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INSIDE BACK COVER
We are proud to present the 2015 Human Services Planning and Development Annual Report, which includes the 17th Annual Progress Report on Community Focus Areas, Indicators and Strategies. The Montgomery County Family & Children First Council (FCFC) has provided this report each year since 1998 to monitor our community’s progress as we strive to improve the health and well-being of our families, children and adults.

Our primary focus as Montgomery County Commissioners is **Investing in People**. By collaborating with our dedicated volunteers, employees and community partners, we use the data in this progress report to direct services where they are needed most for our citizens.

2015 was an exciting year for the FCFC. We launched a Strategic Planning process with United Way of the Greater Dayton Area to guide priorities over the next three to five years. Included in this process were five Community Discussion Panels designed to gain a further understanding and perspective on the following topics:

- Transportation / Access / Navigation
- Income / Public Assistance / Housing / Homelessness
- Poverty / Discrimination / Culture / Stigma / Fear
- Health / Healthcare / Crime / Violence / Drugs / Nutrition
- Education / Employment / Jobs / Wages

In addition, three workgroups, focused on the FCFC Community Focus Areas, were created to establish Community Priorities. These workgroups met for several months to identify potential priorities, review research findings about them, and vet them against a set of criteria. As a result of their work, Community Priorities were selected and moved forward for approval. The Strategic Planning Process will conclude its last phase by identifying and reviewing strategies and indicators that will assist us with delivering effective services and measuring our progress towards positive outcomes.

In 2016, we will conclude the Strategic Planning process in an effort to support effective and efficient priorities for our citizens through partnerships with the Human Services Levy Council, the Homeless Solutions Policy Board, the Frail Elderly Services Advisory Committee, and the United Way of Greater Dayton.

Please review this report to see our progress in the three Community Focus Areas:

- **Health and Safety**
- **Education and Life Skills**
- **Income and Stability**

We thank all of our partners, volunteers and committee members who have contributed to this Progress Report and are dedicated to ensuring that Montgomery County is a place where our families, children and adults are safe, supported, valued, respected and given the opportunities to succeed.

We value your input as we move forward in our efforts of Investing in People. Please contact our Human Services Planning & Development Department at 937-225-4695 for more information.

Sincerely,

Deborah A. Lieberman
Commission President

Judy Dodge
County Commissioner

Dan Foley
County Commissioner
The Montgomery County Human Services Planning and Development Department (HSPD) operates under the authority of the Montgomery County Board of County Commissioners. HSPD’s role is to work with stakeholders (community volunteers, public and private agencies, funders, individuals, families and children, clients and caregivers, etc.) to ensure that the most effective health and human services are available to Montgomery County residents.

HSPD provides professional staffing and resources to support the Family and Children First Council, the Human Services Levy Council, the Homeless Solutions Policy Board, the Ex-Offender Reentry Policy Board and all related committees, as well as other human services-related assignments on behalf of the County Commissioners. HSPD also manages for the Board of County Commissioners the contracting relationships with nonprofit human services organizations. HSPD facilitates and implements the development of public policy to guide the funding of health and human services. These responsibilities include research; identification and examination of needs and priorities; technical assistance; planning; resource and program development; monitoring of programs, outcomes/results; grant/contract management and reporting; and other administrative guidance and support of work products, initiatives and projects.

HSPD staff provide ongoing support for a variety of additional community initiatives or projects, including:

- Montgomery County Ohio Future (MCOF) – Contract administration, monitoring, evaluation and reporting on the Board of County Commissioners Strategic Initiatives and related projects. HSPD is partnering with ReadySetSoar, Kettering City Schools, City of Kettering, City of Moraine, 4C for Children, and several private child care providers to continue to implement a “Preschool Promise” pilot to promote increased kindergarten readiness through expanded access to high-quality preschool for four-year olds. The pilot will begin to transition to a countywide demonstration program in 2016.

- Various FCFC Community Initiatives – Coordination, funding, and/or liaison activities to support a range of FCFC approved community-based strategies through many contracted partners, including ReadySetSoar, Sinclair’s Mentoring Collaborative and Fast Forward Center, Fetal Alcohol Spectrum Disorder (FASD) Prevention, Taking Off to Success (TOTS), Second Step Violence Prevention, and Prostitution Intervention.

- Community Initiative to Reduce Gun Violence (CIRGV) – Strategic multi-disciplinary partnership of City of Dayton, City of Trotwood, Montgomery County Sheriff, and Montgomery County Prosecutor to reduce group-related gun violence and homicides. In 2015, HSPD continued to fund case management services to complement the other CIRGV program interventions – community involvement, law enforcement engagement, and support services to engage the moral voice of the community as it promotes a neighborhood standard that openly values life and safety while denouncing gun violence.

- Freedom Schools – HSPD participated in program funding for this summer literacy-based learning program in partnership with United Way of the Greater Dayton Area, Children's Defense Fund, Boys and Girls Club of Dayton, Grace United Methodist Church, Omega Community Development Corporation, Wesley Community Center, New Lebanon Schools, Northridge Schools and Richard Allen School to improve reading and reduce “summer slide.”

- Supported Services Contract Administration / Monitoring – Contract administration in partnership with United Way of the Greater Dayton Area and the Department of Job and Family Services Senior Services Network to acquire, monitor, evaluate and report on the delivery of essential (core and other supportive services) safety net human services programs by local community-based non-profit agencies.

Additional HSPD supported activities / work products that are described in more detail throughout this Annual Report include:

- Joint Strategic Planning Process (see page 4)
- Vulnerable Youth in Transition (see page 12)
- Family Centered Support Services (see page 14)
- Help Me Grow (see page 19)
- Children’s Trust Fund (see page 21)
On behalf of the Montgomery County Board of County Commissioners, the Human Services Planning and Development (HSPD) Department again hosted a Mandela Washington Fellow. Our 2015 Fellow was Zainab Juheh-Bah, a practicing nurse from Sierra Leone, who aspires to be a global leader in health. She is focused on public health research that seeks cures for tropical diseases in Africa such as Ebola and Malaria. She is also focused on combatting prostitution in her country as it is a growing public health problem in Sierra Leone, particularly within the youth population. Her goal is to take young female prostitutes off the street and provide them with life skills training that will help them become self-sufficient. She has also mentored girls who are no longer involved in prostitution and is seen as a role model by other women in her community. She has been active in other areas of public health in her local community and is credited with initiating a door-to-door Ebola sensitization program. Ms. Juheh-Bah has a Bachelor of Science with Honors degree in Nursing from the University of Sierra Leone and Masters in Public Health from Njala University in Sierra Leone. Ms. Juheh-Bah works at the Ministry of Health and Sanitation as a Monitoring and Evaluation Officer where she monitors peripheral health units and assists in the collection and analysis of monitoring and research data.

The Mandela Washington Fellowship is a flagship program of President Barack Obama’s Young African Leaders Initiative (YALI). President Obama launched YALI in 2010 to support young African leaders as they spur growth and prosperity, strengthen democratic governance, and enhance peace and security across the African continent. Out of almost 30,000 applicants for the Fellowship program, Montgomery County received three of less than 100 young African professionals, ages 25-35, selected to complete a six-week Fellowship for academic study, leadership training, and to attend the Presidential Summit in Washington, D.C. The Fellows represented all 49 countries in sub-Saharan Africa and included an equal number of men and women.

In collaboration with John Theobald, Commission Assistant for County Commissioner Deborah Lieberman, HSPD staff provided program oversight and were responsible for developing Ms. Juheh-Bah’s work plan activities. Ms. Juheh-Bah worked with Public Health – Dayton & Montgomery County and HSPD as a participant in strategic planning sessions, with researchers at Wright State University who specialize in global health, as well as attending human trafficking and prostitution intervention meetings. Ms. Juheh-Bah also participated in a number of classes and discussions at the University of Dayton. She toured Dayton Children’s Hospital where she spent time in the Sickle Cell clinic. In addition, she visited a number of social service agencies and participated in community events.

In her presentation to the Montgomery County Commissioners, Ms. Juheh-Bah stated, “I have discovered that some of the issues as it pertains to prostitution and teenage pregnancy are similar from one country to the next, but there are a number of different programs designed to address and reduce the problem in the U.S. Agencies in Montgomery County are attempting to work together in terms of how services are provided to the community. I will take this spirit of collaboration back home with me.”

For more information about the Mandela Washington Fellowship, please visit https://youngafricanleaders.state.gov/washington-fellowship/.
Established in accordance with state law, the Montgomery County Family and Children First Council (FCFC) has been the “lead collaborative” for over twenty years addressing issues affecting children and families. Its mission is:

To serve as a catalyst to foster interdependent solutions among public and private community partners to achieve positive results for the health and well-being of families, children and adults.

Essentially, the FCFC promotes community conversations about getting better results for families, children and adults. As indicated in our 2014 Annual Report, the FCFC adjusted its framework to take a more tactical approach to utilizing the expertise of its volunteers and community experts. The FCFC framework was changed to concentrate on the interconnections of the three Focus Areas of Education and Life Skills; Income and Stability; and Health and Safety. The management of data has remained key to the FCFC work. As you will note throughout this progress report, data have been used to identify and address community issues. We utilize data along with the collective wisdom of our community volunteers in order to make the best resource decisions.

In 2015, the FCFC approved establishing a joint strategic planning process in collaboration with United Way of the Greater Dayton Area (UWGDA). The goal of the strategic planning process is to establish a three- to five- year community plan to guide decision making. An informational meeting was held with many representatives from across the greater community including members from these committees:

- Montgomery County Family and Children First Council
- Montgomery County Human Services Levy Council
- United Way of the Greater Dayton Area Board of Directors
- Montgomery County Homeless Solutions Policy Board
- Montgomery County Frail Elderly Services Advisory Committee
- Alliance of Executives

**Strategic Planning Process**

**Phase 1**

The first phase of the process built on the 2014 Community Needs Assessment during which staff from HSPD, UWGDA, Research
- Needs/Priorities
- Support Services
- Outcomes
- Technical Assistance
- Evaluation
- Reporting

**Family and Children First Council (FCFC) Framework:**

Tactical Community Collaborative Task Forces: Made up of key representatives from groups, boards, task forces bring expertise to develop 3 – 5 year Strategic Plans to address priorities

Collaborative Funding Award Process:
- Prevention / Intervention / Core Safety Net
Public Health–Dayton and Montgomery County and the ADAMHS Board for Montgomery County identified baseline data on changes in the community. In 2015, five discussion panels were held to explore the data and supporting information that came from the 2014 Community Needs Assessment. The topics of the discussion panels were as follows:

Panel 1 – Transportation, Access, Navigation
Panel 2 – Income, Public Assistance, Housing, Homelessness
Panel 3 – Poverty, Discrimination, Culture, Stigma, Fear
Panel 4 – Health, Healthcare, Crime, Violence, Drugs, Nutrition
Panel 5 – Education, Employment, Jobs, Wages

Questions were presented to panelists both to broaden the local understanding of these topics and to discuss the impact they have on the focus areas (Education and Life Skills, Income and Stability, and Health and Safety) as well as the impact of each focus area on the other focus areas and on the panel topics. Thirty panelists recruited from service providers, subject matter and systems experts and, very importantly, former and current consumers, agreed to participate. Overall, their responses clearly emphasized that gaps in the service delivery continuum must be addressed if the responsiveness of the human services safety net is to be improved. You may view the discussion panels at http://www.mcohio.org/hspd/fcfc_strategic_planning.php.

The following reoccurring themes were also captured during the discussion panels:
- Improve Coordination
- Strengthen Children and Families
- Increase Income
- Increase Access to Food
- Align Transportation
- Improve Customer Experience

**Phase 2**

The second phase of the strategic planning process included obtaining feedback about the community priorities from stakeholders. The workshop stakeholders were from various sectors of our community: non-profit, education, law enforcement, legal, medical, business, and other social services. Researchers from Public Health – Dayton and Montgomery County, HSPD, Wright State University, and the University of Dayton were enlisted to present to the workgroups research about identified needs in which they had expertise and relevant data. Criteria were developed and used to prioritize the needs by the workgroup participants. Workgroups of 25-30 stakeholders then discussed each issue in relation to the data and criteria to test the importance of the issue. Workgroup members also completed a survey to rank each issue to establish the level of priority that should be given to it.

Consumer input was obtained from focus groups of people using health and human services. Four facilitators solicited consumer (or family member) input about each of the issues within one of the focus areas. About 120 consumers participated in a total of 11 focus groups. Their comments were recorded and categorized by commonality. In addition, each focus group participant was asked to rank in priority order the issues of the respective focus area.

Finally, during the second phase, public polling of Montgomery County residents was conducted by the Center for Urban and Public Affairs (CUPA) at Wright State University. The questions gauged Montgomery County residents’ opinions about the importance of each priority individually as well as the relative importance of these issues when compared to one another.

**Phase 3**

The third phase of the process will involve identifying and researching strategies that address the community priorities. Best practices currently in place or planned for future implementation will also be identified. Utilizing data and measuring community progress have always been part of the Family and Children First Council’s framework. Therefore, with this process we will continue to review and update indicators for the Community Priorities so that we may establish a baseline to track our progress moving forward. This phase will be completed in 2016.
Support has been provided during the planning and implementation phases of the strategic planning process by the people listed below:

**Strategic Planning:**

**Co-Chairs:**
- FCFC – Deborah Feldman, Dayton Children’s Hospital
- UWGDA – Dave Melin, PNC Bank
- **Education and Life Skills** – Commissioner Debbie Lieberman and Annesa Cheek, Sinclair Community College
- **Income and Stability** – Commissioner Judy Dodge and Dave Melin, PNC Bank
- **Health and Safety** – Commissioner Dan Foley and Gregg Hopkins, Community Health Centers of Greater Dayton

**Staff:** Human Services Planning & Development Department and United Way of the Greater Dayton Area.

**Facilitators:** Beth Whelley, Fahlgren Mortine; Marva Cosby, Cosby Consulting; and James Gross, Healthy Communities Consulting LLC.

**Researchers:** Bob Stoughton, Fitz Center for Leadership in Community (University of Dayton) and Human Services Planning & Development Department; Dawn Ebron and Sara Paton, Public Health - Dayton and Montgomery County; Richard Stock, University of Dayton Business Research Group; Kathy Rowell, Sinclair Community College; and Jane Dockery, Wright State University Center for Urban and Public Affairs.

Separate from the strategic planning process, the FCFC continued support to the following initiatives:

**FCFC Funded Initiatives:**

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Approved Initiative</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Safety</td>
<td>Fetal Alcohol Spectrum Disorder Community Capacity Building</td>
<td>$31,593</td>
</tr>
<tr>
<td>Health and Safety</td>
<td>Prostitution Intervention Program</td>
<td>$52,797</td>
</tr>
<tr>
<td>Health and Safety</td>
<td>United Against Violence Greater Dayton - Second Step Program</td>
<td>$62,106</td>
</tr>
<tr>
<td>Education and Life Skills</td>
<td>ReadySetSoar</td>
<td>$100,000</td>
</tr>
<tr>
<td>Education and Life Skills</td>
<td>Taking Off to Success</td>
<td>$193,924</td>
</tr>
</tbody>
</table>

**Total Initiatives Funded**

$440,420
### HEALTH AND SAFETY

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Prior value and county rank</th>
<th>Desired direction</th>
<th>Current value and county rank</th>
<th>Narrative</th>
<th>Is the historical trend(^1) in the desired direction?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Care</td>
<td>85.4 / 6th</td>
<td>Up</td>
<td>89.1 / 5th</td>
<td>Has been fluctuating and is flat overall</td>
<td></td>
</tr>
<tr>
<td>Low Birthweight</td>
<td>9.4 / 7th</td>
<td>Down</td>
<td>9.1 / 6th</td>
<td>Has gone down 4 of the last 5 years but still remains high</td>
<td>X</td>
</tr>
<tr>
<td>Substantiated Child Abuse</td>
<td>5.4 / 6th</td>
<td>Down</td>
<td>3.5 / 2nd</td>
<td>Has fluctuated for many years</td>
<td></td>
</tr>
<tr>
<td>Preventable Child Deaths</td>
<td>24</td>
<td>Down</td>
<td>11</td>
<td>Currently at its lowest level</td>
<td>✓</td>
</tr>
<tr>
<td>Teen Pregnancy</td>
<td>2.5 / 4th</td>
<td>Down</td>
<td>2.6 / 7th</td>
<td>First increase after 5 consecutive decreases</td>
<td>✓</td>
</tr>
<tr>
<td>Tobacco Use (% Not Smoking)</td>
<td>53.7 / 6th</td>
<td>Up</td>
<td>48.7 / 9th</td>
<td>Has been fluctuating and is flat overall</td>
<td></td>
</tr>
<tr>
<td>Employment Rate for Persons with a Disability</td>
<td>21.5 / 3rd</td>
<td>Up</td>
<td>22.4 / 3rd</td>
<td>2 consecutive increases but remains down overall</td>
<td>X</td>
</tr>
<tr>
<td>Poverty Rate for Persons with a Disability</td>
<td>23.1 / 1st</td>
<td>Down</td>
<td>26.3 / 3rd</td>
<td>Big increase after 3 consecutive decreases</td>
<td>X</td>
</tr>
<tr>
<td>Domestic Violence Deaths</td>
<td>20</td>
<td>Down</td>
<td>13</td>
<td>Has fluctuated for many years and remains flat overall</td>
<td></td>
</tr>
<tr>
<td>Violent Crime</td>
<td>3.6 / 4th</td>
<td>Down</td>
<td>3.5 / 5th</td>
<td>Has decreased 11 of the last 14 years and is down overall</td>
<td>✓</td>
</tr>
<tr>
<td>Property Crime</td>
<td>36.5 / 7th</td>
<td>Down</td>
<td>34.0 / 7th</td>
<td>Has decreased 12 of the last 14 years and is down overall</td>
<td>✓</td>
</tr>
<tr>
<td>Nursing Home Population</td>
<td>7.01 / 5th</td>
<td>Down</td>
<td>7.35 / 6th</td>
<td>Has fluctuated and remains flat overall</td>
<td></td>
</tr>
<tr>
<td>Kindergarten Readiness</td>
<td>not relevant</td>
<td>Up</td>
<td>35.8</td>
<td>Revised indicator -- only one year of data</td>
<td>not relevant</td>
</tr>
<tr>
<td>Student Achievement -- 3rd Grade Reading</td>
<td>80.6 / 7th</td>
<td>Up</td>
<td>78.2 / 7th</td>
<td>First decrease after 2 consecutive increases, but is up overall</td>
<td>✓</td>
</tr>
<tr>
<td>Student Achievement -- 4th Grade Math</td>
<td>73.1 / 8th</td>
<td>Up</td>
<td>60.3 / 8th</td>
<td>Has dropped to lowest level ever after 9 years elevated</td>
<td></td>
</tr>
<tr>
<td>OGT -- 10th Grade</td>
<td>67.8 / 7th</td>
<td>Up</td>
<td>68.9 / 7th</td>
<td>Has risen 4 of the last 6 years</td>
<td>✓</td>
</tr>
<tr>
<td>HS Graduation</td>
<td>79.7 / 7th</td>
<td>Up</td>
<td>80.1 / 6th</td>
<td>Has increased 4 straight years</td>
<td>✓</td>
</tr>
<tr>
<td>Public School Attendance</td>
<td>94.3 / 7th</td>
<td>Up</td>
<td>94.2 / 7th</td>
<td>First decrease after increasing or holding steady 12 of the previous 15 years</td>
<td>✓</td>
</tr>
<tr>
<td>College Enrollment</td>
<td>74.8</td>
<td>Up</td>
<td>75.6</td>
<td>First increase after 4 straight declines and is up overall</td>
<td>✓</td>
</tr>
<tr>
<td>College Persistence</td>
<td>80.8</td>
<td>Up</td>
<td>81.3</td>
<td>First increase after 4 straight declines and is flat overall</td>
<td></td>
</tr>
<tr>
<td>College Graduation</td>
<td>38.8</td>
<td>Up</td>
<td>37.2</td>
<td>First decline after 2 consecutive increases but remains up overall</td>
<td>✓</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>43.5 / 8th</td>
<td>Up</td>
<td>42.6 / 8th</td>
<td>Has decreased in 9 of the last 11 years and is down overall</td>
<td>X</td>
</tr>
<tr>
<td>Unemployment</td>
<td>6.0 / 6th</td>
<td>Down</td>
<td>5.0 / 5th</td>
<td>Has decreased 5 of the last 6 years and is now considered flat</td>
<td></td>
</tr>
<tr>
<td>People Receiving Public Assistance</td>
<td>1.63 / 5th</td>
<td>Down</td>
<td>1.00 / 2nd</td>
<td>Has decreased 5 consecutive years</td>
<td>✓</td>
</tr>
<tr>
<td>Avoiding Poverty</td>
<td>43.5 / 5th</td>
<td>Up</td>
<td>42.1 / 8th</td>
<td>First decrease after 5 consecutive increases and remains down overall</td>
<td>X</td>
</tr>
<tr>
<td>Voter Participation(^2)</td>
<td>23.8 / 9th</td>
<td>Up</td>
<td>41.0 / 6th</td>
<td>Has fluctuated and is flat overall</td>
<td>X</td>
</tr>
</tbody>
</table>

Note: Most desirable county rank is 1st. County rank is not available for all indicators.

\(^1\) The historical trend is determined by the changes in the indicator since the time of the earliest reported data.

\(^2\) Prior values are for most recent off-year election.
Early in its history, the Montgomery County Family and Children First Council adopted a Vision Statement that would capture its goals to 1) promote the well-being of Montgomery County’s children, families, adults, and neighborhoods; and 2) make Montgomery County a better place to live, work, and grow:

Montgomery County is a place where families, children and adults live in safe, supportive neighborhoods, care for and respect one another, value each other, and succeed in school, the workplace and life.

This Vision Statement – a succinct answer to the question “Where do we want to be as a community?” – launched a community conversation about how close we are to attaining those goals and what we can do to move closer. That conversation is ongoing, and has evolved over the years.

• From 1999 to 2005, much of the conversation happened within the Strategic Community Initiative Teams which each focused on one of three priorities: School Readiness and Fourth-Grade Success; Promoting Alternative Learning Opportunities; and Preventing Family Violence.

• From 2006 to 2013, the conversation continued within the Outcome Teams which collectively addressed the Community Outcomes articulated by the FCFC: Healthy People; Young People Succeeding; Stable Families; Positive Living for Special Populations; Safe and Supportive Neighborhoods; and Economic Self-Sufficiency.

• During 2014, the FCFC revised its structure and the conversation now continues within three Focus Areas: Health and Safety; Education and Life Skills; and Income and Stability.

To support and advance this community conversation, the FCFC has been tracking a set of Community Indicators since the release of its first report, Turning the Curve, in 1998. Indicators are quantifiable measures that can be attached to the focus areas. The FCFC is currently tracking 26 indicators distributed among the three focus areas. The most recent values for each of the indicators are shown in the tables and graphs on the following pages. Collectively, these indicators answer the question, “Where are we right now?”

Following the completion of the strategic planning process (see page 4), the revised structure will continue to support our purpose – achieving better results for children, families, adults, and neighborhoods – while encouraging improved collaboration between various initiatives and projects within the community. Collectively, these activities help answer the question, “What are we doing to help us get where we want to be?”

An article about the FCFC’s use of indicators was published in the Encyclopedia of Quality of Life and Well-Being Research in 2014. To read the manuscript, please visit www.montgomerycountyindicators.org and click on the “Annual Reports” tab; scroll to the bottom of the page and, under “Additional Material For Annual Reports,” click on the “Outcomes and Indicators Article” link.

1 This approach to organizing our community conversation is modeled on the Results-Based Accountability™ framework developed by Mark Friedman. To learn more visit www.resultsaccountability.com or www.raguide.org or www.resultsleadership.org.

2 The data source for a 27th indicator that the FCFC had been tracking, Childhood Obesity, has been discontinued. If a suitable replacement is found, this indicator may be reintroduced.
Every graph displays data for Montgomery County starting as many as 20 years ago and ending with the most recent available data. The desired direction for the trend line to move is indicated by an arrowhead in the upper right hand corner of the page. Next to that is an arrowhead indicating what the historical trend has actually been. The historical trend is determined by the changes in the indicator since the time of the earliest reported data.

Some graphs also display data for Ohio and for the U.S.A., depending on availability.

The tables below the graphs contain the actual values. Green highlighting means the values are being reported for the first time; yellow highlighting means the values were previously reported but are now being revised.

Accompanying each graph and table is some background that explains why the indicator is important and, if necessary, provides some details about how the data are collected and analyzed.

Whenever available, data for the other large counties in Ohio are provided for comparison.

Finally, in every Report we go “Behind the Numbers” and take a deeper look at some of the indicators and related data.

All of the indicator data from this Report are on the Community Indicators website at www.montgomerycountyindicators.org. All of the indicators have countywide data; for some of the indicators, municipality, ZIP code, Census tract, school district, and/or individual school building data are also available. [The website also provides data for entities such as municipalities, ZIP codes, Census tracts, school districts, and individual school buildings when available.] The FCFC has established a mechanism whereby additional data sets can be added, making the site an expanding resource. If you have suggestions for additional content, please contact us at indicators@montgomerycountyindicators.org.
Sinclair Community College’s Fast Forward Center opened in 2001 as a resource center for out-of-school youth to decrease the dropout rate in Montgomery County. The focus of the Center is to reclaim youth between the ages of 16–21 who are out of school or not attending school on a regular basis and help them obtain a high school diploma.

Fast Forward collaborates with county school districts and partners with three alternative high schools that specifically serve dropouts: Life Skills Center of Dayton, Mound Street Academies, and Miami Valley CTC Youth Connections. It also collaborates with other alternative education programs and non-profit organizations by assisting them in their efforts to improve student retention. In addition, Fast Forward Center partners with Darden Education Consulting Services to deliver an intervention program that helps students who have completed all their credits (known as Senior Plus) to complete their diplomas by passing sections of state-mandated tests. Fast Forward uses and encourages all of their partners to use research-based national best practices.

During the 2014-2015 school year, Fast Forward Center incorporated a resiliency skills survey into its assessment process for each student. This early-warning assessment, designed to assist with student retention and engagement, helps identify students who have a high risk of dropping out or not completing due to non-academic barriers.

Fast Forward Center 2014 – 2015 School Year Highlights:
• 280 students were assessed by Fast Forward Center.
• 32 Senior Plus students (those who only need to pass one or more parts of the Ohio Graduation Test [OGT]) earned diplomas.
• 76 students from the three partner schools earned diplomas.
• 36 students obtained proper interview attire as a result of Fast Forward’s partnership with Clothes That Work.
• 12 students earned college credit while still in high school.
• Fast Forward’s goal is to keep students up to speed on their reading and math skills as another means of dropout intervention. To that end, they provided the STAR math and reading assessment software by Renaissance Learning for use in Wesley Community Center’s After School Program; Wesley Center staff members were trained to administer the assessment which is also the same tool used by Dayton Public Schools. Thirty (30) students completed the pre-and post-assessment with 56% of the students showing improvement in math and 50% showing improvement in reading.

Fast Forward Center serves as a resource to every out-of-school youth by providing them with the skills and support to become a high school graduate and to move forward to post-secondary education, a career, or the military.

For more information about the Fast Forward Center, call 937-512-FAST (3278) or visit www.sinclair.edu/centers/ffc.
The Mentoring Collaborative of Montgomery County has been networking with agencies providing mentoring services for youth since 2001. The Mentoring Collaborative works to raise community awareness about the critical need for mentors and provides training for agency staff, mentors and mentees. The Mentoring Collaborative also provides background checks for mentoring volunteers at various agencies and sponsors local mentoring events.

2015 was a transitional year for The Mentoring Collaborative. As of April 1, 2015, the Mentoring Collaborative operates under the Division of School and Community Partnerships of Sinclair Community College and has relocated its office to the Job Mall located in the Job Center. Jane McEwen was hired as the Manager of the Mentoring Collaborative, effective July 1. Later in the year Jessica Demmings was hired as the Project Manager for the AmeriCorps Program.

The Mentoring Collaborative is in the third and last year of an AmeriCorps grant which has been used to expand and enhance mentoring programs in Montgomery County. In 2015 the AmeriCorps Program served 834 K-12 “at-potential” youth in Montgomery County at 13 host sites utilizing the support of 20 AmeriCorps members who worked as Mentoring Project/Service Coordinators. The Mentoring Collaborative is preparing to submit an AmeriCorps formula grant in May 2016.

Each year during its Mentor of the Year Awards Luncheon the Mentoring Collaborative recognizes individuals who display extraordinary commitment assisting young people in achieving their full potential. The 2015 Outstanding Mentor Award recipients are listed below:

- College Promise Mentors – Montgomery County Ohio College Promise
- Sarah Kelly – Girl Scouts of Western Ohio
- Sharon Lattimore – Reclaiming Futures, Montgomery County Juvenile Court
- Stacy Maney and Amelia Siler – Parity, Inc.
- Charles Spivey – Miamisburg Schools

Also in 2015, the Mentoring Collaborative presented the Mike Kelly MVP Mentee Award, the Champion of Youth Award, and the Pioneer Award.

The Mike Kelly MVP Mentee Award is named after the former record-setting University of Dayton football coach who is now the Assistant Vice President for Athletics at the University. Given to a youth mentee in Montgomery County who best exemplifies the benefits of a mentoring relationship through improved attitude, attendance, grades, pro-social behaviors, and/or family and peer relationships, the 2015 award was presented to Marco Aguilar-Hernandez of Belmont High School.

The Pioneer Award is given to a person for blazing a trail of hope by promoting and advocating for Mentoring Support for America’s “Youth of Promise.” The 2015 recipient, Joellen Spacek, Senior Director, Mentoring Partnership Network, MENTOR™, was the guest speaker at the Awards Luncheon. She was honored for her years of service spearheading efforts to recruit adult mentors and engage community leaders around the issue of mentoring for children, youth, and families. Under her leadership in her former position as executive director of the Mentoring Partnership of Minnesota, staff and volunteers recruited over 50,000 mentors and brought together mentoring organizations to grow the quality of mentoring for 190,000 young people in Minnesota.

Mark Baker, 21st Century Consultant and Head Boys Basketball Coach, Middletown City Schools, was awarded the Champion of Youth Award. Mark served as an instrumental staff member of the Mentoring Collaborative of Montgomery County for more than 14 years, sharing his wisdom and expertise in the mentoring field. Selected through a committee, the award recipient is someone who shows extraordinary dedication and service on behalf of youth.

To become a mentor or for additional information about the Mentoring Collaborative, go to www.mentoringcollaborative.org or visit their offices at The Job Center, 1133 Edwin C. Moses Boulevard, Suite 189.
Vulnerable youth in transition are youth and young adults ages 16 to 24 with little or no family support and who are experiencing one or more of the following: aging out of foster care, transitioning out of the juvenile justice system, mental illness, disabilities and/or homelessness. In 2012, the Family and Children First Council (FCFC) designated the Human Services Planning and Development Department (formerly known as the Office of Family and Children First) as the lead organization responsible for ensuring a more seamless approach to navigation and resolution of service needs that exist for multi-system youth. Since then the Human Services Planning and Development Department (HSPD) has been working with partners to improve coordination of services for vulnerable youth and young adults in transition in Montgomery County.

Montgomery County Youth Resource Center
Space for a Youth Resource Center is being created in the Job Center redesign. The Youth Resource Center (hereafter Center) will be co-located with the YouthWorks Program of the Department of Job and Family Services Workforce Division. This location will provide Montgomery County’s vulnerable youth a one-stop location for services such as educational supports, job training and employment, and other programming to enrich their social and emotional needs as they transition into adulthood. The Center will provide an opportunity for youth to benefit from system navigation for behavioral health, juvenile justice, and independent living. Other supportive services such as health screenings or tutoring may also be offered to improve outcomes for youth and young adults in transition. The Center’s goal is service coordination and alignment of services based on the needs of vulnerable youth and young adults who come for assistance.

HSPD staff will continue to work with youth in Montgomery County to ensure youth voice is present for decisions and programming that involve them. The Center will also be a place where youth can come to work together to develop, implement, and evaluate programs through shared decision making. Currently, Montgomery County youth serve on local and state youth advisory boards, workforce development boards, and the Family and Children First Council. The Youth Resource Center is scheduled to open by mid-2016.

Connecting the Dots Program
Connecting the Dots is a program focused on improving outcomes for foster youth through system collaboration with workforce development, child welfare, Big Brothers Big Sisters, and the integration of supportive services for youth and young adults. In 2015, 105 youth ages 16-21 participated in the program. Services offered to youth included mentoring, educational offerings, guidance counseling, leadership development opportunities, occupational skills training, summer employment opportunities, tutoring, study skills and training, and work experience/internships. Staff from HSPD, Montgomery County’s child welfare and workforce development programs received training to provide PREP (Personal Responsibility and Education Program) for youth participating in the Connecting the Dots program.

• Southwest Regional Conference: The Connecting the Dots program hosted the third Annual Connecting the Dots Leadership Conference to provide additional assistance to youth in transition. The conference was offered for current and former foster youth and young adults living in the Southwest Region of Ohio and provided workshop offerings to enhance personal and career interests (such as Dress to Impress, Mentoring, Becoming a Fire Fighter, DP&L’s “Think Hot” and “How to build your professional backpack”). Over 100 youth and professionals from 10 counties in the Southwest Region participated.

The featured keynote speaker was Derek “Never Give Up” Clark, the "rapping dad." Derek Clark grew up in the
foster care system and tells a remarkable story of resilience and redemption from his personal to professional life. As a child he suffered unthinkable child abuse, abandonment and emotional distress before being turned over to a psychiatric hospital at age five. His thirteen years in the San Francisco Bay area foster care system reflected an early life of humiliation, aggression, emotional distress, overwhelming anxiety and being wrongfully labeled. Psychiatric reports stated that at the age of five years old, Derek had severe behavioral problems. Neurological reports stated that at six years old, he had the IQ of a two year old and diagnosed him with erratic psychosis. Having also been misdiagnosed as mentally handicapped and having numerous emotional and language difficulties, Derek never gave up. With amazing help from his foster parents, a great social worker and mentors, he has defied the artificial limitations imposed upon him. Derek knows firsthand how to cope with adversity and overcome hardship. His past has never held him back from accomplishing what he set his heart and mind to do. From owning a very successful corporation to having a family, his maxim is to make no excuses. Derek provided participants with hope and positivity as well as identifying keys to higher productivity.

- Pathways to Success Conference: Youth and staff from Montgomery County’s Connecting the Dots program also helped plan and facilitate workshops for the Ohio Department of Job and Family Services “Pathways to Success” Conference. Youth had the opportunity to explore a variety of paths for a successful transition to independence through post-secondary, vocational, apprenticeship and military options. Keynote speakers for the conference included The Amazing T’ai Street, Trent Shelton and Dr. Terrell Strayhorn. The overarching theme and goal for this conference was for the youth and young adults to experience improved outcomes through Leadership, Empowerment, Advocacy, Research and Networking (LEARN).

Ohio Fostering Connections
Montgomery County Human Services Planning and Development Department partnered with statewide organizations to host the “Fostering Connections Summit” where communities were educated about the benefits of extending foster care services and resources to foster youth to age 21. In December 2015, Ohio House Bill 50, the Fostering Connections bill, passed with overwhelming support. HSPD staff will work with partners during 2016 to develop an implementation framework for program planning.

Supportive Housing
Creating supportive housing for vulnerable youth and young adults in Montgomery County continues to be a challenge. HSPD staff worked collaboratively with Greater Dayton Premier Management on a housing model that mirrors the successful Veterans Administrative Supportive Housing Model. Montgomery County youth joined other young people from across the state to meet with the Department of Housing and Urban Development (HUD) in Washington, D.C. where they shared their ideas for supportive housing for vulnerable youth. The proposal was well received but HUD funding had already been allocated for this budget year. In their response to our young people, HUD staff offered some ideas for additional funds that could potentially be used for supportive housing. HSPD staff will work with community partners and youth to research options to support this unmet need.

DP&L demonstrates what happens when you touch live wires and the skills and knowledge needed to work safely with electricity.
Interagency Collaboration:

The Montgomery County Human Services Planning and Development Department provides assistance and oversight for agencies delivering services to the Montgomery County community. Due to the complex nature of social service systems and the changing economic situations these organizations face, HSPD staffs a group whose ongoing mission is to stay abreast of these changes and look at how best to assist the agencies in managing systemic change and collaboration as well as maintaining client access to needed services.

The Service Brokers group consists of front line staff from 14 health and human service organizations from across Montgomery County. The goal of this group is to navigate service barriers and ensure that the agencies stay connected and aware of the current menu of services offered by other agencies within the social service system. The Service Brokers also work as a team to identify system issues and offer solutions.

Three resource documents have been developed with input from the Service Brokers:

• **Family Resource Guide**, a compact referral guide to assist families in identifying most frequently needed services.
• **No Wrong Door brochure**, a referral guide for agencies to use in ensuring customers can be directed to the right agency to address their needs.
• **Community Resource Guide**, a booklet for the public which provides a snapshot of services and social service and community agency contact information.

The Service Brokers also function as the point of contact for resources when Service Coordination requests are received from agencies, parents or family members. During 2015, a number of requests were received seeking assistance for a variety of services and supports including homelessness, mental health services and financial needs.

One method of meeting these needs is through Family Centered Supportive Services funding awarded to the Human Services Planning and Development Department by the Ohio Family and Children First Council. This funding is to provide supportive services to children with multi-system needs in an effort to help them maintain placement in their homes.

Montgomery County was awarded $86,935 in 2015. During this year, 60 children were supported with this funding. Services and supports ranged from respite care for parents needing a break from dealing with their child’s special needs to art therapy or music lessons as social/recreational supports for the child.

**Success Story**

The Kinship Caregiver Coalition acts as a support to grandparents and other relatives (other than the custodial parent) who are raising the children. At a Service Broker meeting, Dionne Simmons, Service Broker from the Kinship Caregiver Coalition, shared that her agency was experiencing difficulty obtaining signatures for Power of Attorney (POA) from incarcerated parents. A POA would allow the grandparent or other relative to register the child for school or provide the child with necessary medical care.

Melissa Sutter, the Service Broker from the Division of Criminal Justice, who is also an adult probation officer and a notary, immediately offered to assist her in resolving this issue. The initial case was with a grandparent who needed a POA to register her grandchild for school. The custodial parent was in custody at the Montgomery County Jail and did not have an attorney or probation officer to work with the Kinship Navigator to get the POA signed and notarized.

Ms. Sutter resolved this case and continued to work with the Coalition over the course of the year, resulting in 20 cases where the grandparent has been able to obtain the legal paperwork necessary to adequately care for the child in their care.

The Coalition was so appreciative of Ms. Sutter’s help that at their December Kinship Caregiver meeting, she was presented with an award for her consistent service and spirit of collaboration.
The Montgomery County FCFC is a “Full Life Cycle” council that addresses issues on behalf of young adults, adults with no children, single adults and seniors, in addition to the state mandate for families with minor children.

The purpose of the local county Family and Children First Council (FCFC) is to streamline and coordinate existing governmental services for families seeking services for their children. To fulfill the duties of section 121.37 of the Ohio Revised Code which outlines the memberships, duties and responsibilities of both the Ohio Family and Children First Cabinet Council and the local county Family and Children First Councils, the local Council may provide the following:

• referrals to the Cabinet Council of those children for whom the county council cannot provide adequate services;
• development and implementation of a process that annually evaluates and prioritize services, fills service gaps where possible, and invents new approaches to achieve better results for families and children;
• maintenance of an accountability system to monitor the county council’s progress in achieving results for families and children;
• participation in the development of a countywide, comprehensive, coordinated, multi-disciplinary, interagency system for infants and toddlers with developmental disabilities or delays and their families; and
• establishment of a mechanism to ensure ongoing input from a broad representation of families who are receiving services within the county system.

The county council is also responsible for the development of a county service coordination mechanism which addresses many procedures to coordinate services for families and establishes the council’s required dispute resolution process. Service Coordination is provided for children and families with multi-system needs and can be accessed by agencies or families voluntarily seeking services. Families are typically referred for services through consultation with member(s) of the FCFC Service Brokers Committee. Some services are supported through the Family-Centered Services and Supports (FCSS) state-funded program. The FCSS funds are locally managed to provide specific services to support the parents’ ability to maintain their children at home, preventing out of home placement.

The state requires county councils to implement House Bill (HB) 289 through working with other local agencies to identify common goals and align resources as articulated by required state plans and unifying them into a “Shared Plan.” Our FCFC provides a strong foundation for “cross system” planning and enhancing the effectiveness and efficiency of efforts to address critical issues impacting Montgomery County residents. Such efforts have been viewed through the lens of “collective impact.” Collective impact occurs when organizations from different sectors come together to “solve” social problems by developing a common agenda, using a shared measurement system, engaging in mutually reinforcing activities, maintaining communication, and employing “backbone” support.

Montgomery County’s “Shared Plan” is consistent with the vision and impact desired by community stakeholders. The goals are attained by supporting the activities of local partners and agencies whose impact on families and children is measured against common metrics. While Montgomery County supported numerous services in the community, Montgomery County’s 2015 “Shared Plan” focused on the following strategic initiatives: a) Children Being Ready for School; b) Children and Youth Succeeding in School; and c) Young People Being Ready to Earn a College Degree or a Career-Ready Credential.
James (Jim) Bowers was recognized for his dedication, integrity, and passion as a volunteer for Juvenile Court’s CASA Program. A Court Appointed Special Advocate (CASA) volunteer is appointed by a judge to be a voice for children in court. Bowers began training in 2005 to become a CASA volunteer, while running and winning a seat on the West Carrollton City Council. Prior to his service with the City, Bowers was a successful business owner until retirement.

Jim Bowers has demonstrated a great passion for the welfare of children. Ann Gramza, Program Manager of the CASA program, stated that Bowers is “never wavering in his commitment to do what is best for the children.” He plays an integral role in training new volunteers. His fellow West Carrollton City Council member, Angela Fryman, stated, “Our children, city, and community are so fortunate to have Jim as an advocate for our children.” In 2007, Jim Bowers was honored with the Gold Star Award for CASA Volunteers, and in 2011, he received CASA’s most distinguished POWER OF ONE AWARD.

Bowers received his bachelor’s degree from the University of Cincinnati, and an MBA from the University of Dayton.

* Brother Fitz served as the first chair of the FCFC from 1996 to 1999. He also served as Chair of the New Futures/Youth and Family Collaborative for the Greater Dayton Area from 1994 – 1995, and was co-chair of the Child Protection Task Force. The Award is intended to recognize someone who exemplifies Brother Fitz’s extraordinary dedication to the cause of nurturing and protecting children and families by going well beyond the scope of their front-line work through grassroots efforts and volunteer leadership in the community.
Health and Safety

Fetal Alcohol Spectrum Disorders (FASD) Coalition

Prenatal alcohol exposure can have detrimental effects on a fetus which are irreversible, yet Fetal Alcohol Spectrum Disorders (FASD) are 100% preventable by not drinking alcohol while pregnant. While it was estimated that 1 out of 100 children are impacted by an FASD, a new research study published in the November 2014 issue of *Pediatrics* estimates there could be as many as 1 out of 20 children impacted by an FASD. Children who are affected by an FASD may exhibit cognitive, behavioral and physical impairments which can substantially impact a family and community.

In 2008, the Montgomery County FASD Task Force was created in an effort to raise awareness of the impact FASD has on the community. During the 2015 calendar year the FASD Task Force transitioned to the FASD Coalition. The Coalition continues to strive to represent the needs of the community effectively and to serve individuals and families affected by FASD better. Several new members have joined the Coalition and each one brings valuable expertise to the Coalition.

In 2015, the community continued support for the Screening, Brief Intervention and Referral to Treatment (SBIRT) / Motivational Interview training. The Coalition sponsored training classes in January and June. Due to the overall response to the trainings, another class will be offered in February 2016. Since August 2014, 154 members of the community have been trained in SBIRT/Motivational Interviewing. In addition, the Coalition Interim Director Tracey Waller traveled to the state of Delaware in October to train WIC staff on Alcohol Screening Brief Intervention (ASBI).

The FASD Coalition members have conducted multiple presentations throughout the community for organizations such as Montgomery County Public Defender Juvenile Division, Montgomery County Juvenile Probation and Life Skills Charter School to name a few. The Coalition also participated in several health fairs and other events throughout the community, such as the Spring Community Baby Shower that was co-sponsored with United HealthCare. In recognition of International Fetal Alcohol Spectrum Disorder Day, the Coalition hosted the Think for Two Conference that raised awareness about infant mortality, women and addiction, and the pre- and post-natal effects of substance abuse on infants. Speakers included Ohio State Senator Shannon Jones, Dr. Arthur James (Ohio State University), Dr. Melanie Glover (Miami Valley Hospital), Dr. Josephine Wilson (Wright State University), and internationally recognized pediatrician and researcher Dr. Ira Chasnoff. About 200 people from across the state attended the event.

A new Coalition website, www.thinkfortwo.org, was created in 2015 and contains a link to the Coalition's Facebook page. The Think for Two name and logo were developed as an umbrella term to raise awareness about a variety of important issues that pertain to pregnant women in Montgomery County. Under the umbrella of Think for Two, the Coalition's current campaign is No More FASD. The Coalition hopes to raise awareness about other issues in the future while continuing to address the prevention of FASD. Lastly, the Coalition's posters and brochures were also redesigned to convey a positive, informative, and non-stigmatizing message about not drinking alcohol while pregnant.

2016 will include planning new projects and activities to support the community and those affected by an FASD.
To help give young children the best possible start in life, the Help Me Grow program is state and federally funded for eligible expectant mothers, newborns, infants, and toddlers. The program is guided by the Ohio Department of Health and administered by the Montgomery County FCFC through local contracts. Participation in Help Me Grow is entirely voluntary. Services are based on the needs and desires of each family.

A healthy pregnancy and the first three years of life are most critical to a child’s development. Sometimes as they grow, children have trouble seeing, hearing, talking, walking, or have other special needs. When families or professionals have concerns about a child’s medical, educational, developmental, or social/emotional well-being, they can call one central number in Montgomery County. Families are linked to early intervention providers or other early childhood health and education programs. Services focus on infant and toddler development, and families choose services and resources to help them reach goals they find important.

Help Me Grow Central Coordination and ongoing service coordination funded through FCFC were provided in 2015 by the Greater Dayton Area Hospital Association’s Help Me Grow Brighter Futures program. Developmental evaluations were provided by the Montgomery County Board of Developmental Disabilities Services Parenting and Child Enrichment Program, Public Health–Dayton & Montgomery County, Beyond Words (speech therapist), and Help Me Grow Brighter Futures.

Help Me Grow Brighter Futures Central Coordination handled 3,059 referrals in 2015 from a variety of sources (see chart below). When referrals are received, preliminary eligibility is determined and families are directed to their desired program: early intervention, home visiting, or other early childhood health and education programs. Through the Early Intervention program, children with suspected or diagnosed delays or disabilities receive services. As of December 31, a total of 544 early intervention service plans were in place for young children and their families in the Help Me Grow Early Intervention program.

<table>
<thead>
<tr>
<th>CHILDREN RECEIVING ONGOING SERVICES CHART</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention</td>
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<tr>
<td>-------------------</td>
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<tr>
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</tbody>
</table>

For additional information about Help Me Grow services in Montgomery County, contact Central Coordination at 208-GROW (4769)

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**2015 REFERRALS CHART**

<table>
<thead>
<tr>
<th>Source</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>887</td>
<td>29%</td>
</tr>
<tr>
<td>Primary caregiver</td>
<td>772</td>
<td>25%</td>
</tr>
<tr>
<td>Hospital</td>
<td>754</td>
<td>25%</td>
</tr>
<tr>
<td>HMG system</td>
<td>343</td>
<td>11%</td>
</tr>
<tr>
<td>Children Services</td>
<td>179</td>
<td>6%</td>
</tr>
<tr>
<td>Community Screening</td>
<td>35</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>89</td>
<td>3%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3,059</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
At our 20 week appointment we were so excited to find out we were having a baby boy! We were referred to a specialist because they weren’t able to get a good view during the ultrasound. So one week later we had our appointment with the specialist. During the ultrasound the tech excused herself and said the doctor would be right in to talk with us. I wasn’t worried and thought everything was fine. When the doctor came in, she asked whether anyone in our family had missing limbs. My heart sank and I immediately asked if something was wrong. That was when we found out our baby boy was missing his left hand and part of his arm below the elbow.

We were devastated and confused. How did this happen? Did I do something wrong? Later we found out it was caused by Amniotic Band Syndrome. I did a ton of research and found quite a few people who also have missing limbs just like our Wyatt. It helped us cope and definitely eased all our worries about what he would be able to do. We found online groups and had a huge support system with friends and family. On September 17, 2013 our baby boy was born.

Wyatt’s pediatrician referred us to Help Me Grow. He thought the early intervention program would be helpful with Wyatt’s development. We got a call from our assigned Help Me Grow Service Coordinator. She wanted to visit us in our home to assess Wyatt’s needs. She went above and beyond, helping us navigate the services available to us. Being part of the early intervention system helped us realize we were not alone on our journey. We were connected to lots of resources and provided opportunities to network with other parents receiving services.

We also had a Developmental Specialist though the Parent and Child Enrichment Program (PACE) as part of Wyatt’s team. She has been coming to our home every other week for a year now. Wyatt also has an occupational therapist who comes once a month to give us ideas on how to do two-handed activities with only one hand. They are both awesome! They both say that he is right on track for his age.

Wyatt is a huge blessing in our lives. We worried about whether he would be able to crawl or throw a ball, and he can do those things and more! He probably crawled a little later than most, but he did. He can also pick up things with his little arm and hold them. He does all this on his own and amazes us every single day. He would not be where he is developmentally without Help Me Grow and his involvement in the Parent and Child Enrichment Program. It just goes to show with a little bit of help anything is possible. We are truly grateful for everyone’s help and support.

Thanks to public awareness due to a news report, Central Coordination staff were able to enroll a first-time pregnant mother in services. The local evening news highlighted a graduation ceremony and reception for mothers and toddlers of the Help Me Grow Brighter Futures Nurse-Family Partnership program. Featured on the news was an interview with a mother and a nurse about the positive impact the program has on families.

A few weeks after the segment aired, the Central Coordination staff contacted a first-time pregnant mother who had been referred for Help Me Grow services. Although hesitant at first, the mother was excited when she realized the services were those of the program spotlighted in the news. She exclaimed, “I saw that on the news and it made me cry! I want a nurse to be my mentor, too!” The mom-to-be enrolled in the program and is on her way to benefitting from home visiting services.
Ohio Children’s Trust Fund

The Family and Children First Council (as designated by the Montgomery County Board of County Commissioners) continued its plan for utilizing Ohio Children’s Trust Fund dollars which are designated for primary and secondary prevention of child maltreatment. Primary prevention is focused on activities and services designed to intervene before there is sign of a problem or to prevent or reduce the occurrence of child abuse or neglect. Secondary prevention includes activities and services designed to intervene at the earliest warning sign of a problem, or whenever a person or group can be identified as “at risk” of child abuse and neglect.

In order to realize the goal of reducing child maltreatment in Montgomery County (physical abuse, sexual abuse, emotional maltreatment and neglect), the following prevention services were delivered to benefit Montgomery County families during 2015:

- The Nurturing Parent Program for teen parents was utilized by Catholic Social Services. Parent education sessions designed to prevent child maltreatment and build nurturing parenting skills in teen families were delivered during home visits. Elizabeth’s New Life Center used the Nurturing Parent Program for prenatal parents to address parenting and child development with pregnant clients, especially first-time parents.

- The Parent Café model is designed to create opportunities for parents to connect, share and learn from each other and to strengthen parental competence and family relationships. Delivered by United Rehabilitation Services, families with children experiencing a disability or special need were the primary targets. 4C for Children also held Parent Cafés for families they engaged. Meetings were facilitated by parent hosts with staff support.

- The Strengthening Families framework was used by 4C for Children to train and coach child care providers (home care and center care) in high-poverty neighborhoods. The goal to implement the five protective factors that help prevent child abuse and neglect also involves improved parent engagement.

- Stewards of Children, offered by CARE House, is a sexual abuse prevention program that trains adults to prevent, recognize, and react responsibly to child sexual abuse. The training was offered to parents and to staff and volunteers from a variety of child-serving organizations.
Second Step: A Violence Prevention Program

Samaritan Behavioral Health received initial funding from Catholic Health Initiatives (CHI) for a community-wide violence prevention project that is now in its seventh year with over 80 individuals and organizations still involved in the United Against Violence of Greater Dayton (UAVGD) project.

Samaritan Behavioral Health, Inc. (SBHI) serves in the role of “convener” for the project.

The initial overall goal for UAVGD was to reduce Part I and Part II violent crimes in designated Montgomery County neighborhoods (Westwood, North Riverdale, Harrison Township and Trotwood) by 10% over the 3 years ending December 31, 2014. An additional goal is to reduce Part I and Part II violent crimes in those same neighborhoods by a further 2% by June 30, 2016, thus ultimately reducing group-member involved (GMI) gun violence.

The Family and Children First Council of Montgomery County believes that prevention is the key to reaching these goals. Therefore, it supported the efforts of UAVGD and their partner agencies in providing Second Step: A Violence Prevention Curriculum, an evidence-based best practice violence-prevention program. During the 2014-2015 school year the program was delivered in the four designated high-violence areas of Montgomery County. In 12 schools the program served 873 students in 39 classrooms of pre-school, 1st, 2nd, 4th and 5th grades; the 1st and 2nd grades were newly added.

Community partners also provided the program to schools and organizations outside of the designated areas at no cost to FCFC. This resulted in an additional 284 students in 14 classrooms (1st, 2nd, 4th, 5th and 6th grades) in 4 schools receiving the program.

Outcome measures monitored changes in behavior, attitudes, and knowledge. Measures such as behavioral observation, discipline referrals, surveys/questionnaires, and teacher ratings were used to measure changes in children’s behavior. Pre- and post-tests were given to measure changes in attitude and knowledge of children regarding approval of aggression and exclusion of other children, empathy skills, consequential thinking skills, confidence in regulating emotion, and social competence. Behavioral observations examined the frequency of physical and verbal aggression, hostile and aggressive comments, need for adult intervention, disruptive behaviors, and friendly behaviors, as described in the Second Step training materials.

The measurements are reflective of students who participated in the program and are based on teacher observations. The various forms of measurement described took place at various intervals throughout the program period. Outcomes were analyzed and reported by Wright State University’s Substance Abuse Resources & Disability Issues (SARDI) department.

1 Homicide, rape, robbery, aggravated assault, and arson.
2 Simple assault, weapons violations, and threats against family and children.
### Outcomes

#### Younger Children Report

<table>
<thead>
<tr>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce physical violence</td>
<td>90.8%</td>
</tr>
<tr>
<td>Decrease discipline referrals</td>
<td>81.6%</td>
</tr>
<tr>
<td>Reduce verbal aggression (bullying)</td>
<td>82.1%</td>
</tr>
<tr>
<td>Students demonstrating an increase in protective factors, social skills</td>
<td>87.4%</td>
</tr>
</tbody>
</table>

#### Older Children Report

<table>
<thead>
<tr>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce physical violence</td>
<td>80.4%</td>
</tr>
<tr>
<td>Decrease discipline referrals</td>
<td>83.7%</td>
</tr>
<tr>
<td>Reduce verbal aggression (bullying)</td>
<td>63.5%</td>
</tr>
<tr>
<td>Students demonstrating an increase in protective factors, social skills</td>
<td>69.6%</td>
</tr>
</tbody>
</table>

#### Knowledge Measures for Older Children

<table>
<thead>
<tr>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition of empathy</td>
<td>72.1%</td>
</tr>
<tr>
<td>Steps for calming down</td>
<td>44.0%</td>
</tr>
<tr>
<td>Problem solving steps</td>
<td>48.3%</td>
</tr>
</tbody>
</table>

In addition, the SARDI evaluation process determined there was an increase in social skills of 85% for the younger children and 80.7% for the older children.

The Second Step Program was provided by staff from Samaritan Behavioral Health, National Conference of Community and Justice (NCCJ), and Public Health of Dayton and Montgomery County.

In addition to outcome measurements, teachers share stories of how students use the skills and techniques they have learned in Second Step to handle problems and conflict. For example, one young lady who would have lashed out at fellow students before Second Step, went into the hallway with her teacher to use the calming down breathing skill before acting aggressively.

One Second Step instructor tells of a particularly rough day where the students did not earn the treat that he had taken in to the classroom. When he shared with the students why, they told him he was not being “empathetic” to their behavior. The Second Step Program is based on teaching empathy, so he realized that even though listening was an issue that day, they got the message!
The Criminal Justice Council's Prostitution Intervention Collaborative (PIC) Subcommittee has existed for more than eight years. Current members of the PIC include representation from Montgomery County Common Pleas Court, Sheriff’s Office and Jail, Public Defender’s Office and the Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS); the City of Dayton Police Department, Prosecutor’s Office and Probation; researchers from the University of Dayton; community service providers including Oasis House, East End Community Services, Family Services Association, Artemis Center, YWCA of Dayton, Women’s Recovery Center, Nova Behavioral Health, South Community Behavioral Health; unaffiliated community volunteers; and most importantly, women who are in recovery and healing from prostitution and drug abuse.

Rebecca Cochran, a PIC member since 2013, began staffing the Prostitution Intervention Collaborative mid-year. Ms. Cochran is a retired law professor from the University of Dayton and currently serves there in an adjunct faculty capacity.

During 2015, the PIC developed its mission statement – “Taking evidence-based, collaborative action to intervene in prostitution in Montgomery County” – and continued its efforts working toward its four strategic goals to reduce prostitution in Montgomery County:

1. Strategies to deter the demand side of prostitution

In 2015, PIC members working on deterrence issues restored the Dayton Daily News publication of names of those convicted of prostitution-related crimes; researched and supported Ohio House Bill 283, a measure to require DNA collection in prostitution-related convictions; researched use of record sealing by men convicted of prostitution-related crimes; and began research into an End Demand public education campaign.

2. Strategies to develop a range of safe housing options for prostituted women

PIC members’ efforts in 2015 resulted in the following new housing options: one crisis bed reserved at the YWCA for prostituted women referred by Oasis House; the opening of a Drop In Center at the Life Enrichment Center operated by Oasis House; and the opening of HavenHope, operated by Lost and Found Ministries.

3. Strategies to provide Trauma Informed Care training to those who will come into contact with prostituted women

Through the Common Pleas Court, “Train the Trainer” training1 was offered to Montgomery County Probation Officers, ADAMHS personnel and agencies participating in the Treatment Team work of the Women’s Therapeutic Court. Through these individuals, condensed versions of “How Being Trauma-Informed Improves Criminal Justice System Responses” were conducted with City of Dayton Police Officers during roll call; the full four-hour training has been conducted with approximately 100 designated jail personnel.

4. Strategies to connect women quickly and accurately to services they need

This area continues under the contracted leadership of the Reverend Beth Holten who manages the Prostitution Intervention Program; volunteer leadership is provided by Amanda Arrington, Jennifer Heard and the Dayton Mediation Center, who continue to facilitate a weekly group in the Montgomery County Jail using the “Moving On: A Program for At-Risk Women” curriculum. A new group in both the Montgomery County Jail and the female Secure Transitional Offender Program (STOP) was begun in October 2015 using the curriculum “Helping Women Recover: A Program for Treating Substance Abuse, the Criminal Justice Edition.” The curriculum is organized into four modules: Self, Relationships, Sexuality and Spirituality. These are the four areas that women identify as the triggers for relapse and the areas of greatest change in their recoveries.

Program Evaluation

The research component of the Prostitution Intervention Program includes the collection of data which are analyzed by Wright State University’s Substance Abuse Resources and Disability Issues (SARDI) department. The results of the 2015 study indicated that post-release contact with the women both in the form of individual counseling and facilitated group study resulted in reduction of post-release violation of terms of probation. In an effort to increase the number of women who receive these post-release services, a new working group was formed, the Jail Working Group. This working group consists of Wright State School of Professional Psychology

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1 Provided by the GAINS (Gather, Assess, Integrate, Network, and Stimulate) Center of the Substance Abuse Mental Health Services Administration.
(WSSOPP) personnel, Samaritan Behavioral Health (SBH) Linkages program staff providing case management services in the jail, and designated PIC members. In August 2015 motivational interviewing sessions began to be conducted by WSSOPP personnel in the jail with women who are referred by the Prostitution Intervention Program. Post-release services are then coordinated between SBH Linkages and the Prostitution Intervention Program. Additional coordination between agencies providing pre-release and post-release services in the jail is also under evaluation.

<table>
<thead>
<tr>
<th>Prostitution Intervention Program Number Of Women Served In 2015</th>
<th>Class/Visit Pre-Release</th>
<th>Post Release Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jail: Moving On, January thru June</td>
<td>110</td>
<td>33 (30%)</td>
</tr>
<tr>
<td>Jail: Helping Women Recover, Oct thru Dec</td>
<td>33</td>
<td>17 (52%)</td>
</tr>
<tr>
<td>STOP: Helping Women Recover, Oct thru Dec</td>
<td>68</td>
<td>18 (26%)</td>
</tr>
</tbody>
</table>

**Number of Women Served Pre-Release**

| Post-Release Groups (Moving On, Seeking Safety, Spiritual/Recovery) | 15 |
| Post-Release Individual Contact/Service                         | 16 |

**Number of Women Served Who Were Not Incarcerated in 2015**

|                                           | 31 |

**Total Women Served In 2015**

|                                           | 242 |

*Classes were not offered in the jail during the end of June through September due to staff transition. Classes resumed in October and continue.*
Focus Area: Health and Safety
Indicator: Access to Health Care

Background

Previous to the 2012 Progress Report, we used a source for this indicator that gave us Montgomery County data but no data for the other counties, the state or the nation. Starting with the 2012 Progress Report, we are using survey data from the Behavioral Risk Factor Surveillance System (BRFSS), an annual telephone poll established in 1984 by the Centers for Disease Control and Prevention (CDC). The BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Currently data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. The CDC’s Selected Metropolitan/Micropolitan Area Risk Trends (SMART) project uses the Behavioral Risk Factor Surveillance System (BRFSS) to analyze the data of selected areas with 500 or more respondents, meaning that we will now have access to data for the other counties, the state and the nation.

This indicator tracks the percentage of respondents who say “Yes” to the following question in the BRFSS: “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?” [Beginning with the 2011 survey “or Indian Health Services” was added.] The other answers reported by the BRFSS are “No,” “Don’t know/not sure,” and “Refused.”

Readers of this Report should note that it is always difficult to discern long-term trends by comparing one year to the next. Such comparisons for this indicator will be especially difficult to make for 2010 and 2011 because cellular telephones were included in the 2011 sample for the first time and an improved statistical weighting method was employed. As a result, shifts in observed prevalence from 2010 to 2011 will likely reflect improved methods of measuring risk factors, rather than true underlying trends in risk factor prevalence. Occasional improvements in methods, with accompanying effects on results, have been a necessary part of all public health surveillance systems, including population surveys. Changes in BRFSS methods are especially important to keep up with changes in telephone use in the U.S. population, and to take advantage of improved statistical procedures.

New Data

The 2014 values are all new: Montgomery County, 89.1%; Ohio, 89.3%; and United States, 85.5%

Short-Term Trends

The short-term trend from 2013 to 2014 – from 85.4% to 89.1% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 6th to 5th.

PERCENT WITH ANY KIND OF HEALTH CARE COVERAGE

Montgomery Co. 2004 88.7% 2005 82.1% 2006 88.9% 2007 86.1% 2008 89.1% 2009 85.7% 2010 87.9% 2011 83.6% 2012 82.4% 2013 85.4% 2014 89.1%
Ohio 2004 86.9% 2005 86.8% 2006 87.3% 2007 87.8% 2008 87.3% 2009 87.6% 2010 86.9% 2011 85.5% 2012 85.1% 2013 86.0% 2014 89.3%
United States 2004 83.7% 2005 83.6% 2006 84.0% 2007 87.8% 2008 84.5% 2009 87.6% 2010 84.5% 2011 81.3% 2012 81.2% 2013 82.2% 2014 85.5%
Focus Area: Health and Safety
Indicator: Low Birth Weight

Background
The term “low birth weight” is used to describe babies born with a weight of less than 2,500 grams, or 5 lbs. 8 oz. Babies with higher birth weights are more likely to begin life with a healthy start and to have mothers who had prenatal care and did not smoke or drink during pregnancy. Strategies to affect birth weight are focused on education and prevention.

New Data
The value for Montgomery County for 2014 is 9.1% and the county comparative rank is 6th. The values for Ohio and the United States are 8.5% and 8.0% respectively. The preliminary values for 2013 in last year’s Report are now final.

Short-Term Trends
The short-term trend from 2013 to 2014 – from 9.4% to 9.1% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 7th to 6th.
Focus Area: Health and Safety
Indicator: Substantiated Child Abuse

Background
These data reflect the number of reports to children services agencies in which abuse is substantiated. Investigations of reports take time and, in some cases, may extend past the end of the calendar year when the report was made. Therefore, some data in these reports may be revised in subsequent reports. This process of revision is especially likely for the most recent calendar year and readers are therefore cautioned to consider the most recent data as preliminary. The typical revision is an increase in the value of the indicator.

Readers are also cautioned about comparing these data between counties because there is evidence that the change to the Statewide Automated Child Welfare Information System (SACWIS) has caused changes in the number of reports filed by individual county agencies. In addition, the Alternative Response Pilot Project underway in Ohio is having an impact on the reported number of substantiated cases in certain counties. Those counties that are using the Alternative Response for a higher percent of cases have a decrease in the reported number of substantiated cases. A decrease in the number of reports does not necessarily mean fewer instances of abuse.

In addition, keep in mind that these reports may include multiple children per report. Note that during the period from 1998 – 2001, many counties used risk assessment-based risk levels instead of traditional (substantiated, indicated, unsubstantiated) dispositions for intra-familial cases.

Note that the full dataset, which includes data going back to 1990, is available at www.montgomerycountyindicators.org.

New Data
The 2014 value for Montgomery County is 3.5 and the 2014 value for Ohio is 4.7.

Short-Term Trends
The short-term trend from 2013 to 2014 – from 5.4 to 3.5 – is in the desired direction. The county comparative ranking also changed in the desired direction, moving from 6th to 2nd.
Focus Area: Health and Safety
Indicator: Preventable Child Deaths

Background
This indicator is intended to focus attention on the vulnerability of our children and the effectiveness of our efforts to keep them safe. Since 2001, the Montgomery County Child Fatality Review Board has been determining whether each death it reviews is preventable. The definition of preventability as set forth in the Ohio Administrative Code means “the degree to which an individual or community could have reasonably done something that would have changed the circumstances that led to the child’s death.” From 2001 to 2004, the Review Board used the four categories provided by the state of Ohio: “Preventable,” “Somewhat Preventable,” “Not Preventable” or “Not Sure.” Beginning in 2005, the state switched to three categories reflecting the answers to the question “Could the death have been prevented?” The three answers are “No, probably not,” “Yes, probably,” and “The Team could not determine.”

In November 2010, the Montgomery County Child Fatality Review Board (CFRB) released the Child Fatality Review Board Report to the Community 2005-2008 (Cumulative Data 1997-2008). In that report, the Review Board standardized its data (two deaths determined to be “Somewhat Preventable” in the years 2001-2004 were reclassified to the “Yes, probably” category) and reported on a death occurring before 2005 for which the review had been delayed pending completion of investigation / prosecution. The data reported below are consistent with the CFRB’s Report.

New Data
In 2014, there were 54 deaths of children residing in Montgomery County. All of those deaths had been reviewed when this Report was being prepared; 11 were determined to be “Probably Preventable.” Note that the reviews of three deaths which occurred in 2013 continue to be delayed pending litigation; as a result, the number of deaths for that year determined to be “Probably Preventable” is subject to revision in a future Report.

Short-Term Trends
The short-term trend from 2013 to 2014 – from 24 to 11 – is in the desired direction.
Focus Area:  Health and Safety  
Indicator:  Teen Pregnancy

Background
The teen pregnancy value includes the number of teen births, fetal losses and terminations of pregnancy. The child of a teen mother has a greater risk of being premature and experiencing poverty, child abuse and, if female, premature childbearing.

New Data
The 2014 values for Montgomery County and for Ohio are 2.6% and 2.2% respectively. The 2013 values for some of the other counties reported in last year’s Report have been revised. The 2013 value for Montgomery County was not revised but, because of the other revisions, its county comparative ranking did change from 5th to 4th.

Short-Term Trends
The short-term trend from 2013 to 2014 – from 2.5% to 2.6% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 4th to 7th.

**Teen Pregnancy = (Births + Abortions + Fetal Losses)**

*2014 values are preliminary.*

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**NUMBER OF PREGNANCIES IN FEMALES AGES 15 – 17 AS A PERCENT OF ALL FEMALES 15 – 17**

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery Co.</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>6.3</td>
<td>5.7</td>
<td>6.0</td>
</tr>
<tr>
<td>1998</td>
<td>5.7</td>
<td>5.1</td>
<td>5.4</td>
</tr>
<tr>
<td>1999</td>
<td>5.4</td>
<td>4.7</td>
<td>5.1</td>
</tr>
<tr>
<td>2000</td>
<td>5.2</td>
<td>4.4</td>
<td>4.8</td>
</tr>
<tr>
<td>2001</td>
<td>4.6</td>
<td>4.0</td>
<td>4.4</td>
</tr>
<tr>
<td>2002</td>
<td>4.6</td>
<td>3.7</td>
<td>4.2</td>
</tr>
<tr>
<td>2003</td>
<td>4.2</td>
<td>3.7</td>
<td>4.3</td>
</tr>
<tr>
<td>2004</td>
<td>4.3</td>
<td>3.5</td>
<td>4.3</td>
</tr>
<tr>
<td>2005</td>
<td>4.3</td>
<td>3.6</td>
<td>4.2</td>
</tr>
<tr>
<td>2006</td>
<td>4.3</td>
<td>3.6</td>
<td>4.3</td>
</tr>
<tr>
<td>2007</td>
<td>3.9</td>
<td>3.4</td>
<td>3.9</td>
</tr>
<tr>
<td>2008</td>
<td>3.3</td>
<td>3.3</td>
<td>3.9</td>
</tr>
<tr>
<td>2009</td>
<td>2.9</td>
<td>3.0</td>
<td>3.3</td>
</tr>
<tr>
<td>2010</td>
<td>2.8</td>
<td>2.5</td>
<td>2.8</td>
</tr>
<tr>
<td>2011</td>
<td>2.5</td>
<td>2.3</td>
<td>2.7</td>
</tr>
<tr>
<td>2012</td>
<td>2.6</td>
<td>2.2</td>
<td>2.6</td>
</tr>
<tr>
<td>2013</td>
<td>2.6</td>
<td>2.2</td>
<td>2.6</td>
</tr>
<tr>
<td>2014*</td>
<td>2.6</td>
<td>2.2</td>
<td>2.6</td>
</tr>
</tbody>
</table>

Montgomery Co.  Ohio  United States  
\*2014 values are preliminary.  
Most desirable ranking is number one.
**Focus Area: Health and Safety**

**Indicator: Tobacco Use**

2012

1 Summit 56.7
2 Hamilton 55.9
3 Cuyahoga 53.8
4 Franklin 52.7
5 Mahoning 49.7
6 Lucas 49.1
7 Butler 47.4
8 Stark 47.2
9 Montgomery 46.9

Lorain 46.9

2013

1 Lorain 68.3
2 Mahoning 60.0
3 Summit 56.7
4 Cuyahoga 55.3
5 Hamilton 55.0
6 Montgomery 53.7
7 Stark 52.7
8 Lucas 51.3
9 Butler 48.9
10 Franklin 46.0

2014

1 Cuyahoga 60.1
2 Lucas 59.5
3 Lorain 57.3
4 Summit 55.9
5 Stark 55.7
6 Mahoning 55.4
7 Franklin 52.4
8 Butler 49.6
9 Montgomery 48.7
10 Hamilton 47.0

Most desirable ranking is number one.

**Background**

Promoting tobacco-free living is a priority for the community and this indicator helps track our progress.

We use survey data from the Behavioral Risk Factor Surveillance System (BRFSS), an annual telephone poll established in 1984 by the Centers for Disease Control and Prevention (CDC). The BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Currently data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. The CDC’s Selected Metropolitan/Micropolitan Area Risk Trends (SMART) project uses the Behavioral Risk Factor Surveillance System (BRFSS) to analyze the data of selected areas with 500 or more respondents, meaning that we have access to data for the other counties, the state and the nation.

This indicator will track the percentage of respondents who say “Not at all” to the following question in the BRFSS: “Do you now smoke cigarettes every day, some days or not at all?” The other answers reported by the BRFSS are “Every day,” “Some days,” “Don’t know / not sure,” and “Refused.”

Readers of this Report should note that it is always difficult to discern long-term trends by comparing one year to the next. Such comparisons for this indicator will be especially difficult to make for 2010 and 2011 because cellular telephones were included in the 2011 sample for the first time and an improved statistical weighting method was employed. As a result, shifts in observed prevalence from 2010 to 2011 will likely reflect improved methods of measuring risk factors, rather than true underlying trends in risk factor prevalence. Occasional improvements in methods, with accompanying effects on results, have been a necessary part of all public health surveillance systems, including population surveys. Changes in BRFSS methods are especially important to keep up with changes in telephone use in the U.S. population, and to take advantage of improved statistical procedures.

**New Data**

The 2014 values are all new: Montgomery County, 48.7%; Ohio, 54.3%; and United States, 58.3%

**Short-Term Trends**

The short-term trend from 2013 to 2014 – from 53.7% to 48.7% – is not in the desired direction. The county comparative ranking also did not move in the desired direction, changing from 6th to 9th.
Focus Area: Health and Safety
Indicator: Employment Rate for Persons with a Disability

Background

The employment rate (also called the employment-population ratio or e-p ratio) represents the proportion of the civilian noninstitutional population that is employed. Because the employment rate for persons with a disability is approximately one-third of the rate for persons without a disability (see comparison data in the New Data section, below), this indicator focuses attention on the challenges that people in special populations face when they seek to participate fully in the life of the community.

The employment rate is an alternative to the unemployment rate as an indicator of the utilization of labor resources. Such an alternative is useful because, despite being (arguably) the most widely known statistic regarding employment, the unemployment rate does have drawbacks. For example, the movement of discouraged workers, recent high school and college graduates, and others into and out of the labor force can affect the unemployment rate without having an effect on employment. In other words, the unemployment rate can go up or down without an actual change in employment. For these reasons, some analysts prefer the employment rate over the unemployment rate as a measure of economic activity and the economy’s performance.

The American Community Survey (ACS), an annual survey conducted by the Census Bureau, uses a series of questions to determine the employment status of the population. The employment rate can easily be derived from their reports. The Census Bureau also maintains a count of the number of people with a disability. The ACS uses a series of questions to identify serious difficulty in four basic areas of functioning: vision, hearing, ambulation, and cognition; additional questions identify difficulty with self-care (dressing, bathing) and difficulty with independent living (doing errands alone such as visiting a doctor’s office or shopping).

Note: These survey questions have changed over the years; as a result, the Census Bureau does not recommend comparing 2008 (and later) data with data prior to 2008. Therefore, this indicator begins with 2008 data. The values reported here are estimates of the true value as prepared by the American Community Survey (ACS). These are based on a sample of the population and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. For the US data reported here, there is a 90% probability that the true value is within the range of +/- 0.1%. For Ohio data, the comparable range is +/- 0.7% and for the county data it is approximately +/- 1% to 3%.

New Data

All values for 2014 are new. For comparison, the 2014 employment rates for persons without a disability are as follows:

<table>
<thead>
<tr>
<th>Region</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery Co.</td>
<td>64.0%</td>
</tr>
<tr>
<td>Ohio</td>
<td>66.9%</td>
</tr>
<tr>
<td>US</td>
<td>66.0%</td>
</tr>
</tbody>
</table>

Short-Term Trends

The short-term trend from 2013 to 2014 – 21.5% to 22.4% – is in the desired direction. The county comparative rank remains unchanged at 3rd.

EMPLOYMENT RATE FOR PERSONS AGE 16 AND OLDER WITH A DISABILITY

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>27.1%</td>
<td>25.7%</td>
<td>25.4%</td>
</tr>
<tr>
<td>2009</td>
<td>21.3%</td>
<td>22.8%</td>
<td>23.0%</td>
</tr>
<tr>
<td>2010</td>
<td>21.1%</td>
<td>21.8%</td>
<td>21.8%</td>
</tr>
<tr>
<td>2011</td>
<td>22.2%</td>
<td>21.5%</td>
<td>21.5%</td>
</tr>
<tr>
<td>2012</td>
<td>19.8%</td>
<td>22.1%</td>
<td>21.7%</td>
</tr>
<tr>
<td>2013</td>
<td>21.5%</td>
<td>22.6%</td>
<td>22.5%</td>
</tr>
<tr>
<td>2014</td>
<td>22.4%</td>
<td>23.0%</td>
<td>22.5%</td>
</tr>
</tbody>
</table>

* The sample size for the American Community Survey means that comparative data are currently not available (n/a) for some of the nine other counties.
Focus Area: Health and Safety
Indicator: Poverty Rate for Persons with a Disability

Background
The poverty rate is a standard measure of the well-being of a population. Because the poverty rate for persons with a disability is approximately twice the rate for persons without a disability (see comparison data in the New Data section, below), this indicator focuses attention on the challenges that people in special populations face when they seek to participate fully in the life of the community.

The US Census Bureau, using thresholds which are adjusted annually for inflation, determines the percentage of people who are living in poverty. For example, in 2014 a two-parent family with two children under 18 was considered to be in poverty if the family income was below $24,008. The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).

The Census Bureau also maintains a count of the number of people with a disability. The American Community Survey, an annual survey conducted by the Census Bureau, uses a series of questions to identify serious difficulty in four basic areas of functioning: vision, hearing, ambulation, and cognition; additional questions identify difficulty with self-care (dressing, bathing) and difficulty with independent living (doing errands alone such as visiting a doctor’s office or shopping).

Note: These survey questions have changed over the years; as a result, the Census Bureau does not recommend comparing 2008 (and later) data with data prior to 2008. Therefore, this indicator begins with 2008 data. The values reported here are estimates of the true value as prepared by the American Community Survey (ACS). These are based on a sample of the population and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. For the US data reported here, there is a 90% probability that the true value is within the range of +/- 0.1%. For Ohio data, the comparable range is +/- 0.7% and for the county data it is approximately +/- 1% to 3%. The county comparative ranking may be affected by these margins of error.

New Data
All values for 2014 are new. For comparison, the 2014 poverty rates for persons without a disability are as follows:

- Montgomery County: 14.4%
- Ohio: 12.0%
- US: 12.5%

Short-Term Trends
The short-term trend from 2013 to 2014 – 23.1% to 26.3% – is not in the desired direction. The county comparative rank also did not move in the desired direction, changing from 1st to 3rd.

<table>
<thead>
<tr>
<th>Year</th>
<th>County</th>
<th>Rate</th>
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</tr>
<tr>
<td></td>
<td>Summit</td>
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</tr>
</tbody>
</table>

Most desirable ranking is number one.

* The sample size for the American Community Survey means that comparative data are currently not available (n/a) for some of the nine other counties.

POVERTY RATE FOR PERSONS AGE 16 AND OLDER WITH A DISABILITY

- Montgomery County
- Ohio
- United States

- First time being reported
- Previously reported, now revised
Focus Area: Health and Safety
Indicator: Domestic Violence Deaths

Background
The Family and Children First Council has zero tolerance for domestic violence-related homicides. The number of domestic violence deaths is a solid indicator of the prevalence of domestic violence in a community.

In 1992 (data not shown) there were 23 deaths due to domestic violence in Montgomery County, the highest number in all the years that we have been tracking this indicator. The full dataset is available at [www.montgomerycountyindicators.org](http://www.montgomerycountyindicators.org).

New Data
In 2015 there were 13 deaths due to domestic violence in Montgomery County.

Short-Term Trends
The short-term trend from 2014 to 2015 – from 20 to 13 – is in the desired direction.

Note: Data include victims of all ages and genders. Information is not available from other counties.
Focus Area: Health and Safety
Indicator: Violent Crime

Background
Violent crime is measured by incidents per 1,000 residents. Violent crimes include murders, forcible rapes, robberies and aggravated assaults reported in the Uniform Crime Index published by the FBI.

Note that the full dataset, which includes data going back to 1985, is available at www.montgomerycountyindicators.org.

New Data
The preliminary value for Montgomery County for 2014 is 3.5, and its county comparative rank is 5th. For 2014 the preliminary value for Ohio is 2.8 and for the United States it is 3.8. The preliminary value for 2013 for Montgomery County which was reported last year is now final, and has not changed. The 2013 values for Ohio and for the United States and for most of the other counties reported here have been revised and are now final; these changes have not affected the county comparative rankings for that year.

Short-Term Trends
The short-term trend from 2013 to 2014 – from 3.6 to 3.5 – is in the desired direction. The county comparative rank did not move in the desired direction, changing from 4th to 5th.

*2014 data are preliminary.
Focus Area: Health and Safety
Indicator: Property Crime

Background
The property crime rate is measured by incidents per 1,000 residents. Property crimes include burglary, larceny and motor vehicle theft and are reported by the Uniform Crime Index published by the FBI.

Note that the full dataset, which includes data going back to 1985, is available at www.montgomerycountyindicators.org.

New Data
The preliminary value for Montgomery County for 2014 is 34.0, and the county comparative rank is 7th. For 2014 the preliminary value for Ohio is 28.0 and for the United States it is 26.0. The 2013 values for all three entities and for the other counties are now final, with the ones for Montgomery County, for Ohio, and for all of the other counties having been revised. As a result, some of the county comparative rankings for 2013 have also changed, but Montgomery County remains at 7th.

Short-Term Trends
The short-term trend from 2013 to 2014 – from 36.5 to 34.0 – is in the desired direction. The county comparative rank remained unchanged at 7th.

*2014 data are preliminary.
Focus Area: Health and Safety
Indicator: Nursing Home Population

Background
The ability of people to live in the least restrictive environment is enhanced when options in addition to nursing homes are available. This indicator, which tracks the nursing home population in proportion to the total population, is an indirect measure of the availability and usage of less restrictive living arrangements. The value is derived from the results of a survey conducted by the Scripps Gerontology Center at Miami University. The survey is not conducted every year.

New Data
The 2013 survey is the most recent one for which the data analysis has been completed. The Montgomery County value is 7.35 and the Ohio value is 6.73. The release of updated population estimates from the Census Bureau means that some of the 2011 values previously reported have been revised.

Short-Term Trends
The short-term trend from 2011 to 2013 – from 7.01 to 7.35 – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 5th to 6th.

### Average Daily Census (ADC) of Nursing Homes Per 1,000 Residents

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First time being reported | Previously reported, now revised

**Desired Direction**

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2011

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2013

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Taking Off To Success (TOTS) Partnership

What is TOTS? Taking Off to Success (TOTS) is an intensive intervention program designed to assist in breaking the cycle of poverty by preparing parents of children 0-5 years of age in two of Montgomery County’s high poverty neighborhoods with the knowledge, skills, resources, and supportive relations that they need to support the academic and career success of their children. The TOTS program is delivered by Miami Valley Child Development Centers in the Rosa Parks Early Learning Center neighborhood and by East End Community Services in the Ruskin PreK-8 neighborhood.

A specific intent is to increase the number of children who are kindergarten ready and who will be proficient in reading by the third grade. Kindergarten readiness is seen as a gateway to third grade reading and, in turn, third grade reading is a gateway to high school graduation. TOTS recognizes that parents, as the first teacher of their children, are critical to their children being kindergarten ready.

Currently TOTS includes the following:
• a 12-week educational program that enables parents to develop the skills needed to support their children’s early learning;
• a home visiting program that provides individual coaching to parents;
• a TOTS alumni group that encourages parents to remove barriers to learning in the neighborhood; and
• efforts to align early learning resources in the neighborhood (Readiness Coalition).

Brief History: TOTS was developed by the Supportive and Engaged Neighborhoods (SEN) Outcome Team of the FCFC which formed the Comprehensive Neighborhood Initiative (CNI) Policy Team to oversee the program following its launch in 2010. The discontinuance of the Outcome Teams as the FCFC restructured in 2014 created a turning point for the TOTS program and its leadership. As a result the CNI Policy Team was replaced in 2015 by a new leadership group, the TOTS Partnership, whose members are listed in the roster. TOTS has been supported by the Montgomery County Family and Children First Council (FCFC) since 2010. More information on the development and implementation of TOTS can be found in prior Reports.¹

Evaluation of TOTS: The Human Services Planning and Development Department of Montgomery County contracted with the Miami University Discovery Center for Evaluation, Research, and Professional Learning (formerly Ohio’s Evaluation and Assessment Center) to provide an external evaluation of Years 1-5 of the TOTS Program.² The evaluators did the following: a.) collected and reviewed data about TOTS parents and their children; b.) conducted interviews, observations, and document reviews; and c.) collected student outcome data from Dayton Public Schools. Some of the key findings are listed below:

• TOTS Parents were satisfied with the program and would recommend TOTS to a friend or family member.
• Following their engagement in the TOTS Program, more parents reported having sustained interactions with their children known to benefit early literacy. (See Figure 1.)
• Home visits by TOTS Parent Educators were highly rated by TOTS Parents and resulted in families securing services from people or programs that met their needs.
• At the beginning of SY (School Year) 2013-2014 and SY 2014-2015, TOTS Children performed similarly or better than a comparison group of students on the language/literacy section of the Kindergarten Readiness Assessment, though the differences were not statistically significant.
• At the beginning of SY 2013-2014 and SY 2014-2015, TOTS Children performed better than a comparison group of students on the STAR Early Literacy Assessment, though the differences were not statistically significant.

Also, the evaluation included analysis of the program design and program data collection. The evaluators commented, “While there has been positive impact created by the TOTS program, the evaluation team stresses the importance of designing the program

TOTS Partnership Steering Committee Roster

and processes in ways that enable the evaluation to measure the impact.” Some of the recommendations are listed below:

- Improve collection and analysis of preschool school readiness assessment data.
- Establish a two-generation approach that improves children’s learning and the self-sufficiency of parents will help break the cycle of poverty in the county’s high-poverty neighborhoods. Expanding TOTS into a two-generation approach will require a more intentional aligning of multiple programs and resources that support families and children in these neighborhoods.

**Redesigning TOTS:** The recommendations in the summative evaluation provide a useful starting point related to participant recruitment and engagement and to the quality and usefulness of the data collected. The recent Rosa Parks collaboration between Dayton Public Schools and Miami Valley Child Development Centers provides the impetus and opportunity to expand the vision of TOTS. As TOTS moves into its next stage of development, the TOTS Partnership believes it is important to add a parent self-sufficiency component to TOTS that would be designed to improve parents’ employability. This evolution is in line with one of the recommendations made in the summative evaluation. The TOTS team believes that such a two-generation approach that improves children’s learning and the self-sufficiency of parents will help break the cycle of poverty in the county’s high-poverty neighborhoods. Expanding TOTS into a two-generation approach will require a more intentional aligning of multiple programs and resources that support families and children in these neighborhoods.

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1. Available at http://montgomerycountygov.indicators.org/page/reports
ReadySetSoar is the early care and education initiative for Montgomery County and is part of Learn to Earn Dayton (the region’s initiative to increase the number of adults with post-secondary degrees and credentials). ReadySetSoar began in 2007 with funding from the Montgomery County Family and Children First Council (FCFC) and The Frank M. Tait Foundation. The vision of ReadySetSoar is every child in Montgomery County is fully ready for kindergarten and reading proficiently by third grade.

With the sponsorship of FCFC and other partners, ReadySetSoar held the sixth annual Readiness Summit in March 2015 with over 500 early learning providers, K-12 educators and community stakeholders. The Readiness Summit brings together school districts, childcare, preschool, afterschool, and summer providers to discuss the most effective strategies to serve young children and their families.

Montgomery County is part of the National Grade Level Reading Campaign network of communities and is focused on three research-based strategies shown to improve early learning outcomes:

1) **improving quality and access to preschool and home visiting**

- ReadySetSoar supported development of recommendations for a Preschool Promise that would provide the opportunity for all four year olds to attend high-quality preschool. These recommendations were presented to the Montgomery County Commissioners in November 2015 and included suggestions for launching a full-scale demonstration project in 2016. The big goal is to double the number of children attending high-quality preschool over the next ten years, from 35% in 2015 to 70% in 2025.

- As part of the Preschool Promise effort, a campaign was launched at the end of 2015 and will be promoted throughout the community in 2016. The Preschool Power campaign will educate the public about the positive impact preschool can have on our children today and on our community in the future. Community members will be asked to sign the Preschool Power pledge stating that every child deserves the chance to attend a high quality preschool. (The pledge can be found here: learntoearndayton.org/preschoolpower/)

- ReadySetSoar also continues to emphasize the need for preschool providers to earn a Star Rating through the State’s Step Up to Quality system. 4C for Children leads the work in assisting providers in earning and increasing Star Ratings. In 2015 there was an increase to 85 Star Rated providers.

2) **ensuring children continue learning after school and in the summer months**

- ReadySetSoar partnered with community organizations to conduct the Read On! book drive that distributed 28,000 books to PreK-3rd graders at 10 schools in the spring. The book drive encourages continued learning over the summer months to prevent learning loss.

- ReadySetSoar supported the Dayton Metro Library’s Summer Reading Club, which saw a dramatic increase in participation in the summer of 2015.

- ReadySetSoar again partnered with Human Services Planning and Development, United Way, and 4C for Children to continue a pilot learning network with a goal of improving afterschool services. Three afterschool programs were selected through an application process and focused on programming and curriculum. They completed a self-assessment and received coaching to improve the quality of their services to school-age children. Through a grant from the Iddings Foundation to ReadySetSoar, each program received funds to purchase needed materials or equipment. Post-evaluations illustrated growth in the participating programs.

- A partnership with ReadySetSoar, Human Services Planning and Development and the United Way continued to facilitate high-quality summer programming.

  - the BELL (Building Educated Leaders for a Lifetime) summer program had its second year of operation in Mad River and Trotwood school districts. BELL served 500 high-needs youth for five weeks, which resulted in an average of 2 months knowledge gain in literacy and 1.5 months in math.

  - Children’s Defense Fund Freedom Schools provided six weeks of summer learning in seven locations in Dayton, New Lebanon, and Northridge. The 443 scholars (children) attending the program were from 69 schools in Montgomery County. They experienced an average 2.5 month gain in reading competency skills over the six weeks.

3) **making sure children attend school on time, every day**

In September 2015, eight local districts, including Dayton Public Schools, joined with ReadySetSoar to promote National Attendance Awareness month. Children must attend school on time, every day to benefit from the instruction and support at school. Local data show that 1 out of 5 kindergartners is chronically absent – which means missing school 10% or more. ReadySetSoar is working to raise awareness of the issue and promote targeted strategies to help at-risk children attend school regularly.

For additional information on ReadySetSoar, please see learntoearndayton.org.
Background
The comprehensive Kindergarten Readiness Assessment (KRA) began in the 2014-2015 school year, replacing the Kindergarten Readiness Assessment – Literacy (KRA-L) which had been in use since 2005-2006. The new assessment considers four areas of a student's development and learning:

- language and literacy;
- mathematics;
- social skills; and
- physical development and well-being.

These areas all play a significant role in each child’s success during the first year in school.

Kindergarten teachers administer the new assessment to all children in their classrooms. It occurs during the school day between the first day of school and Nov. 1. The assessment consists of a variety of items. Teachers observe children doing daily activities and completing specific tasks. Children can, but are not required to, complete some items on a computer or tablet. Children receive supports, as appropriate and when possible, so they can demonstrate their skills and knowledge.

The results provide a measure of a child’s level of readiness for kindergarten instruction. Performance on the Kindergarten Readiness Assessment does not prevent or prohibit a child from remaining in kindergarten. The results, coupled with other information about the child, inform decisions about instruction in kindergarten.

Teachers enter the score for each item into a secure online data system. The system calculates scores for each area and overall performance. The overall score determines the child’s performance level:

**Demonstrating Readiness:** The child demonstrates foundational skills and behaviors that prepare him or her for instruction based on kindergarten standards.

**Approaching Readiness:** The child demonstrates some foundational skills and behaviors that prepare him or her for instruction based on kindergarten standards.

**Emerging Readiness:** The child demonstrates minimal foundational skills and behaviors that prepare him or her for instruction based on kindergarten standards.

This indicator will track the percentage of Montgomery County public school kindergartners whose score is in the “Demonstrating Readiness” band. Because of the way the KRA scores are being reported by the Ohio Department of Education, we will not have statewide results or results for other counties.

**New Data**
The value for Montgomery County for 2014 is 35.8%. At the time this Report was being prepared the 2015 value was not available.

**Short-Term Trends**
Not applicable for this Report.
Focus Area: Education and Life Skills
Indicator: Student Achievement – 3rd-Grade Reading

Background
To be consistent with the federal No Child Left Behind legislation, Ohio has phased out its proficiency tests and replaced them with achievement and diagnostic tests. As discussed in the 2011 Report, we have aligned the FCFC indicators with the indicators adopted by Learn to Earn™ Dayton. As a result we are now publishing the 3rd-grade reading and 4th-grade math achievement scores.

New Data
The 2014-2015 values for Montgomery County and for Ohio are 78.2% and 78.5% respectively. The county comparative ranking is 7th.

Short-Term Trends
The short-term trend from 2013-14 to 2014-15 – from 80.6% to 78.2% – is not in the desired direction. The county comparative rank remains unchanged, at 7th.

Note: Each school year is named by the year in which it ends, e.g., the 2014-15 school year is shown as 2015.
Background
To be consistent with the federal No Child Left Behind legislation, Ohio has phased out its proficiency tests and replaced them with achievement and diagnostic tests. As discussed in the 2011 Report, we have aligned the FCFC indicators with the indicators adopted by Learn to Earn™ Dayton. As a result we are now publishing the 3rd-grade reading and 4th-grade math achievement scores.

New Data
The 2014-2015 values for Montgomery County and for Ohio are 60.3% and 65.0% respectively. The county comparative ranking is 8th.

Short-Term Trends
The short-term trend from 2013-14 to 2014-15 – from 73.1% to 60.3% – is not in the desired direction. The county comparative rank remains unchanged, at 8th.

Note: Each school year is named by the year in which it ends, e.g., the 2014-15 school year is shown as 2015.
Focus Area: Education and Life Skills
Indicator: Ohio Graduation Test (OGT) – 10th-Grade

Background
Students are required to pass all five areas (reading, math, writing, science, and social studies) of the Ohio Graduation Test (OGT), as well as meet all local and state curricular requirements, in order to receive a high school diploma. Students have five opportunities while school is in session to pass the OGT prior to their high school graduation. Districts will be required to provide intervention for those students who score below proficient on the OGT. This requirement includes students with disabilities. In the 2003-2004 school year, only reading and math exams were administered. Beginning with the 2004-2005 school year, all five areas were administered.

New Data
The values for 2014-15 had not yet been released by the Ohio Department of Education when this Report was being prepared; they will be included in next year’s Report.

Short-Term Trends
The short-term trend from 2012-13 to 2013-14 – from 67.8% to 68.9% – is in the desired direction. The county comparative rank remains unchanged, at 7th.

Note: Each school year is named by the year in which it ends, e.g., the 2013-14 school year is shown as 2014.

PERCENTAGE OF 10th-GRADE PUBLIC SCHOOL STUDENTS PASSING ALL SECTIONS OF THE OHIO GRADUATION TEST (OGT)

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<td>64.7%</td>
<td>64.8%</td>
</tr>
<tr>
<td>2011</td>
<td>67.9%</td>
<td>68.3%</td>
</tr>
<tr>
<td>2012</td>
<td>69.1%</td>
<td>69.0%</td>
</tr>
<tr>
<td>2013</td>
<td>68.6%</td>
<td>68.6%</td>
</tr>
<tr>
<td>2014</td>
<td>69.3%</td>
<td>69.3%</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
Focus Area: Education and Life Skills
Indicator: High School Graduation

Background
The graduation rate of all students receiving instruction in a Montgomery County school district is considered for this indicator. It is a lagged rate, always one year behind, allowing the Ohio Department of Education to include summer graduates. The graduation rate for 2014-15 is scheduled to be released in June 2016.

Beginning with the Class of 2009-10, the Ohio Department of Education has revised the way it calculates graduation rates. As a result, graduation rates for the years before 2009-10 cannot easily be compared with more recent rates and are no longer displayed for this indicator. The new method, the 4-Year Longitudinal Graduation Rate, generally leads to a lower graduation rate than the previous method. For example, the statewide 4-Year Longitudinal Graduation Rate for 2009-10 is 6.3 percentage points below the statewide rate for that year using the previous method, while the average difference for the ten largest counties between the old and the new methods is 6.1 percentage points. The range of differences for those ten counties was 1.1 to 10.0 percentage points, with a median value of 6.95. Montgomery County experienced the largest change, 10.0 percentage points.

New Data
The 2013-2014 rates for Montgomery County and for Ohio are 80.1% and 82.2% respectively. The county comparative rank is 6th.

Short-Term Trends
The short-term trend from 2012-13 to 2013-14 – from 79.7% to 80.1% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 7th to 6th.

Note: Each school year is named by the year in which it ends, e.g., the 2013-14 school year is shown as 2014.
Focus Area: Education and Life Skills
Indicator: Public School Attendance (K–12)

Background
The attendance of all students, kindergarten through 12th-grade, receiving instruction in a Montgomery County school district is considered for this indicator.

New Data
The 2014-2015 values for Montgomery County and for Ohio are 94.2% and 94.1% respectively. The county comparative ranking is 7th.

Note that the full dataset, which includes data going back to 1991-92, is available at www.montgomerycountyindicators.org.

Short-Term Trends
The short-term trend from 2013-14 to 2014-15 – from 94.3% to 94.2% – is not in the desired direction. The county comparative rank remains unchanged, at 7th.

Note: Data through 1997 – 98 were obtained through the Ohio Department of Education (ODE) Vital Statistics. Beginning in 1998 – 99, data came from ODE Information Management Services as gathered for the District Report Cards using a slightly different formula. (ODE Vital Statistics data are no longer available.) Beginning in 2009, the Report Card data for values greater than 95% are now reported as “> 95%.”

Note: Each school year is named by the year in which it ends, e.g., the 2014-15 school year is shown as 2015.
Background
According to the 2014 American Community Survey, 39.0% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Enrollment” measure tracks the percentage of high school graduates who enrolled in a 2- or 4-year college at any time in the first two years after graduation. The indicated year is the year of high school graduation.

The source of these data is the National Student Clearinghouse. More than 3,600 colleges and universities, enrolling 98% of all students in public and private U.S. institutions, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate’s, bachelor’s and advanced degrees are counted in the graduation rates. Certificates are not included.

Note: Each report from the Clearinghouse includes data for more than one high school graduation class, which means that a given high school graduation class can be represented in several annual reports from the Clearinghouse. This indicator uses the most recent available data for each high school graduation class.

New Data
The value for 2013 is 75.6%. The value for 2012 has been revised; see the note above.

Short-Term Trends
The short-term trend from 2012 to 2013 – from 74.8% to 75.6% – is in the desired direction.

* Includes enrollment in any college term ending before August 14 of the year which is two years after the high school graduation year. Only classes for which two full years of post-graduation data are available are reported here.
Focus Area: Education and Life Skills  
Indicator: College Persistence

Background
According to the 2014 American Community Survey, 39.0% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally, it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Persistence” measure tracks the percentage of students enrolled in a 2- or 4-year college in the first year after graduating from high school who returned to college the next year. The indicated year is the year of high school graduation.

The source of these data is the National Student Clearinghouse. More than 3,600 colleges and universities, enrolling 98% of all students in public and private U.S. institutions, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate’s, bachelor’s and advanced degrees are counted in the graduation rates. Certificates are not included.

Note: Each report from the Clearinghouse includes data for more than one high school graduation class, which means that a given high school graduation class can be represented in several annual reports from the Clearinghouse. This indicator uses the most recent available data for each high school graduation class.

New Data
The value for 2013 is 81.3%. The value for 2005 has been revised; see the note above.

Short-Term Trends
The short-term trend from 2012 to 2013 – from 80.8% to 81.3% – is in the desired direction.

PERCENT OF STUDENTS ENROLLED IN COLLEGE THE FIRST YEAR AFTER HIGH SCHOOL WHO RETURNED FOR A SECOND YEAR*

* Includes enrollment in any college term ending before August 14 of the year which is two years after the high school graduation year for those students who were also enrolled in any college term during their first year after high school. (Enrollment in the second year is not necessarily at the same institution as in the first year.) Only classes for which two full years of post-graduation data are available are reported here.
Focus Area: Education and Life Skills
Indicator: College Graduation

Background
According to the 2014 American Community Survey, 39.0% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally, it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Graduation” measure tracks the percentage of high school graduates who graduated with a 2- or 4-year college degree within the first six years after high school graduation. The indicated year is the year of high school graduation.

The source of these data is the National Student Clearinghouse. More than 3,600 colleges and universities, enrolling 98% of all students in public and private U.S. institutions, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate’s, bachelor’s and advanced degrees are counted in the graduation rates. Certificates are not included.

Note: Each report from the Clearinghouse includes data for more than one high school graduation class, which means that a given high school graduation class can be represented in several annual reports from the Clearinghouse. This indicator uses the most recent available data for each high school graduation class.

New Data
The value for 2009 is 37.2%. The values for 2005 and 2008 have been revised; see the note above.

Short-Term Trends
The short-term trend from 2008 to 2009 – from 38.8% to 37.2% – is not in the desired direction.

* Includes students who complete their college degrees before August 14 of the year which is six years after the high school graduation year. Only classes for which six full years of post-high school graduation data are available are reported here.
Background
Because the bulk of household income is from wages and salaries, this indicator focuses our attention on what we can do to increase the value that employers put on our local workforce. This extends the discussion to all of the community outcomes, because it will be important to ensure that all of our workers – and their neighborhoods – are healthy, stable, and well-educated. This indicator is adjusted every year to control for inflation.

New Data
The 2014 values are new; the values for 2002 through 2013 have been revised to adjust for inflation.

Short-Term Trends
The short-term trend from 2013 to 2014 – from $43,470 to $42,664 – is not in the desired direction. The county comparative rank remains unchanged, at 8th.
Background
The unemployment rate is a measure of the percentage of the labor force that is unemployed. The unemployment rate reflects the match between the number of people seeking employment and the number of available jobs. Factors that influence unemployment are child care, work skills, and the economic climate.

Note that the full dataset, which includes data going back to 1990, is available at www.montgomerycountyindicators.org.

New Data
The preliminary value for Montgomery County for 2015 is 5.0% and the county comparative rank is 5th. For 2015 the preliminary value for Ohio is 4.9% and for the United States it is 5.3%. The 2014 values for all of the counties reported here have all been revised. As a result, some of the county comparative rankings for 2014 have also changed; the rank for Montgomery County for 2014 remains unchanged at 6th.

Short-Term Trends
The short-term trend from 2014 to 2015 – from 6.0% to 5.0% – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 6th to 5th.

*2015 data are preliminary.

---

**UNEMPLOYMENT RATE**

- Montgomery County
- Ohio
- United States

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery Co.</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>4.4%</td>
<td>4.0%</td>
<td>4.9%</td>
</tr>
<tr>
<td>1997</td>
<td>4.1%</td>
<td>4.1%</td>
<td>4.5%</td>
</tr>
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<td>4.3%</td>
</tr>
<tr>
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<td>6.0%</td>
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<td>11.1%</td>
<td>5.4%</td>
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<td>11.1%</td>
<td>11.5%</td>
<td>5.6%</td>
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<tr>
<td>2007</td>
<td>9.5%</td>
<td>10.2%</td>
<td>5.6%</td>
</tr>
<tr>
<td>2008</td>
<td>10.0%</td>
<td>10.2%</td>
<td>6.0%</td>
</tr>
<tr>
<td>2009</td>
<td>8.0%</td>
<td>10.2%</td>
<td>6.6%</td>
</tr>
<tr>
<td>2010</td>
<td>6.0%</td>
<td>8.0%</td>
<td>7.2%</td>
</tr>
<tr>
<td>2011</td>
<td>5.0%</td>
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<tr>
<td>2012</td>
<td>4.9%</td>
<td>5.7%</td>
<td>4.9%</td>
</tr>
<tr>
<td>2013</td>
<td>6.0%</td>
<td>5.7%</td>
<td>4.9%</td>
</tr>
<tr>
<td>2014</td>
<td>5.3%</td>
<td>6.3%</td>
<td>5.3%</td>
</tr>
<tr>
<td>2015*</td>
<td>5.0%</td>
<td>5.1%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

*2015 data are preliminary.

Most desirable ranking is number one.
Background
Ohio Works First (OWF) is part of Ohio’s Temporary Assistance to Needy Families (TANF) program and provides time-limited cash assistance to eligible needy families for up to 36 months. During that time, county departments of job and family services provide support to adult participants to become job-ready, obtain necessary job skills and find employment. The emphasis of OWF is self-sufficiency, personal responsibility and employment. Eligibility for OWF is governed by federal and state law. Each recipient is part of an “Assistance Group,” which, for practical purposes, can be considered a household. (On average, each Assistance Group has about 2.25 people.) Assistance Groups that are “Child Only” are excluded from this indicator. As a result, this indicator tracks the proportion of people in the county who have work activity participation requirements in order to receive OWF.

Note that the full dataset, which includes data going back to 2000, is available at www.montgomerycountyindicators.org.

New Data
The 2015 value for Montgomery County is 1.00 and for Ohio it is 1.26. Because of updates to the population estimates, some of the previously reported values for some of the counties, including Montgomery County, have been revised. The county comparative rankings for those years have not changed.

Short-Term Trends
The short-term trend from 2014 to 2015 – from 1.63 to 1.00 – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 5th to 2nd.

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>1.63</td>
<td>1.52</td>
</tr>
<tr>
<td>2014</td>
<td>1.00</td>
<td>1.26</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.

*Average number of Assistance Groups per month, excluding child-only Assistance Groups.
A child-only Assistance Group is an Assistance Group containing a minor child residing with a parent(s), legal guardian, legal custodian, or other specified relative whose needs are not included in the assistance group. An OWF custodial parent or caretaker is required to participate in “work activities” that are defined by law and that include employment, on-the-job training, a job search and readiness program, certain educational activities, and/or certain other specified activities.

**Population data for 2003-2014 are from Census Bureau estimates; 2015 population data are derived from regression analysis of the 2010-2014 data.
Focus Area: Income and Stability
Indicator: Avoiding Poverty

Background
Research suggests American children have only an 8% chance of growing up in poverty when their parents have a first child after age 20, finish high school, and get married. However, children of parents who do not meet these conditions have a 79% chance of being raised in poverty.

Note that the full dataset, which includes data going back to 1990, is available at www.montgomerycountyindicators.org.

New Data
The 2014 values for Montgomery County and Ohio are 42.1% and 46.6% respectively. The comparative county ranking is 8th. The preliminary 2013 value for Ohio in last year’s Report has been revised to 45.2% and is now final. The preliminary 2013 value for Montgomery County in last year’s Report, 43.5%, is now final and has not changed. The preliminary 2013 values for some of the other counties have been revised; for all of the counties the values are final. Montgomery County’s comparative rank for that year did not change.

Short-Term Trends
The short-term trend from 2013 to 2014 – from 43.5% to 42.1% – is not in the desired direction. The county comparative rank also did not move in the desired direction, changing from 5th to 8th.
**Focus Area:** Income and Stability  
**Indicator:** Voter Participation

### Background

The level of civic engagement within a neighborhood is often cited as a barometer of neighborhood strength. One measure of civic engagement is the voting rate.

### New Data

The value for Montgomery County for 2015 is 41.0% and the value for Ohio is 43.2%. The county comparative ranking is 6th. Also, since the last Report, the Ohio Secretary of State has released a “Historical Comparisons” file of Voter Turnout in General Elections including the value for Ohio for 2013, 27.0%, which was previously not available. Based on that file, the Ohio values for some prior years are being revised; see the table below the graph.

### Short-Term Trends

The short-term trend from 2013 (the previous off-year election) to 2015 – from 23.8% to 41.0% – is in the desired direction. The county comparative rank was 9th in 2013 and is now 6th, which is a move in the desired direction; however, in 2014 (the intervening year) the county comparative rank was 4th.

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**PERCENTAGE OF REGISTERED VOTERS WHO VOTE IN THE NOVEMBER GENERAL ELECTION**

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>66.3%</td>
<td>67.4%</td>
<td>66.0%</td>
</tr>
<tr>
<td>1997</td>
<td>39.4%</td>
<td>44.5%</td>
<td>n/a</td>
</tr>
<tr>
<td>1998</td>
<td>47.3%</td>
<td>49.8%</td>
<td>51.6%</td>
</tr>
<tr>
<td>1999</td>
<td>23.3%</td>
<td>34.5%</td>
<td>n/a</td>
</tr>
<tr>
<td>2000</td>
<td>63.9%</td>
<td>63.7%</td>
<td>n/a</td>
</tr>
<tr>
<td>2001</td>
<td>31.3%</td>
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</tr>
<tr>
<td>2002</td>
<td>50.0%</td>
<td>47.8%</td>
<td>n/a</td>
</tr>
<tr>
<td>2003</td>
<td>34.2%</td>
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</tr>
<tr>
<td>2004</td>
<td>73.4%</td>
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</tr>
<tr>
<td>2005</td>
<td>40.1%</td>
<td>40.3%</td>
<td>n/a</td>
</tr>
<tr>
<td>2006</td>
<td>58.4%</td>
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</tr>
<tr>
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<td>28.5%</td>
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</tr>
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</tr>
<tr>
<td>2010</td>
<td>48.9%</td>
<td>49.2%</td>
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<tr>
<td>2011</td>
<td>43.5%</td>
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</tr>
<tr>
<td>2012</td>
<td>69.8%</td>
<td>70.5%</td>
<td>n/a</td>
</tr>
<tr>
<td>2013</td>
<td>23.8%</td>
<td>27.0%</td>
<td>n/a</td>
</tr>
<tr>
<td>2014</td>
<td>39.9%</td>
<td>40.7%</td>
<td>n/a</td>
</tr>
<tr>
<td>2015</td>
<td>23.8%</td>
<td>39.9%</td>
<td>43.2%</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
Access to Food

During the strategic planning process initiated in 2015, a number of community issues were considered by a broad variety of community members: 1.) Work Groups of stakeholders specific to each of the three FCFC Community Focus Areas digested research and data relevant to these issues; 2.) Eleven Focus Groups of consumers and their family members were assembled to collect their input on these issues; and 3.) a telephone survey of randomly chosen Montgomery County residents was conducted to collect their judgements about the issues. (See pages 4 and 5.) One of the issues that received a lot of attention is access to food. Here we go “behind the numbers” to take a look at this issue.

Every year, the Census Bureau asks that question and about a dozen related questions to thousands of households across the country. Those households who respond “yes” to three or more of these questions are considered to be “food insecure.” Researchers with Feeding America, a nationwide network of food banks, combine the results of this annual survey with some other data (poverty, unemployment, median income, etc.) to estimate the percentage of residents in each county who suffer from food insecurity. The results for Montgomery County (see Figure 1) help explain why this issue commands attention: according to this analysis, 99,440 Montgomery County residents were food insecure in 2013.

QUESTION: In the last 12 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn’t enough money for food?
Because of the time period covered by the survey questions (“the last 12 months”), some of these people may have had only one episode of food insecurity. However, for many people it is a year-round struggle. A recent survey of local clients of The Foodbank, Inc. and its partner agencies revealed the following:

- 42% face the choice between paying for food and paying for medicine or medical care every month;
- 35% report choosing between paying for food and paying their rent and mortgage every month;
- 48% are faced with the choice between paying for food and paying for utilities every month;
- 44% face the choice between paying for food and paying for transportation or gas for a car every month; and
- 17% report choosing between paying for food and paying for school loans, tuition, or other educational expenses every month.

Families experiencing food insecurity, especially for prolonged periods, resort to a variety of tactics. A national survey of clients of the charitable food network examined the coping strategies that people use in order to feed their families, some of which have potential health consequences:

- 40% report watering down food or drinks;
- 52% report purchasing food in dented or damaged packages; and
- 79% report purchasing inexpensive, unhealthy food.

Households with at least one child are even more likely (84%) to buy cheaper food. As the survey report notes, “This strategy (purchasing cheaper food) has known risks for negative health outcomes. For example, filling foods with low nutritional value but higher fat, sodium, and sugar content can contribute to obesity, heart disease, diabetes, low energy levels, and poor nutrition.” Locally, because at least 37% of the clients in The Foodbank survey are children, food insecurity has clear long-term health consequences for them.

Discussion of food insecurity often involves “food deserts,” a term coined about twenty years ago by a working group for the Low Income Project Team of the British Department of Health’s Nutrition Task Force. The term connotes an area where food is scarce; a formal definition that has been used by the U.S. Department of Agriculture (USDA) is a census tract (CT) with a poverty rate of 20% or greater or median family income at or below 80% of the area median family income AND at least 500 people and/or 33% of the CT live more than one mile from a supermarket or large grocery store (10 miles in non-metropolitan CTs). The most recent maps generated by USDA use 2010 data. Figure 2 is a food desert map for Montgomery County.
Access to food was considered by two different Work Groups during the strategic planning process (Health and Safety; Income and Stability), thus highlighting the interconnections of the Community Focus Areas. Because food insecurity has a demonstrated effect on children’s cognitive and psychosocial development and academic performance7 as well as on their physical health, access to food is also interconnected with the third Focus Area, Education and Life Skills.

In sum, consideration of this one issue has illuminated how the three Community Focus Areas will be interconnected as the strategic planning process continues.


2 The primary source of food for more than 100 hunger relief programs in Greene, Montgomery and Preble counties.


4 “(T)his figure … is an underestimate as programs that only serve children were excluded from eligibility for the Client Survey, and children at multi-age meal programs were not eligible to be sampled for the survey and are thus not represented. The actual number of children served is likely much greater.” Feeding America, op. cit.


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**Figure 2.** 29 of Montgomery County’s Census tracts are considered food deserts. These tracts are home to 18.4% of the County’s residents. Source: Economic Research Service (ERS), U.S. Department of Agriculture (USDA). Food Access Research Atlas, [http://www.ers.usda.gov/data-products/food-access-research-atlas.aspx](http://www.ers.usda.gov/data-products/food-access-research-atlas.aspx).
Background:

The Montgomery County Board of County Commissioners (MCBCC) is charged with providing local funding for health and human services as promulgated in the Ohio Revised Code (ORC). From the early 1930s until the early 1980s the MCBCC secured and administered local funds dedicated to these purposes through successful voting ballot placement and citizen approval of county-wide special purpose property tax levies, with some supplemental obligation of resources from the County’s general fund.

By 1980, six separate special purpose levies (2 Children’s Levies, Mental Retardation, Indigent Sick, Mental Health, Combined Health) were directed into specific services and agencies for five- to ten-year periods regardless of changing priorities or needs. Faced with dwindling resources for human services and a recognized need to take stock of the local taxation process that funded those services, a long-range planning committee was established in 1981. Made up of business, government and community leaders that analyzed and discussed the issues at hand, the committee brought forward a new model to move toward flexibility, accountability and cost savings. A plan for new multi-purpose levies to combine needs and a new structure to support the review and distribution of resources was recommended.

The new multi-purpose Human Services Levy was implemented in August 1983, when the special purpose 1.4 mil Children’s Levy was replaced by a 1.53 mil multi-purpose Human Services Levy with voter approval. The six single purpose levies were replaced and consolidated through 1995 to result in the two multi-purpose Human Services Levies that continue. A Human Services Levy is typically placed on the election ballot about every four years for consideration by the citizens of Montgomery County. In November 2014, voters approved passage of the most recent Human Services ballot issue, a renewal plus one additional mil levy with a 64% passage rate.

Recent losses in tax revenue of approximately $20 million in 2011 resulted from a combination of county-wide property devaluation, utility deregulation and the partial phase-out of the Commercial Activity Tax (CAT) state reimbursement which continues to present funding challenges. The property devaluation has also limited the amount of additional funding generated by the Levies.

Of Ohio’s 88 counties, Montgomery County is one of only two that uses this unique, multi-purpose human services levy which creates value for all taxpayers by (1) limiting the frequency with which agencies can seek levies; (2) expanding the base of agencies funded; and (3) building a balanced system of services to meet community needs. The Human Services Levy is recognized as a national model for the financing and delivery of human services programs. The county’s overall goal is always to maintain or improve the quality of life for its residents.

Structure:

The multi-purpose levy recommendation in 1983 included additional structure for external oversight in decision-making. It recommended the MCBCC appoint a Human Services Levy Council (HSLC) made up of volunteers from business, government, other community representatives, and board designees from the mandated funded agencies to serve in an advisory capacity to the MCBCC. The HSLC is responsible for reviewing and assessing overall needs, assessing millage requirements, assuring the health and human services system is operating collaboratively, effectively and efficiently, and preparing an allocation plan for the use of levy resources. All of this advisory work is provided to the MCBCC for their consideration and approval. The HSLC also appoints ad-hoc subcommittees to assist with carrying out its duties.
These committees have changed over time. The current subcommittees are:

- Frail Elderly Services Advisory Committee – Develops a strategic plan for the use of Human Services Levy resources to support frail elderly senior service needs. It identifies and assesses information on available programs and recommends service program awards to the Human Services Levy Council.

- Community Review Teams – Review Human Services Levy agency and program information, assess performance and results, and recommend funding allocations. During the Community Review Team process, an allocation plan is created for a specific timeframe to identify the financial resources available to provide mandated services. Typically, 75%-80% of the funds available for allocation are designated to provide mandated services. Listed below are the agencies that provide mandated services in our community:
  - Alcohol Drug Addiction and Mental Health Services Board (ADAMHS);
  - Job and Family Services - Children Services Division (JFS-CSD);
  - Public Health – Dayton and Montgomery County (PH-DMC); and
  - Developmental Disabilities Services Board (DDS).

Human Services Levy funds also provide support for the following services:

- Frail Elderly Senior Services;
- Homeless Services;
- Juvenile Court;
- Stillwater Center;
- Indigent Healthcare; and
- Other community-based services including those provided by non-profit agencies.

![2015 Allocations Chart]

Note: $ in Millions

- ADAMHS Board, $26.4, 21%
- Juvenile Court, $2.3, 2%
- Stillwater, $2.7, 2%
- Indigent Ill, $5.0, 4%
- Children Services, $25.9, 20%
- Community Funding, $18.7, 15%
- Public Health, $15.8, 12%
- Board of DDS, $29.5, 23%
Below is a list of general community-based services funded in 2015 – 2016 by the Human Services Levy. The selection of the following programs was made during the Joint Supported Services Fund proposal process managed by Montgomery County and United Way of the Greater Dayton Area:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artemis Center</td>
<td>Domestic Violence Hotline</td>
<td>$136,310</td>
</tr>
<tr>
<td>Artemis Center</td>
<td>Coordinated Intervention and Outreach Services</td>
<td>$68,000</td>
</tr>
<tr>
<td>Big Brothers Big Sisters</td>
<td>Mentoring Services</td>
<td>$45,000</td>
</tr>
<tr>
<td>Boys &amp; Girls Club of Dayton</td>
<td>Project Learn</td>
<td>$40,000</td>
</tr>
<tr>
<td>Catholic Social Services</td>
<td>Erma’s House Family Visitation</td>
<td>$35,000</td>
</tr>
<tr>
<td>Catholic Social Services</td>
<td>Supporting Attachments in Families Effectively (SAFE)</td>
<td>$35,000</td>
</tr>
<tr>
<td>Dakota Center</td>
<td>Homework Club</td>
<td>$20,000</td>
</tr>
<tr>
<td>Dayton Ohio Habitat for Humanity</td>
<td>Family Education and Support</td>
<td>$20,000</td>
</tr>
<tr>
<td>East End Community Services</td>
<td>Family and Job Connection</td>
<td>$106,000</td>
</tr>
<tr>
<td>East End Community Services</td>
<td>Youth Success Zone</td>
<td>$125,300</td>
</tr>
<tr>
<td>East End Community Services</td>
<td>Community Building Project</td>
<td>$84,000</td>
</tr>
<tr>
<td>Foodbank</td>
<td>Emergency Food Assistance</td>
<td>$110,000</td>
</tr>
<tr>
<td>Good Neighbor House</td>
<td>Dental Care for Working Uninsured</td>
<td>$100,000</td>
</tr>
<tr>
<td>House of Bread</td>
<td>Free Lunch 365</td>
<td>$15,000</td>
</tr>
<tr>
<td>Parity</td>
<td>Mentoring Services</td>
<td>$60,000</td>
</tr>
<tr>
<td>Planned Parenthood</td>
<td>Health Services</td>
<td>$30,000</td>
</tr>
<tr>
<td>Reach Out Montgomery County</td>
<td>Medical and Prescription Services</td>
<td>$102,650</td>
</tr>
<tr>
<td>Reach Out Montgomery County</td>
<td>Pharmaceutical Case Management for Chronic Disease</td>
<td>$26,220</td>
</tr>
<tr>
<td>Senior Resource Connection</td>
<td>Home Delivered Meals, Non-Elderly</td>
<td>$121,000</td>
</tr>
<tr>
<td>United Rehabilitation Services</td>
<td>Pediatric Special Needs</td>
<td>$57,000</td>
</tr>
<tr>
<td>United Rehabilitation Services</td>
<td>Home-based Personal Care</td>
<td>$92,000</td>
</tr>
<tr>
<td>United Rehabilitation Services</td>
<td>Adult Day Care Services</td>
<td>$136,000</td>
</tr>
<tr>
<td>United Way of Greater Dayton</td>
<td>Freedom Schools</td>
<td>$50,000</td>
</tr>
<tr>
<td>United Way of Greater Dayton</td>
<td>HelpLink 2-1-1</td>
<td>$55,000</td>
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<td>We Care Arts</td>
<td>ArtWORK Skill Development</td>
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<tr>
<td>Wesley Community Center</td>
<td>Youth Succeeding Program</td>
<td>$70,000</td>
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<tr>
<td>Wesley Community Center</td>
<td>West Dayton Families Success Network</td>
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<tr>
<td>YWCA of Dayton</td>
<td>Teen Services</td>
<td>$34,000</td>
</tr>
<tr>
<td>YWCA of Dayton</td>
<td>After-hours Domestic Violence Hotline</td>
<td>$90,850</td>
</tr>
</tbody>
</table>

$2,002,330

Human Services Levy Council Roster

Montgomery County and United Way of the Greater Dayton Area (United Way) continue their partnership which began in 2011 with the combined proposal process for the United Way Live United Fund and the Montgomery County Human Services Levy Supported Services Fund. The funding cycle remains from July 1 – June 30. While the joint process was developed to support collaboration around private and publicly raised funds, autonomy is maintained by the United Way and Montgomery County. Any local nonprofits or committee members planning to submit a proposal to provide human services through this funding source are prohibited from being involved in any planning or discussions of the joint funding process. In addition to streamlining the proposal application process, the joint funding process has allowed both funding entities to increase their collaboration and improve their knowledge of community programs funded by the other. Staff from United Way and Human Services Planning and Development Department continue to meet regularly to review and monitor currently funded programs. Joint program monitoring visits to local nonprofits are also conducted.

In 2015, staff and volunteers from United Way, Family and Children First volunteers and HSPD staff were instrumental in the Joint Strategic Planning process. They coordinated logistics of planning meetings and three focus area workgroups meetings, planned and conducted five discussion panels, conducted an online survey, collaborated with local nonprofits to gather consumer feedback, and worked with the researcher’s group during the identification of community priorities. The 2014 Community Needs Assessment data was utilized during the Strategic Planning process to spur additional discussion around the needs within our community. At the conclusion of the strategic planning the result will be a more directed approach to solicit proposals for human services. However, the joint proposal process will continue to do the following:

- eliminate duplication of time and effort by community providers completing applications;
- simplify the process for agencies to apply for and receive funding;
- share knowledge between United Way staff, Montgomery County staff, volunteers and other funders;
- make better informed service funding decisions for our community in a climate of tight resources;
- coordinate monitoring and evaluation; and
- maintain separation of private and public funding for accountability.

In January 2015, prior to the Joint Strategic Planning process, an orientation was held for many of the Boards and Committees of the Human Services Levy Council, Family and Children First Council and United Way of the Greater Dayton Area to share the strategic planning process timeline and information about the other processes that would be underway during the year. At the conclusion of the Joint Strategic Planning process in 2016, we will be hosting a community presentation to share and explain the activities of the process and to discuss the results.
Overview

The Montgomery County Board of County Commissioners created the Frail Elderly Task Force in November 2001 to examine current and emerging needs of people who are frail elderly and to develop a collaborative plan to ensure appropriate services and supports are made available. The Task Force focused on people who are frail and elderly, which are defined as persons who are 60 years of age and older who are at increased risk of death or functional decline.

At the recommendation of the Frail Elderly Task Force, the Board of County Commissioners established the Montgomery County Frail Elderly Services Advisory Committee (MCFESAC) as a subcommittee of the Human Services Levy Council to provide oversight and recommendations on Human Service Levy funding for this growing segment of the population. Since 2004, the Human Services Levy has allocated resources through the MCFESAC annually to address the needs of frail elderly individuals in Montgomery County.

MCFESAC Structure

The MCFESAC is divided into two groups, the Strategic Planning Subcommittee and the Project Review Subcommittee. The Strategic Planning Subcommittee sets the overall goals and priorities and continues to reassess the needs of individuals who are frail and elderly in Montgomery County. The Project Review Subcommittee reviews proposals submitted to provide services for individuals who are frail and elderly and makes funding recommendations to the MCFESAC.

The Senior Services Network Office, which is a department of the Montgomery County Department of Job and Family Services, provides administrative support to the MCFESAC through information gathering, research, and the coordination of the committee’s activities. Together MCFESAC and the Senior Services Network Office identify and prioritize the needs of the frail and elderly, solicit proposals for providing services to meet those needs, and develop and monitor contracts for service provision.

Funded Services

In 2011 during the Human Services Levy Council Community Review Team process, it was decided that the Frail Elderly funds would be separated into two allocation categories. One category is for ComCare program services and the second category is for all Other Frail Elderly Services. Area Agency on Aging PSA2 is contracted to provide ComCare services in Montgomery County. Area Agency on Aging is a private non-profit organization that has been designated by the State of Ohio to be the contact agency for federal and state aging programs in our nine-county area. ComCare services provide in-home community-based care to maintain quality of life and prevent premature nursing home placement for people who are frail and elderly. This program was awarded $8,797,941 for 2015-2016.

The Other Frail Elderly Service Initiatives are provided by various local non-profit organizations in the community. The Other Frail Elderly Services Initiatives category was subdivided into two areas: Other Service Initiatives and One-Time Initiatives. Other Service Initiatives support ongoing services provided to clients that are long term in nature. The One-Time Initiatives are services that are one-time in nature or services that are for a short period of time. Together, the Other Service Initiatives and the One-Time Initiatives were awarded $953,640 for 2015-2016.

Frail Elderly Services funding of ComCare and Other Frail Elderly Services totaled $9,751,581 for fiscal year 2015-2016.

There were 4,563 seniors served under these programs through the end of 2015. The ComCare program served 1,622 clients in 2015. For the 2014-2015 contract year, all other Frail Elderly Programs served 2,941 seniors. Mid-year numbers for other Frail Elderly programs contract year 2015-2016 are not yet available.

The services provided to clients currently target the following areas:

1. Services that help elderly individuals remain as independent as possible (Meals on Wheels, Legal Services, Home Modifications, etc.)
2. Enhancement of transportation systems for the elderly (Senior Transportation Expansion Program - STEP)
3. Services that support caregivers of the frail elderly (Respite Care, Successful Dementia Caregiver Services, etc.)

For additional information about Montgomery County Frail Elderly Services, please contact the Senior Services Network office at (937) 225-5475.
Listed below are the 2015 - 2016 funded Frail Elderly Services:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Services</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ComCare Services</td>
<td></td>
<td>$8,797,941</td>
</tr>
<tr>
<td>Area Agency on Aging</td>
<td>ComCare</td>
<td></td>
</tr>
<tr>
<td>Other Frail Elderly Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Service Initiatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic Social Services</td>
<td>Respite Care</td>
<td>$101,333</td>
</tr>
<tr>
<td>Catholic Social Services</td>
<td>Senior Visiting</td>
<td>$43,695</td>
</tr>
<tr>
<td>Life Essentials Inc</td>
<td>Guardianship Services</td>
<td>$43,720</td>
</tr>
<tr>
<td>One-Time Initiatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alzheimer’s Disease &amp; Related Disorders Association</td>
<td>Successful Dementia Caregiver Services</td>
<td>$23,347</td>
</tr>
<tr>
<td>East End Community Center</td>
<td>Independent Living Elderly Assistance</td>
<td>$60,508</td>
</tr>
<tr>
<td>Legal Aid of Western Ohio</td>
<td>Legal Services</td>
<td>$142,883</td>
</tr>
<tr>
<td>Miami Valley Regional Planning Commission</td>
<td>Senior Transportation Services</td>
<td>$56,032</td>
</tr>
<tr>
<td>Reach Out Montgomery County</td>
<td>Healthcare &amp; Medication Services</td>
<td>$23,720</td>
</tr>
<tr>
<td>Rebuilding Together Dayton</td>
<td>Neighbor Home Repair Services</td>
<td>$112,065</td>
</tr>
<tr>
<td>Senior Resource Connection</td>
<td>Geriatric Nurse</td>
<td>$40,624</td>
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<tr>
<td>Senior Resource Connection</td>
<td>Emergency Home Delivered Meals</td>
<td>$186,775</td>
</tr>
<tr>
<td>Wesley Community Center</td>
<td>Case Management &amp; Transportation Services</td>
<td>$118,938</td>
</tr>
</tbody>
</table>

$ 953,640

$9,751,581

Frail Elderly Services Advisory Committee Roster

CHAIR  Larry W. Lawhorne, M.D.  (Wright State University - Boonshoft School of Medicine - Department of Geriatrics)
Katherine L. Cauley, Ph.D.  (Wright State University - Boonshoft School of Medicine - Center for Healthy Communities)
Rev. Leroy Chambliss, Master of Divinity  (Stillwater United Methodist Church)  Mary Garman, MS, RN  (Good Samaritan Hospital)
Deborah Childress  (Community Leader)  Timothy Kernan  (Greater Dayton Area Hospital Association)  John (Jack) Lohbeck, CPA  (JWL Consulting Services LLC)  Judy Turner  (Community Leader - Through April 2015)  Marci Vandersluis, MS, LSW, CCM  (Graceworks Lutheran Services)  Eric VanVlymen, MSW  (Alzheimer’s Association)  Monica Wynn  (Community Leader)
Introduction

2015 marked the milestone of nine years of community implementation of the Homeless Solutions 10-Year Plan for Ending Chronic Homelessness and Reducing Overall Homelessness. In the years since the Plan's adoption there has been radical and significant progress under the leadership of the Homeless Solutions Policy Board towards reaching the Plan's goals. As the visionary Plan developed over a decade ago by dedicated leaders and stakeholders from all levels of the system approaches its 10th year, there remains a strong commitment to reaching the Plan's goals and addressing the housing needs of vulnerable people in Montgomery County.

Ending Veteran Homelessness

In 2009 the U.S. Department of Veteran Affairs (VA) launched a federal initiative to end Veteran homelessness. Joined by the U.S. Department of Housing and Urban Development and the U.S. Interagency Council on Homelessness, additional resources and tools were allocated to address homelessness among veterans. Communities were charged with eliminating homelessness among veterans by December 31, 2015 (to be measured in the 2016 Point-in-Time Count).

The Homeless Solutions Policy Board adopted a Community Plan to End Veteran Homelessness. The Plan called for the formation of a Work Team comprised of staff from the Dayton VA Medical Center, Montgomery County Homeless Solutions, Greater Dayton Premier Management, and non-profit service providers with funding for veteran specific programs. The community partners engaged around ending veteran homelessness committed to providing a systematic response to ensure homelessness is prevented whenever possible and is a rare, brief, and non-recurring experience for veterans.

Through the efforts of the Work Team a comprehensive inventory of veteran housing and service resources and a master list of homeless veterans by name were developed. These strategies have helped the community better deploy resources and reduce the number of homeless veterans. Since implementation of the Plan to End Veteran Homelessness in 2014, veteran homelessness has declined by 11%.

With a continued emphasis on eradicating chronic (recurring) homelessness among veterans, providing quick access to permanent housing and expanding housing options to provide sufficient permanent housing capacity, the community is poised to end veteran homelessness in 2016.

### Veteran Homeless Point-In-Time Count 2009-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>75</td>
<td>0</td>
<td>75</td>
</tr>
<tr>
<td>2010</td>
<td>139</td>
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</tr>
<tr>
<td>2011</td>
<td>132</td>
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<tr>
<td>2012</td>
<td>124</td>
<td>12</td>
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<tr>
<td>2013</td>
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<tr>
<td>2015</td>
<td>112</td>
<td>2</td>
<td>114</td>
</tr>
</tbody>
</table>
The impact of the community’s effort to end homelessness among veterans is best explained through the stories of veterans who have been assisted (names have been changed):

A Story of Hope

When Dewitt first encountered the Miami Valley Housing Opportunities (MVHO) PATH Outreach Team he described his life as having no meaning and he wanted to give up. A Marine Corps Veteran, Dewitt found himself homeless, with no job, no friends and declining health. He would often take shelter in the woods, parking garages and on bus stop benches. He used drugs and alcohol to cope with feelings of sadness, loneliness, and depression. For days at a time Dewitt would struggle without food or sleep, making it difficult to manage his diabetes and the 22 medications for his health conditions.

Following a referral from the Samaritan Homeless Clinic Dewitt began meeting with Malcom, a MVHO PATH case manager. From the first time they met, Malcom encouraged Dewitt not to give up and assured him that things would get better. Malcom provided support and encouragement and committed to working hard and fast to help locate housing for Dewitt. Leaving his first meeting with Malcom – stocked with food, new socks, gloves, hat, bedroll, and bus tokens – Dewitt was both happy and hopeful.

Soon Dewitt entered shelter at the VA Domiciliary and was placed on a waiting list for permanent housing. The day he was placed on the waiting list he cried tears of joy and relief. He described gaining a spot on the list as something to look forward to.

When reflecting on his journey out of homelessness, Dewitt credits his perseverance through despair to Malcom “who went far past the call of duty” and the staff at MVHO. He is grateful for their support and said, “Malcom gave me HOPE! It was like God sent Malcom to be my personal ANGEL!”
A key indicator of the extent of homelessness or lack of housing stability in a community is an annual count of the number of households who, as the result of having no other safe place to sleep, spend at least one night in an emergency gateway shelter. This article provides summary information about homeless households in 2014. Annual statistics for 2015 will not be available until after the publication date for this report.

In 2014, 4,403 different people stayed at least one night in one of the community’s gateway shelters – Daybreak, Gettysburg Gateway for Men, St. Vincent Gateway for Women & Children, and the YWCA. There were 549 families (1,714 people), 2,610 single adults, and 79 unaccompanied minors. The majority of homeless households, 81%, are single adults; 17% of homeless households are families; 2% are unaccompanied minors.

Looking at the gateway shelters without the YWCA there was a 2% decrease in the number of homeless households from 2013-2014. The overall decrease is the result of a 4% reduction in the number of single adults plus an 11% increase in the number of homeless families. It is important to note, however, the YWCA’s data are included in the comparison below. Domestic violence shelters are prohibited by HUD from entering data into a community’s Homeless Management Information System (HMIS), and the YWCA’s shelter data were not included in the annual statistics for 2011-2013. Including the YWCA’s data provides a comprehensive view of all households sheltered in gateway shelter in a given year.

Of the households sheltered at the two adult gateway shelters (Gettysburg and St. Vincent), 37% stayed in shelter for 7 nights or less. This is a 16% reduction since 2011. There was also a 7% decrease since 2011 in the percentage of households (63%) who spent 30 nights or less in shelter over the course of the year. The reduction in length of stay is partially attributable to an increase in rapid rehousing resources that quickly move households out of shelter and into permanent housing.

The following tables include a demographic breakdown of the households sheltered in 2014:

<table>
<thead>
<tr>
<th>GATEWAY SHELTER COMPARISON 2011-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POPULATION</strong></td>
</tr>
<tr>
<td>2011</td>
</tr>
<tr>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Families</td>
</tr>
<tr>
<td>427</td>
</tr>
<tr>
<td>Single Adults</td>
</tr>
<tr>
<td>2,584</td>
</tr>
<tr>
<td>Minors</td>
</tr>
<tr>
<td>111</td>
</tr>
<tr>
<td>Total Households</td>
</tr>
<tr>
<td>3,122</td>
</tr>
<tr>
<td>Total People</td>
</tr>
<tr>
<td>3,975</td>
</tr>
</tbody>
</table>

The following tables include a demographic breakdown of the households sheltered in 2014:

**Single Adult Men – 1,625***
50% of ALL homeless households
62% of homeless single adult households

Profile:
- Median age 40
- GED/High School Diploma or better (70%)
- Disabled (67%)
- Equally likely to be White or Non-White (50%)
- Stay 30 nights or less in shelter (58%)
- 11% are Veterans

**Single Adult Women – 981***
30% of ALL homeless households
38% of homeless single adult households

Profile:
- Median age 38
- GED/High School Diploma or better (67%)
- Disabled (60%)
- White (51%)
- Stay 30 nights or less in shelter (65%)
- 2% are Veterans

**Family Households – 549**
17% of ALL homeless households

Profile of Head of Household:
- Median age 30
- Female (94%)
- GED/High School Diploma or better (65%)
- Non-disabled (61%)
- Non-White (57%)
- Stay 30 nights or less in shelter (71%)
- 5% are Veterans

**Unaccompanied Minors – 79**
2% of ALL homeless households

Profile:
- Male (53%)
- Non-White (80%)
- Non-disabled (91%)
- Between 15-17 years old (72%)

*Gender not known for 4 single adults.

Source: Dayton-Montgomery County HMIS and YWCA of Dayton.
In addition to the 2015-2016 Homeless Supported Services funding, the Dayton-Kettering-Montgomery County Continuum of Care (CoC) received grant awards totaling $8,372,952 from the U.S. Department of Housing and Urban Development (HUD) as part of the 2014 Continuum of Care competition. The local CoC scored in the top 10% of continuums nationally, which allowed the community to receive funding for a new permanent supportive housing project and a continuum planning grant in addition to funding for 19 renewal programs. Most of the funding awarded through the CoC provides support to supportive housing. CoC funding also supports the Continuum’s Homeless Management Information System.

In 2015, Dayton and Montgomery County provided $696,410 in Emergency Solutions Grant (ESG) and HOME funding from HUD to support emergency shelter operations, permanent supportive housing, prevention and rapid rehousing. Montgomery County also received $379,500 in Homeless Crisis Response Program funding from the Ohio Development Services Agency to provide prevention and rapid rehousing assistance and supportive services.

Listed below are the 2015-2016 Homeless Supported Services:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Service</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daybreak</td>
<td>Overnight Shelter</td>
<td>$189,408.00</td>
</tr>
<tr>
<td>Daybreak</td>
<td>Transitional Housing</td>
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</tr>
<tr>
<td>Homefull</td>
<td>Permanent Supportive Housing</td>
<td>$70,152.00</td>
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<td>Homefull</td>
<td>Gateway Shelter Case Management</td>
<td>$399,250.00</td>
</tr>
<tr>
<td>St. Vincent de Paul Society</td>
<td>Overnight Shelter</td>
<td>$1,246,648.00</td>
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<tr>
<td>YWCA of Dayton</td>
<td>Homeshare Case Management</td>
<td>$13,067.00</td>
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<tr>
<td>YWCA of Dayton</td>
<td>Overnight Shelter</td>
<td>$151,775.00</td>
</tr>
<tr>
<td>YWCA of Dayton</td>
<td>SRO Case Management</td>
<td>$27,700.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$2,123,000.00</td>
</tr>
</tbody>
</table>

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Criminal Justice Council

The Criminal Justice Council (Council) provides leadership in setting goals and priorities for the Montgomery County criminal justice system. The Council facilitates coordination of local justice agency planning and disseminates information to better support efforts to reduce crime and promote safer communities. The Council provides a forum to consider and resolve common policy and operational issues, thereby enhancing the effectiveness, coordination, and efficiency of all components of the Montgomery County criminal justice system.

The Council continues to promote the use of Trauma-Informed Care, now being utilized in the Common Pleas Courts, Probation Department, and in the Montgomery County Jail. This process continues to gain momentum as other agencies and departments contemplate its use.

The Council remains committed to examining the effects of mental health and substance abuse issues and their relationship to crime. This examination is occurring in conjunction with the Alcohol Drug Addiction and Mental Health Services (ADAMHS) Board of Montgomery County. Efforts are underway to demonstrate the link between crime and addiction or mental health issues through a data driven process currently under development.

In April 2015 the Council decided to stop participating in the Justice Assistance Grant application review process. This decision was reached after receiving significant mandated changes from the Governor’s Office of Criminal Justice Services. These changes removed most of the discretionary actions that were available to the Council in the past. Due to an ever decreasing amount of funding coming to Montgomery County along with the mandated changes the Council felt the review of these applications was no longer a viable process.

During several Council meetings time was devoted to the topic of body-worn cameras for law enforcement officers. This continues to be a controversial topic for many law enforcement agencies. There are many factors to be considered, such as funding for the cameras, storage of data, personnel costs associated with reviewing the data, security of the data, and agency policies, just to name a few. It is anticipated that the state legislature will enact some type of legislation in 2016 as it pertains to body-worn cameras. The extent of such legislation remains to be seen.

Due to the growing concerns and often distrust of the criminal justice system across America, the Council discussed how it may be possible to do a better job of informing the public locally of the inner workings of the system. In December 2015 Council Chair Stephanie Cook created the Criminal Justice Public Education Subcommittee and appointed Judge Nick Kunz, Administrative Judge, Montgomery County Juvenile Court and Rudy Wehner, Montgomery County Public Defender as co-chairs of this subcommittee. Work on this endeavor will begin in January 2016.
JusticeWeb

The Criminal Justice Council also serves as the Governing Board for JusticeWeb, Montgomery County’s criminal justice information system.

JusticeWeb was created to give the criminal justice community a more comprehensive and accurate view of the jail population and criminal justice data. The status of inmates, their charges, bail, and other factors are constantly changing. JusticeWeb provides the ability to stay on top of this critical information. In addition, JusticeWeb provides access to nearly 4,150 users in almost 300 agencies in two states to consolidated jail booking information, court case information, dispatch records, law enforcement data, dog licenses and death records from 70 agencies in 17 counties in southwest Ohio.

The system automatically notifies Children Services if any foster care parents, adoption applicants, or daycare providers are involved in a criminal activity. Children Services is also notified if a law enforcement agency is dispatched to a location involving an open case or any of the other mentioned classifications. Likewise, a report is sent to the law enforcement agency notifying them that Children Services is actively involved with the family at the given location. Child Support Enforcement is also notified if any of their clients pick up a new case. This aids them in locating these individuals. Prosecutors are notified if a defendant with an open case has had a new arrest or charges in any jurisdiction. Probation officers are notified if their client has had any recent activity. Courts are notified that people are picked up on warrants. Clerks are notified if there are active warrants on people that are recently deceased. Law enforcement has the ability to create lineups from mugshots that can be used with victims and witnesses to identify suspects. Law enforcement also has the ability to create wanted posters within the system.

In July 2015 the Council approved an additional module to JusticeWeb. The Vulnerable Persons Module will provide law enforcement agencies the ability to enter data into the system regarding individuals that have been reported as missing or having walked away from private residences or residential care facilities. The ability to upload a photograph of the individual will also be available. It is hoped that this will enhance in the identification of these individuals that may wander into jurisdictions beyond where the person was staying and promote a safe return.

JusticeWeb is also available through a mobile application for use on most smart phones.

Community Initiative to Reduce Gun Violence (CIRGV)

CIRGV is a multijurisdictional initiative to reduce group member involved gun violence in partnership with the City of Dayton, City of Trotwood, Montgomery County Sheriff’s Office, and the Montgomery County Prosecutor’s Office. The targeted communities for this project are Westwood, North Riverdale, Trotwood, and Harrison Township.

The initiative has been hosted by the City of Dayton Human Relations Council since January of 2013. Montgomery County has been supportive of the CIRGV initiative through funding for a portion of the Community Police Relations Coordinator position and most recently funding for a case manager position. In December 2015 funding of $100,000 per year was approved to continue this support for a 3-year period from 2016 through 2018. To permit better coordination of services for CIRGV and Reentry clients, beginning in January 2016 the CIRGV case manager will be co-located in the Office of Ex-Offender Reentry.

Criminal Justice Council Roster

CHAIR  Stephanie Cook (City of Dayton Prosecutor’s Office)  VICE CHAIR  Greg Brush (Montgomery County Clerk of Courts)  
Deb Armanini (Montgomery County Prosecutor’s Office)  Director Ken Betz (Miami Valley Regional Crime Lab)  
Chief Richard Biehl (Dayton Police Department)  Chief Mark Brownfield (Englewood Police Department)  
Deputy City Manager Stanley Earley (City of Dayton)  Commissioner Dan Foley (Montgomery County Board of County Commissioners)  
The Honorable Cynthia Heck (Vandalia Municipal Court - Beginning April 2015)  The Honorable Nick Kuntz (Juvenile Justice Center)  
The Honorable John S. Pickrel (Dayton Municipal Court)  Sheriff Phil Plummer (Montgomery County Sheriff’s Office)  
The Honorable Robert W. Rettlich III (Miamisburg Municipal Court)  Chief John Sedlak (Miamisburg Police Department)  
Joe Spitler (Montgomery County Criminal Justice Council)  The Honorable Michael Tucker (Montgomery County Common Pleas Court)  
Joseph Tuss (Montgomery County)  Director Rudy Wehner, J.D. (Montgomery County Public Defender’s Office)
The Impact of Reduced Recidivism on Public Safety

Montgomery County Office of Ex-Offender Reentry
2015 Annual Report

2015 was a very important year for the Montgomery County Office of Ex-Offender Reentry as it completed its first 5-year strategic plan. As the review below indicates, 11 of the 17 recommendations were completed and the remaining recommendations are ongoing activities.

2010 Reentry Task Force Recommendations and Status Update:

1. Develop a One Stop Center as a single point of entry, assessment, and linkage to comprehensive services for all ex-offenders in Montgomery County.

Complete: The Welcome One-Stop Reentry Center was established in May 2010 to provide comprehensive services for all ex-offenders in Montgomery County. The program was primarily funded via Second Chance Act grant funding (American Recovery and Reinvestment Act funds). As a result of successful outcomes and the elimination Second Chance Act grant funding, program funding has been secured by Montgomery County to support the Center on an ongoing basis.

2. Conduct a community-wide outreach, engagement and advocacy campaign to create awareness of the community-wide benefits of successful reentry, generate acceptance of ex-offenders, inspire community action, and advocate for necessary legislation and legislative changes.

Ongoing: Community-wide presentations and meetings have been conducted monthly to promote reentry awareness, education, and engagement among internal and external stakeholders to generate support for individuals with criminal histories and to promote positive change. A Speaker’s Bureau is currently in development.

3. Through the Montgomery County Commissioners, establish a Reentry Policy Board and a Montgomery County Office of Ex-Offender Reentry (MCOER).

Complete: The Montgomery County Reentry Policy Board was established in October 2010. It provides oversight to the Office of Reentry and promotes plans and policies to reduce recidivism by 50% in Montgomery County which is consistent with the “Blueprint for Reducing Recidivism in Montgomery County,” the MCOER strategic plan.

4. Create a county-wide collaborative that includes government and private sector service providers as well as other community stakeholders in order to serve effectively the ex-offender population.

Complete: The Montgomery County Reentry Collaborative was established in 2011, and has evolved from 23 to over 90 organizational representatives and community stakeholders. The Collaborative promotes reentry partner networking, provides organizational support via resource building, and fosters long-term sustainability through leveraged partnerships. Collaborative partners work with the MCOER to provide programs and services that minimize barriers to successful reentry, promote a reduction in recidivism, and share evidence-based strategies to enhance program standards.
5. Establish a Memorandum of Understanding with the Montgomery County Department of Job and Family Services/Child Support Enforcement Agency to develop consistent policies applicable to incarcerated individuals and ex-offenders with active support orders.

Complete: MCOER and Job and Family Services Child Support Enforcement Agency (CSEA) are working collaboratively to provide educational alternatives and options promoting child support accountability. A CSEA representative is assigned as a point of contact to manage the returning reentry client caseload. The person is routinely contacted to connect with MCOER services and programs. In addition, CSEA representatives actively engage in Reentry Career Alliance Academy workshops to foster acceptance, educate clients regarding child support, and assist those with child support orders who are willing to take steps toward personal responsibility, accountability, and support.

6. Engage with the Homeless Solutions Policy Board, Dayton Metropolitan Housing Authority, and private local property owners to partner in the development of additional transitional and supportive housing options in Montgomery County.

Complete / Ongoing: Montgomery County Human Services Planning & Development’s Assistant Director serves as co-chair of the Housing Sub-Committee, ensuring strong coordination with other housing programs. With an active committee, a housing strategy has been developed, community housing education events have been a success, and a MCOER housing resource list has been published. Access to transitional housing, especially for women, remains a challenge but there has been significant progress engaging public and private housing organizations in an effort to remove barriers to housing.

7. Create a variety of opportunities for each Montgomery County offender sentenced to an Ohio prison to work with reentry professionals and staff from the Ohio Department of Rehabilitation and Correction (ODRC).

Ongoing: MCOER staff routinely participate in opportunities to engage with inmates, ex-offenders, and ODRC reentry professionals. Ohio prison invitations to Reentry/Provider Fairs, Job Forums, and Family Focus Forums have afforded staff the opportunity to meet with returning citizens in preparation for their return to Montgomery County.

8. Publish a comprehensive resource guide so that incarcerated offenders and ex-offenders can access up-to-date reentry information and resources.

Complete / Ongoing: The MCOER has published an online resource guide via support of the Reentry Collaborative. In addition, the Ohio Department of Rehabilitation and Correction maintains a Making Use of Services Can Lead to Empowerment - MUSCLE resource guide. Both guides are available on the Montgomery County website. www.mcohio.org/departments/ex-offender_reentry


Complete: Through the Ohio Risk Assessment System (ORAS), along with a Reentry/Supervision Accountability Plan, every returning citizen in Ohio is assigned a pre-release plan. Upon release and intake with the MCOER, the plan is reviewed for updates or, if necessary, completed at the local level.
10. Partner with education and training resources within the community to provide comprehensive skill building and educational opportunities for the reentering population.

Complete / Ongoing: MCOER’s “Reentry Career Alliance Academy” (RCAA) is Montgomery County’s primary reentry training and education resource. Participants receive 54 hours of core training and educational resources. Partners in the academy include OhioMeansJobs workforce training division and members of the Reentry Collaborative. A dedicated Reentry Training Center opened in 2014.

11. Clearly define relationships between service providers, county agencies, state partners, and the Office of Reentry through the utilization of Memoranda of Understanding.

Complete: Strong relationships have been formed and defined among the various departments and agencies, largely through the Reentry Collaborative (service providers and county agencies), the Ohio Association of Local Reentry Coalitions (OALRC), and the Ohio Ex-Offender Reentry Coalition (OERS). Formal agreements are not needed at this time.

12. Identify and utilize transitional jobs so ex-offenders can re-establish their work history.

Complete / Ongoing: As the job market has improved and relationships with traditional employers have been formed and increased, the use of transitional jobs has diminished. The Office of Reentry staff has determined that preparing clients directly to enter the workforce with the skills and training needed to be successful is a better model for Montgomery County.

13. Remove barriers to the Ohio Driver’s License reinstatement for ex-offenders.

Complete / Ongoing: While Ex-Offenders still struggle to pay accumulated fines and fees, access to acceptable identification through ODRC and cooperation with the Child Support Enforcement Agency (CSEA) have removed many barriers to license reinstatement. In addition, the Bureau of Motor Vehicles License Reinstatement Fee Payment Plan was instituted in 2013, and provides eligible reentry participants with the opportunity to restore license privileges contingent upon monthly payments.

14. Provide access to legal services for ex-offenders.

Ongoing: Returning citizens currently have adequate access to legal services through the Dayton Bar Association, Dayton Volunteer Lawyers Project, Wesley Community Services Legal Clinic, ABLE/LAWO, and other community-based programs and initiatives. Legal education is also part of the RCAA through a partnership with the Thurgood Marshall Law Society. It is the ultimate goal for the Legal Sub-Committee to develop a legal clinic for reentry participants to increase and enhance their access to legal tools that may minimize barriers to reentry.

15. Conduct appropriate lobbying that will advance and support successful reentry for ex-offenders.

Ongoing: Consistent and ongoing lobbying on the local, state and national level will be a requirement of the Reentry program for the duration of its existence.
16. Remove barriers to visitation to promote ongoing connection to family, friends, and the community.

Ongoing: MCOER continues to develop strategies to promote ongoing family connections statewide in partnership with ODRC. While local planning efforts are ongoing, statewide ODRC efforts have resulted in advocacy and a contractual agreement with JPAY.com, a service that keeps families connected at cost through video visitation with their incarcerated loved ones.

17. Conduct a concerted education and lobbying campaign for a systematic review and response from the Ohio legislature regarding unjust collateral sanctions.

Ongoing: With the support of the Ohio Justice and Policy Center and statewide advocates, two new certificates have been created under Ohio law that remove criminal-record-based barriers to employment, without erasing or hiding the criminal record itself. Certificates of Achievement and Employability (“CAEs”; created by House Bill 86 [2011]) and Certificates of Qualification for Employment (“CQEs”, created by Senate Bill 337 [2012]) are now available to eligible applicants. With the passage of both pieces of legislation, various collateral sanctions barriers have been removed from the Ohio Revised Code. However, a review of the remaining collateral sanctions is ongoing.

In preparation for the new strategic plan, each Policy Board Subcommittee was encouraged to meet and to identify goals, priorities and completed projects. In 2016, the Reentry Policy Board and the Reentry staff will publish a new Strategic Plan. Each Reentry Policy Board Subcommittee has made significant progress with new and existing projects and initiatives. Below is the organizational chart for the overall Reentry effort:
The Office of Reentry accomplished much during its fifth year in operation.

The Office of Reentry focus remains on providing a “Helping hand to those that want to help themselves.” The graphic to the left identifies the steps necessary to go from conviction and incarceration to successful community reintegration. Reentry staff created and implemented the **Reentry Career Alliance Academy** (RCAA). In a continued effort to minimize client barriers, Reentry staff integrated voluntary pre-employment drug screening into the orientation intake process of the RCAA to improve process efficiency. The RCAA also involves an accelerated Offender Workforce Development curriculum. It is an opportunity to connect returning citizens to the nearly 100 Reentry Collaborative partners, resources and the local community. For example, RCAA graduates are linked directly to an Ohio Means Jobs Staffing Specialist. The nine-day RCAA model consists of 27 workshops conducted during the first three weeks of every month.

*Amy Piner, OALRC Treasurer; Gary Mohr, ODRC Director; and Jamie Gee, OALRC Vice President.*
Financial support for services to benefit RCAA clients came from the Dayton Chapter of The Links, Incorporated and the Ohio Credit Union Foundation (OCUF). Day Air Credit Union was instrumental in securing the OCUF funding. The partnership with Day Air Credit Union was highlighted in a December 2015 WHIO media segment.

Community Partnership Development – In 2015, the Office of Reentry contracted with the University of Dayton to target the needs of the homeless reentry population through the Behavioral Activation Project initiated and operated by UD graduate and undergraduate students and the St. Vincent DePaul homeless shelters. This shared contractual collaboration funded a UD consultant housed within the Office of Reentry to bridge the connection to clients challenged with immediate housing barriers. The partnership has provided valuable insight in the decision-making process and prioritization of needs surrounding this specialized population.

The Office of Reentry contracted with Think Tank, Inc. to acquire an AmeriCorps VISTA Community Partnership Navigator to build the capacity and resources of the Office of Reentry. This partnership has provided the Office of Reentry an opportunity to engage in the Think Tank, Inc. planning and development process (with the Ohio Department of Rehabilitation and Correction) to provide direct evidence-based practices and experiences to its “Reentry Simulation” model. Reentry staff supported the efforts of this initiative which provides a hands-on reintegration experience highlighting the challenges of returning citizens.

On a statewide level, the Office of Reentry hosted the first retreat for the Ohio Association of Local Reentry Coalitions (OALRC). The reentry coalitions are composed of members from communities throughout the State of Ohio. Office of Reentry staff continue to serve as leaders on the OALRC Executive Committee.

Ex-Offender Reentry Policy Board Roster

CO-CHAIR Commissioner Deborah A. Lieberman (Montgomery County Board of County Commissioners)
CO-CHAIR The Honorable Walter Rice (United States District Court) Jamil Al-Hanife (Estate Building Management)
Khadijah Ali (Circle of Vision Keepers) Rabbi Bernard Barsky (Beth Abraham Synagogue) Jane Benner (Community Leader)
Cheryll Bennett (Federal Public Defender - Southern District of Ohio) Chief Richard Biehl (Dayton Police Department)
Robert Bishop (Dayton Christian Center) Adam Blake (County Corp) Branford Brown (Miami Valley Urban League)
Bryan Bucklew (Greater Dayton Area Hospital Association) Gayle Bullard (Montgomery County Department of Jobs and Family Services - Through June 2015) Catherine Crosby (City of Dayton - Human Relations Council) The Honorable Steven Dankof (Montgomery County Common Pleas Court)
James Dare (Montgomery County Common Pleas Court) Commissioner Judy Dodge (Montgomery County Board of County Commissioners)
Derrick Foward, President (Dayton NAACP) Pastor Sherry Gale (Grace United Methodist Church)
Joyce Gerren (Human Services Planning & Development - Through July 2015 / Community Leader - Beginning August 2015) Robert Gruhl (Montgomery County Department of Jobs and Family Services)
Jessica Jenkins (Human Services Planning & Development) Steven Johnson, President (Sinclair Community College) Tom Kelley (Human Services Planning & Development)
Chris Kershner (Dayton Area Chamber of Commerce) Mayor Mark Kingseed (City of Centerville)
The Honorable Michael Krumholtz (Montgomery County Common Pleas Court) Larry Lane (Montgomery County Jail)
Senator Peggy Lehner (Ohio Senate) Michael Newsom (Montgomery County Jobs and Family Services) Phillip Parker (Dayton Area Chamber of Commerce) Tina Patrick (Ohio Department of Rehabilitation and Correction) Bob Pawlak (Goodwill Easter Seals Miami Valley) Sheriff Phil Plummer (Montgomery County Sheriff’s Office)
Bonnie Beaman Rice, J.D. (Community Leader - Beginning June 2015) Arvin Ridley (Victory In Power) Chief John Sedlak (Miamisburg Police Department)
TheHonorable Gregory Singer (Montgomery County Common Pleas Court)
Joe Spitler (Montgomery County Criminal Justice Council) State Representative Fred Strahorn (Ohio House of Representatives) John Theobald (Montgomery County Board of County Commissioners)
Mayor Nan Whaley (City of Dayton) John White (Dayton Circles Campaign) Anthony Whitmore (Greater Dayton Area Regional Transit Authority)
Josephine F. Wilson, D.D.S., Ph.D. (Wright State University - Boonshoft School of Medicine - SARDI Program) Gwen Woods (Ohio Department of Rehabilitation and Correction) John Zimmerman (Miami Valley Fair Housing Center)
Commissioner Judy Dodge
Commissioner Judy Dodge was honored to be named one of the Dayton Region’s Fifty Most Influential Women for 2015 by the Dayton Business Journal.

Commissioner Deborah Lieberman
In 2015, Commissioner Deborah A. Lieberman was elected as “Chief Elected Official,” Ohio Workforce Innovation and Opportunity Act (WIOA), Area 7. In addition, she was elected to the National Association of Counties (NACo) Board of Directors, representing Ohio.

Tom Kelley and Helen Jones-Kelley were presented the United Way of the Greater Dayton Area Volunteer Fundraiser of the Year Award in April 2015 for their efforts chairing the John E. Moore, Sr. Society which raised funds to support the Children’s Defense Fund Freedom Schools in Montgomery County.

In Memoriam
We note with sadness the passing of Council member Philip Shanks in the past year. His contributions and commitment to the children and families of Montgomery County will be greatly missed.

**Data Sources**

Centers for Disease Control and Prevention
Federal Election Commission
Guttmacher Institute
Montgomery County Board of Elections
Montgomery County Child Fatality Review Board
Montgomery County Human Services Planning and Development
Montgomery County Prosecutor’s Office
Montgomery County Public School Districts
National Center for Health Statistics
National Student Clearinghouse
Ohio Department of Education
Ohio Department of Health
Ohio Department of Job and Family Services
Ohio Secretary of State
Public Health – Dayton & Montgomery County
Scripps Gerontology Center, Miami University
U.S. Bureau of Labor Statistics
U.S. Census Bureau
U.S. Department of Justice, Federal Bureau of Investigation

The Ohio Department of Health specifically disclaims responsibility for any analyses, interpretations or conclusions from the data provided for the charts.
Staff support is provided by the following:

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Ed Brannon, Contract Monitor/Program Evaluator
Rhianna Crowe, Administrative Secretary
Kima Cunningham, Program Coordinator
Matt Dunn, Manager of Community Programming
Doris Edelmann, Program Coordinator
Matt Gemperline, Data Systems Coordinator
Joyce King Gerren, Manager of Community Programming (through June 2015)
Jessica Jenkins, Assistant Director
Lisa Koppin, Contract Monitor/Program Evaluator
Jenny Lesniak, Program Coordinator, Housing and Homeless Solutions
Heath MacAlpine, Assistant Director (through November 2015)
Rita Phillips-Yancey, Management Analyst
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Elley White, Administrative Secretary (through July 2015)

Montgomery County Communications Department
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Amanda Riggins, Communications Specialist

Montgomery County Department of Job and Family Services
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Lori Draine, Contract Monitor/Program Evaluator

Montgomery County Office of Ex–Offender Reentry
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Robin Titus, Volunteer Coordinator

United Way of the Greater Dayton Area
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Laura Engel, Community Relations Assistant
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Additional assistance provided by
Gayle Ingram, Clerk of Commission - Montgomery County Board of County Commissioners
John Theobald, Commission Assistant for Deborah A. Lieberman