoring sessions that will be offered in all schools.

- People are in near poverty; the working poor. Those who are working and doing everything they can to provide for their families and hit the wall of the system because there isn't a percentage of help available to this group.

- There are families who come from the Julian Center who move from shelter to shelter and have no place to live. Some have felonies and some have mental health problems that get in the way.

- We were from the lower middle class. My mom adopted 2 relatives. In Indianapolis there are a lot of boarded up houses that could be used for housing. I'm a carpenter and could work with those homes. I'd like to be a part of that.

- I live in poverty. I am trying to get into schools. I can't get assistance. They tell me I make too much money. I want to go to school. I am barely making it. Felonies are a big barrier for some. I work for the Superbowl and if someone has a felony conviction on their record, it has to be 10-years old before they can be hired. We need to tell the kids they need to stay on the straight and narrow path and how important it is to get an education; go to college. We need more transitional housing, particularly for the young.

- Child support – so many women are not getting it. There seems to be a lot of ways to skip it.

Native American Public Forum, Indianapolis – 11- 21-11

- Several members stated that the parent must be provided the necessary support systems to get out of poverty before families, including children, will economically have a fighting chance.
- A participant who is a service provider in the native American community stated that Native American people who seek assistance fall into three groups: Those who have been in the system and know how to manipulate it; Displaced workers denied temporary assistance services ; Native Americans who have left the financial destitution of the "rez" for urban areas in Indiana experience a culture shock and do not know how to negotiate the complex social services system
- Native Americans who have left the financial destitution of the "rez" for urban areas in Indiana experience a culture shock and do not know how to negotiate the complex social services system
- Additional mental health care is needed, especially with younger children, including intervention with families to break the generational cycle of addiction.
- One participant commented that the "welfare department needs more structure" and further stated that it is necessary to "break the cycle" of child abuse and neglect and the repeated cycle of placing children in foster care only to return them to parents who are unable to care for them. Another participant stated the emphasis needs to be on parents to be more responsible and accountable:
- Parenting classes need to be longer and culturally relevant
- Increased use of supervised visits for children in placement outside the home
- Indiana needs to comply with the federal Indiana Child Welfare Act (1978) that defines tribal involvement regarding placement of Native American Children in foster and adoptive families when returning children to their homes/family of origin is not possible.
- Native Americans "don't go to the government for help" because of mistrust over many years of previous negative, and in some cases, harmful experiences. Native Americans rely on a less formal system of organizations to identify assistance agencies, indicating a need to educate state and local government providers about the reluctance of Native Americans to seek services and how to use the naturally occurring network.
- Services vary considerably depending upon whether you are a "card carrier" (enrolled tribal member) and have federal tribal recognition or whether you are a "non-card carrier" Native American.
- Lack of available Indian Health Services in Indiana. Closest IHS outpatient clinic is within the Potawatomi tribal services at Dowagiac, MI. The closest IHS medical centers are in Tennessee or Wisconsin.
- Many Native Americans are not eligible for services "off rez" (outside the identified Indian reservations); since Indiana has no federally recognized tribes and

only 1 is state recognized (Miami), there are no reservations and therefore no services.

- Area hospitals do not recognize IHS services/payment and Native Americans are frequently refused services
- Lack of primary health care or medical home; county funded hospitals refuse to allow Native Americans who are tribally enrolled to apply for discounted services or primary care services.
- Honor federal treaties; respect Native American customs, languages and differences between tribes
- Several individuals emphasized a need for mentoring programs to work with children to help them succeed.
- Incorporate the tribal elders to help teach morals and ethics
- Public school education needs to include appropriate cultural information, both historic and current, about the presence of Native Americans and their homelands in Indiana. Indiana school systems need to comply with applicable laws regarding Native American students
- Better provider communication on information about and access to temporary assistance services.
- The group recommended that Governor Daniels re-appoint the Commission on Native American Affairs so that money generated from the sale of the Native American Trust License plate that is currently in the general fund, and earning interest for the state of Indiana, can be appropriated to Native American organizations as seed money for mentoring programs and other efforts aimed at reducing poverty in the Native American community.
- Several members expressed the sentiment that if it were not for the American Indian Center of Indiana, they would not have known how to access assistance in times of need and crisis.

Evansville Public Forum 11-21-11

- An individual's behavior is one of the reasons for poverty, but even if a person does everything right, they can still end up in poverty. Other factors involve community support for those trying to get out of poverty and preventing an automatic loss of benefits the minute a person does get a job.
- State Rep. Gail Riecken said in talking about poverty, child welfare, we really do need an encompassing report. I t would be childhood poverty, also the long term care, finding out the status of our children. The last report was done in 1997 that we know of that looked at the expenditures spent on children. I think it is important that all of us on the state level to know where the money is going, what has changed and as these statistics don't improve, why don't they.
- A need to train teachers, school social workers and school counselors to

recognize when teens are homeless.

- Poverty h as a big impact on children. Local statistics show that about 15.3 percent of families with children under the age of 5 meet the federal poverty levels in Vanderburgh County alone. In Warrick County the number is 19.9 percent. In Spencer County it's 16.7 percent. What we know and research has shown us is that those early years are the most critical time for young children. When young children live in chronic crisis, they don't have the right nutritional levels, the appropriate housing. If a mother has difficulties with depression we know that will impact a young child's literacy level. When we look at young children we know that about 85 percent of brain development happens before the age of 5, so it is a critical time. What we know about public investment is that about 95 percent of it takes place after a child turns five and goes into formal education. That is a big disconnect for the children of our community, particularly for children living in poverty. What we know about children from low-wage families is they are typically, one to two year behind in literacy development. By the age of 4, poor children will have heard 30 million fewer words. That is such a disservice to our children in our community. We know children from middle class families by the third grade with well educated parents average 12,000 words in their vocabulary, while the same child, who lives with a low income family has about 4,000 words.
- Invest in libraries to enhance literacy among children in poverty.
- Patty Avery, former co-chair of the Homeless Youth Coalition. During the 4 years she worked on that effort she came to see how poorly we facilitate the transition of youth aging out of foster care. Our coalition and youth serving organizations from around the state supported the legislation that extended foster care to 21. We did so because of longitudinal studies from Chapin Hall that clearly indicated improved outcomes for these youth. When the legislature passed a bill on this we were very excited, but as that bill has been administered very few youth have been allowed to remain in foster care. I understand there are budget constraints, but when it came out in the newspaper, that Judge Payne returned over $100 million, way to much, when we know from the Chapin Hall studies that showed teens between ages of 18 to 19, allowing a young woman to remain in foster care leads to a 40 percent decrease in pregnancy. What they are finding is we will spend the money whether they remain in foster care or not. Many of the teens have been unable to finish high school because of the transition from foster home to foster home. State law did a great job of requiring school corporations to provide transportation, however school corporations are strapped and can't always provide that transportation. When we do these things, I feel like it's a classic case of being penny wise and pound foolish because we will deliver other

forms of social service to them.

- Cap lending fees at pay check loan businesses. The pew charitable trust did a study for us in Evansville in 2008. The study found $6 million went out of our economy to lending fees. That is a lot of money coming out of the pockets of families that can least afford it. In Indiana, lending fees are 5 percent while in other states they are capped at 2- 2 ½ percent.
- Indiana has helped ensure children receive health care, but their parents are being left out in the cold, leaving them to postpone getting checkups because they can't afford it.
- Indiana needs to look at capping utility costs for people in poverty. State Rep. Riecken she is aware of people who use generators to provide enough electricity to warm their houses or keep a refrigerator running.
- Spokesperson for the St. Vincent Center for Children and Families said the center is nationally accredited we have 30 slots that could be filled tomorrow in a county where there are 800 people on the waiting list for assistance to pay for child care. In conversations with an Evansville principal, she learned that out of 62 kindergartners, only 9 were involved in a quality early education program. Five of those 9 were from the St. Vincent Center. What that means is there were 50 children weren't enrolled in such a program and often they don't even know their last names, how to raise their hands to go to the bathroom, don't know how to walk in a line, follow directions. I can only imagine the devastating numbers across the state. She also noted state regulations have made it difficult for the center to develop a partnership with the Head Start Program, which the Head Star Center wants to do.
- . Woman who is a pediatric pre-natal social worker and was on the homeless outreach team: A lot of what I see is the all or nothing approach. Either people are eligible for everything or nothing. I would like to see a credit for people who don't use certain services. Everyone has different support systems available to them. Some people seemed to get punished in a way for not participating in some things and over participating in others.
- Poverty looks different in the rural counties. Providing services is going to have to look different than in cities like Indianapolis, Evansville and Fort Wayne. Sometimes it's difficult for service providers to have staff in rural counties, so the expectation is they will come to the city. We know public transportation s a problem and it is a major problem in rural counties. I think there is a mentality in rural communities where you want to take care of yourself and don't want to go to the government for a handout. We need some strategies around how to help people understand that asking for assistance is the right thing to do. Another thing is trying to figure out how to do a better job of getting federal funds to rural counties. People don't see any federal funding that comes through the state and if money gets here, it is exclusively

used in Evansville. We appreciate those services in Evansville, but they are needed in rural areas too.

- There is an attitude in the rural counties that you don't have in the city. Sometimes they are embarrassed about their home situation and they don't want you come into their home because of appearance, and two because they are afraid of someone reporting the situation they live in and they can't change it. I have walked with people who were homeless. I found them in a park with their children in a tent. The cold weather was coming on. It was hard to get lodging for them because they couldn't come up with deposits on everything including past utility bills. They don't have vehicle because couldn't afford insurance even if could afford the payments. They don't have friends they can count on for transportation. There are a number of shelters in Evansville, but there is not one in Warrick County. The parents say I don't know what we are going to do, we are going to be out on the street in just a few days and we have no place to go. I say would you consider a shelter in Vanderburgh County. The answer is no and reason is the families feel like they don't want their children to have to change to a new school system. Parents go to work and work those long hours for minimal wages. They come home and they are beat and they have to get ready to go to a second job. But in doing that get knocked out of the income guidelines for insurance coverage and food stamps.
- Drug use, particularly meth, remains a problem. Poverty contributes to meth use because people see it as an alternative economy…make it cheap and sell it for a lot. But meth users invariably end up in poverty and it is extremely addictive. A lot of our inmates end up in prison and then come out of prison, clean and want to get started but have a felony record and can't get jobs or housing. Also sees families with mental health issues but have no resources to get help. It is getting harder and harder to get medications and mental health evaluations and the state is less willing to pay for services.

Gary Public Forum 12-8-11

- Erika, single parent with 2 young children. Graduated from IUN, teaching for 7 years before she was laid off. She subs every day and does not receive any assistance. I do everything and pay for everything. All I want is more education so I can be more marketable. I don't care; I'll do hair, anything. Workforce, everyone asks are you a veteran or Hispanic. Seem to want most to help those with no skills or education rather than helping those who have proven themselves.
- What is the state doing with the banks and foreclosure? There is a lot of housing sitting empty and apartments are hard to come by.
    - There are a lot of programs available but when you apply for it there are always guidelines such as income or housing status. There shouldn't be

guidelines. These were written in a different time and they no longer work in this time. There aren't enough resources in NW Indiana.

- Loretta explains the goal of Sojourner Truth House is to break the cycle of generational poverty. Daily, trying to build hope. No continuum to reach an end point. Shelter system – can stay 10 days at one shelter, 21 days at another. Finding a place and landlords who will work with them is almost impossible. Nothing rapid about services. Have to compromise your truth to meet criteria. We help them find housing and financial connections. Policies don't make sense.
- Food bank rules do not allow them to take a 50-pound bag of rice and re-package it into smaller bags.
- Historically there were programs that worked. They worked so they stopped them. For example, students were allowed to attend college without passing an entrance exam. Once in college, they became successful students. If child is in poverty, the parent is in poverty. Look beyond the child and get the mother smiling. All monies that come here are funneled into the same 2 agencies and it doesn't get out. Programs brought in by the state need to be monitored.
- Food banks. Most undignified way to give food. People lined up like cattle. Bread is moldy and vegetables are wilted. Assume family can cook the food you give them.
- Housing. Rules are made to affect parent but the fallout is on the child. Make parents the villain. Gary has maxed out limit of section 8 housing.

Appendix F: Public and Private Programs which address the reduction of childhood poverty.

Publicly Funded Programs

The State of Indiana has approximately 38 public programs addressing the reduction of childhood poverty. These programs receive funding at both the state and federal level. For the purpose of this summary, public programs were divided into six (6) categories: (1) Housing Programs, (2) Child Care and Early Education Programs, (3) Educational Programs, (4) After School and/or Mentoring Programs, (5) Workforce Training and Economic Stability Programs, and (6) Health and Nutrition Programs. These categories mirror the provisions for improving childhood poverty mentioned later in this report. In the sections to follow, the public programs are introduced and summarized. Information about these programs was obtained from the 2010 Indiana State Budget and program representatives. For additional information, please see Table 1.

Housing Programs

1. Affordable Housing and Community Development – The Affordable Housing and Community Development Fund makes low-interest loans available to families living in poverty.
2. **Community Development Block Grant** – The Community Development Block Grant provides housing for youth, emergency relief, and farm workers. Funding

from the block grant can also support the rehabilitation of homes and rental properties.

3. **Community Service Block Grant** – The State of Indiana uses Community Service Block Grants to fund the development of new community organizations who will serve children and families living in poverty (i.e. community centers).
4. **Emergency Assistance –** Emergency Assistance is provided to families through the Indiana Department of Child Services. The Indiana Department of Child Services must substantiate an allegation of child abuse and/or neglect against the family. The goal of Emergency Assistance is to provide shelter, counseling, clothing, and homemaker services to these families to keep children in their care.
5. **Energy Assistance Program –** The Energy Assistance Program provides financial assistance to low-income households to maintain utility services during the winter. Indiana offers other utility programs such as the Low-Income Heating and Energy Assistance Program and the Weatherization Assistance Program. Indiana also has a Lifeline/Link-Up program to provide low-income families with local telephone service.
6. **HOME Program** – The HOME Program is the largest federal block grant providing affordable housing to low-income households. Indiana uses HOME funds for grants, direct loans, loan guarantees, and rental assistance for families living in poverty.
7. **Section 8** – The federal government provides Housing Choice Vouchers to low-income families so they can afford decent, safe, and sanitary housing in the private market. Eligible families are responsible for finding a suitable housing unit where the owner agrees to rent under conditions of the Section 8 program.

Child Care and Early Education Programs

1. Child and Adult Care Food Program – Organizations receiving the Child and Adult Care Food Program provide nutritious meals to nonresidential child care facilities.
2. **Child Care and Development Fund** – The Child Care and Development Fund assists low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work or attend training/education.
3. **First Steps Program** - First Steps provides early intervention services to infants and young children with disabilities or who are developmentally vulnerable. First Steps serves families with children age birth to three (3) years. Available services include: assistive technology, health and medical services, occupational therapy, physical therapy, psychological services, social work services, and speech and language pathology.
4. **Head Start/Early Head Start** – The Head Start program provides comprehensive services for low-income children and their families. Children from birth to age five (5) living below the poverty line are eligible for preschool programs.

Educational Programs

1. 21st Century Scholars Program – This program supports Indiana's effort to raise the educational aspiration of low to moderate income families by providing young people an opportunity to attend college.
2. **Early Intervention Programs** – Early intervention programs provide diagnostic

assessments to determine the occurrence of developmental delays in children.

3. **National School Lunch Program** - The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. The program provides nutritionally balanced, low-cost, or free lunches to children each school day.
4. **Part-Time Student Grant Program** – The Part-Time Student Grant Program provides financial assistance to young adults from low-income families who are taking between six (6) and 12 credit hours of post-secondary schooling.
5. **Rural and Low Income Schools Program** – The purpose of the Rural and Low Income Schools Program is to provide financial assistance to rural and often low-income school districts so they can meet Indiana's educational requirements.
6. **School Breakfast Program** – The School Breakfast Program provides cash assistance to Indiana to operate nonprofit breakfast programs in schools and residential childcare institutions.
7. **Special Milk Program for Children** – The Special Milk Program for Children provides milk to children in schools and childcare institutions who do not participate in other federal meal service programs. Schools and institutions participating in federal meal service programs may still participate in the Special Milk Program to benefit pre-kindergarten and kindergarten programs.
8. **Textbook Reimbursement Program** – The State of Indiana provides payment for elementary and secondary school textbook rental fees for low-income families.

After School and/or Mentoring Programs

1. School Age Child Care Project – The School Age Child Care Project provides care to children between the ages of five (5) and 13 for before and/or after school, during periods when school is not in session, and for students who attend half-day sessions.
2. **Summer Food Service Program** – During the school year, nutritious meals are available through the National School Lunch and School Breakfast Programs. The Summer Food Service Program provides meals during the summer.

Workforce Training and Economic Stability Programs

1. Indiana Manpower Placement and Comprehensive Training – The Indiana Manpower Placement and Comprehensive Training program is designed to help recipients of Food Stamps and TANF achieve economic self-sufficiency through education training, job training, and job placement.
2. **Individual Development Accounts** – Individual Development Accounts provide households the opportunity to build assets, accumulate savings, and learn personal finance skills so they may pay for education, start or buy a business, or buy a home.
3. **Temporary Assistance for Needy Families** – Temporary Assistance for Needy Families is a program providing cash assistance to children under the age of 18 who are deprived of financial support from one or both of their parents.
4. **Workforce Investment Act Youth Services** – This program serves income

eligible youth ages 14-21 by providing access to tutoring, study skills, dropout prevention, alternative secondary school offerings, summer employment opportunities, paid and unpaid work experiences, occupational skills, training leadership, and other supportive services.

Health and Nutrition Programs

1. Children's Health Insurance Program – The Children's Health Insurance Program is a state and federal partnership providing low-cost health insurance coverage for children in families who earn too much income to qualify for Medicaid but cannot afford to purchase private health insurance coverage.
2. **Immunization Programs** – Administered through the Indiana Department of Health, this program strives to prevent disease, disability, and death in children, adolescents, and adults through vaccinations.
3. **Children's Psychiatric Services** – These psychiatric services are available to low-income children with either a diagnosed or possible mental disorder. Psychiatric services include counseling, therapy, and medication monitoring.
4. **Children's Special Health Care Services** – This program provides supplemental medical coverage to children age birth to 21 who have serious, chronic medical conditions.
5. **Commodity Supplemental Food Program** – The Commodity Supplemental Food Program provides meals for low-income, pregnant, breast-feeding women, other new mothers up to one (1) year postpartum, infants, children up to age six (6), and elderly people at least 60 years of age by supplementing their diets with nutritious USDA commodity food.
6. **Community Mental Health Centers** – Community Mental Health Centers often provide free or low-cost comprehensive mental health services to individuals from low-income families. Services might include: inpatient, outpatient, home-based, school, and community-based programs.
7. **Food Stamps** – This program is designed to raise the nutritional level of low income households by supplementing their food purchasing dollars with a predetermined allowance for food.
8. **Healthy Families Indiana** – Healthy Families Indiana is a voluntary home visitation program. Services are provided at no cost and can include: child development, access to health care, parenting education, family incentives, and community education.
9. **Lead Based Paint Programs** – These programs evaluate and remediate lead-based paint hazards in pre-1978 low-income privately owned housing. These programs also screen children for lead poisoning and provide treatment to those affected.
10. **Maternal and Child Health Supplement** – This program provides Iron-Folic Acid supplements to women of reproductive age to promote optimal maternal and child health.
11. **Pre-Natal Substance Use Prevention -** The Prenatal Substance Use Prevention Program is a three-tier prevention program administered by the Indiana State Department of Health and funded by the Indiana Division of Mental Health, the Indiana Tobacco Prevention and Cessation Program, and the Maternal and Child

Health Services. The goal of this program is to prevent poor birth outcomes by assuring babies born in Indiana are born to women who decrease or eliminate alcohol, tobacco, and other drug use during pregnancy.

12. **Rx for Indiana –** This program consists of a number of patient assistance programs offering discount prescription medicines, direct from pharmaceutical manufacturers, for low-income individuals.
13. **Women, Infant, and Children –** This is a nutrition program designed to improve access to healthy foods, promote healthier eating, and promote positive lifestyle choices.

Summary

Of the 38 publically funded programs, all of them are available to individuals living at 100% to 120% of the Federal Poverty Guidelines. Individuals living between 120% and 150% of the Federal Poverty Guidelines have access to approximately 80% of these programs. Individuals living between 150% and 185% of the Federal Poverty Guidelines are eligible for approximately 50% of these programs. Those living between 200% and 250% of Federal Poverty Guidelines are eligible for approximately 20% of these programs.

Table 1. *Government Funded Programs*

Government Funded Programs	Target Population Served	State and Federal Funding Level (2010 State Budget)
Affordable Housing and Community Development	80% or below Area Median Income	$1,000,000 (state)
Community Development Block Grant	125% or below Federal Poverty Guidelines	$32,640,317 (federal)
Community Service Block Grant	125% or below Federal Poverty Guidelines	$675,445 (federal)
Emergency Assistance	250% or below Federal Poverty Guidelines	$12,795,123 (state)
Energy Assistance Program	125% or below Federal Poverty Guidelines	$237,963 (state) $976,514 (federal)
HOME Program	80% or below Area Median Income	$3,000,000 (federal)
Section 8	50% or below Area Median Income	Federal Funds (unable to locate approximate dollar amount)
Child and Adult Care Food Program	Between 100% and 185% Federal Poverty Guidelines	$39,259,227 (federal)
Child Care and Development Fund	127% or below Federal Poverty Guidelines	$36,177,449 (state) $136,346,730 (federal)

First Steps Program	All Inclusive	$6,376,608 (state) $58,135,312 (federal)
Head Start/Early Head Start	Program Specific (varies based on family size)	$67,648 (state) $175,000 (federal)
21st Century Scholars Program	Program Specific (varies based on family size)	$30,392,500 (state) $18,827,976 (federal)
Early Intervention Programs	At or below Federal Poverty Guidelines	$4,720,000 (state)
National School Lunch Program	Free at or below 130% Federal Poverty Guidelines; Reduced price between 130% and 185% Federal Poverty Guidelines	$5,400,000 (state) $218,774,808 (federal)
Part-Time Student Grant Program	200% or below Federal Poverty Guidelines	$5,462,100 (state)
Rural and Low Income Schools Program	Funds provided to schools	$296,508 (federal)
School Breakfast Program and Special Milk Program for Children	Free at or below 130% of Federal Poverty Guidelines; Reduced price between 130% and 185% Federal Poverty Guidelines	$2,768,991 (federal)
Textbook Reimbursement Program	185% or below Federal Poverty Guidelines	$39,000,000 (state)
School Age Child Care Project	Up to and including 190% Federal Poverty Guidelines	$955,780 (state)
Summer Food Service Program	Free at or below 130% Federal Poverty Guidelines; Reduced price between 130% and 185% Federal Poverty Guidelines	$5,808,848 (federal)
Indiana Manpower and Comprehensive Training	130% or below Federal Poverty Guidelines	$2,569,253 (state) $4,585,125 (federal)
Individual Development Accounts	150% or below Federal Poverty Guidelines	$1,000,000 (state)

Temporary Assistance for Needy Families	130% or below Federal Poverty Guidelines	$39,075,973 (state) $163,233,412 (federal)
Workforce Investment Act Youth Services	Program Specific (varies across the State)	$62,146,626 (federal)
Children's Health Insurance Program	200% or below Federal Poverty Guidelines	$44,818,921 (state) $104,415,590 (federal)
Immunization Program	200% or below Federal Poverty Guidelines	$11,010,000 (state) $3,296,671 (federal)
Children's Psychiatric Services	Program Specific (varies across the State)	$20,423,760 (state)
Children's Special Health Care Services	250% or below Federal Poverty Guidelines	$13,862,070 (state)
Commodity Supplemental Food Program	185% or below Federal Poverty Guidelines	$276,382 (state) $11,140 (federal)
Community Mental Health Centers	Program Specific (varies across the State)	$7,000,000 (state)
Food Stamps	130% or below Federal Poverty Guidelines	$56,964,688 (state) $678,000,000 (federal)
Healthy Families Indiana	250% or below Federal Poverty Guidelines	$42,452,293 (state)
Lead Based Paint Programs	Program Specific (varies across the State)	$32,646 (state) $1,181,164 (federal)
Maternal and Child Health Supplement	300% or below Federal Poverty Guidelines	$190,000 (state)
Prenatal Substance Use Prevention	Program Specific (varies across the State)	$550,600 (state)
Rx for Indiana	200% or below Federal Poverty Guidelines	$1,117,830 (state)
Women Infant and Children	Between 100% and 185% Federal Poverty Guidelines	$190,000 (state) $141,270,959 (federal)

Housing Programs

Child Care and Early Education Programs
Educational Programs
After School and/or Mentoring Programs
Workforce Training and Economic Stability Programs
Health and Nutrition Programs

Privately Funded Programs

The State of Indiana has thousands of privately funded programs addressing the reduction of childhood poverty. A majority of these programs are 501(c)(3) charitable organizations. These programs rely primarily on grant funding, fundraisers, and other donations to deliver services and goods. For the purpose of this summary, privately funded programs were divided into the same six (6) categories discussed above: (1) Housing Programs, (2) Child Care and Early Education Programs, (3) Educational Programs, (4) After School and/or Mentoring Programs, (5) Workforce Training and Economic Stability Programs, and (6) Health and Nutrition Programs. While possible to define each publicly funded program, the same is not feasible for those receiving private funds; rather, multiple examples for each category are discussed below. Programs were identified with the assistance of Connect2Help, Indiana University's Nonprofit Directory, local Chamber of Commerce officials, representative from public libraries, and a variety of internet searches. Descriptions were taken from each programs mission, vision, and values. For sample programs (not an exhaustive list) available in each of Indiana's 92 counties, please see Appendix A.

Housing Programs

1. **Community Action of Southern Indiana –** The Community Action of Southern Indiana operates a housing choice voucher program promoting safe, decent, and affordable housing for low-income families. The Community Action of Southern Indiana partners with approved landlords to locate housing for individuals living in poverty.
2. Habitat for Humanity – Habitat for Humanity builds simple, decent, and affordable houses for low-income families all across Indiana. Habitat for Humanity provides services in 69 of Indiana's 92 counties.
3. In-Pact Inc. – In-Pact Inc. is involved in the development and management of affordable rental apartments throughout southern Lake County and Porter County, Indiana. These rental apartments are available to low-income families.
4. Path Stone – Path Stone provides individuals and families with education about the home buying process and wealth/asset building. These services enable families to move toward the successful purchase of safe and affordable housing.

Child Care and Early Education Programs

1. **Childhood Connections –** Childhood Connections helps low-income families find quality child care by connecting them to area resources. Childhood Connections places a special emphasis on supporting teen parents who are pregnant or parenting in attaining their high school or post-secondary education.
2. **Early Childhood Alliance –** The Early Childhood Alliance operates three (3) accredited children's centers in Fort Wayne, Indiana. Each center provides quality early childhood education to children from low-income families. The center also provides a database for locating additional low-cost child care programs in Northeast Indiana.
3. **Early Childhood Education Center –** The center's mission is to help all children in Howard County be successful when they enter kindergarten. The center does this by providing information and ideas to parents, providing children with educational toys, and referring children and families to other community organizations.
4. Success By 6 – The Success By 6 program is organized by the United Way of Central Indiana. This program increases school readiness and helps children succeed by focusing on developmental needs, early literacy, and preparation for Kindergarten.

Educational Programs

1. **Community Education Coalition –** The Community Education Coalition makes available resources necessary for children and youth to have educational and vocational success. The Community Education Coalition strives for total community involvement in education and enhancing community programs focusing on education and vocation in Southeast Indiana.
2. Danielson Center – The Danielson Center helps high school youth understand college admission processes, provides academic advising, helps with preparing application documents, and locating financial assistance.
3. Project Learn – Project Learn provides homework help and tutoring to children after-school and during summer months. Furthermore, the program helps youth practically apply what they learn in the school by making positive and productive choices about how they spend their leisure time at home and in the community.
4. United Way – The United Way has multiple programs across Indiana aiming to achieve four goals: (1) for all children to read proficiently by the fourth grade, (2) helping children make a successful transition from elementary to middle school, (3) promoting four year high school graduation, and (4) preparing youth for success in college, work, and life. The United Way has 49 local chapters across Indiana.

After School and/or Mentoring Programs

1. Big Brothers Big Sisters – Big Brothers Big Sisters helps children reach their potential through one-on-one relationships with mentors. Mentoring relationships are available for all children who need and want them. Mentors contribute to the child's

future, academic success, and social life. Big Brothers Big Sisters serves most of Indiana's 92 counties.

2. Boys and Girls Club of America – The Boys and Girls Club of America enables all young people, especially those in need, to reach their full potential as productive, caring, and responsible citizens. The Boys and Girls Club of America provides children and youth with a safe place to learn, ongoing relationships with caring adults, and life-enhancing programs. The Boys and Girls Club of America serves most of Indiana's 92 counties.
3. College Mentors for Kids – College Mentors for Kids connects children and youth with local college student mentors. Through weekly after-school activities, mentors show kids the importance of trying hard in school and help them understand higher education opportunities. This program is offered at 20 colleges and universities across Indiana.
4. Project Leadership – The Project Leadership mentoring program is a community partnership that works to weave the dreams, hopes, and futures of our community's most precious resource – young people. This school-based mentoring program matches outstanding community volunteers with local Twenty-first Century Scholars to encourage and guide them throughout their academic high school careers.

Workforce Training and Economic Stability Programs

1. **Goodwill Development Services** – Goodwill Development Services provide a variety of educational, training, and employment services to people with barriers to employment. All programs offered are tailored to meet the needs of each individual served.
2. JobWorks – JobWorks partners with Regional Workforce Boards and Regional Operators and communities to provide workforce staffing services. These services are focused towards assisting low-income and disadvantaged individuals who are often faced with multiple barriers to achieving employment (i.e. low income and limited education).

Health and Nutrition Programs

A majority of the private health programs serving low-income families across Indiana are health clinics and church affiliated hospitals. Many nutrition programs are also church affiliated or sponsored by the United Way or the American Red Cross.

Summary

Unlike the publically funded programs, privately funded programs often do not have strict eligibility requirements (i.e. 125% of the Federal Poverty Guidelines). In other words, privately funded programs are more likely to serve individuals, families, and groups living at various levels of poverty. Private programs also have the capacity to serve a large number of consumers because of the array of programs offered – assuming funding is available. Of the thousands of privately funded programs available, the largest percentages of programs are in Marion, Lake, Allen, and Vanderburgh counties. Franklin, Newton, Starke, Switzerland, and Union counties have the lowest number of services available. Both Switzerland and Starke counties each have one of the ten highest percentages of persons living in poverty.

Discussion

The State of Indiana has an array of public and private programs aimed at reducing childhood poverty. Many of these programs appear to have much success in achieving this charge; however, more must be done to make these programs available, accessible, and adequate to meet the needs Indiana's citizens.

Availability

There is a large disparity between the services available per capita in Indiana's 92 counties. More must be done to make sure services are provided in all communities, income level is not a prohibitive barrier, and services are more consistently available. Furthermore, providers must have operation hours convenient for a diversified clientele.

Accessibility

While locating programs addressing the reduction of childhood poverty is possible, it is a challenging and time consuming process. More must be done to increase awareness and access to these programs for a client's use. In addition, providers must collaborate with one another to make more services convenient at a single location. This will limit the influence transportation, time, and other factors have on receiving services.

Adequacy

Both public and private programs must undergo more thorough evaluation measures to determine what programs are successful and what else is needed. In other words, are the available services sufficient in amount to meet the community's needs? Are services as comprehensive and transformational as possible? In the following subcommittee reports, recommendations will be made to address these questions and other needs identified in this subcommittee report.

Appendix A. *Sample Private Programs (per county)*

County Name	Housing Programs	Child Care and Early Education Programs	Educational Programs	After School and/or Mentoring Programs	Workforce Training and Economic Stability Programs	Health and Nutrition Programs
Adams	Hamilton Pointe Apartments	Kinder Haus Daycare	COPE	Boys & Girls Club of Adams County	Adult Education	Children's Health Connections
Allen	Early Transitional Living	Early Childhood Alliance	East Wayne Street Center	Allen County Big Brothers/Big Sisters	Jobworks	Neighborhood Health Clinic

Bartholomew	Human Services Inc.	Childhood Connections	Bartholomew County Library	Fase Mentoring Program	Columbus Area Vocational Program	Volunteers in Medicine Clinic
Benton	Benton County Community Development Corp.	Lighthouse of Learning Inc.	The Haan Foundation	Otterbein Recreation Association and Community Center	Benton Community Vocational Building Trades Inc.	Fowler Medical Clinic
Blackford	Montpelier Improvement Corp.	Blackford County United Way	Kiwanis International	Blackford County Girls Inc.	Greater Hartford City Chamber of Commerce	Blackford Community Hospital Foundation
Boone	Habitat for Humanity Boone County	Before and After School Care	Boone County Learning Network	Boys & Girls Club of Zionsville and Lebanon	Family Service Association	Boone County Community Health Clinic
Brown	Operation Big Heart	Childhood Connections	Brown County Literacy Coalition Inc.	Outdoor Educational Activities Inc.	South Central Workforce Development Services	Brown County Health Support Clinic
Carroll	Affordable Housing Development	Faith Based Child Care Programs	Lions Club	Town & Country Youth Leagues	Carroll County Adult Literacy Inc.	Family Health Clinic of Carroll County
Cass	Keystone Housing Corp.	Best Child Care	Century Career Center	Cass County Big Brothers/Big Sisters	Work One	American Red Cross
Clark	Clark County Youth Shelter and Family Services	KidTech Child Development Center	Metro United Way	Clark County Youth Programs Inc.	Metro United Way	Family Health Center of Clark County
Clay	Child-Adult Resource Services Inc.	United Child Care	LEAAP Program	Clay Community Parks Association	Clay County Literacy Coalition	Clay County Children's Medical Assistance

Clinton	Area IV Agency	Rainbow Connection Child Care	Frankfort Adult Learning Center	Boys and Girls Club of Clinton County	Family Services of Central Indiana	Open Door Health Clinic
Crawford	Lincoln Hills Development Corporation	Childhood Connections	Crawford County Youth Services Bureau	Crawford County Public Library	Adult Basic Education	Crawford County Family Health Care Center
Daviess	Ferdinand Housing Inc.	Step Ahead	Daviess County Family YMCA	Odon Community Center	Frank & Margaret Arvin Family Educational Assistance	Sunbelt Health Care Centers
Dearborn	Hidden Meadow Apartments	Success by 6	Kid Power Inc.	Mentoring Plus	Heart House Inc.	Dearborn County Hospital
Decatur	Human Services Inc.	St. Mary's Playhouse	Greensburg Public Library	Decatur County Big Brothers/Big Sisters	Vocational Rehabilitation	Free Health Clinic of Decatur County
DeKalb	**Unable to Find**	Butler Day Care	Filling Station Youth Center	Garret YMCA	Alliance Industries	St. Martin's Health Clinic
Delaware	Path Stone	Community Foundation of Delaware County	Ball State University Student Programs	College Mentors for Kids	Delaware County CareerLink	Open Door Health Services
Dubois	Ferdinand Housing Inc.	Community Day Care Center Inc.	Vincennes University Student Programs	Dubois County Big Brothers/Big Sisters	Employee Assistance Professionals Association	Memorial Hospital and Health Care Center
Elkhart	**Unable to Find**	Growing Kids Learning Center	United Way of Elkhart County	United Way of Elkhart County	Good Will Development Services	Elkhart Clinic
Fayette	**Unable to Find**	Magic Moments Child Care Center	Community Education Coalition	Fayette County Big Brothers/Big Sisters	Work Force Division	Fayette Regional Health System

Floyd	Community Action of Southern Indiana	YMCA of Southern Indiana	Indiana University Southeast Student Programs	Floyd County Youth Services Bureau	LifeSpring Inc.	Family Health Center of Floyd County
Fountain	Human Services Inc.	Fountain-Warren Center	Extension Services - Purdue University	Fountain County Mentoring Program	Fountain County Learning Network	Fountain-Warren County Health
Franklin	Franklin County Red Cross	Early Education Center	Imagination Library of Franklin County	Southeastern Indiana YMCA	Path Stone	Fayette Regional Health System
Fulton	Housing Opportunities Program	KV Works Inc.	United Way of Fulton County	Afternoon R.O.C.K.	Work One	Fulton County Free Medical Clinic
Gibson	Community Action Program	Dependent Care Management Inc.	Extension Services - Purdue University	Boys Center	Adult Basic Education and GED Classes	Gibson General Hospital
Grant	Affordable Housing Corporation	Carey Services	Boys & Girls Club of Grant County	Project Leadership	Work One	Ambucare Clinic
Greene	**Unable to Find**	P.A.C.E. Community Action Agency	Linton Youth Association	Greene County Youth Alternatives	Greene County Community Learning Center	Greene County Health Clinic
Hamilton	Society of St. Vincent DePaulbr	Fishers YMCA	Purdue Extension - Hamilton County	Boys & Girls Club of Noblesville	Goodwill Industries	Riverview Community Health Clinic
Hancock	Good Shepherd Community	Interlocal Community Action Program	Hancock County Community Foundation	United Way of Central Indiana	Work One	Hancock Regional Hospital
Harrison	Harrison County Community Services	Rainbow's End Child Care Centers	Harrison County Community Foundation	Big Brothers/Big Sisters of Kentuckiana	Blue River Services	New Salisbury Community Health Services

Hendricks	Community Action	Communities for Kids	United Way of Central Indiana	United Way of Central Indiana	Hendricks County Economic Development Partnership	Hendricks Regional Health
Henry	American Red Cross	Interlocal Community Action Program	Danielson Center	Big Brothers/Big Sisters of Henry County	Work One	New Castle Clinic
Howard	Crestline Communities	Early Childhood Education Center	United Way of Howard County	Big Brothers/Big Sisters of North Central Indiana	Bona Vista Vocational Services	Clinic of Hope
Huntington	Huntington County Habitat for Humanity	Pathfinder Kids Kampus	Boys & Girls Club of Huntington County	Family Centered Services Inc.	Green Thumb Employment Training	Redimed Huntington Clinic
Jackson	Human Services Inc.	Childcare Network	Boys & Girls Club of Seymour	Big Brothers/Big Sisters of Southeast Indiana	South Central Workforce Development Services	Schneck Medical Center
Jasper	Jasper County Habitat for Humanity	Building Blocks Child Care	Jasper County Youth Center	Jasper County Youth Center	Lifelong Learning Network of Jasper County	Rensselaer Health Center
Jay	Habitat for Humanity International	The Youth Services Bureau	West Jay Community Center	Jay Community Center	John Jay Center for Learning	Jay County Health Coalition
Jefferson	OVO Housing Program	Riverboat Child Care	Jefferson County United Way	College Mentors for Kids	County Workforce Development Center	Hilltop Clinic
Jennings	Jennings County Salvation Army	JC Child Development Center	Jennings County Youth Leadership	Big Brothers/Big Sisters of Jennings County	Jennings County Literacy Council	St. Vincent Jennings Hospital

Johnson	Human Services Inc.	Adventures Child Care	Fast Track	Big Brothers/Big Sisters of Central Indiana	Economic Assistance Plan	St. Francis Hospital
Knox	Access Housing Inc.	Pace Community Action Agency	Vincennes YMCA	Big Brothers/Big Sisters of Knox County	Project Life	Knox County Health Clinic
Kosciusko	Combined Community Services	Community Action of Northeast Indiana	Project Learn	Lunch Buddy	Moving Forward	Kosciusko Health Clinic
LaGrange	LaGrange County Habitat for Humanity	Walnut Hill Early Childhood	Four County Area Vocational Cooperative	Jobworks Inc.	Lifelong Learning Network of LaGrange County	Shipshewana Medical Clinic
Lake	In-Pact Inc.	Children are the Future Inc.	Distance Education and Extended Learning Center	Boys and Girls Club of Northwest Indiana	Discovery House	Gary Community Health Center
LaPorte	In-Pact Inc.	ABC Christian Learning Academy	Early Literacy Academy	Boys and Girls Club of Northwest Indiana	Manpower Inc.	La Porte Regional Health System
Lawrence	Southern Indiana Center for Independent Living	Hoosier Uplands Child Care	Success and Opportunity At Reading(SOAR)	Thornton Memorial Boy's Club	Purdue Extension	Hoosier Uplands

Madison	Bountiful Harvest Ministries (Beauty for Ashes)	Gateway Association Inc.	Madison County Literacy Coalition	Learning For Life	Job Source Inc.	Christian Counseling Center of Madison County Madison Co. Community Health Center Inc.
Marion	Habitat for Humanity of Greater Indianapolis	Day Nursery Association of Indianapolis Inc.	Indy Reads The Excel Center	AYS Kids	Work One	Visiting Nurse Service Inc.
Marshall	Care and Share of Marshall County (emergency assistance)	St. Paul Lutheran Church & School	United Way of Marshall County (Adult Basic Education)	Boys and Girls Club of Marshall County	Marshall-Starke Development Center	Saint Joseph Regional Medical Center(free clinic)
Martin	Martin County Senior Citizens' Housing Inc.	Hoosier Uplands Child Care	Success and Opportunity At Reading (SOAR)	**Unable to Find**	**Vincennes University Workforce Development Services, Region 8**	Martin County Health Center
Miami	Habitat for Humanity Miami County	Miami County YMCA	Heartland Career Center	The Hub Youth Center	Staffing Resources, Inc.	**Dental Clinic, Beta Sigma Phi**
Monroe	Middle Way House	Monroe County United Ministries	Monroe County Community School Corporation Adult Education	Big Brothers Big Sisters	Employment Plus	Volunteers in Medicine RBB School Assistance Fund(for children)

Montgomery	Area IV Agency Affordable Housing Development	**Guiding Light Child Care Ministries**	Crawfordsville Adult Resource Academy	Montgomery County Youth Service Bureau	Workforce Plus	St. Clare Neighborhood Clinic
Morgan	The Julian Center	**Unable to Find**	Bornlearning	The Julian Center	Goodwill Services	The Good Sheppard Community Clinic
Newton	Salvation Army of Newton County (mortgage assistance)	**Unable to Find**	Newton County Adult Learning Center	American Reformed Church	Heartland Employment Services	Brook Health Center
Noble	Common Grace	Kendallville Day Care Center	LEAP of Noble County	Cole Center Family YMCA	Leaders Staffing	Life and Family Services
Ohio	Heart House (emergency and transitional housing)	Rising Sun Church of Christ: Child Care Ministries	Ohio County Community Foundation (Scholarships)	**Unable to Find**	MDA Jobs	Rising Sun Medical Center
Orange	Habitat for Humanity Orange County	Hoosier Uplands Child Care	Orange County Community Foundation (scholarships)	Hoosier Hills Pact	First Chance Center (For individuals with disabilities)	Southern Indiana Community Healthcare
Owen	Habitat for Humanity Owen County	Nazarene Daycare	Owen County Learning Network	Big Brothers Big Sisters	Work One	**Volunteers in Medicine (Monroe County)**
Parke	**Unable to Find**	Healthy Families	Parke County Learning Center	Girl Scouts	Work One	**Family Health and Help Center**

Perry	Salvation Army (emergency rent assistance)	Bright Beginnings	Southern Indiana Network for Education	**Buffalo Trace Council Boy Scouts**	**Blue River Employment Services**	FamilyWize Prescription Discount Card Program
Pike	**Unable to Find**	First United Methodist Learn-Grow Center	**Pike County Adult Education Program**	Big Brothers Big Sisters of Central Indiana	Work One	Petersburg Medical Clinic
Porter	Housing Opportunities	Hilltop Neighborhood House	Portage Adult Education	Boys and Girls Club of Porter County Portage Township YMCA	Opportunity Enterprises	Hilltop Community Health Center Northshore Health Center
Posey	**Unable to Find**	Children's Learning Center	Posey County Community Foundation (Scholarships)	Younglife	Spartan Staffing	Deaconess Clinic
Pulaski	Habitat for Humanity	Pulaski County Human Services Inc.	Pulaski County Community Foundation (Scholarships)	Pulaski County Family YMCA	Work One	Monterey Community Health Services
Putnam	Opportunity Housing, Inc. of Putnam County	Little Lambs Child Care Ministry	Area 30 Career Center	**Unable to Find**	Spartan Staffing	Johnson Nichols Health Clinic
Randolph	Habitat for Humanity Randolph County	Randolph County YMCA	Randolph County Alternative	Randolph County YMCA	Work One	Family Health Center of Winchester

Ripley	**Unable to Find**	**Unable to Find**	Ripley County Community Foundation (scholarships)	Kids & Us	Elwood Staffing Services Inc.	Batesville Urgent Care
Rush	**Unable to Find**	**Unable to Find**	Rush County Community Foundation (Scholarships)	Boys and Girls Club	Penmac	Family Health Services
Scott	**Unable to Find**	**New Hope Services/Kids Place**	Adult Literacy Program/Scott County Partnership	Big Brothers Big Sisters	Manpower Inc.	Convenient Care-South County
Shelby	Habitat for Humanity Shelby County Turning Point	**Unable to Find**	Blue River Community Foundation (scholarships)	Boys and Girls Club of Morristown **Girls Inc.**	Employment Plus	**Shelby Community Health Center**
Spencer	Habitat for Humanity Spencer County	SonShine Early Learning Ministry	Southwest Indiana Network for Education	Tri-County YMCA	Blue River Employment Services	Community Medical Center
Starke	Habitat for Humanity Community Services of Starke County	Guardian Angels Daycare	Purdue University Cooperative Extension Service - Starke County	Starke County Youth Club, Inc.	Integrity Trade Services Inc.	HealthLinc
Steuben	Habitat for Humanity	YMCA Day Care Program	Steuben County Literacy Coalition	Big Brothers/ Big Sisters of Steuben County	Time Services Inc.	Northeastern Center (behavioral health)

St. Joseph	Habitat for Humanity St. Joseph County Hope Ministries	Community Coordinated Child Care of St. Joseph County, Inc. (4 C's)	Hope Ministries	Younglife Boys & Girls Club of St. Joseph County	Manpower Inc.	**Healthy Family Center of Saint Joseph Regional Center Medical**
Sullivan	**Unable to Find**	Healthy Families	**Sullivan Learning Center**	After School at the Gathering Place (First Christian Church)	Work One	PACE Community Action Agency (emergency services)
Switzerland	**Unable to Find**	Church of Christ Daycare	Switzerland County Community Foundation (Scholarship)	Switzerland County YMCA	River Valley Resources Inc.	Switzerland County Nurse Managed Clinic
Tippecanoe	Habitat for Humanity Lafayette	Tippecanoe County Child Care Inc.	Lafayette Adult Resource Academy (LARA)	Lyn Treece Boys & Girls Club	Manpower Inc.	**Riggs Community Health Center**
Tipton	Habitat for Humanity Tipton County	ABC & ME Child Care (Emanuel Lutheran Church)	Tipton County Foundation (scholarships)	Boys and Girls Club of Tipton County	Job Works Inc.	Medicine Chest (prescription assistance)
Union	**Unable to Find**	Hands On Learning Center	Union County Foundation (scholarships)a	**Unable to Find**	Southeastern Indiana Employment	**Unable to Find**

Vanderburgh	Habitat for Humanity Evansville	Healthy Families	Southern Indiana Career and Technical Center	Big Brothers Big Sisters **Carver Community Organization**	Employment Plus	**ECHO Community Health Care, Inc.** **St. Vincent Center for Children and Families**
Vermillion	**Unable to Find**	**Valley Child Development Center, Inc.**	Wilson Community Education Center	**Chances For Indiana Youth**	Workforce Network Inc.	Vermillion Parke Community Health Center
Vigo	Catholic Charities of Terre Haute	**United Child Care**	West Vigo Community Center	Big Brothers Big Sisters	Manpower Inc.	**Saint Ann Community Outreach Services of Terre Haute (Dental)**
Wabash	Habitat for Humanity Wabash County	Parents As Teachers	Heartland Career Center	Wabash County YMCA Youth Services Bureau of Wabash County	Staffing Resources Inc.	Manchester Clinic
Warren	**Unable to Find**	Warren County Learning Center	Warren County Learning Center	Warren County Learning Center	Warren County Learning Center	Cayuga Community Health Center
Warrick	Habitat for Humanity Warrick County	TRI-CAP Child Care Program	Warrick Education Center	Younglife	Warrick County Workforce Training Center	Child Health Services

Washington	Habitat for Humanity Washington County	**Unable to Find**	Reisz Adult Extended Service Center	Youth First of Washington County Big Brothers Big Sisters	Washington County Community Learning Center	Hoosier Uplands
Wayne	Salvation Army Habitat for Humanity Richmond	Birth to Five	FIND Center and Discovery School	**Communities in Schools** **Townsend Community Center**	Staffmark	**Convenient Care Center**
Wells	Habitat for Humanity Wells County	Family Centered Services Inc.	Bluffton-Harrison Metropolitan School District	**Wells Community Boys & Girls Club**	Manpower Inc.	**Panos Free Clinic**
White	Habitat for Humanity White County	**Unable to Find**	White County Learning Lab	Boys & Girls Scouts	Manpower Inc.	North Central Nursing Clinics Family Health Clinic of Monon
Whitley	Habitat for Humanity Whitley County Salvation Army (rent assistance)	Big Lake Church of God Day Care & Nursery Churubusco Community Childcare Center	Literacy Council	Big Brothers Big Sisters	Peoplelink Staffing Solutions	South Whitley Clinic

Appendix G: Endnotes

Notable Research on Early Care and Education

Seminal Studies and Reports

The High/Scope Perry Preschool Project. Compared low-income children who attended the program, beginning in 1962, with those who did not. As adults, preschool participants had higher high school graduation rates, higher monthly earnings, less use of welfare, and fewer arrests than those without the program. Also showed that preschool leads to taxpayer savings (on special education, public assistance, unemployment benefits and crime).

The Carolina Abecedarian Project. Carefully controlled scientific study of the potential benefits of early childhood education for poor children. Four cohorts of individuals, born between 1972 and 1977, were randomly assigned as infants to either the early educational intervention group or the control group.

The Chicago Longitudinal Study (1986 to present). A federally-funded investigation of the effects of an early and extensive childhood intervention in Chicago, called the Child-Parent Center (CPC) Program. The study began in 1986 to investigate the effects of government-funded kindergarten programs for 1,539 children in the Chicago Public Schools.

"Study of Early Child Care and Youth Development", National Institute of Child Health and Human Development (1991 to present). Collects information about different non-maternal child care arrangements and determines how variations in child care are related to children's development.

"Starting Points: Meeting the Needs of Our Youngest Children," Carnegie Corporation of New York (1994). Focuses on the lack of quality health and education services for children from birth to age 3; spurred several state and local projects to improve programs for young children.

"Eager to Learn: Educating Our Preschoolers," National Research Council (2000). Outlines the components of a well-planned preschool program, emphasizing that young children are more capable learners than previously thought; authors' call for improvements among preschool teachers, such as requiring a bachelor's degree, is still quoted among advocates.

"Neurons to Neighborhoods: The Science of Early Childhood Development," National Research Council and the Institute of Medicine (2000). Analyzes findings from brain research and emphasizes that early-learning programs need to pay as much attention to young children's emotional growth and development as to their acquisition of academic skills; also seeks to clarify some of the hype around "windows of opportunity" in young children's brain development among well-intentioned policymakers.

"The State of Preschool: State Preschool Yearbook," National Institute for Early Education Research (2004 to present). Published annually; provides useful data on state-funded preschool programs. Used by reporters to see how their state stacks up against others.

Recent Studies and Reports

Early Childhood Program Providers

"A Center Piece of the Pre-K Puzzle: Providing State Prekindergarten in Child Care Centers," National Women's Law Center (2007). Examines the role that child-care centers play in enrolling thousands of children in state-financed pre-k programs; recommends that financing cover the "full range" of a center's expenses, including salaries for teachers that are comparable to those paid in the public schools.

"A Diverse System Delivers for Pre-K: Lessons Learned in New York State," Pre-K Now (2006). Illustrates the success that New York has had in using a "mixed" system of delivering pre-k in both school and child-care sites, including the ability to reach more children and ensure quality improvements across various settings.

Early Head Start

"Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start," by Mathematica Policy Research, Inc. (2002). A seven-year national evaluation of Early Head Start that shows the program promotes learning and the parenting that supports it within the first three years of life.

EconomicBenefits

"Dollars and Sense: A Review of Economic Analyses of Pre-K," by Albert Wat of Pre-K Now (2007). Straightforward analysis of the major studies used to make the economic argument for spending public dollars on preschool programs.

"Does It Pay to Invest in Preschool for All? Analyzing Return-on-Investment in Three States," by Clive R. Belfield (2006). Measured the fiscal impacts of achieving universal availability. Concluded that projected benefits from expanding state-funded pre-kindergarten programs toward universality easily outweigh estimated costs in all three states (Massachusetts, Ohio and Wisconsin).

"An Economic Analysis of Pre-K in Arkansas," by Clive R. Belfield (2006). Concludes that expanding the Arkansas Better Chance (ABC) preschool education program makes sound economic policy.

Finance

"Funding the Future: States' Approaches to Pre-K Finance," Pre-K Now (2008). Useful resource on the variety of funding strategies and mechanisms states are using to pay for preschool programs.

Head Start

National Head Start Impact Study and Follow-Up, 2000-2009. A longitudinal study

involving approximately 5,000 3- and 4-year-old preschool children. Seeks to determine how Head Start affects the school readiness of children in the program (compared to children not enrolled in Head Start), and under which conditions Head Start works best and for which children.

"The Battle Over Head Start: What the Research Shows," by W. Steven Barnett (2002). Addresses claim that Head Start produces no lasting educational benefits. Reviews research and concludes that Head Start produces substantial long-term educational benefits.

The Middle Class

"The Pre-K Pinch: Early Education and the Middle Class," by Albert Wat (2008). Shows that eligibility requirements and high costs lead middle-class families to sacrifice basic household needs to pay for early education and care for their children, or to settle for low-quality options with unproven benefits.

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