



Safety~Net

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Focus: Health Care Revisited Health care, insurance for all a necessary goal

By Mark Kruzan, Mayor of Bloomington

I am far from being an expert - or anything close to it - when it comes to health care. I am, literally, confused trying to figure out what I'm covered for under my policy.

What I do know is that is that I am one of the fortunate ones who have the luxury of being confused by insurance statements because I at least have coverage.

Almost 900,000 Hoosiers aren't so fortunate. And 13,000 of those individuals without health insurance live here in Monroe County.

I also know that when it comes down

to it, health care insurance comes down to one thing: money. There are people who want more of it from you and me. And there are people who don't have enough of it to afford insurance coverage.

The Volunteers In Medicine (VIM) project that you can read about elsewhere in this issue is a critical and practical step in addressing health care in our community. We can't wait for the "health care reform" that is debated every election season. I greatly appreciate that a group of dedicated citizens is taking matters into their own hands to make health care accessible

for thousands of our fellow human beings.

VIM's founders are steadfast in their philosophy that everyone, not just those afforded health care at the clinic, will benefit from the free clinic. Treating and preventing chronic, expensive illnesses will reduce the strain of indigent patients turning to the Bloomington Hospital emergency room. In turn, the financial burden on the hospital will be lessened. The end result will be contained costs for all hospital patients.

If you're reading "Safety-Net," chances are pretty good you already understand what those advancing VIM know - that health care is an issue of economy, not "simply" an issue of the human condition.



Editorial cartoon by Joe Lee.

Quiz: Stump The Gazumph

By Karen Green Stone, member, Hoosiers for a Commonsense Health Plan (HCHP)

1. Which country does not offer universal healthcare to its citizens?
a.) Taiwan b.) United States c.) South Africa d.) Iraq

US is
a.) gambling b.) medical bills c.) exotic vacations d.) credit card debt.

2.) Insurance Companies:
a.) offer exceptional medical services. b.) are a huge, costly bureaucracy tussling with patients, doctors, hospitals and nursing homes over bills and reimbursement. c.) continue to cover enrollees after they get sick and lose their jobs.

6.) According to the World Health Organization, the US healthcare system ranks:
a.) #1 b.) #18 c.) #24 d.) #37

3.) The CEO of Amthem, Wellpoint Insurance Co. in Indianapolis had a salary package in 2005 of over:
a.) \$24,000 b.) \$240,000 c.) \$2,400,000 d.) \$24,000,000

7.) Workers earnings have risen 20% since 2000. Insurance premiums since 2000 have increased:
a.) 6% b.) 35% c.) 55% e.) 68%

4.) How much time does it take the CEO of Anthem/Wellpoint to earn what a minimum wage worker earns in 1 year?
a.) 24.7 minutes b.) 2.47 hours c.) 24.7 hours d.) 247 hours

8.) Who said, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane"?
a.) George W. Bush b.) Dr. Martin Luther King, Jr. c.) Margaret Thatcher d.) Brittany Spears

5.) The leading cause of bankruptcy in the

9.) Bonus Question: What is the definition of gazumph?

Answers on page 4

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Why we need universal health insurance

By Robert Stone MD, Director, Hoosiers for a Commonsense Health Plan, State Coordinator, Indiana Chapter, Physicians for a National Health Program

www.HCHP.info

Everyone has a story to tell, usually a horror story, about themselves or someone they know. About an outrageous medical bill. About not being able to afford health care. About being afraid of financial ruin due to illness or injury. I see it every day when I work in the ER at Bloomington Hospital, where I have worked the past 23 years.

Recently it was a young fellow who had torn his ACL, a knee ligament that doesn't heal without surgery when it's completely torn. Every time he steps wrong on his leg, the knee swells up and hurts for a week or two. The surgery would cost \$15,000. He lost his job that had insurance and his new job doesn't offer any coverage. There's no way he can afford the surgery. He wants to have his life back, to be able to play softball, to be able to work, to be free of fear. He looked at me and asked, "What

can I do, Doc? Do I have to keep re-injuring it until I'm completely crippled, go on welfare, and then finally get it fixed?" I had no answer for him. Maybe he can figure a way out of his predicament, and maybe he can't. We have no answer in our current system.

You have seen the miserable statistics by now: 46 million people in this country, 860 thousand in Indiana, and 15 thousand just in Monroe County have no health insurance. The Institute of Medicine, part of the National Institutes of Health, estimates that 18 thousand people a year die simply because they lack health insurance.



See "Stone," page two

This publication is made possible by the financial support of the City of Bloomington.

Stone

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That's a September 11th catastrophe every two months, but we don't see it. People without insurance live sicker and die younger. And it's a myth that there is a safety net. In the ER, I work in the safety net. The reason they call it a "net" is because it is full of holes.

Even if you have insurance, it may not be good enough to protect you. If you have Medicaid, it can be hard to find a doctor who will take you. More and more folks find themselves under-insured, with skimpy policies and very high deductibles. To make it worse, insurance companies have a way of canceling policies once you get sick or injured. The cost of insurance is rising much faster than wages or inflation. Small businesses find it harder and harder to cover their employees. The whole system is collapsing.

Here in Monroe County we have seen the community come together around a new entity to serve the uninsured, the Volunteers in Medicine Clinic, which will expand upon our current Community Health Access Program Clinic. We are making a significant effort to address the problems of the uninsured at the local level. We have formed a partnership between the hospital, physicians, and the community, with the support of government, business, and individuals that has proven potent and exhilarating. This is something that we can and will accom-

plish. But we understand at the same time that there are larger, systemic problems we need to consider.

Hoosiers for a Commonsense Health Plan (HCHP.info) is an Indiana group of health care workers and other interested people working for universal health insurance in the state and at the national level. We urge citizens to get involved, educate themselves, and spread the word. It will take a grassroots effort and a lot of work. In Canada, their national system started in the province of Saskatchewan and then spread to the entire country. We want to push the Indiana legislature to solve this problem, and our congressional representatives in Washington as well.

There are so many problems we face that could be solved if we just had enough money. This isn't one of them. We are already spending enough money on health care. In fact, in the US we spend twice as much per capita as the other wealthy democracies, all of which cover everyone in their populations, and they have better health statistics than we have, better life expectancy, better infant mortality, and so on. Our problem is that we spend too much money on overhead, inefficiency, and profit. 31% of our health care dollars go to overhead, mostly to the private insurance companies. Have you heard how profitable Wellpoint/Anthem in Indianapolis is? They have been reporting record earnings this year, and last year their CEO made \$25 million. Many studies have

Mayor

Continued from page one

And you understand that unaffordable health insurance impacts everyone, not just those without coverage.

In order to promote the cause of VIM, I ask that you help educate the general public about that important lesson. You can inform people of a list of practical considerations:

*The uninsured are forced to use hospital emergency rooms as primary care provider – driving up health care costs for everyone.

*Job loss that results from untreated illness is a societal burden.

Unnecessary and increased public assistance results when people cannot afford insurance.

*Small business failure escalates when owners or employees are unable to remain productive due to uncovered ailments.

*High infant mortality rates are an indictment of the failure of our insurance system – and of all of our failure to demand change.

*Unimaginable lost productivity in the workforce is a direct consequence of uninsured and underinsurance in our country.

Maybe we should start to talk about "trickle up economics." What's happening at the lower end of the income scale impacts health care providers, medical services, the economy, and the rest of the societal structure that serves us all.

Certainly, the lack of insurance affects uninsured individuals and families with uninsured members. Less obvious but no less real are the ways uninsured affects the institutions that provide care, the people who provide care in these institutions, and the much larger mass of insured people who receive care in these institutions and from these providers.

As recently noted by the Institute of Medicine, "it is both mistaken and dangerous to assume that the prevalence of uninsured in the United States harms only those who are uninsured."

So our task is, in large part, combating public opinion. There tends to be a stereotyping by the media and therefore the general public that the uninsured is a "social service" issue.

Success will come when covering the uninsured is viewed as a political issue that cannot be ignored by elected officials and when the business community is demanding solutions as forcefully as the social service community.



Photo submitted

HCHP members and supporters protest outside of Mike Sodrel's office.

shown that if we ran our system as efficiently as Medicare, which runs at about 3% overhead, we would have enough money to cover everyone and have money left over!

Health care for all is an idea whose time has come. It is not a Democratic issue or

a Republican issue. It is an idea to unite us, not divide us. This is the real national security issue. Read more about it in this issue of The Safety Net. Go to our web page, contact us, get involved, make your voice heard, make a difference!

About Safety-Net

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Safety-Net is a quarterly publication about our community's social service/non-profit agencies, brought to you by the Shalom Community Center in collaboration with the social service/non-profit agencies, and financially sponsored by the City of Bloomington. There are two sections to Safety-Net. The first section has articles focused on a particular issue. For example, the focus in the first part of this issue is health care, and consists of articles from health care agencies and concerned citizens. The second section provides reports and updates from the many non-profit and social service agencies in the community, stories from people who have benefited from these agencies, and an Agency Guide. Earlier issues of Safety-Net can be accessed at www.shalomcommunitycenter.org.

FOCUS OF THIS ISSUE

There are many people in Indiana who have either no health insurance or are under-insured because they cannot afford it. It was recently reported in the New York Times that a two-year average, 2004-5, shows that 14% of people in Indiana have no health insurance. This is approximately 860 thousand people. People without health insurance or who are under-insured cannot afford to go to doctors for periodic examinations for illnesses or transmissible diseases, and they frequently do not take the medications that are necessary to prevent illness, or for ongoing illnesses. As a consequence, people rush to the emergency room in hospitals when the situation gets unbearable, and this contributes to the rising costs of hospital services. In addition, health costs for the uninsured or under-insured can drive an individual into severe debt, and even bankruptcy. Articles in the first section of this issue include information about the necessity for legislation to provide health care for all Indiana citizens, as well as proposed legislation to accomplish this, and information about the new Volunteers in Medicine free clinic which will be opening this summer. The reader will also find information about existing health care services offered by Bloomington agencies.

AGENCY REPORTS

The second section of this issue provides reports from the many social service/non-profits in the community, a Calendar of upcoming events, an Agency Guide, a Thanks From Us section with comments from individuals who have benefited from the programs and services provided by these agencies, and reflections from volunteers at these agencies.

CONTACT US

Please transmit comments and suggestions to the Safety-Net editor at shalom@bloomington.in.us, and place Safety-Net comments on the subject line.

Indiana Health Plan Bill submitted to State Legislature

By Milton Fisk, Chair, Legislative Committee, Hoosiers for a Commonsense Health Plan

www.HCHP.info

Responding to cries to fix our dysfunctional health care system, Indiana citizens group Hoosiers for a Commonsense Health Plan (HCHP) has submitted a bill to the Indiana State Legislature that will provide all Indiana residents with comprehensive medical, dental, vision, hospitalization, mental health services, long-term care and prescription drug coverage.

The plan proposed by the HCHP bill would cover all Hoosiers, including the 860,000 who currently have no health insurance. It would provide thousands of other Hoosiers with broader health services than they now have under private insurance plans. Because all Hoosiers would be required to obtain coverage, the plan would spread risk and eliminate the cost shifting that we now have, whereby insured individuals pay for the uninsured. Unlike existing insurance schemes, no one would be denied coverage based on health conditions.

Under the proposed plan, citizens will be guaranteed the right to choose their own doctors and hospitals. Healthcare providers, hospitals and pharmacies will remain private businesses, just as they are under the highly successful and efficient Medicare program for older adults.

A Board of both appointed and publicly elected members from throughout Indiana will administer the Plan with the aim of enhancing health education, primary and preventive care, provider accountability, and administrative efficiency.

The HCHP bill would establish the Indiana Health Care Finance Plan, which would pay providers for health services. Money would come from a public Trust Fund that includes funds now dedicated to programs like Medicare and Medicaid, plus progressive individual income and payroll taxes, which would replace current private insurance premiums, co-pays and deductibles. Most individuals and employers will be paying less under the new plan than what they are now.

“Nationally, our current health-care services cost more per capita than anywhere in the world, even though 47 million Americans do not have health insurance and by all standard health measures, the US ranks 39th in the world, behind Costa Rica”, states Roland E. “Bud” Kohr, President and CEO of Bloomington Hospital from 1966 to 1995. “As a society we pay more and get less than most countries.” Broad coverage is possible under the HCHP bill by streamlining claims and reimbursements, saving an estimated \$4.4 billion dollars in administrative costs

annually. Additional savings will come from the state using its purchasing power to negotiate bulk rates for drugs, medical equipment and supplies. Implementing preventive care programs and treating medical problems in their early stages would also save valuable health care dollars.

We Americans pride ourselves on the efficiency of our private companies, but when it comes to health care, research here and around the world has shown time and again that the most efficient way to provide health care is through public programs. Insurance and pharmaceutical companies have poured millions of dollars into public relations campaigns to hide this fact from us so that they can continue to garner billions of dollars in profit rather than have that money go toward curing our sick friends and family. We must stand united as citizens in demanding that we get the best care at the best price, and this means we must have a public health insurance program.

The HCHP legislation provides funds for retraining private health insurance workers so that they will be able to find jobs

working with the new public plan or in other areas. Pharmaceutical companies will experience some decrease in profitability, but they remain financially healthy after having adjusted to negotiated prices in Canada and most other developed countries. They will claim that there will be no new research and drugs under a public system, but most of the breakthrough research is done in universities, financed by public money. Pharmaceutical companies spend more on advertising and marketing than they do on research.

District 3 Representative Charlie Brown has begun the process of getting the HCHP bill before the Indiana Legislature. It will take a large grassroots effort to make sure that it succeeds in both the House and Senate. If all of us do our part to spread the word by signing the on-line petition (www.hchp.info), telling friends and colleagues, encouraging our businesses, trade associations or unions to endorse the bill, contacting our state representatives (see box in this issue), and attending public events, we will succeed in bringing to all Hoosiers a health-care plan that is both morally and financially sound.

Small businesses face health care crisis

By Jean Umiker-Sebeok, Chair, Education and Research Committee Hoosiers for a Commonsense Health Plan

www.HCHP.info

Jane Otten, co-owner since 1975 of Bloomington's Pygmalions Art Supplies, would like to hire more full-time employees and offer part-time employees health insurance. Unfortunately, the current cost of covering her three full-time employees has already eliminated much of the profit from her business.

Jane is not alone in facing a health-care crisis in her business. In 2005, annual premiums for family coverage reached \$10,880, more than the gross earnings for a full-time minimum-wage worker, and premiums continue to escalate. Across the nation, small business owners -- who employ over half of the American workforce -- rank the cost of health insurance as the biggest problem facing their companies. Small employers have fewer choices in insurers and pay higher deductibles, co-payments and administrative costs. If even one employee becomes seriously ill, the company's premiums will probably spike. According to Harvard University health-care expert Reginai Herzlinger,

“No stakeholder is satisfied with the current system, and businesses don't want to buy health insurance anymore. [Reform] is going to happen sooner rather than later” (FSB: Fortune Small Business, May 2006).

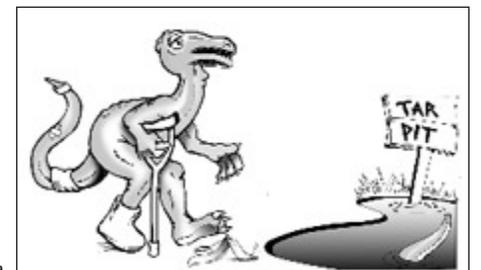
An April 2006 survey of small and medium businesses by PNC Financial Services Group revealed that many owners are countering increases in health-care costs by reducing benefits and salary increases and by hiring fewer full-time employees. The Kaiser Foundation 2005 Employer Health Benefits Survey found that more and more American small businesses are dropping health insurance coverage altogether (www.kff.org). Currently, only 59% of small businesses offer insurance, and that number continues to drop (Medical Benefits 6/30/2006). Of the 46 million Americans without health insurance, 27 million are small-business owners, their employees and dependents (<http://www.nfib.com/page/healthcare.html>).

See “Crisis,” page four

How to get health care for everyone now



1. Tell your friends and neighbors about the HCHP campaign.
2. Attend the next HCHP meeting.
3. Join an HCHP committee (Education, Outreach, Legislative).
4. Volunteer your time to help -- e.g. staff a booth at the Farmer's market, organize a meeting with a speaker from HCHP.
5. Distribute leaflets in your neighborhood.
6. If you belong to a business or work-related organization, trade association or union suggest they sponsor/endorse the HCHP campaign.
7. Keep checking back to this web page to see the progress we are making (www.HCHP.info).
8. Call or email your state representative and senator. Let them know how important it is to you to have a commonsense healthcare plan for all Hoosiers:
On the internet: www.in.gov/apps/sos/legislator/search/
Indiana House of Representatives: (800) 382-9842
Indiana Senate: (800) 382-9467
9. Before the next election ask your candidates where they stand on the healthcare issue.
10. Vote accordingly.



Healthcare dinosaur stumbling toward the pit. Editorial cartoon by Ned Shaw.

Volunteers in Medicine already a success

By Rajih Haddawi, MD

In just a matter of months, concerned citizens of Monroe and Owen Counties who believe that sick people cannot and should not wait for treatment, have come together with a shared vision to establish a Volunteers in Medicine primary healthcare clinic.

While Bloomington Hospital and the local medical community have historically provided medical services to indigent patients, the ability of uninsured individuals to access affordable healthcare has reached a critical level, both nationally and here in Indiana. It has simply become a local problem too large for any one institution or group to bear on its own.

In response to this everyday healthcare crisis, members of the local medical establishment, Bloomington Hospital, community leaders and not-profit organizations have worked at a feverish pace toward a common goal: to meet the primary healthcare needs of the 16,000 uninsured and economically disadvantaged residents of Monroe and Owen Counties with a com-

prehensive healthcare clinic.

Our committee has chosen to model this new free clinic after a national program with a history of success in other communities around the country. The first Volunteers in Medicine clinic was established in 1993 in Hilton Head, South Carolina, which today treats 20,000 patients per year. With the common mission of providing "a solution to America's uninsured one community at a time," 50 additional Volunteers in Medicine clinics have opened throughout the country.

Our effort to establish a Volunteers in Medicine clinic has been distinguished by a remarkable level of collaboration and an overwhelming response from the community. Together, we have established three pillars of support.

The first pillar is Bloomington Hospital. Our clinic would simply not be possible without the community hospital's partnership. In fact, the Volunteers in Medicine clinic is building on the foundation established by the hospital's Community

Health Access Program (CHAP). By utilizing medical and lay volunteers from the community, the new Volunteers in Medicine clinic will have more than four times the capacity of the CHAP clinic, and as a result, will be able to reach more of those in need. Bloomington Hospital will continue to be part of this effort by providing clinic space, staff, radiology and laboratory testing, and inpatient hospitalizations when needed. (The majority of CHAP patients will continue to receive care at the new clinic.)

The second pillar of support is professional medical volunteers. Already, more than 100 physicians, nurse practitioners and dentists have committed to volunteering their time in the clinic. Scores of nurses are also willing to volunteer. Other clinicians and specialists such as mental healthcare providers, optometrists, pharmacists and dieticians are enthusiastically enlisting as volunteers.

The list of lay volunteers is also growing. Members of the community from all walks of life are vital to the operation of our clinic—300 are needed to fill important roles in patient care and operations. Lay volunteers will help greet and register patients, provide education to patients on fitness and wellness, help spread the word to eligible patients, and provide administrative support.

Lastly, Volunteers in Medicine is relying on community support to help finance the clinic and ensure its continued operation well into the future. On this count, we have also been fortunate: Bloomington-based Cook Group has gifted the Volunteers in Medicine clinic with \$600,000,

which will cover a significant portion of our three-year budget of \$1.5 million. Other funding, including funding from the County Commissioners and gifts-in-kind, will help pay patient care expenses for our first year of service.

Because of this enthusiastic response and ongoing support, the Volunteers in Medicine clinic may become operational sooner than expected. We look forward to opening the doors to our community-owned, community-operated and community-financed Volunteers in Medicine clinic as early as spring of 2007.

At that time, residents of Monroe and Owen Counties who have no health insurance and earn income below 200% of the Federal Poverty Level will be eligible for the following services at no cost:

- *primary and preventive care for both chronic and acute illnesses
- *health education
- *medications for acute and chronic illnesses (with only a low-cost handling fee)
- *immunizations
- *psychological counseling
- *dental care (in the offices of participating local dentists)
- *pediatric care (provided at the offices of Southern Indiana Pediatrics).

We are fortunate to live in a vibrant and generous community that includes a wealth of active and retired medical personnel, students, and other individuals who are willing to donate their time and resources to those in need. With the help of each and every one, we will make a difference in the lives of thousands of our neighbors.

ing benefits to part-time employees. They would no longer have to worry about sudden spikes in premiums or losing their best employees to companies that can afford better health-care benefits. Their employees and their families would have good health care at a reasonable cost, resulting in healthier, more productive workers.

Fortunately, some states are moving toward public health insurance. In August 2006, for example, the California Assembly approved a bill, already passed in its Senate, which provides a plan for covering every California resident with comprehensive health insurance. The Indiana legislation discussed in this issue is similar to the California plan and would go a long way toward rescuing Indiana's small and medium businesses from the intolerable burden that health insurance now represents.

Quiz Answers

From page one

1. a.) The United States is the only industrialized country in the

world that does not offer universal healthcare to all residents.

2. b.) Quoted from Dr. Chris Stack, "A Doctor Speaks Out" NUVU, May 3-10, 2006.

3. d.) 2005 was a bad year for Mr. Glasscock. In 2004 his salary and bonus was \$42,500,000.

4. b.) At current minimum wage of \$5.15 per hour, in one year it takes over 2300 workers to

make the same pay package.

5. b.) In Indiana, 3 Hoosiers file for bankruptcy every day because of medical bills.

6. d.) The WHO ranks the US healthcare system between #36 Costa Rica and # 38 Slovenia. France is ranked number 1.

7. e.) Source: Kaiser Family Foundation

8. b.) Martin Luther King, Jr.

9. Gazumph is a Yiddish verb meaning to swindle.

Crisis

Continued from page three

Businesses are also asking government for help (Med-

ical Benefits 7/15/06). Dozens of state and local governments are turning to the creation of purchasing pools. Others are experimenting with subsidies of the employee share of health insurance premiums for low-wage workers or subsidies for both small companies and their employees. The Bush Administration is promoting Health Savings Accounts and Association Health Plans, both of which save employers money but at the expense of employees.

Todd McCracken, President of the National Small Business Administration (NSBA), warns against trying a band aid approach such as these to the health-care crisis: "It is not possible to bring meaningful health care cost relief to small

businesses by tinkering around the edges of the current system. We must meet the flaws in the current system head-on" (<http://www.nsba.biz/healthreform/>). The NSBA is proposing legislation that would, among other things:

*Spread risk and eliminate cost shifting by requiring everyone to obtain coverage

*Prevent insurers from denying coverage based on health conditions

*Keep insurers from charging radically different prices to different populations

*Reimburse providers based on actual health outcomes and standards rather than procedures

*Create a universal benefit package

The NSBA proposal addresses some of the issues involved in high insurance costs, but, like solutions promoted by the Bush Administration and others, does not

Health care costs: A focus at the chamber

By Christy Steele, President and C.E.O., Greater Bloomington Chamber of Commerce

Rising healthcare costs are a serious concern to area businesses and a burden on our entire community. Through the Greater Bloomington Chamber of Commerce's Chamber Advocacy Council, the Chamber gathered input from its nearly 1000 members through the Key Issues Survey. This on-line survey, conducted in April of this year, asked respondents about fifty-two issues of concern. Health care costs ranked as the top concern from members. These results were then utilized to develop a three-year business agenda focusing on four key issues, one of which is health care. Now we are in the early stages of executing this plan.

To address the issue of rising health care costs, the Chamber is convening our Health Care Team, which will be chaired by Dave Burnworth from IMA. This group will begin meeting in November to implement the objectives established in our Business Agenda. The Chamber Advocacy Council, under the leadership of Jim Shelton from Technology Service Corp., developed the Chamber's Business Agenda. Our hope over the next three years in the health care arena, is to provide opportunities and collaborative partnerships that affect health care insurance costs and individuals' outlook on wellness. The Health Care Team will work closely with members and community organizations to research successful programs, partnerships and community education initiatives. We also intend to share ideas on best practices to decrease insurance costs through the implementation of wellness programs, benefit design options, and contribution strategies.

Evidence abounds as to why businesses must pay attention to rising health care costs. According to the National Institute of Health, the cost of employee benefits represents 37% of payroll expenses and medical benefits account for 11.6% of payroll costs.

JA Benefits, LLC, a benefits consulting firm based in Southern Indiana, conducted a survey of 211 companies this year. The survey indicated that medical costs increased by 9% locally in both 2006 and 2005. And 10% of our employers locally offer consumer driven health plan and 39% anticipate doing so in 2007 in order to help curb the impact of rising costs.

Business savvy is growing in the area of medical benefits structure. Thoroughly

evaluating plan structures and options within various plans can enable businesses to reduce insurance costs. Another popular avenue is for companies to ask employees to cover a larger percentage of the health insurance plan costs... such as co-pays and higher deductibles. Many firms have no option but to implement such measures in order to continue providing health insurance to their employees.

As employees bear more of the cost for health insurance, they become more rigorous about each dollar spent on health care and are more likely to amend their behavior. And many employers are encouraging healthier behavior in the workplace through a variety of mechanisms. Tools such as smoking cessation programs and exercise incentives are being implemented. Some businesses are taking it a step further and are providing a customized approach to managing employee care by providing consulting services for obesity or chronic disease management programs, programs that can also help to alleviate rising health care costs.

Healthier employees are happier people and are more productive in their work environment. Implementation of wellness programs can improve the activity level of employees and enhance overall health. The Centers for Disease Control documents that over 50% of what determines health is lifestyle. Unfortunately, Indiana's rankings in obesity, smoking and diabetes are all high when comparing us to other states. Coaching, incentives, goal setting and monitoring programs are techniques included in many wellness programs. Employers have a direct interest in the health of their employees since healthier employees are more likely to show up for work and are more likely to be productive while on the job. Furthermore, employers care for their employees and want to assist them with enhancing their health.

It is the Chamber's intention to share with area employers best practice information regarding benefit plan options and wellness programs in order to alleviate some of the burden currently facing business. Initially, business, government, the medical community and community organizations must all work side by side to combat the issue of rising health care costs.

Increasing insurance premiums strap business budgets

By Charlotte Zietlow, Middle Way House

www.bloomington.in.us/~mwhouse/

Several years ago, Middle Way House, Inc. made a tough financial decision: all full time employees could opt to participate in the agency's health insurance program, including vision and dental options. Those employees working between 30 and 40 hours/week could participate if they paid in. This decision was the right decision but it has been very costly for the organization. Regular annual increases (ranging from 8-30%) in premiums have made it impossible for the agency to

raise wages for the employees, and have strapped an already stretched budget. But the employees all do have the option to be covered.

The serious economic cost for this agency, one of many striving to do right by its employees, is repeated from agency to agency locally and nationally. Larger insurance pools have not been a fiscally viable option as they now exist. And a series of serious illnesses experienced by several employees have assured a further large increase in premiums, coupled with an ever-increasing deductible

(Middle Way House, Inc. now has a \$1000 deductible.) It is a pattern experienced not only by social service agencies, but also by small—and large businesses, educational institutions, and local governmental agencies across our nation. Furthermore, the huge deductible has, on occasion, led to employees' rejecting the coverage because having it prevents them from receiving care at the only, if inadequate, public health clinic in town, the CHAP clinic.

In a perfect world, or in virtually all other first world countries or at least in

a real system, adequate and systematic health care would not be dependent on the financial situation of small employers. People with insurance would find reliable and caring health care providers. Medical schools would emphasize the importance of listening. Health Care would be a meaningful concept, and a universal one. Extremely high deductibles would not keep employees from seeking primary health care.

This is a challenge for our entire community and one we need to continue to pursue, as a community, as an economic development issue, and as a means to have healthy participants in our life here.

League of Women Voters health care position

By Lee Strickholm, Chair, Bloomington LWV Health Care Committee

www.bloomington.in.us/~lwv

The League of Women Voters (LWV) has historically been concerned with the equal distribution of basic human services in our country. The League, an organization dating back to the Women's Suffrage Movement, has proposed, lobbied for and monitored legislation to achieve these goals at the local, state and national levels of government ever since its founding.

During the early 1990's our local League

of Women Voters of Bloomington-Monroe County participated in a League study of health care availability at the national, state and local level. That study resulted in the current Statement of Position on Health Care which was announced by the National Board in April 1993:

"The League of Women Voters of the United States believes that a basic level of quality health care at an affordable cost should be available to all U.S. residents. Other U.S. health care policy goals should include the equitable distribution of ser-

vices, efficient and economical delivery of care, advancement of medical research and technology, and a reasonable total national expenditure level for health care." (The entire text of the position is available at <http://www.lwv.org>).

Access to a basic level of care includes the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care and mental health care. The League favors a national health insurance plan financed through

general taxes in place of individual insurance premiums. It opposes a strictly private market-based model of financing the health care system and opposes the administration of the health care system solely by the private sector. The League does support increasing taxes to finance this basic level of care, provided the system contains effective cost control strategies.

See "LWV," page six

Monroe County Health Dept. Disease Intervention Program

By Bob Schmidt, Administrator, Monroe County Health Department

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What is Public Health and where is it going? Public Health is the organized steps taken by a community to prevent disease, prolong life, and promote healthy living. Using that criteria and comparing ourselves to Americans living in 1906, we are healthier, live longer, and enjoy lives that are less likely to be marked by injuries, ill health or premature death. Our life expectancy has increased and infant mortality has declined. In short, we have made huge advancements. Unfortunately and remarkably, we lag behind many industrial countries in the health status of our citizens. Researchers cannot precisely tell us why, but some trends are easily visible. As an example, perhaps as much as 95% of our health care spending is directed toward health care and biomed-

ical research. There is strong evidence however, that personal behavior and the environment may be responsible for more than 70% of avoidable mortality and chronic diseases.

Disease Intervention Program
At the Monroe County Health Department (MCHD) one program we sponsor which focuses on personal behavior is our Disease Intervention Program.

Prevention of sexually transmitted diseases. Two full time staff members are committed to this program which has as its primary goal the prevention of sexually transmitted diseases. We do this by conducting surveillance; case detection through screening; case follow-up; and education.

Surveillance and case detection are performed by tracking reported cases and by providing free screening for HIV, syphilis and hepatitis at our Futures Family Health Clinic at 338 South Walnut.

Disease investigation and tracking cases represent our main responsibilities. A trained Disease Intervention Specialist interviews persons diagnosed with or suspected of having sexually transmitted infections. She also contacts individuals who are identified as partners who may be infected. Locating and referring individuals for additional testing and counseling is labor intense and often time consuming because clients can be located in adjacent counties.

Education and Health information focuses on providing general sexually transmitted disease prevention education to youth and other at-risk populations. Staff members visit schools, correctional facilities, substance abuse facilities and various other settings. Additionally, throughout the year staff members actively participate and assist in organizing health fairs and displays at locations throughout the community.

Futures Family Health Clinic. In 2006 our ability to perform these services took a quantum leap when we opened the "Futures Family Health Clinic" at 338 South Walnut. We now have trained medical professionals available at least 40 hours every week who can collect specimens and conduct initial interviews. Collocated at the clinic we have health educators who offer specific counseling which addresses some of the underlying issues facing our clients such as smoking and obesity. The focus of the clinic itself is reproductive health. It is in this setting that our nurse practitioner can perform more comprehensive examinations if necessary.

If you are interested in finding out more about these or other reproductive health programs either come by the clinic on any weekday between the hours of 8 A.M. and 5 P.M. or simply call 812 349-7343. All inquires and services are strictly confidential and are available at little no cost.

City partners with agencies to provide health programs

By Nancy Woolery, Health Projects Manager, City of Bloomington

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The City of Bloomington received a grant from the Community Foundation of Bloomington and Monroe County to provide health education programs and health screenings to low-income families in the Cresmont Community. The "Healthy Neighborhoods" Initiative is a community partnership which includes the City of

Bloomington's Community and Family Resources Department, Bloomington Hospital, Center for Behavioral Health, the Monroe County Health Department, Bloomington Housing Authority and Resident Council, South Central Community Action Program, Cresmont Boys and Girl's Club, and the Indiana Institute on Disability and Community. The "Healthy Neighborhoods" Initiative will provide health fairs, health screenings, and education programs targeted to improve health outcomes for individuals who do not have

adequate access to health care services. This initiative will also educate people on the importance of taking control of their own health by teaching lifestyle behavior change. Health education programs that will teach people how to modify their health risk factors include nutrition and weight control, tobacco cessation, exercise, diabetes, cholesterol, blood pressure, safety and mental health well-being.

On August 1, 2006, the Healthy Neighborhoods Initiative sponsored their first event, which was a community health fair at Crestmont in conjunction with National Night Out. National Night Out is an annual event which focuses on neighborhood crime and safety. Citizens, local law enforcement agencies, community groups, businesses, and youth organizations came together to combat crime and drug abuse. The health fair included 26 different health related booths which provided health information along with health screenings. The health screenings provided were vision, dental, blood pressure, lead, carbon monoxide levels from tobacco smoke, breast self-exams, head lice, asthma, and blood glucose.

A very important element to this program is follow-up health education and health screenings. Thanks to a grant from Baxter Pharmaceuticals, the Crestmont neighborhood is fortunate to have weekly follow-up visits from a neighborhood nurse. Residents who have chronic health problems can be seen by the nurse weekly for check-ups and health education to keep their problems under control. Because of transportation issues, these problems can be monitored by the neigh-

borhood nurse without the patient having to find transportation to go to the hospital or the doctor.

Health surveys were distributed to people attending the National Night Out health fair to determine what their main health concerns were, and what type of health education programs were of interest to them. The health concerns ranked in the following order from most to least popular: CPR/first aid, bicycle and neighborhood safety, weight management, nutritious foods, stress management, sex education/family planning/disease prevention, nutritious preparation of foods, tobacco cessation and drug use prevention. Other activities to be sponsored include a children's bicycle safety rodeo in the spring sponsored by Bloomington Hospital, stress management classes, and planning nutritious meals on Friday afternoons in collaboration with the Hoosier Hills Food Bank's weekly distributions.

Our goal is to not only provide the Crestmont and Reverend Butler neighborhoods with these programs and screenings, but also to include and encourage all low-income residents in Monroe County an opportunity to take advantage of these free health programs and screenings. We can provide outreach to low-income neighborhoods by working with the Section VIII directors to target areas where these services would benefit the neighborhood, and our neighborhood nurse can travel to different areas of the community. We have no limitations when it comes to providing residents with health care to increase their quality and quantity of life.

LWV

Continued from page five

Currently the local LWV is researching the delivery of universal health care in other countries and reviewing the plans being proposed in a number of other states in the U.S.

The United States remains the only industrialized nation in the world that does not provide for a basic level of universal health care for all its residents. It is anticipated that the upcoming Indiana legislative session will see several bills introduced dealing with the financing and delivery of health care to Hoosiers. League members will be scrutinizing these proposals and lobbying for the inclusion of the principles articulated in our position statement.

Finally, the League believes that a patient's ability to pay for services should not be a consideration in the allocation of health care resources. "If resources are limited allocation should be based on the following criteria considered together: the urgency of the medical condition, the life expectancy of the patient, the expected outcome of the treatment, the cost of the procedure, the duration of care, the quality of life of the patient after treatment, and the wishes of the patient and the family."

Information about our local government can be obtained by phoning the League Line at 812-334-1984. For general information about the local League of Women Voters, contact the president, Pat Harris at 812-330-0415. You can also visit the League website at <http://www.bloomington.in.us/~lwv>. Membership information is available from Natalie Wrubel at 812-332-2673. Men as well as women, politicians, students - anyone over the age of 18 are encouraged to join.

The League welcomes the public to the general meetings it sponsors several times during the year. Forums sponsored by the League this past fall prior to the election provided the public with opportunities to hear and question the candidates for public office. Additional information was available in the Keys to the Candidates compiled by League members and published in the Herald Times.

Outlook remains positive for regional AIDS service organization

By Emily Brinegar, MSW, LSW Prevention Coordinator

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Bloomington Hospital Positive Link is the region's HIV/AIDS service organization. Through federal funding administered by the Indiana State Department of Health, and with support from Bloomington Hospital, Positive Link provides HIV education and testing to Bloomington and surrounding communities, as well as case management for people living with HIV.

In 2006, over 150 HIV positive residents of Monroe and surrounding counties sought assistance from the four Care Coordinators employed by Positive Link. These staff members are specially trained case managers who take a holistic approach to working with clients. Care Coordinators assist clients with a multitude of issues including: dealing with an HIV diagnosis, disclosure of HIV status to friends and family, assistance with housing and financial issues, managing health and wellness, obtaining health insurance and health care, applying for entitlement programs, and referrals to other community resources. Positive Link also offers client-centered, harm reduction counseling for HIV positive clients dealing with substance use issues.

While many HIV positive people are living stronger, healthier lives than ever before, challenges remain and many misconceptions and stigma regarding what it means to be HIV positive still exist. Care Coordinator Julie Hiles mentions, "Even though there is a broader acceptance and understanding of HIV/AIDS, many of our clients do not have a support network or the personal resources to access help and

support. Many have been rejected by their families and seek support through us and other HIV positive clients". Positive Link strives to provide clients the opportunity to gain access to this support through educational and support programming. For instance, the Care Links program pairs an HIV positive client with a volunteer who provides social support through activities such as weekly phone calls, letters or visits. Likewise, the Live and Learn educational series provides social and educational opportunities for clients on topics including Medication Adherence, Smoking Cessation, and Gardening. Recently, Positive Link partnered with Community Kitchen and Meals on Wheels to pilot a meal delivery program for clients who lack nutritional and/or financial resources.

Positive Link has strengthened HIV prevention efforts in the community over the past two years. In 2006, Positive Link partnered with over twenty other agencies in Monroe, Brown, Owen, Greene, and Lawrence counties to provide HIV education and HIV testing. Community testing is focused on testing people who may be at higher risk for contracting the virus due to substance use and/or mental health issues. Positive Link also offers confidential or anonymous HIV testing at their office on Monday, Thursday and Friday from 9:00am-4:00pm. In-house testing is open to everyone in the community and is free of charge. Unfortunately, due to a 20% funding cut to HIV prevention across the state, Positive Link is currently unable to offer the 20 minute rapid result HIV test in the office. The test used for in-house HIV testing is still an oral fluid test

Thanks to Positive Link

To the wonderful Care Coordinators, Staff and Volunteers at Bloomington's Positive Link. "Thank You" just doesn't seem to really convey my gratitude for what you do. After becoming ill and almost dying in June of 2004, I was frightened, confused and overwhelmed with the daunting task of navigating "The System" and figuring out my options for recovery from a diagnosis of AIDS. Thankfully a friend suggested that I talk to Positive Link. I truly believe that had it not been for the incredible friendships and understanding of the selflessly giving Staff (FRIENDS) at P.L., that my return to health would have been, if not slow, than non-existent! Thank You, and keep up the incredible work that you do. It is VERY needed and VERY appreciated!

Jim

There comes a time in everyone's life when you will need help from others. Some people's lives are jam packed full of needs. I'm talking about needs, not wants, needs. That's where the folks at positive link have been a god send to me and many others living with HIV/AIDS in this community. The word "positive" says it all, in and of itself. Positive attitude, positive treatment, positive outcomes. That's what Positive Link is all about. A small group of very talented, caring, compassionate people performing life-saving and life-enriching acts all day long. I don't believe I'm being a bit over dramatic when I say that with out these kind people, I would not still be here. In every sense of the phrase, "you saved my life" these folks at Positive Link have. And what's more is that they have, many times over, enabled me to make my life a better, fuller, and more "positive" life. Thank you all for all that you do.

Jeffrey

but it takes approximately two weeks to receive the results. Positive Link Program Manager Jill Stowers says, "While we are disappointed that the Centers for Disease Control and Prevention are no longer able to fund Indiana for rapid HIV testing, we are actively working to continue uninterrupted services to our community. The funding cuts are happening nationally and this is something we are going to have to continue to deal with in the future. The rapid HIV tests are twice as expensive as the non-rapid tests and this poses a problem for our funders."

Volunteers and charitable donations are an integral part of the Positive Link

program. If you would like to make a donation to Bloomington Hospital Foundation's fund for Positive Link in order to help purchase rapid tests for community testing, please contact Jill Stowers at (812) 353-3250 or jstowers@bloomhealth.org. Positive Link is also looking for people who would like to donate to the annual Holiday Gifts of Grace program which provides needed items to clients during the holiday season. For more information about making a donation for Gifts of Grace, and for general information about volunteer opportunities, please contact Tammy Dutkowski at (812) 353-3241 or tdutkowski@bloomhealth.org.

A few more words on the AIDS virus

By Richard W. Hardy, Ph.D., Assistant Professor, Dept Biology, Indiana University

Twenty-five years ago cases of rare diseases striking down young men in east and west coast cities began to gain the attention of U.S. public health officials. These previously healthy men were falling victim to infections and cancers previously seen only in the elderly and immuno-suppressed. It quickly became apparent that the immune system of affected individuals was not working and they were unable to fight off usually mild infections. The condition soon became known as AIDS – Acquired Immune Deficiency Syndrome. The cause of the loss

of immune function was determined to be a virus, HIV (Human Immunodeficiency Virus). Initially the disease was written off by most of the public as being exclusive to homosexual men, but as more research was performed it became obvious that the virus could infect anyone, and anyone participating in activities that resulted in the exchange of bodily fluids, specifically semen and blood, was at risk for infection.

While the initial confusion surrounding the cause of AIDS has died away, a lack of understanding about the disease, the virus, and a person's risk of infection still

remain. As I stated above, the virus is predominantly transmitted through semen or blood. This means anyone participating in unprotected sex or sharing needles for the delivery of intravenous drugs is at risk of infection. Infection does not result in disease immediately. Initially an infected person may have mild symptoms (fever, headache), but this usually passes and the person remains unaware that they are infected. However the virus is actively reproducing and attacking the immune system. During this time – which may last years – the infected individual feels

healthy and is capable of passing the virus to others. Eventually the immune system becomes so weak that the individual becomes susceptible to many diseases that a healthy person would fight off. Herpes virus infections are easily acquired or reactivated, rashes, thrush, and other unusual conditions begin to arise. The person is also prone to pneumonia and certain cancers. The repetition of infection and reactivation of infections leads to organ failure, neurological disorders, wasting, and ultimately death.

See "Hardy," page eight

CBH “PATH” Program aids homeless

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The Stewart B. McKenney Homeless Assistance Amendments Act of 1990 authorized a Federal grant program to deal with the needs of people who are homeless and have serious mental illnesses. The program, “Projects for Assistance in Transition from Homelessness” (PATH), funds community-based outreach, mental health, substance abuse, case management and other support services, as well as limited housing services. The PATH program reaches some of the most vulnerable members of our society, delivering essential services, leveraging significant State and local resources, and marshaling a creative network of human service organizations to improve the mental health and well-being of homeless people with mental illnesses.

In 2001, Center for Behavioral Health (CBH) applied to the state Family Social Services Administration—Dept. of Mental Health to begin working with PATH. CBH was well aware that homelessness derails mental health, yet without funding, few resources are available to locate the

By Cathi Norton, Center for Behavioral Health Community Relations Specialist

homeless.

“PATH pays us to go help people who may not be organized enough to get to us, or to help them become willing to get help” says Dan McNeely, CBH Manager of Residential Services and PATH supervisor. “We’re looking for people who survive in the community, but could certainly do a lot better. We hope to build trusting relationships and help those in need take advantage of the treatment we’re offering. However, PATH seeks to let them know its programs are available—NOT required—unless by law, and can be refused.”

The State of Indiana initially funded 10 PATH teams. Though the number of teams has not expanded since that time, funding increases have been granted for teams in existence. So 2006 state budget increases enabled CBH to add a half-time position to the one already in place. Initially, case manager Andy Matthews piloted the program, which has grown to serve 60-70 individuals per year. In 2005, current case managers Aaron Persinger and Isabelle “Izzy” Ambrose evaluated 69 people through PATH.

Persinger and Ambrose seek those in need through programs like Shalom and Martha’s House, or from reports of home-

less persons in the community, and work closely with the State Hospital, Middle Way House, county jails, local police, the Community Kitchen, the hospital, local housing authorities and CBH’s Emergency Services department to provide services. Both counselors offer case management to people in the setting where outreach activities occur, like in the street or emergency housing—and link individuals to other needed resources.

This includes preparing a plan for the provision of community mental health services and three-month plan-reviews for each person, assistance with accessing services by accompanying them to appointments; transportation; obtaining income support services such as housing assistance, food stamps, and supplemental security income benefits; providing representative payee services and personal financial planning; basic life skills; referrals for primary health services; pre-vocational and vocational services; job training; and education. Once the homeless person has transitional or permanent housing, they move from the PATH program to a CBH Community Support Services case manager for continued care.

Center for Behavioral Health is proud

to offer services through PATH—services that really help people like “Rob.” Rob was homeless for almost nine years and transient in three different states. Prior to his homelessness, he was in and out of the correctional system and various mental health programs. The main factor in his continued homelessness was his inability to comply with traditional mental health models that required him to make appointments and come to the mental health center for services. PATH outreach staff visited Rob wherever he was that day. Through this extensive outreach effort he was able to establish trust and overcome his reluctance to participate in treatment. Rob is now receiving services, consistently takes his medications to manage his mental illness, has not been arrested or hospitalized, and has maintained his apartment for over one year.

Not letting people like Rob continue to fall through the cracks of society not only feels great, it’s the right thing to do. Center for Behavioral Health, with the help of, PATH and programs like it, make that difference.

NAMI addresses mental health issues

By Jill Bolte Taylor, Ph.D., President, NAMI Greater Bloomington Area

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Our local affiliate of the National Alliance on Mental Illness (NAMI) in the Greater Bloomington Area is growing and becoming more active in our community. On the first and third Mondays of every month, NAMI, in conjunction with the Mental Health Alliance’s (MHA) TLC group, provide support meetings for families in mental health crisis. These meetings occur at the First United Methodist Church in Bloomington, Room 302, at 7pm. For more information please contact

Lee Strickholm at 339-5440.

In addition, our NAMI affiliate is invested in providing education for both the public as well as families with severe mental illness. Every spring, NAMI offers a 12-week Family-to-Family course at no charge to the public. This course is for family members of individuals diagnosed with severe mental illness to learn more about: the different types of mental illness, how to interact with someone who is experiencing psychosis, the different types of medications, what is going on in the brain of a person with mental illness, how to cope with having a family member

with a mental illness, and much more.

Through the Family-to-Family Program, we also make available relevant books and videos. If you know of anyone who would benefit from this program, please contact Lee Strickholm at 339-5440.

We also provide educational meetings for the general public. This year, we met with Dr. Anne Leach, a local psychiatrist at CBH, to discuss issues relating to accessing quality treatment here in Bloomington. In early October, during Mental Illness Awareness Week, I presented “Our Beautiful Brain in Wellness and Illness” which was attended by over

100 people from the Greater Bloomington Area including Lebanon, Spencer, Bedford, Gosport, and Martinsville. Our local NAMI affiliate is committed to sponsoring these types of educational presentations and discussions on subjects of interest to our members and the greater community.

NAMI-GBA is also involved in several advocacy activities. First, our Advisory Council to CBH meets periodically with CBH director Dr. Denny Morrison and several staff members to discuss the accessibility of quality treatment and services for our mentally ill family members.

Hardy

Continued from page seven

This is the bad news, but there are some

things that can be done to prevent infection and even allow a person to live a long life while infected. The best means of preventing infection is to not participate in sex or intravenous drug use. Using condoms and clean needles will also significantly decrease the risk of infection. A major problem occurs when people participating in risky behaviors fail to recognize the risk they are taking and do not get tested to see if they are infected.

As previously stated an infected individual can remain healthy for years and during this time can transmit the virus to their sexual partners. This can lead to a large number of new infections stemming from one individual who did not take the responsibility to determine their HIV status and change their behavior accordingly. If you have placed yourself at risk for infection take the time to be tested. Organizations such as Positive Link (associated with Bloomington Hospital) provide free testing and counseling for people who test positive or are placing them-

selves at risk of infection.

If someone does test positive what can be done? Fortunately, due to massive efforts on the part of the research community, HIV infection no longer means death within a couple of years. Drugs are available that can control the infection and allow people with the virus to lead a healthy life for many years. These drugs can be expensive, but again Positive Link can help infected people obtain the drugs at low or no cost. It should be pointed out that these drugs do not cure the disease. The virus will always be there and an

infected person must take these drugs for the rest of their life.

The impact of the HIV pandemic on society has been huge. Effects can be seen socially, politically, economically, and scientifically. A great deal of effort is still being put forth by scientists to find vaccines and drugs to fight the virus, however everyone can play a role in minimizing the spread of this terrible disease. Recognize the risks of unprotected sex and drug use and get tested. Only when we as a society know the extent of the problem can we effectively fight it.

Comments from people directly affected

For some residents, gap between health insurance and care is too far to cross

As told to Hester Hemmerling

To preserve anonymity, I have changed the names of people interviewed. They are all real people, all living in Monroe County.

Karen Wilson is twenty-eight, separated from her husband, with full custody of her three children ages 7, 5, and 4. She rents an apartment in Bloomington and works at a telemarketing agency. Her take-home pay including base salary and commissions averages \$350 a week. In September she went to the emergency room with acute pain in her stomach which she thought might be appendicitis. The examining physician found a large cyst in her uterus, advised her to see a gynecologist, gave her a prescription for pain medication, and sent her home. The bill from the hospital totaled nearly \$2000. Karen has no health insurance. Her employer only offers health benefits to salaried employees. She found a gynecologist locally with whom she

worked out a payment plan for office consultations. He advised her to get a hysterectomy. "He wants \$3000 up front. I don't need a hysterectomy; I need the cyst removed." She has little confidence in the gynecologist, but no money for a second opinion. "I am already working extra shifts to pay the hospital. I make too much money for Medicaid, not enough for insurance. My kids are covered by Hoosier Healthwise, but not me. What am I supposed to do?"

Madeline Hall is 32, married, with one daughter. Madeline works part-time for an agency that provides care for developmentally disabled people, and takes classes at Ivy Tech. Her husband Steve works full-time for a local landscaping firm. Madeline's employer offers medical insurance, but the price is high. "It would cost \$700 a month to insure the three of us," she said. "That's one-third of our

income." Madeline is currently making payments to a local physician's group, and to Bloomington Hospital, for a trip to the emergency room in July. "The total bill for the ambulance, the ER doc, and the hospital, was just under \$1700. It will take us 18 months to pay. The EMT in the ambulance told me a medical emergency was not a good time to worry about how much it would cost. I wanted to tell him, 'Shut up! You've got insurance!' but I was in too much pain."

Jeffrey Miller, 49, has worked most of his adult life as a laborer, carpenter, chimney sweep, and maintenance technician. He has never been able to afford health insurance. "Car insurance, you bet. I've got to have a vehicle to haul my tools and to get to work. But health insurance, who can afford it? I never worked for a boss who offered it." Jeffrey is currently unemployed. Two years ago

the owner of the rental management business where he worked retired. "I was there fourteen years. When they closed, I was making \$14 an hour. That's pretty good for Bloomington. I could almost get by." He held a series of maintenance jobs after that, none of which paid more than \$10 an hour. In September, he fell off a ladder, tearing his right rotator cuff. "The doctor said I needed to get it fixed. I said who's going to pay for it? Then he said I needed physical therapy. But for people like me, there's a big gap between what you need and what you get."

Call your legislators. Tell them what they already know, that good, affordable health care is a higher priority for national security than a fence along the Mexican border. Do it today, while they're still paying attention.

What about health care?

By Judi Romaine

Lack of affordable health care in America is the sleeping giant, raising its ugly head and rising up to strike down individuals, businesses, as well as health care providers and the medical institutions themselves. Many, many Americans are caught up in some type of affordable health care bind. Many of my friends and neighbors stay in jobs they would otherwise leave because they cannot afford to lose their insurance and health care benefits.

Then there are those who are unemployed and self-employed.

The unemployed and those in the community with few or no assets, sometimes have their medical emergencies covered by Medicaid or other Federal or State programs. Sometimes not but usually avoid medical care because they don't have the money at hand.

Then there are the self-employed, like myself, who are faced with a different type of challenge. We are caught in the double

bind of having some income and some assets, but many times no insurance. The combination is devastating to both our physical and economic well-being. We have to choose between out-of-pocket, high cost medical care and insurance that bankrupts us. Or we have to wing it, living our lives with the hope we don't get sick. Whichever one we choose, we avoid going to the doctor unless the circumstances are unbearable.

Self-employed myself for fifteen years, I was faced with this situation six years ago. Although doing my best to keep in good health with exercise, good diet, getting enough sleep and avoiding stress, a rare medical incident brought on a surgical emergency. Instead of dealing with the emergency, I continued to live my life in pain and fear of a possible acute emergency for two years because of a lack of insurance.

See "Romaine," page 10

A health coverage disaster avoided

By Susan Wunder, self employed writer/editor

When I look back at the past six years of my son's life, and imagine living them as a single parent without health insurance I shudder not only at the financial disaster averted for myself but also at the thought of anyone having to shoulder such an unbearable burden without help. Tim was a healthy child until the onset of diabetes at age fourteen. I clearly remember the financial shock of that week even with his father's (my former husband's) health coverage. There were medical visit and prescription co-pays, learning curves to master for both of us, and related problems, including an emergency surgery to remove enlarged lymph nodes and his appendix, eye exams, testing kits, emotional trauma. Tim needed and received counseling, help he might not have gotten as fully or as regularly without coverage. Without insurance, both of our lives would have probably been hugely diminished if not ruined—I'd have had to sell my home to finance his care—and even doing that would not have covered Tim's needs over the long run.

As things stand now, he has his diabetes under control through oral medications (still a \$70 co-pay per month). He attends Ivy Tech, holds a job, and has progressed to the point that therapy is no longer mandated. His health coverage through his father is now linked to his student status. In two years or less it will end. Given Tim's pre-existing health problems I sincerely doubt he will be able to take on the burden of what is likely to be a very expensive personal policy, and I know potential employers take such expenses into consideration in hiring. And I worry about what his diabetes will do to him if he cannot continue to maintain the level of care he now receives. I therefore strongly endorse the concept of universal health insurance, surely one of the very best uses of our tax dollars.

Thank you to a community of friends

By Cynthia Bretheim

I am self-employed. I don't have health insurance, and am paying for medical fees out of pocket. A self-pay patient pays two to five times the amount insurance would pay (even if the patient pays in cash). Insurance companies have negotiated down every allowable medical and drug fee, and so healthcare practitioners charge to make up for the low amount that insurance contracts cover. I needed hip surgery to repair an old malady. As a simple-living, financially self-sufficient person, the expense alone was daunting, but how would I manage recuperating at home?

My choice was: surgery or not being able to walk or work. (I can't accurately describe the pain of a socket grinding bone every time I moved.)

I was so fortunate that the surgeon, Dr. Meneghini, and some of the medical offices agreed to lower their fees. The local CHAP clinic helped immensely, with lab tests, exams, and x-rays. Local Dr. Rob Stone removed my incision staples so I didn't have to drive to Indianapolis. Drs. Wendy Corning & Clark Brittain provided pre-surgery exams.

I am also fortunate to have a community

of friends who came to my rescue. A friend at church, Martha Sattinger, asked whether she could help with homecare while I recuperated. Neither she nor I had imagined the magnitude of her offer. She ended up calling and emailing a huge cadre of friends to help after the two days in the hospital. She arranged for friends to bring meals, do the laundry, take care of my cat, and do the dishes. I needed a huge amount of help, and so many angels helped so lovingly. In addition to organizing, Martha was there when I was out of

the recovery room; Tom Zeller was attending a conference in Indianapolis, and drove me to and from St. Vincent's. Karen Green Stone stopped by the day after surgery to visit even though I was in Indianapolis. Jenny Kander, Tim Tilton, Carol Krause, Carol Voelker, Bridget Edwards, and Pam Gilliatt drove me to post-surgery appointments. So many wonderful people helped me get through. What if I did not have them?

See "Bretheim," page 10

Abilities Unlimited Inc.

By Lynne Argent, Executive Director

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<http://www.abilitiesunlimited.net>

Abilities Unlimited Inc. (originally the Monroe County Society for Crippled Children and Adults) has been an active non profit since 1954. Though a lot has changed since the early days when Mrs. Eva Matney kept medical equipment supplies in her garage, some things have remained constant.

Like its forerunner, Abilities Unlimited supplies direct services to citizens with disabilities. This includes the elderly, who may be experiencing disabilities brought on by age related problems. Although the bulk of Abilities services are directed at Monroe County residents, they also supply services and referrals to residents of surrounding counties. Abilities works directly with medical personnel and with other non profit agencies to help meet various emergency and long-term needs of people with temporary or permanent disabilities.

Abilities' longest running and most utilized service is the loan of durable medical equipment. For a person recovering from an accident or illness, having access

to a wheelchair, walker, bath seat, or other assistive aids makes the transition from hospital to home much simpler. When they have recuperated, they simply return the equipment they have borrowed to Abilities Unlimited. It is then sanitized and repaired (if necessary) and loaned out again.

For low income persons, who do not have insurance or who do not fit the requirements to have medical equipment prescriptions filled through Medicaid/Medicare, Abilities will loan them equipment for as long as they may need it. Abilities has over two thousand pieces of medical equipment loaned out to individuals in Monroe and the surrounding counties.

There are no fees for any of Abilities' services. The funding Abilities Unlimited receives from the Monroe County United Way is used for general operations, advocacy, referral, and support. Abilities depends on financial donations from service clubs and individuals, and on donations of gently used equipment to keep the Equipment Loan Service running.

See "Abilities," page 11

About Milestones

By Cheryl Paul, Stone Belt Publications Supervisor

Milestones Clinical & Health Resources, a division of Stone Belt, is a certified mental health clinic offering a wide range of supports. Areas of specialty include: Psychiatric Services, Outpatient Counseling, Behavioral Support and Nursing Services.

With almost 20 years experience, Milestones provides a unique combination of behavior and therapeutic approaches to address mental health needs of, and provide personal care for, each client. The office specializes in serving children, adolescents and individuals of all ages with developmental disabilities.

Stone Belt has been providing related services for years, but in 2004 made the strategic decision to restructure and expand these areas under a new umbrella called Milestones. The goal with the new name was to grow the division as a resource for the whole of the community.

Growing is certainly what Milestones has done since its inception. It has added new staff and programs and has expanded its caseload and office space. Currently over 2,000 clients are served.

One of the biggest indicators of growth is the plan to add a second Psychiatrist to the office. Dr. M. Melinda Weakley, the current Psychiatrist for Milestones, receives many requests for services and is near capacity with a six to eight week

waiting period for new patients.

"We are looking for a Psychiatrist who will work in our preferred model of service, offering psychiatric support in conjunction with behavioral and counseling services," said Maureen Gahan, Director of Milestones. "Having the doctor and clinical staff in the same office provides an opportunity for immediate communication and collaboration." Gahan hopes to have someone on board by July 2007.

Perhaps one of the most exciting changes this year has been a major remodeling of Milestones' Adams Street home. Changes include a much needed waiting room, a play therapy room, a group therapy room, two additional private-session therapy rooms and a therapist office. Restructuring within Stone Belt then opened up office space on the second floor of the building for Milestones' behavior staff and for conference and training activities such as classes on behavior management and medication administration, community parent/family education, diabetes and health/wellness support. A resource room that will house books, articles, DVDs, CDs and other materials is also being created to provide education to individuals, families and staff.

See "Milestones," page 11

Romaine

Continued from page nine

Finally, finally, faced with a great deal of weight

loss and unbearable pain, I bit the bullet and went to the doctor. The outcome was \$20,000 in medical/surgical expenses and a year of recovery.

I went ahead and had my surgery, went

through the recovery process trying to keep working as I began the slow process of paying off \$20,000 in medical bills. While the doctors were very generous and considerate in working out arrangements, the medical costs needed to be paid.

It has been four years since that initial surgery. I am still uninsured and now uninsurable, and I continue to avoid med-

ical care due to lack of insurance. As everyone knows, the problem we're dealing with is the high cost of health care. The medical community, medical institutions, business and individuals are all caught up in the same dilemma: How to pay for each and every person's health care, whatever their circumstances. The cost of dealing with uninsured individuals

is high for all of us in Bloomington, the medical community, the business community, the city itself and every individual, uninsured or not.

My question is: What do we can together to insure access to health care for all of us? Can we come up with a plan that is economically feasible and workable for everyone?

Bretheim

Continued from page nine

Speaking of money, Tamara Loewenthal called to ask what I was going to do, and she gracefully planned an email campaign to update friends, and ask for financial support. She wouldn't accept my embarrassment or fear as an

excuse. I don't know what I would have done without her help. Worrying about my mortgage and car payment would not help my recovery. I can't feel grateful enough,

and there is no way I can repay all the generous donors, helpers, and well-wishers.

This amazing community of people acting out of clarity of mind and generosity of heart made my recovery possible. Every day it just amazes me. I'm back at work, wanting to be more successful not just to pay my medical debt, but to honor the benevolent and generous community of people who helped me get well.

NAMI

Continued from page eight

Second, we are actively committed to bringing the

Crisis Intervention Training (CIT) educational program to all of our Bloomington Police officers, IU security officers and officers in our Sheriff's department. We believe it is vital to the wellbeing of our family members who are ill that our law officers be specifically trained in how to recognize when someone is experiencing psychosis and how to de-escalate a potentially dangerous situation whereby either the officer or the citizen could be injured,

or even killed.

Third, our NAMI is very concerned about the overpopulation of our Bloomington jail. A recent report by the US Department of Justice reported that over 50% of the people in our nation's jail system have some form of mental health problem. Obviously, people with severe mental illness have a problem with their brain whereby they cannot connect their minds to a common reality. Unfortunately, this can easily translate into peculiar behavior that may be against the norm or even against the law. It is important that our police officers learn to recognize psy-

chosis so these individuals can be taken for mental health treatment rather than taken to jail. However, there are a few obstacles to a successful CIT program here in Bloomington, including the lack of a 24-hour hold site where police can take these individuals for treatment. Our local NAMI is advocating for practicing the 24-hour hold law in Bloomington.

Finally, our NAMI affiliate is committed to brain research and helping scientists find cures for these debilitating brain disorders. We do this in several ways. First, we recognize the value of brain donation to the Harvard Psychiatry Brain Col-

lection for research into the severe mental illnesses. Second, we participate in appropriate clinical trials ranging from genetic testing to pharmaceutical medication trials. We believe that from knowledge will come a cure, and as advocates for the mentally ill, we use our voices to help these individuals who are often too ill to use their own. In coalition with other local groups who advocate for folks with various brain disorders, we are active members of the local Stigma Busters Coalition. Please join our NAMI efforts by becoming an active member.

Boys and Girls Club member shares story

by Laura Hopkins, age 15, BHSN sophomore, 2005 Youth of the Year for B&GC of Bloomington

(812) 332-5311 x13

311 S. Lincoln St.

The Boys and Girls Club to me is a second home. Without the Boys & Girls Club, I would probably be in a boot camp. I wouldn't have met my best friend, Rishan Brown, who keeps me coming back every day. I wouldn't have met Becca, the director, who is like a big sister to me. Without Becca, I would have never got on a roller coaster. Without the Club and Becca, I wouldn't have all of the crazy and funny memories of my childhood. I would have never had a water fight in the Club kitchen with two staff that would not be engaged right now if I hadn't played Cupid. I probably wouldn't have met my big sister, Meghan Overmyer, who I've been matched with for 3 years now. I probably wouldn't have gone home with so many headaches from laughing so hard. I probably wouldn't have anyone to talk to when I'm having troubles at home. The Boys & Girls Club is my family.

Another person that keeps me coming here everyday is Aaron Haack, a.k.a B-ball coach. He makes the Club a fun place because he always has a smile on his face and he always makes me happy when I'm having problems. He's like my big brother. When I was having boy problems, he told me not to worry about anything because any guy would be lucky to have a nice and smart girl like me. He also said any guy that makes

me mad, he would personally mess him up.

The way that the Boys & Girls Club prepares me for the future and to become a good citizen is that they encourage me to never judge a person and always get to know a person; to always be kind to others; to always give a person a chance and always help others when they need help. The Club showed me a way to meet new people, not to be afraid to say what I feel as long as it is said in a nice way. The biggest way that the Club has helped me is that it has built me up to be a kind person, but when it's time to bring out the claws, I can and will. The Boys and Girls Club to me is a place to come where I can act like a big kid all the time, but still be a role model for the younger kids that looks up to me.

The Boys and Girls Club to me is a place that I can go and get help on anything, if it's from problems with my brothers, to problems at school, or even when I feel like crying and there's no one else I can go to. The Boys and Girls Club to me is a place that I can go and act silly. I can run around with the little kids and I can work on projects to make the club a better place. The Boys and Girls Club is a place where I can go and hang out with college students that will be my close friends for a long time. The Club is a place that doesn't have an age limit. The club is a place you can go to have fun and always learn something new. The Boys and Girls Club is a place of opportunity. The club is a place to make new friends and meet people that will change your life

Abilities

Continued from page 10

Since the early 90's, Abilities Unlimited and the City of Bloomington's Housing and Neighborhood Development Department (H.A.N.D.) have been working together to supply Home Modifications for Accessible Living to low income City of Bloomington residents. The funding for this service comes from a Community Development Block Grant.

These accessibility modifications may be as simple as replacing regular sink taps with levered handles and installing grab bars in the bathroom. Other modifications may involve a complete bathroom or kitchen make over. Wheelchair ramps, bathroom renovations, and safety railings are the most requested items.

Abilities Unlimited does the initial home visits, intakes, and the needs assessments. The paperwork is then passed on to H.A.N.D. They hire the contractors and oversee the work. Abilities Unlimited and H.A.N.D. have found that this method of supplying the service runs very efficiently. A few years ago, Home Modifications for Accessible Living won the Herman P. Guenther Award for best use of government funds.

Back in the days of the Monroe County Society for Crippled Children and Adults,

the organization realized that there was a need to assist children with disabilities, who wished to attend summer camps. In the early years of the Society, few camps offered services for children with disabilities. Now, most summer camps are inclusive.

Abilities Unlimited has continued the tradition of offering camp scholarships (Camperships) to young people with disabilities, so that they may attend the summer camp of their choice. Funding for Camperships comes directly from donations from individuals and community organizations.

Abilities Unlimited also maintains a large database of information resources, related to the concerns of persons with disabilities and their families. They presently facilitate a Head Injury Support Group and a Chronic Pain and Fibromyalgia Information Service. Other available services may include advocacy or referral and assistance in developing or finding the needed support groups.

Abilities Unlimited works with individuals with disabilities, their families, other service providers, and the community at large, to promote awareness of the needs of persons with disabilities.

Milestones

Continued from page 10

A future challenge for Milestones will be the

development of a process to handle its quick growth rate. New staffing positions will need to be added in order to keep up with the demand for services. A year ago Milestones had the equivalent of 1.25 full-time therapists who saw an average of 30-40 counseling clients a week. This year they have the equivalent of 4.25 full-time therapists who see 80-100 clients a week.

"We have the support and encouragement of a number of social service agencies and mental health providers in the community whose clients use our services and would like to see us expand even further," said Gahan.

Here's more information about Milestones services:

Psychiatric Services

Milestones currently has one full-time board certified psychiatrist on staff, Dr. M. Melinda Weakley. Dr Weakley is a graduate of the University of Louisville School of Medicine and completed her psychiatric residency at the Indiana University School of Medicine. She specializes in working with children and adolescents, as well as individuals with developmental disabilities. Dr. Weakley's services include: psychiatric assessments, psychiatric consultation and medication checks for patients.

Outpatient Counseling

Milestones has Masters-level clinicians and a variety of support services staff available. Clinical services include: Individual, Group and Family Counseling; Play Therapy; Families/Caregiver Support and Case Coordination.

Behavioral Support Services

Often individuals exhibit challenging behaviors such as self-injury, aggression, running away or severe tantrums. These behaviors can be frightening, isolating and stressful. Many times to effectively reduce challenging behaviors and increase desired behaviors it is necessary for families or support providers to seek help. Milestones has many services in place to help with such challenges including: Behavioral Support Plan Coordination, Level I and Level II Behavior Manage-

ment.

Nursing Services

Nurses provide a valuable support to families providing experienced medical professionals to coordinate a multitude of services including: determine and assess the individual's level of health/wellness, recommend and coordinate a plan of care, monitor health services being provided, monitor medicine intake by clients, communicate with all care providers, family members and clients, advocate on behalf of the client to meet their needs, provide counseling support to the client and his/her family, and make referrals to appropriate medical providers.

Women For (a) writing Change

By Beth Lodge-Rigal

"There was the mistake...Then - there is the woman." --Eve Ensler, What I Want My Words To Do To You.

Every other Saturday afternoon in Bloomington, 16 women meet in the multi-purpose room at the Monroe County Correctional Center to sit in a circle, pass a beeswax candle (yes, this was approved by Col. Wilson), listen to a poem, write and share writing with one another in an effort to explore their mistakes and the stories of their lives. Each gives voice to her experience and supports one another's journey as women and emerging writers.

I'm privileged to facilitate this circle and would likely not have found my way to Tania Karnofsky (of New Leaf-New Life) and Colonel Wilson without my connection to Nancy Long. Tania had asked Nancy if she knew of any program ideas for the jail. As Nancy writes: My mind immediately leapt to a transformative writing class I had recently completed called Women Writing for (a) Change. I shared with Tania that it isn't just another academic writing class. It's a powerful program that nurtures a sense of community where participants enhance their life skills and embark on a journey of self-discovery and change, all within a supportive atmosphere where they are taken seriously. Its appropriateness was apparent: No special tools are needed, just pencil and paper. Any woman can participate since it doesn't assume some level of education ... a woman starts where she is.

The timing was right. The need was there. We decided to team up with New Leaf-New Life to bring Women Writing for (a) Change to the Jail.

There are many layers to Women Writing for (a) Change. There's the writing, of course, but there is another aspect that is the foundation of its mission. The project is about encouraging more conscious living through the art of writing and the practices of community. It's about writing, spirit, healing and art. Each aspect informs and enhances the other.

We don't know much about the specific mistakes that bring the women to our Saturday afternoon circle. We've only just begun. The stories unfold slowly. We're a cautious bunch, tender, angry, proud, shamed, and sad. But we've heard the words: "I feel you...you're telling my story..." "I'm broken, bruised and scared..." "Tired of letting my kids down..." "If you never hope you never hurt..." "I've always wanted to stop and dig for something more..." "I carry myself on courage..." "Will I better myself when the world is better?" "Maybe I'll try to love myself..." "Spread kindness, sister, spread kindness..."

We feel a stirring. The Saturday afternoon writers lean in to their questions and celebrate "being real". When we meet, each woman continues to work with her own words as tools for her transforming life. It is an honor to behold.

Yes, yes, they are here! This is the time that sets me free. Yes free from the cages on the block. I'm free to speak my mind, enjoy what is on my fellow peer's minds.

Yes, I'm free to finally explore my inner self. Yes, Women Writing for a Change lets me see how I can change.

I love this group. In all the time I have done, this is the one that I long for. The word of other's minds and thought is part of my growth, my change. I hate when it's over. Please don't go! Don't leave me in this cold dark world!

--Kim Brown

So many stories, so many lives, so many families, so many...so many lovers, boyfriends, friends, co-workers, aunts, uncles, nieces, nephews, grammas and grandpas...So many women speaking about the un-speakable. Are we not human to? Do we not make mistakes? Maybe if we feel we could speak more of the unspeakable things some of us would not have made the mistakes, that some have made. Who do we speak to when we're so ashamed--though one was raped only to be told her shirt was too low or her skirt was too tight? Why speak the unspeakable? Who will actually listen?

--Alicia Strathern

I remember that first day when we all were assembled. All here for different reasons, all lost in our own way, searching for a way out, trying to find out how to deal with our losses, trying to find a new beginning the right way, never wanting to be here again.

(We were) so scared of our outcomes, not knowing when we would be able to find ourselves again because we obviously got on the wrong path or we wouldn't be here. Each of us was thrown together from our wrong-doings. (We) learn how to stay out of each other's space, some hearts so big, wanting to help each one, forgetting about myself. Yet when the doors slam, and all there is is cement walls and floors, dry air, lost souls it seems there's no way out.

--Susan Warmbier

Program allows female inmates to share their stories, experiences through writing

Testimonials and poems by the women of Women Writing for (a) Change

Women Writing for (a) Change to me, means that their voices are heard, someone is listening. The saying goes, "This is a man's world." Says who? I believe a man said it. Don't get it twisted. I'm not bashing men. From what I've learned, women are second best. For most, they have normal functioning vocal chords, but their words are silenced. They go unheard. They are beaten by loved ones but no one listens. So for some, it takes them ending the violence with violence, maybe even killing before they are actually heard. They are poor and hungry and uneducated. But it takes a lifestyle of boosting, hustling, prostitution, or some form of illegal income to eat and feed their children to be heard. In my mind, many women have to be negative to have a voice heard. Being positive keeps them oppressed and unheard cuz they're classified as obedient and so-called "knowing their place."

Women Writing for (a) Change is a good exercise to teach the shy to be bold, the ugly to be beautiful, the dumb to be smart, the idiot to be talented, the unfit to be nurturing, the beaten to be healed, and the little girl to be a woman.

I've been in writing class a while now, since August and I've continued to grow intellectually, strengthening my relationship with myself. I will always be heard here and my voice will never be silenced, as you all will do the same.

--Tynisha McClendon

I would like to first thank God for being with me. And also be grateful for a lot of things because without him, I might have a problem in listening to my thoughts and I can sometimes laugh and sometimes things make me cry. Jesus loves all his creation. I will pray for spiritual guidance and safety for myself and others. Others meaning my family and people who I see each day. And for a job some day and a nice car for which I can call my own. I really would like to get a license so that I can take a vacation back to the city. Thank you lord. I claim it, because without you and doing what's right and living right, I might not make it.

--Pamela Wells

*Writing class means to me
A chance to feel a little free
Not at all like I'm in jail
Feeling emotions as such happiness
Sadness, madness -
Even anger runs so deep inside of me.*

*I feel high and low
This jail time goes so very slow
I was here and then I was not
Did drugs on probation and got caught
(so what, I smoked just a little pot!)*

*Family hurt
Kids distraught
These consequences think of
I did not*

*Now I'm stuck in orange clad,
Feeling sorry for myself, lost and so
Very very sad*

*The guard said "writing class"
Like magic from mad, sad
To so very glad!*

*I want pictures of my kids and I really feel like
A jerk when all I can think of is the
Little hearts I've hurt.*

*Do you know me? No, not
Very well but with writing class
Only time will tell.*

Feeling free is what writing class here means to me, the blue peace signs look like oceans taking me back to better times. The candle burning gives me a safe, relaxed feel, like a hot bath taken alone at home. Sometimes my heart feels hardened, but it's in writing class God lets me know it is not. This class is a blessing to us all.

--Wendy Owings

For more words from Women Writing For (a) Change, turn to page 13.

Manager explains life in the AIR program

By Carrie Williams, Community Manager, AIR program, Center for Therapeutic Justice
Community Model Program in Monroe County Correctional Facility

For anyone who has ever seen the inside of jail – F block of the Monroe County Correctional Center would be quite a surprise. The eleven voluntary participants of the AIR (Addicts In Recovery) Program are hard at work. These men spend all their days working together as a community, to change the way they think, react, and express themselves into positive experiences. F block resembles a quiet corner of a library as the men take turns facilitating the material that has been provided as part of the Center For Therapeutic Justice Community Model Program. It has been very rewarding to the men, and myself, as the Community Manager to see such positive, healthy, interaction in such a typically negative experience. My deepest and most sincere respect goes out to the men I have been privileged to work with over the past few months!

More Women Writing For (a) Change

I've only just begun my journey with this class called Women Writing for (a) Change. I think this class can be more good than some of us even know. Writing teaches us to deal with our inner emotions, look inside our inner thoughts, which is very important even when painful for us to experience.

I've learned by writing out my inner most thoughts. I learn about who I am and it gives me a chance to analyze what I could do differently to become a better person.

I'm learning that expressing myself on paper helps me to vent in a more positive way that won't hurt someone's feelings but at the same time, helps me filter through the situation.

My pain, hurts and aggravation...but writing my feelings out about these things I can come to some realizations about how I can deal with these circumstances causing these at times uncomfortable but natural feelings. Instead of suppressing (them) I'm able to deal with them on my own terms.

--Alisha Evans

Every morning I awake to unspoken grief, the war with the voice of my addiction. No words could ever explain it. I carry this pain inside me like a child. I suck off it, feed off it, let it ride in my blood, through my veins like an uncomfortable fire. Never have I felt strong enough to measure up and control these terrible feelings of addiction. The life I've lived tortures me, moves, me makes me wild with this feeling of helplessness.

When the voice of my addiction calls for me I can't seem to resist her voice. I feel like I have to follow it, love it, feed it just as it has me for all these years. I simply follow her voice to the pits. I jump off the bridge and once again I find myself alone, starved and broken. I can't seem to block out the haunting sounds of her cry. I pray sometimes to be one of the ones luck enough to die. To die in these pits I've always felt I belonged in. It is madness but it's real. It's been the truest part of me and my life for years and I beg for all this to end.

How do I tell my addiction, this voice that keeps calling me about my love for God and my sobriety? She won't seem to listen. She cries out louder to me. It's not my love she wants, it's my life. Her voice is so very seductive in its brutal sweetness and she knows her business well. She knows what to say to me and how to say it to get me to give in. To give up, to stop this fight I'm trying to fight. The fight for recovery. She knows I can't love anyone or anything but her when I fall. I become obsessed with feeding her, feeding my addiction.

Again, I find myself broken, weeping and alone. I find myself in the pit, at the bottom of a never ending stair case. I know if I take each step my life will get better but I'm afraid and I feel all alone, like a child in the dark. I'm afraid and I'm crying. My eyes are closed and I'm terrified to open them. I'm watching myself huddled in the corner too afraid to move and dying.

I'm too weak to continue to feed my addiction, for it will never be satisfied. Only by my death will it leave me alone, unless I take these steps. These steps that lay in front of me. I feel a hand touch mine. It's warm and soft but very firm. I ear a voice say "trust me, I will help you if only you would open your eyes and heart to me." I wonder if she playing a trick on me? Is she making her voice sound different to trick me into following her to the final pit, the pit of hell? The voice cries out again. "In me all things are possible." I open my eyes and I can see a light. I realize it is God speaking to me through my heart. It's his hand mine fits inside of. He has been with me all along. Even when I felt alone it is he who held me and pulled me through. It is he who put these steps in front of me. The twelve steps of recovery.

As I begin to take these steps again, I realize I am not alone. I will never be alone as long as I have faith in the lord. I know that sobriety is not easy and even though the pain I carry inside is still very real, I cause no new pain in recovery as I do when in my addiction. So with each step I take I know this pain I feel will begin to fade away and wil each step "her voice" the voice of my addiction will become harder to hear.

*Today I pray to live, and I thank god for keeping me alive –alive inside.
"Amen."*

--Shilah Hawkins

AIR members share their perspectives

As an inmate of the Monroe County Jail, I entered the therapeutic program not knowing what I was getting into. And after I did, I was glad I took the time to fill out the form to be selected. I have been hooked on drugs and alcohol my whole life and being in the program has helped me stop and take a look at some character defects and work toward making some positive changes in my life. We are working with many program materials. After 6 weeks of work with the materials we have we receive a certificate of completion. But it is not the certificate that makes it so gratifying but knowing I'm working toward a better life for myself and my family. I want to thank NL-NL, Carrie, Morgan, Penny, and everyone who helps make this program a success.

-- Don Collis

The AIR Program has helped me to understand and deal with anger in our every day life.

-- Donald Christenberry

Amethyst House: addiction treatment programs

By Tom Cox, Executive Director, Amethyst House

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www.amethysthouse.org

Residential programs

Amethyst House has been offering residential programs for persons with addiction problems for over 25 years in Bloomington. However, many people do not seem to know that we have also been offering outpatient addiction treatment programs (including gambling) for the last 5 years. For additional information on Amethyst House programs call us or check out our website at www.amethysthouse.org.

Outpatient program

The outpatient program is offered at the offices on 7th and Walnut. Outpatient services include assessments, individual group and family counseling, IOP's currently one for women and one for men and case management. Amethyst House can also treat adolescents in the outpatient services. Outpatient services can begin while a person is on the wait list for a bed in either the men or women's programs and are on a sliding fee scale to assure that services are not denied based on the inability to pay. Person's seeking services that still feel the sliding scale exceeds their ability to pay may apply for additional reductions based on documented income and expenses.

Currently Amethyst House operates three residential programs in Bloomington. The Men's house can house 19 men, the Women's house can house a total of 12 women and dependent children and a ¾ way house for men that can house 5 men that have completed the Men's house program but need additional support and structure. Due to partial funding from the federal Housing and Urban Development program Women must meet homelessness criteria for admission to the Women's house program.

Amethyst House accreditation and certification

The Amethyst House housing, and outpatient services are internationally accredited by the Commission on Accreditation of Rehabilitation facilities (CARF) and certified by the State of Indiana. Amethyst House received a three year accreditation this past June.

Amethyst House is also a Certified Managed Care program for the Hoosier Assurance Plan. (HAP) is the funding system of the State Department of Mental Health and Addictions that assists lower income Hoosiers' receive addiction treatment services.

See "Amethyst," page 14

Join the fight for Adult Education funding

By Melanie Hunter, Marketing/Public Relations/Volunteer Coordinator, MCCSC Adult Education and Monroe County Community School Corp.

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www.adult.mccsc.edu

Adult Education may be in peril. If Indiana's executive branch has its way, the Department of Workforce Development will create a new Office of 21st Century Career Education that "would use existing adult basic education funds . . . to expand upon existing offerings and better meet the workplace literacy needs of Hoosier employees." That means moving millions of dollars from the Dept. of Education so that the DWD can do what the Adult Education system in Indiana is already doing!

Thus states "Accelerating Growth," the Governor's proposed Strategic Economic Development Plan (pp 14-15). One paragraph urges the establishment of "clear and meaningful metrics," already a staple of Adult Ed classes in Monroe County and throughout the state. Moreover, the Plan maintains that "providers should be held accountable to meet pre-defined objectives," including "enrollment, literacy gains, progression to degree programs and additional training." But this is exactly what Adult Ed is doing now!

Why does it matter where the funding

goes? Why should Adult Ed remain in the Department of Education? With its focus on basic skills like reading, writing, and math, Adult Education is designed to meet the special needs of those seeking another chance. As a community-based program, its local providers meet the changing needs of communities through innovative programming. And it does indeed focus on the workplace, with workforce education being a priority initiative. In 2005, more than 15,000 employed Hoosiers attended classes at local programs. In our area, Adult Ed has worked with companies such as Cook, Four Winds, Kilroy's, and GE to help their employees attain basic skills and work better at their tasks.*

The Accelerating Growth Plan has many sound ideas. But it simply doesn't make sense to redirect all resources to workforce education at the expense of other services. Many students who enroll in Adult Ed classes are poor; some work more than one job just to get by. Single parents, young adults needing an alternative way to learn, and people with disabilities or limited English skills will benefit best from keeping the money right where it is.

As for the GED diploma, some may question its worth. But more than 95% of colleges, universities, and employers

regard it as equivalent to a traditional high school diploma. One out of seven high school graduates in the US holds a GED. In fact, more than 30% of people with a high school diploma are unable to pass today's GED test!

"Despite the worry," says Sherry Dick, Director of MCCSC Adult Education, "we're fighting, and we have a plan. We have a lot of community support, and we even have bipartisan support in the legislature for Adult Ed's current system."

To read more about "Accelerating Growth," go to http://www.in.gov/iedc/pdfs/Strategic_Plan.pdf. To help fight the potential loss to Adult Ed, you can do several things.

First, write your state legislators before the 2007 legislative session in January and tell them how important you think Adult Ed is in its present form to your community. In our area, your state legislators are:

*Monroe County: Senators Vi Simpson and Brent Steele; Representatives Matt Pierce and Peggy Welch

*Morgan County: Senators Richard Bray and Michael Young; Representative Ralph Foley

*Greene County: Senator John Water-

man; Representatives Bruce Borders and Jerry Denbo

*Owen County: Senators Richard Bray and Vi Simpson; Representative Vern Tinch

*Their website is <http://www.state.in.us/legislative>. The phone number for the Indiana House of Representatives is (800) 382-9842. You can contact the State Senate at (800) 382-9467.

Or write to Governor Daniels, Statehouse, Indianapolis, IN 46204-2797 (Ph. 317-232-4567; <http://www.in.gov/gov/contact/index.html>). When writing, identify yourself, be specific, say in your own words how well the current Adult Ed system works for you, and ask for a response.

The motto of MCCSC Adult Education is "Go back to your future." Let's not allow the Accelerating Growth Plan to diminish that future for the more than 1,000 people in Monroe County and 46,000 in Indiana who were helped by Adult Ed classes last year.

See the July 2006 issue of Safety-Net to see exactly what MCCSC Adult Ed is doing in workforce education.

Habitat for Humanity sees change in 2006

By Rebecca Mankowski, Volunteer/Family Coordinator, Monroe County Habitat for Humanity

(812)-331-4069

www.monroecountyhabitat.org

About Habitat for Humanity

Habitat for Humanity of Monroe County is a nonprofit, ecumenical Christian organization. Its mission is to build simple, decent homes with people in need, guided by the philosophy of, "no interest, no profit." Habitat charges no interest on their mortgages and sells the houses for no profit. By doing this, Habitat hopes to eliminate poverty housing in Monroe County.

Amethyst House also involved with advocacy for persons with addictions and their families

In addition to the treatment services Amethyst House is highly involved with advocacy for persons with addictions and their families. Tom Cox Exec. Director of Amethyst House is the Board Chair of the Indiana Addiction Issues Coalition (IAIC). IAIC is a broad range state-wide group that works toward addictions advocacy in the areas of 1) Stigma/discrimination, 2) Insurance Parity for addictions, 3) criminal justice deferral programs, and 4) increasing access to addiction services.

Habitat's motto is "A Hand Up, Not a Handout." Habitat serves families in Monroe County who are living in inadequate housing. These families have an income, but do not make enough to secure a bank loan.

Habitat is not a give-away program, but a joint venture between volunteers and partner families, or homeowners. Partner families are required to participate in the construction of their own new home and

IAIC needs members to join and enhance the advocacy for addiction services through out the State. Memberships are available for individuals as low as \$10.00. Scholarships are available to allow newly recovering persons to join the first year for free. To find out more information about IAIC call 1-00-55-6424 ext.231

You can make a donation

As is the case with all residential treatment providers and for that matter all addiction treatment providers in the state,

to help other prospective partner families build their homes. The volunteer labor helps keep the cost of the homes at a minimum.

The money to build Habitat homes comes from contributions from local churches, citizens, businesses, and other sponsors. Government funding is accepted for land or infrastructure development. Families pay back a zero interest mortgage over 15-25 years. That money goes into a fund which helps to pay for more houses.

rising demand and continually less State, Federal, and Local funding threaten to reduce services available to lower income persons in need of addiction services. Donations of clothing, bed sheets, towels, blankets, food, and of course money are always needed. Many people do not realize that Amethyst House serves about 39,500 meals a year and provides over 13,000 nights of housing each year. The rent we charge to residents does not meet 1/2 of the cost of providing the services.

2006 Update

Habitat started this year with a waiting list of families nearly two years long, each in dire need of decent housing. Habitat built 13 homes this year – six more than it has ever constructed in a single year. Five homes were built in five days as a part of Builders' Blitz 2006. The construction of each of these homes was supervised by a professional homebuilder who solicited in-kind donations of labor and materials in order to provide the homes at little cost to Habitat. Habitat's newly forged relationship with the Monroe County Builder's Association is still gaining strength as they begin planning for Builders' Blitz 2008.

Habitat's waiting list is now down to less than one year – a wait that seems within reach for most families working to own their own home. Families must have a need for housing, the ability to pay for housing, and the willingness to partner with Habitat in order to qualify. For more information about becoming a Habitat Homeowner, please call our office at 331-4069.

Habitat will be moving its office in early February. Look for Habitat at its new location on East Kirkwood Avenue at the former Campbell House (next door to First Christian Church).

Giving to gain: volunteering at the Shalom Center

By Phyllis Kazdan, volunteer

For me it is true that as a volunteer I gain much more than I give. I believe volunteering helps us to measure our lives by what we can give to others rather than what we receive, by time spent on behalf of others rather than time spent only upon ourselves, by love poured out rather than love taken in.

I find it is also true that God blesses those who give of their love and resources. When I give of my time I have more time to give. If I set no limit on love then I have more love for others than I had before. In every situation in which I have volunteered my time and energy, I have always ended up learning and growing from the experience. That has been especially true at Shalom Center where the staff and other volunteers are so wonderful to work with and always understanding and helpful. I find their tenderness and compassion to be nothing less than heroic. These are qualities we must continue to cultivate in ourselves and never take for granted.

I first began volunteering as a teenager with my youth group at church. It was always fun and challenging, so, as an adult I continued to volunteer, mostly through church. When my daughter was growing up, I volunteered in her schools and always found many activities to keep me busy. When she was no longer in school, I felt it was time to branch out into

the community.

I first found out about the Shalom Center from a friend who had volunteered for a day with a group from her work. She was very impressed with the program and highly recommended it to me as a place where my volunteer hours could be put to good use. Not long after that another friend received a notice that Shalom needed extra help over the spring break when many of their student volunteers were not available, so my friend and I offered to help out in the kitchen. That was a very rewarding experience, and we had a lot of fun with the kitchen crew. As a result, we decided to participate in the volunteer training last May. After the training session, we both started volunteering on a regular basis, my friend working in the kitchen and I at the hospitality center.

I am also very pleased to be able to work with the student volunteers. So far, I have had the opportunity to work with several students from the university and have found them to be caring and dedicated to the work they are doing here at the center. I enjoy the opportunity to be around these young people and hope that their enthusiasm and energy will continue to rub off on me! The other community volunteers that I have worked with have also been remarkable. Even with all the constant changes, everyone is willing to



Photo by Pam Kinnaman

Phyllis Kazdan volunteers at the Shalom Center.

pull together and be understanding. The staff is also quite impressive. They have unique talents that they put to use in this special calling that requires so much patience, hope, and compassion.

I am also learning and gaining a sense of understanding from the guests at the center. I am constantly amazed at the resourcefulness and tenacity of the people who come into Shalom. They have an uncanny ability to go with the flow, find strength, and keep a positive outlook, even under trying circumstances. There are days when this is a very valuable lesson for me.

Through these different experiences at

Shalom, I am also learning how to better understand another's point of view. Even if I disagree or disapprove, I am learning to be more compassionate by developing the ability to suspend judgment and unravel the barriers by focusing on the connections instead of the differences.

I appreciate the opportunity to volunteer at the Shalom Center because it gives me a chance to learn, grow, make good use of my time and energy, and to be a part of a wonderful community of people. Thanks to the staff, other volunteers, and guests for this valuable experience.

Bell ringers: a sign of Christmas

By Monica Clemons, Salvation Army Social Services Coordinator

111 North Rogers Street
323-7246

The Salvation Army's annual Christmas Assistance applications are being taken this year from November 27t through December 15t. Monroe County residents who need help this Christmas buying food for their family and toys for their children should stop by the Salvation Army and apply. Applications will be accepted Monday through Friday, 9 to 11 am, and Monday evenings 6 to 8 pm. Please bring picture ID, Social Security Cards or TIN for everyone in household, birth dates, and information regarding your household income and expenses over the past 30

days. The Salvation Army is located at 111 N. Rogers St. in Bloomington. If you have any questions, don't hesitate to call us at 336-4310. There will be Spanish speaking intake workers on Monday evenings and Thursday mornings.

Volunteers for our Christmas Assistance distribution are needed as well. We will be setting up our Toy Shop on Thursday, December 21st from 9 am to 3 pm. We will distribute food and toys for eligible families the next day, Friday December 22 from 9 am to 3 pm. Because school is still in session during these dates the Salvation Army is in need of volunteers to help set up the distribution area and assist with packing food baskets.

Shalom needs holiday volunteers

By Pam Kinnaman, Volunteer Coordinator

334-5734
219 E. Fourth Street
110 S. Washington Street
www.shalomcommunitycenter.org

The Shalom Community Center is a day-time resource center for people experiencing homelessness and poverty. We need local citizens to volunteer over the holidays from Mid December to Mid

January when IU students are unavailable. Volunteers are needed to help with meals and receptionist duties. Each volunteer is asked to help for just two hours, one day a week. The Shalom Center is open from 8 a.m. to 4 p.m. Monday through Friday. To schedule your two hours, call 334-5734 and ask for Pam Kinnaman, volunteer coordinator.

Stepping Stones offers a supportive home

By Nellie Summerfield, Stepping Stones volunteer

As many as one in seven youth will run away from home before the age of 18 putting between 1.3 and 2.8 million teens on the streets of America each year. Stepping Stones helps combat this statistic by providing a home and supportive services to teens who are experiencing homelessness.

Sheri Benham began Stepping Stones in May 2005 after being a foster parent of teenagers for more than six years. She wanted to make a career out of providing a home for teens experiencing homeless. She conceived the idea for Stepping Stones by interacting with teens involved in home-life situations that were not bad enough for the state to intervene, but that were too bad for kids to live at home. "I used to be naive to the fact that there are kids who could actually be homeless," Benham said.

Benham hopes that living at Stepping Stones allows teens to experience the responsibilities they will face when living on their own and expose them to new opportunities. The program strives to provide residents an experiential opportunity of living on their own but within a structured environment. Residents have rules



Photo submitted

Clients at Stepping Stones find themselves in a safe, supportive situation.

and guidelines they must follow to participate in the program such as working toward earning their high school degree, checking in each morning, taking care of their apartment, attending meetings, and maintaining a job to earn money for living expenses.

Three months before finding Stepping Stones, a 17-year-old young woman found herself constantly fighting with her guard-

ians, skipping school and occasionally getting into trouble. After spending time at the Youth Shelter, she said living at Stepping Stones was better because she knows exactly what she needs to do and can now do it. "Being at Stepping Stones helped me realize I have to go to school and what I have to do to be successful," she said. This resident knew that obeying the rules was something she had to do in order to

stay at Stepping Stones, which helped her balance freedom and responsibilities.

A 16-year-old male who was kicked out of his parents' home said he felt that he has more freedom at Stepping Stones than he did living with his parents. "We do have a curfew and rules, but they aren't always changing, so they're easy to follow," he said. This resident plans to live at Stepping Stones until he is 18 because he feels Benham is now his guardian.

Since August 2005, Stepping Stones has served 18 teens in a semi-supervised community at College Mall Apartments. Of these residents, 89 percent of them maintained or obtained a job, all attended high school or GED classes, one earned his GED, and one was accepted at Indiana University. Stepping Stones provided a home for teens who would otherwise be living on the streets or "couch surfing" from friend to friend. Since its establishment, Stepping Stones has assisted teens in their transition from homelessness to success.

Homeward Bound hosts fifth annual Charity Walk

By Gretchen McKibbin

www.homelesswalks.org

Homeward Bound has begun recruiting for its upcoming 5k walk for the fight against homelessness. This spring marks the event's fifth year in Indiana. Sponsored by local companies, Homeward Bound benefits 13 shelters, kitchens, and agencies

in the area supporting the homeless.

The state of Indiana boasts six separate Homeward Bound walks. The South Central walk, held in Bloomington, raised over \$55,000 in 2006. Bloomington's biggest competitor each year continues to be Lafayette. The South Central committee aims to beat them in 2007.

Beginning at Third Street Park, the fifth annual walk will take place on April 15, 2007, from noon to 4 p.m. Bloomington is putting a local spin on the event, as the work of local artists will be displayed at the park. Face painting and activities for children will also add to the festival-inspired mood.

Registration has already begun for this year's walk. Participants may register as individuals or in teams. Dogs, children, and supporters welcome!

To register on the Web please visit the address listed at the top of this article. For more information please contact Darrell Ann Stone at (812) 855-4311.

Calendar of upcoming events

City of Bloomington's Community and Family Resources Department

World AIDS Day, Dec. 1 11:30 a.m. to 12:15 p.m.; City Hall.

Medicare Prescription Drug Enrollments

Dec. 6, Dec. 13, Dec. 20, 8 a.m. to noon; Bloomington Adult Community Center. 12/27, 8 a.m. to noon; Area 10 Agency on Aging.

Habitat For Humanity

Homeowner Information Meeting: Dec. 2, 10 a.m.; FUMC room 219).

Holiday Pot Luck Dinner: Dec. 8, 6 to 8 p.m.

Home Dedication Celebration: Dec. 9, 4 p.m.

Middle Way House

Annual Live And Silent Auction: Jan 11, 6 to 9 p.m.; Neal-Marshall Black Culture Center, IU Campus. Admission \$10.

Monroe County Public Library Martin Luther King Jr. Day Celebration and Read-Out: Jan. 15; Monroe County Public Library.

The Showers Building: A Bloomington Landmark: Jan. 21, 2 p.m.; Monroe County Public Library

Storyhour Extravaganza: Jan. 31, 9:30 a.m. and 1:30 p.m.; Monroe County Public Library. Call 349-3100 to register.

WonderLab

Stuff-A-Bus First Friday: Dec. 1, 9:30 a.m. to 8:30 p.m.; WonderLab. Non-member admission \$3 after 5 p.m.

The Joy Of Toys: Holiday Chemistry: Dec. 2, noon to 3 p.m.; WonderLab. All

ages.

Furry Fiesta: A Live Pet Presentation: Dec. 9, 2 and 3 p.m., Dec. 10, 3 p.m.; WonderLab. Admission \$2 plus regular WonderLab admission.

Wonder Workshop: Build Something Together: Dec. 27-29, 11:30 a.m. to 3 p.m. (drop-in format); WonderLab. Admission \$2 per toy kit plus regular WonderLab admission. Recommended age 3-10; Adult required for guests under five.

Girls Inc. builds community involvement

By Carletta F. Taylor, ACSW, Director of Program Services

(812) 336-7313

www.girlsinc-monroe.org

Girls Incorporated of Monroe County seeks to inspire all girls to be strong, smart and bold by fostering the development of healthy self-esteem and self-confidence. At Girls Inc. girls can be themselves and feel comfortable, while expressing themselves with creativity and enthusiasm and preparing for interesting work and economic independence. One avenue of preparation is civic and community

involvement.

Through national identity programs such as Discovery Leadership, Friendly PEER-suasion and Project Bold, members learn about personal responsibility and the strength and impact of their messages to others. Through such programs, girls learn the value of community activities. To practice those values, Girls Inc. members participate in various learning activities including programs with the Bloomington Fire Department during fire prevention and fire safety week, the

annual Hoosier Hills food drive, and the upcoming 20th annual Girls Inc. holiday breakfast.

The Girls Inc. Holiday Hoopla will be held on December 9th from 9am until 2pm at Fountain Square Mall, and it involves participation and partnership with a variety of locally owned businesses and community members. Formerly named Breakfast with Santa, the Holiday Hoopla has grown this year to encompass entertainment, workshops and events, shopping and meal discounts, as well as a catered

hot breakfast. Members of all Girls Inc. age groups (6-8, 9-11, and teens) will participate through volunteerism and program preparation. These activities serve as another extension of the daily programming philosophy that focuses on learning the skills necessary to be productive members of their communities.

If you would like more information on Girls Incorporated and the programs that we provide, feel free to contact us at one of the contacts listed above.

MCPL reaches out to promote literacy, love of reading

by Margaret Harter, Community Relations Coordinator

303 E. Kirkwood Avenue

(812) 349-3050

www.mcpl.info

For some kids, the book given to them for completing the library's Summer Reading Program may be the first they have ever owned. This summer, library staff gave out over 3,000 summer reading guides to preschool and school-age children. Children could participate at the Main Library, Ellettsville Branch, and the Bookmobile. The library also strives to connect children with programs that enrich, entertain and educate. Programs this summer offered kids opportunities to participate in storytelling and writers' workshops, to learn about superheroes in literature, to experience hands-on science, and more—all free!

During the school year students in Grades K-6 can continue to improve their reading and study skills at the library's Homework Help Center. The Children's Reading and Math Team, staffed by Indiana University students, offers one-on-one reading tutoring and drop-in homework help, Monday through Thursday, and Sunday afternoons.

With summer programs ranging from "Edible Art" to "X-Ray Vision," the library showed teens that the library is a place for fun, free stuff for them. With the help of 51 volunteers and 18 partnering organizations, Teen Services offered 25 programs with an attendance of 572. During the school year, Teen Services partners with MCCSC, the Monroe County Education Association and community volunteers to offer free math homework – Monday nights at the library and Wednesday nights at McDonald's West.

Community partnerships make the difference in the library's ability to reach out to all children in our community. An initiative with the City of Bloomington's Parks and Recreation Department brought a satellite library collection to the near westside neighborhood. The Evans-Porter Library at the Banneker Community Center offers an up-to-date collection of materials for all ages. This fall the library added free programming. Librarian and "mad" scientist Patty Callison amazed and delighted 36 children with "Science Tricks." Clifford the Big Red Dog visited the center during Children's Book Week.

Children's librarians continued to train

childcare staffs of Head Start, Monroe County United Ministries and several other daycares and nursery schools in the Public Library's Association's (PLA) "Every Child Ready to Read" initiative promoting early literacy. Workshops at the library prepared expecting parents and parents of children up to age 3 with skills and knowledge for their critical role as their child's first teacher. Children's librarian Mary Frasier serves on the Indiana Task Force for Early Literacy, which is committed to bringing this PLA initiative to more Indiana families, preschools, and daycares.

The library welcomes everyone—no matter their age, gender, beliefs, or economic circumstances. Over 70,000 residents of all ages have library cards. It is a place where the generations meet. This summer a pilot project at the library paired seniors and school-aged kids. The Retired Senior Volunteer Program "America Reads" provided individualized tutoring in reading skills to school-age students at the Main Library and the Ellettsville Branch. The Main Library program targeted children of English as a Second Language (ESL) learners attending VITAL (Volunteers in Tutoring Adult

Learners) classes.

Community partnerships are also important as the library reaches out to serve older youth. Teen Services and the Community Literacy Intervention Program (CLIP) have joined to help provide resources to African American youth in our community. Together CLIP and MCPL were awarded an ALA Great Stories Club Grant, which allowed for a "Circle of Voices" book club and provided teen participants with books. MCPL also is helping Tri-North Middle School teachers reward students for reading. Gift certificates to the Friends of the Library Bookstore are among the prizes in Tri-North's "Million Words" reading challenge for 2006-2007.

This fall the library joined the Project Safe Place network as a location where youth in crisis can come to be connected to immediate help through the Youth Services Bureau.

Monroe County Public Library is a great resource for children, youth, and their families. MCPL is open seven days a week to serve the community and all services are free. We have staff members who can help Spanish-speaking users of the library with resources in English and Spanish.

WonderLab works with MCCSC to help at-risk children

By Louise Schlesinger

Wouldn't it be a wonderful world if all children developed a love of learning? Wouldn't it be great if all families encouraged children to value education? These are the goals of To the Bell and Beyond, an MCCSC after-school program for students in grades 3-6 who currently perform 10% above or below state standards. Funds to support the program for three years come from a 21st Century Community Learning Centers grant administered by the Indiana Department of Education. The program is now in its second year at Fairview, Summit and Templeton elementary schools.

For the science enrichment component, the MCCSC turned to WonderLab for help. The museum provides a lead teacher and an assistant four afternoons a week to work closely with and nurture the nat-

ural curiosity these students have about the world around them. WonderLab's programs, like those at the museum's itself, feature inquiry-based learning; that is, they incorporate simple hands-on activities which give the students direct experience with basic principles of science. "The most exciting moments," says teacher Hilary Cannon Anderson, "are when a reluctant student gets engaged in an activity and suddenly has an 'ah-ha' flash of understanding. I know I'm doing something right when these students realize that learning is fun and that science is really fascinating."

An important goal of the program is to involve the students' families in supporting academic success. Therefore, on the first Friday of every month, when WonderLab offers extended evening hours to

the public, participating Bell and Beyond families are offered the opportunity to visit WonderLab free of charge and have fun together in an enriching atmosphere. Many of the participating students, their siblings and parents have become First Friday "regulars" with this grant-funded benefit.

WonderLab is honored to be one of the MCCSC's partners in this worthy initiative. Other partner organizations are the City of Bloomington Parks and Recreation Department and the IU School of Education. For more information about To the Bell and Beyond, contact Jennifer Staab, coordinator of the MCCSC Healthy Schools Program, at 330-7700.

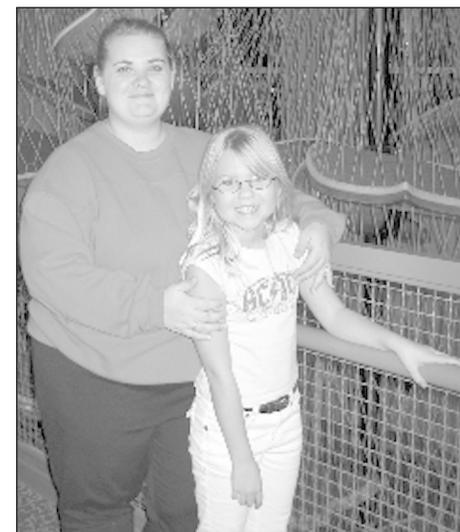


Photo submitted
Ellie and Shelby Cordell get to enjoy WonderLab's First Friday extended evening hours free of charge every month.

Thanks... From Us

Guests of the Shalom Center share their stories and their gratitude

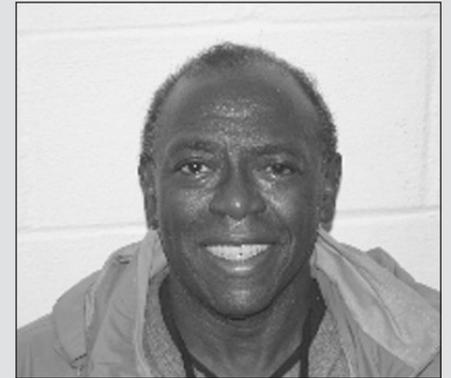


"The Shalom Community Center is a helpful place for people living in poverty to get the services they need. Some things they do are checking mail and messages and providing showers and laundry services. The people at Shalom are always nice and cheerful."

- David

"I first heard about the Shalom Center in 1997. Since then, the services offered have expanded and become so important that I cannot imagine the Shalom Center not existing. Bloomington can't do without it now. Having phone message, Job Links, and dependable mail service has changed my life along with the lives of many people who use the services offered."

-Lewis



"I learned of the Shalom Center through a friend during a very low and difficult time in my life. The caseworkers have been there to listen, direct and assist me. The Shalom Center is the only center in Bloomington where I have felt uplifted during such stressful times in my life. Having so many organizations available on a daily basis at the center has saved me both time and money, both of which I have very little of. There are times when life floods me with tasks that are all urgent, but with the assistance of so many people I have begun building my dam to hold back the flood to face the things I need to do and to also feel the support around me. All of the volunteers mean so much to the Shalom Center. While the caseworkers assist us, the volunteers keep things moving, setting up showers, answering phones, making coffee, checking mail, smiling, and saying hello. The Shalom Center is a place where I can truly go and feel like I have what I need to go on each day."

- AJP

The Shalom Community Center is a safe, daytime resource center for people experiencing homelessness and poverty. To find out more, access <http://www.shalomcommunitycenter.org>.

Health care for all: It can be done

By Mary Mahern, MD

I have been a family physician for 16 years. It breaks my heart to learn that according to an Institute of Medicine report 18,000 people in the U.S. die each year because they don't have health insurance. When I was in Residency training there was talk of 35 million uninsured in the U.S. That figure now tops 45 million. And that figure doesn't even touch the millions more who have insurance that is woefully inadequate.

I have to admit I was a proponent of a national health program for all Americans, even before I went to medical school. I have never joined the American Medical Association because of its role in derailing President Truman's efforts to create a national health insurance system back in 1945. As an advocate of national health care, I was in the minority of physicians

back in 1988 but now the health care delivery "system" is such a chaotic mess that I believe a majority of physicians are now ready to sign on to a national plan that covers everyone. Certainly polls show that public opinion is in favor of a government-guaranteed health insurance for all.

How do we do it? We let the federal government take over and expand Medicare to cover all Americans. How do we afford it? We leave the insurance companies out of the solution, entirely. The profits that they have been making in siphoning off our resources can be used to provide care. It's really a fairly simple idea. It's an idea that works in so many countries around the world where health care is a right for all citizens that is simply taken for granted. Those countries do it spending 40% less than we are already spending per

capita!

How can we do this also? We must insist that every candidate running for federal office address this issue. We want the same great health insurance that members of the U.S. Senate and Congress have. Expand their plan to cover all of us.

I don't think I need to go into just how bad the current system is. It really isn't working for anyone anymore, except for insurance company investors and federal employees, that is. Years ago when I would warn patients about the high cost of certain sophisticated test or treatments I wanted to prescribe I would routinely hear people say, "That's okay I have great health insurance". I haven't hear anyone say that for such a long time that I was surprised when a new patient recently said that to me. I asked what kind of insurance

she had and she replied "My husband works for the federal government."

Apparently our federal officials aren't aware of how bad it is for the rest of us. We need to let them know! As a patient myself with a very expensive, high deductible plan, as a small business owner struggling to provide health insurance for my employees, as a physician trying to provide care for so many of my patients with inadequate or no insurance coverage and as a provider of health care, spending ever increasing amounts of money to collect less and less from insurance companies, I see on many levels just how broken our current "system" is. Its time for the Senate and Congress to stop listening to the insurance industry and to listen to the majority of Americans who favor "Medicare for all."

Agency reference guide

For more extensive articles about these agencies, see earlier issues of Safety-Net at www.shalomcommunitycenter.org. To learn more about the agencies, and how to volunteer, please access their websites. Several of the agencies described below provide multiple services.

Agency

Service

Amethyst House
Area 10 Agency on Aging
Backstreet Missions, Inc.
Big Brothers Big Sisters
Bloomington Meals on Wheels, Inc.
Bloomington Hospital Positive Link
Center for Behavioral Health (CBH)
Community Kitchen
Crisis Pregnancy Center
Family Services Association/Mental Health Alliance (FSA/MHA)
Housing and Neighborhood Development Department (HAND)
Martha's House
Middle Way House
Monroe County United Ministries (MCUM)
Monroe County Wrap-Around
Mother Hubbard's Cupboard (MHC)
Options for Better Living
Planned Parenthood
Retired and Senior Volunteer Program (RSVP)
Rhino's Youth Center
Salvation Army
Shalom Community Center
Stepping Stones, Inc.
Stone Belt
WorkOne
Youth Services Bureau

Transitional housing, addiction counseling
 Provides services to elderly and disabled citizens in Monroe and Owen counties
 Men's emergency shelter (crisis and 12 month program). Provides meals and other services
 Matches adult volunteers and children
 Provides nutritious meals to homebound people who are unable to cook for themselves
 AIDS Service Organization. Provides testing, case management
 Behavioral problems, Mental health treatment
 Serves meals, Monday-Friday, 4 p.m.-6 p.m.
 Provides multiple pregnancy services for new and expecting mothers
 Individual, family counseling, mental health treatment, CASA
 Affordable housing, housing counseling for individuals with housing needs or difficulties
 Emergency Housing
 Emergency housing for women who are victims of abuse or in danger
 Emergency services to assist families, subsidized child care
 Assistance to families and children, a multi-agency program
 Food pantry for people in need
 Assists disabled people in finding employment
 Services include medical exams, counseling, pregnancy testing, birth control, abortion service
 Opportunities for persons 55 and over to volunteer in the community
 Community youth center
 Emergency shelter, transitional housing, food pantry, other services
 Serves breakfast and lunch, several on-site services, link to other agencies
 Transitional housing, supportive services for youths, aged 16 to 21
 Provides support for people with disabilities and families with young children
 Assists people in finding employment
 Youth shelter

Amethyst House
P.O. Box 11
(812) 336-3570

www.amethysthouse.org

Amethyst House provides structured living environments, treatment, and recovery services for individuals with addictions. Amethyst House operates three transitional living facilities: (1) a men's 1/2 way house, (2) a women's 1/2 way house that serves women and their dependent children up to 6 years old, and (3) a men's 3/4 way house. Amethyst house also operates an outpatient treatment facility in Bloomington as well as in Evansville.

Area 10 Agency on Aging
630 W. Edgewood Drive
Ellettsville, IN 47429
(812)-876-3383

www.area10.bloomington.in.us

Area 10 Agency on Aging offers programs and services, as well as being a resource of information about services for older and disabled citizens living in Monroe and Owen Counties. Services that can be accessed include in-home health-related services, home-delivered and congregate meal sites for the elderly, support groups, affordable housing, assistance for the homebound, handyman services, a long-term-care ombudsman program for residents of area nursing homes, a Retired and Senior Volunteer Program, an Older Workers Program for those 55 and older seeking employment, recreational and arts programs at Area 10's Endwright Center in

Ellettsville, and also manages the Rural Transit bus service.

Backstreet Missions, Inc
215 Westplex Avenue
Bloomington, IN
PO Box 3297 Bloomington, IN 47402
(812) 333-1905
www.backstreet.org

Backstreet Missions is a men's shelter that serves the community by extending Christ's love in practical ways. Services include a crisis and 12 month housing program, meals, the provision of clothing, ministry to spiritual needs, job and life skill training, GED classes, and employment and volunteer opportunities. There is also a Thrift Store.

Bloomington Meals on Wheels, Inc.
www.bloomington.in.us/~meals
email: mow@bloomhealth.org

Bloomington Meals on Wheels, Inc. Is a non-profit organization that provides nutritious meals to homebound people who are unable to cook for themselves. There are no age or economic restrictions. To find out more, and to enroll in the program call 323-4982 and leave a message. A volunteer will arrange for meal delivery and special dietary needs, explain the costs, and how payments can be made.

Bloomington Hospital Positive Link
333 E Miller Dr
812.353.9150

Bloomington Hospital Positive Link is the regional AIDS Service Organization providing HIV Prevention, Education and Testing, as well as Case Management Services, in south central Indiana. Positive Link provides free, confidential and anonymous HIV testing. In addition, staff can present educational sessions at community agencies or events on topics such as HIV Basics, STD Basics, Hepatitis, and others. For those infected with HIV, Positive Link provides intensive, specialized case management assisting individuals and families in accessing health care and medications, housing, nutrition, and other primary needs.

Big Brothers Big Sisters (BBBS)
418 S. Walnut Street
(812)-334-2828
www.bigsindiana.org

BBS matches adult volunteers with children ages six through seventeen in Monroe and Owen Counties. Volunteers mentor, bring support, and engage in fun activities with the children with whom they are matched. The "Bigs" meet with the "Littles" at school grounds and the Boys and Girls Club. For children who need and want a Big Brother or Sister, applications are available by calling 334-2828 or accessing the BBBS website (www.bigsindiana.org). BBBS welcomes calls from parents, teachers, and individuals working with youth and families who are interested in the mentoring programs.

Center for Behavioral Health (CBH)
645 S. Rogers Street
(812)-339-1691
www.the-center.org

The Center for Behavioral Health provides services for people with behavioral and mental health challenges, such as depression, stress, panic disorders, alcohol and chemical dependencies, phobias, child behavioral disorders, grief and loss, marital and family problems, and severe and persistent emotional disorders. Services provided include psychiatry, 24-hour emergency services, and vocational and residential services. CBH hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. Appointments must be made for services in the evening and weekend.

Community Kitchen of Monroe County
917 S. Rogers Street
(812) 332-0999
www.bloomington.in.us/~kitchen

The Community Kitchen of Monroe County serves free meals Monday through Saturday 4:00 p.m. to 6:00 p.m. Sit-down meals are served at 917 S. Rogers Street, and carry-out meals are served at the Express location, 1100 W. 11th Street. The Community Kitchen also provides meals for after-school programs at the Boys and Girls Club, The Rise, and Girls Inc. To volunteer individually, or as a group, for meal preparation or to help in serving, call the office manager at 332-0999.

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Agencies

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Crisis Pregnancy Center
810 N. College Avenue
(812) 334-0104; (812) 334-0055 (24-Hour-Helpline)
www.cpcBloomington.org

Free programs and services provided include: pregnancy testing and counseling, material support, childbirth and parenting education. CPC operates Hannah House, a residential program for pregnant women and teenagers.

Family Service Association and the Mental Health Alliance (FSA/MHA)
120 7th Street/One City Centre
(812) 339-1551
www.monroementalhealth.com

FSA mission. The FSA mission is strengthening the health quality of family life in its various styles and many relationships. The programs include Oak Tree Counseling (provides individual and family therapy), Court Appointed Special Advocates (CASA), who work with the Court to make recommendations for rehabilitative and protective services for children and families, and Families in Transition/Family Strengthening (provides parenting classes for both the community and for incarcerated parents.)

MHA mission. The MHA mission is promoting awareness in the prevention of mental illness. The programs include an Ombudsman Program (assists people involved with mental health services with respect to arbitration and conflict resolution with those services), Jail Diversion (a support network for services to this sector of the community), and support groups that provide education and advocacy for families and friends of persons coping with specific types of mental illnesses.

Housing and Neighborhood Development Department (HAND)
Showers City Hall
401 North Morton Street, Suite 130
PO Box 100 Bloomington, IN 47402
(812) 349-3401
hand@bloomington.in.gov

HAND creates affordable housing opportunities in the City of Bloomington by working through its partnerships with local non-profit and for-profit developers and through its in-house housing programs. HAND provides housing counseling to individuals with housing needs or difficulties and provides a variety of learning opportunities for the community on housing related issues. In addition, HAND enforces the Property Maintenance Code and the City's weed and trash ordinances.

Martha's House
1010 S. Walnut Street
PO Box 2115
(812) 336-2597

Martha's House is an emergency shelter with 28 beds for homeless men and women. Services provided include case management, food, and clothing. If you would like to make a donation or volunteer, call the executive director at 336-2597.

Middle Way House
24 Hour Crisis Line: (812) 336-0846
Website: www.bloomington.in.us/~mwhouse

Middle Way House is an emergency shelter that provides services to protect and help women who are victims of domestic violence and sexual assault, and women who feel they are in danger. Services include a safe place to stay, case management, in-house children's programs, legal advocacy. There is also a transitional housing program called The Rise which has self-contained apartments for families leaving abusive relationships. Women and their children can stay at The Rise for up to two years. If you are interested in volunteering or making a donation, call (812) 333-7404.

Monroe County United Ministries (MCUM)
827 W. 14th Street
(812) 339-3429
www.bloomington.in.us/~mcum

MCUM provides a subsidized Child-Care Program for low-income families in Monroe County, which includes a year-round program for children two to six years old, and a summer camp subsidized child-care for children ages six to ten, when school is out of session. All care-givers in the families either work full time or attend school part-time and work part-time. There is also an Emergency Services Program that assists families who are experiencing a short-term crisis. The Emergency Services Program includes a food pantry, a clothing program, and financial assistance for rent or utility payments. If you would like to volunteer, call (812) 339-3429.

Monroe County Wrap-Around
645 S. Rogers Street
(812) 337-2225

Monroe County Wrap-Around is a multi-agency committee that provides needed services to families with children. For example; a case is brought to a particular agency, then a representative from that agency can present the case to Wrap-Around and all participating Wrap-Around agencies can play a role in coordinating help to the family in the most effective way. The planning process is done with the families "in the drivers seat". Each family identifies a "team" that works with them, and the team develops a plan based upon the strengths and needs of the specific family. Representatives from families also serve on committees that examine the policies and goals of Wrap-Around. This summer, the Lost Child Fund, which operates within Wrap-Around, is accepting funds to send children of working single parents to camp.

Mother Hubbard's Cupboard (MHC)
1010 S. Walnut Street, Suite G
(812) 355-6843
www.bloomington.in.us/~mhc

Mother Hubbard's Cupboard is a food pantry that provides nutritious food to people in need. Most of the food is received from the Hoosier Hills Food Bank. MHC also operates a Nutrition Education Program and an organic Community Gardening Program. If you would like to volunteer, call (812) 335-6843 or view the website.

Options for Better Living
200 East Winslow Road
(812) 332-9615
www.optionsfbl.com

Options works with people with disabilities to find a job that matches their skills, and then works one-on-one with the person and the employer to create barrier-free work environments.

Planned Parenthood
421 S. College Ave
(812) 336-0219
www.ppin.org

Planned Parenthood is one of the leading providers of health care in Bloomington. Services that are provided include pelvic exams, breast exams, testing and treatment of sexually transmitted infections, HIV testing and counseling, pregnancy tests, various types of birth control, emergency contraception (the "morning after pill"), as well as abortion services.

Retired and Senior Volunteer Program (RSVP)
630 W. Edgewood Drive,
Ellettsville, IN 47429
(812) 876-3383

The Retired and Senior Volunteer Program of Monroe and Owen counties provides opportunities for persons 55 and over to provide a variety of services to the community, including: tutoring children in reading, helping to build houses, participating in neighborhood watch programs, delivering meals to the homebound, offering disaster relief to victims of natural disasters, and helping community organizations to operate more efficiently. RSVP assists volunteers in finding projects that match their interests and abilities. If you would like to volunteer, call (812) 876-3381 or email the Director, Christine McKenna: cmckenna@area10.bloomington.in.us.

Rhino's Youth Center
325 S. Walnut Street
333-3430

Website: www.rhinosyouthcenter.org

Rhino's Youth Center, which is a division of the Harmony Education Center, provides entertainment as well as other programs for the youth of our community in an alcohol, tobacco, and drug free environment. In addition to music and shows, Rhino's provides programs in partnership with the City of Bloomington Parks and Recreation Department through the week after school. Media classes and practical applications, art programs, classes, workshops, mentoring, tutoring, Internet access, community service, one on one informal counseling, service referral, and more are available.

The Salvation Army
111 N. Rogers Street
(812) 336-4310

The Salvation Army in Bloomington provides a variety of services, including: food pantry, food vouchers, emergency shelter, transitional housing, seasonal assistance, clothing, furniture, appliances, household items, hygiene items, rent/mortgage assistance, utility assistance, medical assistance, disaster relief, summer child care, after school programs, summer residential camps, adult programs, child care connection, nursing home visitation, gas vouchers, bus tickets, a place of worship, and a thrift store. All services are without charge with the exception of Child Care Connection, thrift store, and transitional housing.

The Shalom Community Center
219 E. Fourth Street

110 S. Washington Street
(812) 334-5728
www.shalomcommunitycenter.org

The Shalom Community Center is a daytime resource center for those experiencing homelessness and poverty. Its feeding program, which consists of breakfast from 8:00 a.m. to 9:30 a.m., and lunch from 12:00 p.m. to 1:30 p.m. Monday through Friday is located in the basement of the First United Methodist Church at 219 E. Fourth Street. Its other services, which include mail boxes, telephones, laundry and shower facilities, storage facilities, computer availability, diapers and other baby supplies, job counseling and placement, resume assistance, case-worker counseling, and meetings with representatives from other social service, non-profit agencies and the City of Bloomington, take place Monday through Friday from 9 a.m. to 4 p.m. at 110 S. Washington Street, across the street from the First United Methodist Church.

Stepping Stones, Inc.
P.O. Box 1366
339-9771

Stepping Stones, Inc. provides a transitional housing program and supportive services for young people aged young people aged 16-20 years old who are experiencing homelessness, in partnership with Youth Services Bureau.

Stone Belt
2815 E. 10th St.
(812) 332-2168

Stone Belt provides education and support for persons with disabilities as well as providing support for families of young children regardless of disabilities. Support includes a Residential Living program, employment, life skills training, parent and child development, and psychological services.

WorkOne Center
450 Landmark Avenue
(812) - 331-6000

WorkOne assists individuals and businesses in meeting their employment and training needs. WorkOne provides employment services, job counseling and assessment services, training services through WIA, older worker services through Experience Works, vocational rehabilitation services through Indiana Vocational Rehabilitation, veteran services and unemployment insurance benefits.

Youth Services Bureau (YSB)
615 S. Adams Street
(812) 349-2506
www.youthservicesbureau.net

The Youth Services Bureau operates a Youth Shelter that provides short term residential care and crisis intervention for youths ages 8 to 17. Services are provided for runaways, homeless, and youth in crisis or abusive situations at home. Services also include counseling, education, supervised recreation, and transportation to and from school, as well as referrals to a variety of agencies for other needed services. The Youth Outreach Program, in collaboration with MCCSC, works with suspended and expelled middle school youth, and provides these students with intensive, one-on-one teaching to help them keep up with their education while they are out of school.