Human Services Planning & Development

2017 Annual Report

Including FCFC Progress Report on Community Focus Areas, Indicators, and Initiatives
# Table of Contents

- Letter from the Commissioners
- Human Services Planning & Development
- Western Ohio Regional Prevention Council
- Mandela Washington Fellow
- Montgomery County Youth Resource Center
- Montgomery County Fatherhood Initiative
- FAMILY AND CHILDREN FIRST COUNCIL
  - Community Overdose Action Team
  - Indicators at a Glance
  - Results-Based Accountability™
  - Fast Forward Center
  - Mentoring Collaborative
  - Interagency Collaboration
  - FCFC State Duties
  - Healthier Buckeye Council
  - Brother Raymond L. Fitz, S.M., Ph.D. Award
- Education and Life Skills
  - Learn to Earn
  - TOTS Partnership
  - Kindergarten Readiness
  - Student Achievement – 3rd Grade Reading
  - Student Achievement – 8th Grade Math
  - High School Graduation
  - College Enrollment
  - College Persistence
  - College Graduation
  - Educational Attainment
- Health and Safety
  - Infant Mortality
  - Help Me Grow
  - Second Step
    - Indicators:
  - Access to Health Care
  - Food Insecurity
  - Preterm Births
  - Low Birthweight
  - Infant Mortality
  - Child Abuse
  - Teen Pregnancy
  - Mental Health
  - Tobacco Use
  - Binge Drinking
  - Emp. Rate for Persons w/a Disability
  - Pov. Rate for Persons w/a Disability
  - Nursing Home Population
  - Death Rate: Heart Disease
  - Death Rate: Cancer
  - Domestic Violence Deaths
  - Accidental Drug Overdoses
  - Violent Crime
  - Property Crime
- Income and Stability
  - Homeless Solutions Policy Board
  - Homelessness in Montgomery County 2015
    - Indicators:
  - Avoiding Poverty
  - Concentrated Poverty
  - People Receiving Public Assistance
  - Median Household Income
  - Unemployment
  - Stable Employment
  - Abandoned Housing
  - Homelessness
  - Behind The Numbers
- HUMAN SERVICES LEVY COUNCIL
  - Human Services Levy Council
  - Partnership with United Way
  - Frail Elderly Services Advisory Committee
- CRIMINAL JUSTICE COUNCIL
  - Criminal Justice Council
  - JusticeWeb
- REENTRY POLICY BOARD
  - Montgomery County Office of Reentry
  - Reentry Policy Board
- 2017 Honors and Accomplishments
- Data Sources
- Staff Roster
We are pleased to present the 2017 Human Services Planning and Development Annual Report, which includes the 19th Annual Progress Report on Community Outcomes, Indicators and Initiatives. Since 1998, the Montgomery County Family & Children First Council (FCFC) has provided this report each year to monitor our community’s progress as we strive to improve the health and well-being of our families, children, and adults.

Our focus as Montgomery County Commissioners continues to be “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.

To implement the 2016 Joint Strategic Plan with United Way of the Greater Dayton Area, services were sought through a Combined Funding Application (CFA) released in early 2017. The CFA sought homeless core and supported services, core safety net services, frail elderly services, and general supported services. A requirement for the homeless and general supported services was for agencies to come together to offer a more comprehensive approach utilizing the Collective Impact model. Twenty such projects were funded by Montgomery County, United Way, or both.

The opioid crisis continues to be a priority in our community. The Community Overdose Action Team (COAT), formed in late 2016, has worked diligently to stabilize the number of people dying from drug overdoses while also working to reduce the number of people addicted. To date, there are over 200 individuals from 100 organizations working together through the COAT.

Another priority is education. In 2017, Montgomery County and the City of Dayton received the All-America City Award by the Campaign for Grade-Level Reading and the National Civic League. We proudly support Learn to Earn Dayton’s efforts to increase academic proficiency that will set students up for success in further education and ultimately employment.

This report goes into greater detail about the efforts mentioned above. 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,

Dan Foley
Commission President
Judy Dodge
County Commissioner
Deborah A. Lieberman
County Commissioner
Under the authority of the Montgomery County Board of County Commissioners, the Montgomery County Human Services Planning and Development Department (HSPD) works with community stakeholders, i.e., volunteers, clients, caregivers, families and children, social and human services non-profit organizations, and local human services systems (Developmental Disabilities Services, Alcohol Drug Addiction and Mental Health Services, Public Health – Dayton and Montgomery County, and Children Services) to ensure that the most effective health and human services are available to Montgomery County residents.

HSPD responsibilities are to identify and examine community needs and priorities; plan, research, and develop programs; monitor programs, outcomes, and results; manage and report on grants and contracts; and provide technical assistance and other administrative guidance which support the department’s initiatives and projects. The HSPD Department manages the contractual relationships between the Board of County Commissioners and local nonprofit human services organizations. HSPD also facilitates and implements the development of public policy to guide the funding of health and human services. Professional staff and resource support is provided to the Montgomery County Family and Children First Council, Montgomery County Human Services Levy Council, Homeless Solutions Policy Board, Ex-Offender Reentry Policy Board, Western Ohio Regional Prevention Council (Regional Child Abuse Prevention), Healthier Buckeye Council, and all related committees.

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 Commission Strategic Initiatives and related projects. Montgomery County Board of County Commissioners continued their funding support of “Preschool Promise” through a partnership with Preschool Promise Inc. to implement the program to promote increased kindergarten readiness through expanded access to high-quality preschool for four-year-olds.

- Infant Mortality Initiative – Public Health–Dayton and Montgomery County, in partnership with Montgomery County and the Infant Mortality Task Force, hosted the first Infant Mortality Conference themed “EveryOne Should Turn One” to raise community awareness of babies dying at an alarming rate before they reach their first birthday.

- Montgomery County Healthier Buckeye Council – The Montgomery County Healthier Buckeye Council (HBC) was one of 22 Councils in Ohio that received funding from the Ohio Department of Job and Family Services. Utilizing these funds, the HBC awarded a grant to CareSource to implement a pilot program to promote cooperation and coordination and to maximize opportunities for individuals and families to achieve and maintain optimal health, thereby reducing reliance on publicly funded assistance programs. These efforts align with the Joint Strategic Plan priorities to address food insecurity and substance abuse which are barriers to self-sufficiency. (See page 16 for more information.)

- Western Ohio Regional Prevention Council – Selected by the Ohio Children’s Trust Fund as the Western Ohio Region Prevention Coordinator, Montgomery County Human Services Planning and Development Department facilitates and leads child abuse and child neglect prevention efforts within the Western Ohio Region consisting of Montgomery County along with 12 other counties: Allen, Auglaize, Hardin, Mercer, Darke, Shelby, Logan, Miami, Champaign, Clark, Greene, and Preble. (See page 3 for more information.)

- 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 Learn to Earn, Sinclair’s Mentoring Collaborative and Fast Forward Center, and United Against Violence Second Step Violence Prevention.

- 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:

- Youth Resource Center (see page 5)
- Help Me Grow - Early Intervention (see page 20)
- Infant Mortality Initiative (see page 18)
Ohio Children’s Trust Fund is the primary public funding source dedicated to preventing child abuse and neglect in our state. Its mission is to build on existing strengths within families and communities to effectively intervene before child abuse and neglect occur.

Legislation was enacted in 2016 creating eight regions in which child abuse and neglect prevention would be funded by the Trust Fund. Each of the eight regions has a prevention council managed by a coordinator selected through a competitive process.

Montgomery County is part of the Western Ohio Region along with 12 other counties: Allen, Auglaize, Hardin, Mercer, Darke, Shelby, Logan, Miami, Champaign, Clark, Greene, and Preble. The Montgomery County Human Services Planning and Development Department (HSPD) was awarded a grant in 2016 to coordinate the Western Ohio Regional Prevention Council activities through June 2021.

Based on contents of the regional needs assessment report completed in October 2016, the Regional Council selected four priority areas to address:

- Intimate partner violence;
- Adult behavioral health (substance abuse and/or mental illness);
- Physical, cognitive, social development of children; and
- Emotional and behavioral problems experienced by children.

These areas were used to identify strategies that became the basis of the regional Prevention Plan submitted to the Ohio Children’s Trust Fund in November 2016 and approved by the Trust Fund Board. The three strategies selected were Parent Education and Support, Promoting Children’s Social and Emotional Competence, and Trauma Informed Care Training.

A request for proposals (RFP) was issued in January 2017 to secure prevention services to benefit residents of all 13 counties in the region. From five proposals, two services were selected for delivery. The RFP was issued again in May which resulted in another two contracts being awarded for prevention services. In addition, Montgomery County ADAMHS Board will provide trauma informed care training in several counties.

HSPD’s coordinator role includes oversight of the selected child abuse and child neglect prevention programming and services. Monitoring has been taking place and technical assistance is being provided to organizations delivering prevention services.

HSPD also facilitates the annual development of the Council’s plan for increasing awareness of child abuse and neglect during April, which is National Child Abuse and Neglect Prevention Awareness month.

### Western Ohio Regional Prevention Council

<table>
<thead>
<tr>
<th>PREVENTION STRATEGY AND AGENCY</th>
<th>COUNTIES SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Education and Support:</td>
<td>Montgomery, Shelby</td>
</tr>
<tr>
<td>Elizabeth’s New Life Center</td>
<td>Montgomery, Shelby</td>
</tr>
<tr>
<td>Recovery and Wellness Centers of Midwest Ohio</td>
<td>Darke, Preble, Miami</td>
</tr>
<tr>
<td>Greene County Educational Service Center</td>
<td>Greene</td>
</tr>
<tr>
<td>West Ohio Community Action Partnership</td>
<td>Allen, Auglaize, Mercer</td>
</tr>
<tr>
<td>Social and Emotional Competence of Children:</td>
<td></td>
</tr>
<tr>
<td>Recovery and Wellness Centers of Midwest Ohio</td>
<td>Darke, Preble, Miami</td>
</tr>
<tr>
<td>Trauma Informed Care Training:</td>
<td></td>
</tr>
<tr>
<td>Montgomery County ADAMHS Board</td>
<td>Allen, Champaign, Darke, Hardin, Logan, Miami, Montgomery, Preble, Shelby</td>
</tr>
</tbody>
</table>
On behalf of the Montgomery County Board of County Commissioners, the Human Services Planning and Development (HSPD) Department hosted a Mandela Washington Fellow for Young African Leaders for the fourth year. Our 2017 Fellow was Rita Siaw, a teacher from Ghana who is passionate about the education of her students. Ms. Siaw began working with students as a volunteer at a private school right after she graduated from high school. As she saw her students struggle to learn, she was inspired to further her education at the St. Francis College of Education and the University of Education at Winneba in Ghana. Now part of the Ghana Education Service, she teaches English and Ghanaian languages and Citizenship Education to her students. As an assistant head teacher, she is also the Curriculum Leader, Guidance and Counseling Coordinator and Girls’ Club Patron.

Ms. Siaw is also the host of a radio talk show where she discusses issues such as education, health, careers and relationships. In addition, she is the founder and director of a Non-Governmental Organization (NGO) called Feminine Star Africa where she organizes upward bound seminars in schools, sponsors teen moms to return to school and develops skills training opportunities for women. She has also developed programs on teen pregnancy prevention. To date, her organization has trained 6,000 children in schools and communities on critical thinking techniques and how to have positive attitudes for success. Her goal in becoming a Mandela Washington Fellow was to “develop project planning and management skills to help me operate my NGO more effectively so I can help as many children as possible. I want to learn better ways to shape the dreams of women and children.”

The Mandela Washington Fellowship is a flagship program of the Young African Leaders Initiative (YALI). This program empowers young leaders from Sub-Saharan Africa through academic coursework, leadership training, and networking opportunities. The Fellowship has already engaged 2,000 young leaders from every country in Sub-Saharan Africa. These young leaders represent the diversity of Africa, including equal numbers of women and men, individuals with disabilities, and people from both urban and rural areas. The Fellows, who are between the ages of 25 and 35, have established records of accomplishment in promoting innovation and positive change in their organizations, institutions, communities, and countries. This year, almost 1,000 Fellows participated in the Fellowship.

In collaboration with John Theobald, Commission Assistant for County Commissioner Deborah Lieberman, HSPD staff provided program oversight and were responsible for developing Ms. Siaw’s work plan activities. Ms. Siaw participated in a number of workshops at the Youth Resource Center which specifically dealt with issues relevant to youth and young adults such as communication and attitudes. She attended workshops provided by the Alcohol Drug Addiction & Mental Health Services Board (ADAMHS) on prevention strategies to improve behavior, performance and relationships with children and youth mental health first aid training.

Ms. Siaw also met with a number of social service and education professionals who shared curriculum models for working with youth and how to improve the infrastructure of a non-profit through fundraising, networking, and targeted marketing.

In her presentation to the Montgomery County Commissioners, Ms. Siaw stated, “I have learned so much and gained so much information here in Montgomery County. My skills have increased much in the weeks I have spent with the many kind professionals who so warmly embraced me and facilitated my growth. I have seen the agencies work together to help children and adults and I have learned that this is key to a compassionate society. Whether it is the various agencies that work together to serve the homeless or those that come together to serve youth, I have seen that I cannot work in isolation. I will be more effective when I work with others. This visit has changed my perspective and given me a much broader world view and I can hardly wait to return home to implement the ideas I now have and continue to change the horizon for the women and children in Ghana.”

For more information about the Mandela Washington Fellowship, please visit https://yali.state.gov/mwf.
Vulnerable youth in transition are youth and young adults ages 14 to 24 who are experiencing one or more of the following: aging out of foster care, transitioning out of the juvenile justice system, mental illness, unemployment, disabilities, homelessness, and/or the need to complete their education. The Family and Children First Council recommended in 2012 the development of a one-stop resource center for these young people who are often involved with multiple systems. To ensure a more seamless approach to serving multi-system youth, the Youth Resource Center was opened in the fall of 2016.

The Youth Resource Center (YRC) is co-located with Youth Career Services and other community partners. The partners providing services include Eastway, Goodwill Easter Seals, Job Corps, Samaritan Clinic, Samaritan Behavioral Health, Sinclair’s Fast Forward Center, South Community, and the following Montgomery County entities: Children Services, Job and Family Services, and Juvenile Court. These partners provide an array of services including job preparation, mental health counseling, medical exams/screenings, and more. Services are available to walk-ins as well as by appointment.

The YRC hosts and facilitates numerous workshops. Examples of workshop topics include anger management, resume writing, workplace etiquette, communication, food safety handler certification, record expungement, etc. These and other workshops provide supports for youth seeking educational advancement, employment, life skills and independent living skills. A computer lab is also available for youth to walk in and use for homework and job seeking. In September, Children Services began conducting transition meetings at the YRC for youth aging out of foster care. Children Services works with the youth to create a transition plan and YRC staff share with youth what services are available to help them be successful. In 2017, the Youth Resource Center provided 1,389 services to 1,041 youth and young adults.

A Youth Advisory Council of youth and young adults provides input and feedback on the services of the Center. They also identify concerns and issues facing youth and young adults that can be addressed by the Center or through their own advocacy efforts.

For additional information about the Youth Resource Center visit www.mcohio.org/youth or call 937-496-7987.

### Success Stories

The following stories illustrate how youth and young adults are receiving a variety of services with a positive impact in their lives.

One 18-year-old woman came in to the YRC seeking housing. Through her assessment, staff realized that she needed employment, food assistance, and her high school diploma. Staff then connected her with our Job and Family Services liaison, who was able to get her enrolled into the Comprehensive Case Management and Employment Program (CCMEP), where she was able to start credit recovery classes for her high school diploma, as well as sign up for food assistance. The staff at the YRC was also able to assist her with signing up with subsidized housing with Greater Dayton Premier Management, which she obtained, along with finding employment at Burger King, and taking steps to reunite with her daughter.

A 20-year-old woman came to the YRC seeking assistance with employment and education. While completing the assessment with her, she opened up to staff and informed them of her living situation and the challenges she was facing with her parents being addicted to drugs. Upon completion of her assessment, staff connected her with our Job and Family Services liaison who was able to get her enrolled into CCMEP, where she was able to take the GED test, as well as connect her with ResCare which was able to find employment for her. The YRC staff was also able to assist her with pursuing custody of her younger siblings.

A 20-year-old young man came into the YRC looking for employment. Through an assessment, he shared that he wanted to complete his GED and that he has a child. The YRC staff was able to get him connected to Central State University, Dayton Campus where he was able to take GED classes and the GED test as well. The staff was also able to assist him in creating a resume and cover letter, which has helped him obtain employment. Lastly, the staff was able to assist him in signing up with Greater Dayton Premier Management, so he could get housing for himself and his family.
The Montgomery County Fatherhood Initiative (MCFI) assists parents in the navigation of the social services system. MCFI directly serves over forty (40) fathers per month via phone calls, walk-in appointments and outreach events. MCFI serves clients and collaborates with community partners on a daily basis but is also well-known for two annual events: Celebrate Fatherhood Montgomery County, a 2-day event that takes place Father’s Day weekend, and the “We the Fathers of Montgomery County” Fatherhood Banquet, which is held annually in January. These events are ways to acknowledge the role of fathers and provide opportunities for families to engage in positive activities that ultimately improve the well-being of their children.

In its seven-year existence, MCFI has established the aforementioned events and helped establish other smaller events, such as Donuts for Dads at Cleveland PreK-8 School, and joined numerous parent and community groups to emphasize the importance of two-parent involvement in children’s lives. MCFI is also active in efforts to combat infant mortality in Montgomery County by helping fathers be more involved in their children’s mothers’ pregnancies. Through partnerships that promote responsible co-parenting, conflict management, and healthy relationships, fathers learn parenting and coping skills that reduce stress and other conditions that negatively affect pregnancy and the first year of a child’s life.

In 2017, MCFI became a shared program between the Montgomery County Human Services Planning and Development Department and the Montgomery County Department of Job and Family Services Child Support Enforcement Agency. This partnership will strengthen data collection for MCFI and shine a brighter light on the important topic of responsible parenting, which is at the root of many of the challenges faced by our children and families.
As the “lead collaborative” established in accordance with state law, the Montgomery County Family and Children First Council (FCFC) addresses community issues affecting children and families. A Joint Strategic Plan was completed in 2016 in collaboration with United Way of the Greater Dayton Area (UWGDA). As identified in the Joint Strategic Plan some of the priorities are being addressed by County human services systems such as Alcohol Drug Addiction and Mental Health Services, Public Health – Dayton and Montgomery County, and Montgomery County Development Services. Therefore, selected priorities were identified as a part of the newly created Combined Funding Application process. However, progress in all priority areas will be shared regularly with the FCFC and UWGDA.

In January 2017, Montgomery County and UWGDA announced a two-step Combined Funding Application process seeking services to address selected priorities and achieve the goals set forth in the 2016 Joint Strategic Plan. Montgomery County and UWGDA have traditionally jointly and individually funded services in the focus areas of Education and Life Skills, Income and Stability, and Health and Safety. The Joint Strategic Plan process acknowledged that many individuals utilizing human services in our community face many issues in multiple focus areas. Therefore a priority of the new Application process was to identify programs that not only deliver specific services but also engage in collaborative efforts to achieve positive outcomes addressing the whole person’s needs across these focus areas.

To assist the community with understanding the newly developed process, two mandatory application review sessions were held to discuss the requirements and expectations of the funding process designed to address selected strategic plan priorities. Services sought included Core Safety Net Services such as emergency meals, shelter, medical care, and freedom from violence; Frail Elderly Priority and Support Services; Homeless, and General Supported Services using a Collective Impact approach to more holistically address the needs of our most vulnerable citizens.
The first step in the application process was for applicants to submit a Letter of Intent and organizational financial documentation. Applicants successful with their Letter of Intent were then invited to proceed to the second step in the application process, completing a Full Application.

Core Services applicants described safety net services and their collaborative efforts with other organizations in the community to support the vulnerable population they proposed to serve.

General Supported Services applicants were required to implement Collective Impact. This required programs to create a project through collaboration of a common agenda, shared measures, implementation of mutually reinforcing activities, continuous communication and to identify backbone support.

From recommendations of the FCFC, Montgomery County and United Way funded eight core safety net services and fourteen collective impact projects, comprised of 38 funded programs, found on pages 69-71. Implementation of the approved services began between late summer and early fall.

“Collective Impact brings people together, in a structured way, to achieve social change.” (Collective Impact Forum)

The FCFC continued support to the following initiatives which are discussed in other areas of this report: Community Initiative to Reduce Gun Violence (CIRGV) (page 76) and Learn to Earn Dayton (page 43). In addition, the FCFC performs several routine activities and acts as a pass through agency for some state programs which are discussed on pages 14, 15, and 20.
Montgomery County has the highest unintentional drug overdose death rate in the state of Ohio. These deaths have steadily climbed from 162 in 2012 to 349 overdose deaths in 2016. Approximately 90% of the overdose deaths involved at least one opioid. Illicit fentanyl has presented at an alarming rate over the past two calendar years, increasing from almost zero in 2014 to being responsible for 72% of the overdose deaths in 2016. From January to December 2017, there were 562 suspected overdose deaths in Montgomery County. This is a public health crisis and should be treated as a public health emergency.

In September 2016, the County Commissioners convened a community-wide forum to request community stakeholders to convene and work together to address the epidemic. Public Health - Dayton & Montgomery County and Montgomery County Alcohol, Drug Addiction and Mental Health Services have taken the lead to coordinate these community-wide efforts. Under this leadership, community partners have come together to form the Community Overdose Action Team (COAT). The COAT operates under a Collective Impact Model and the National Incident Management System framework. The National Incident Management System framework provides a consistent template for partners to work together to respond to local, state and federal emergencies.

The COAT’s primary goal is to stabilize and then reduce the number of fatal overdoses in Montgomery County. COAT members look for existing gaps in services and explore new ways to combat the drug overdose crisis. Over 200 individuals from participating agencies, along with people in recovery and family members, participate in one of eight branches, each with a different focus area:

- Prevention - increase substance abuse prevention efforts
- Treatment - increase access to treatment
- Illegal Opioid Supply - decrease the supply of illegal opioid
- Response - increase coordination of emergency and response efforts
- Harm Reduction - increase capacity for harm reduction efforts including syringe services and naloxone distribution
- Prescription Opioids - promote best practices for opioid prescribing; raise awareness and knowledge about the dangers of opioids
- Criminal Justice - expand resources for those involved in the criminal justice system
- Education and Information – raise public awareness and knowledge about the use and misuse of opioids

Each branch is responsible for producing and reporting action plans every 30 days. A Steering Committee, comprised of more than 60 community leaders from numerous public and private organizations throughout Montgomery County, guides the overall efforts.

In the COAT’s first year of implementation, the progress has been extensive. Some of the highlights areas follows:

- Six month reports created by the data committee
- Getting Recovery Options Working (GROW) expands overdose outreach to 7 police jurisdictions
- Drug Enforcement Agency provides information and education sessions through the DEA 360 Strategy
- Montgomery County ADAMHS launched the “Think Again” media campaign to confront stigma around addiction
- Project DAWN has expanded Narcan distribution to the public and in the correctional institutions
- Carepoint Syringe Services expanded from two to three sites
- Twenty law enforcement departments in Montgomery County are now carrying Narcan
- Dayton Police Department is now furnishing Narcan to the public
- Increase in efforts in heroin and fentanyl seizures
- PAUSE Program developed by Kettering Health Network encourages healthcare providers and pharmacists to manage pain by pausing and considering alternatives to prescribing opioids
- Screening, Brief Intervention and Response to Treatment expanded to hospital staff
- Youth led prevention has expanded to seven schools
- Four churches completed the Building Prevention with Faith to equip churches with prevention messaging
- Samaritan Behavioral Health began 24/7 Outpatient Detoxification services
- Increased the number of Certified Peer Supports from 0 to 20
- Expansion of recovery housing
- Expanded access to court ordered assessments in the county jail

It is the team’s hope that this collaborative, community-wide approach will make an impact in combating the problem of rising deaths from drug overdoses in our community.

![Unintentional Drug Overdose Deaths Occurring in Montgomery County January - December 2017](image-url)
## 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 in the desired direction?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Care</td>
<td>87.8 / 9th</td>
<td>Up</td>
<td>93.5 / 7th</td>
<td>Has increased 3 of last 4 years</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>18.4 / 8th</td>
<td>Down</td>
<td>18.0 / 8th</td>
<td>Has fluctuated and is flat overall</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Preterm Births</td>
<td>11.7 / 9th</td>
<td>Down</td>
<td>11.2 / 7th</td>
<td>Has fluctuated and is flat overall</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Low Birthweight</td>
<td>9.5 / 5th</td>
<td>Down</td>
<td>9.8 / 7th</td>
<td>Has gone down 5 of the last 8 years but still remains high</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>7.5 / 6th</td>
<td>Down</td>
<td>6.8 / 3rd</td>
<td>Has fluctuated but is flat overall</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>* Child Abuse</td>
<td>23.5 / 7th</td>
<td>Down</td>
<td>25.7 / 8th</td>
<td>Has increased 4 of the last 5 years</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>Teen Pregnancy</td>
<td>2.1 / 3rd</td>
<td>Down</td>
<td>2.3 / 7th</td>
<td>Has decreased 6 of the last 8 years</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>Mental Health</td>
<td>4.8 / 9th</td>
<td>Down</td>
<td>4.6 / 6th</td>
<td>Has increased 2 of the last 3 years and is flat overall</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Tobacco Use (% Not Smoking)</td>
<td>55.5 / 3rd</td>
<td>Up</td>
<td>54.1 / 4th</td>
<td>Has fluctuated and is flat overall</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>13.2 / 1st</td>
<td>Down</td>
<td>12.7 / 2nd</td>
<td>Sizable decreases 3 of last 4 years</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>Emp. Rate for Persons w/ a Disability</td>
<td>22.4 / 4th</td>
<td>Up</td>
<td>21.4 / 5th</td>
<td>Remains consistently lower than earliest value</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Pov. Rate for Persons w/ Disability</td>
<td>23.9 / 2nd</td>
<td>Down</td>
<td>25.6 / 4th</td>
<td>Has fluctuated and remains elevated</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Nursing Home Population</td>
<td>7.36 / 6th</td>
<td>Down</td>
<td>7.34 / 6th</td>
<td>Has fluctuated and remains flat overall</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Death Rate: Heart Disease</td>
<td>195.6 / 7th</td>
<td>Down</td>
<td>173.8 / 4th</td>
<td>Has fluctuated and is currently flat</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Death Rate: Cancer</td>
<td>179.1 / 8th</td>
<td>Down</td>
<td>178.3 / 8th</td>
<td>Has increased 2 of the last 3 years and is flat overall</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Domestic Violence Deaths</td>
<td>9</td>
<td>Down</td>
<td>13</td>
<td>Has fluctuated for many years and remains flat overall</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Accidental Drug Overdoses</td>
<td>239</td>
<td>Down</td>
<td>320</td>
<td>Has increased 5 of the last 6 years</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Violent Crime</td>
<td>4.0 / 6th</td>
<td>Down</td>
<td>4.2 / 7th</td>
<td>Has decreased 10 of the last 16 years and is down overall</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>Property Crime</td>
<td>32.6 / 6th</td>
<td>Down</td>
<td>32.9 / 7th</td>
<td>Has decreased 13 of the last 16 years and is down overall</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>* Kindergarten Readiness</td>
<td>37.7 / 6th</td>
<td>Up</td>
<td>34.9 / 8th</td>
<td>No clear trend with data for only 3 years</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Student Achievement – 3rd Grade Reading</td>
<td>51.9 / 7th</td>
<td>Up</td>
<td>59.9 / 7th</td>
<td>Large increase following dramatic drop due to new test</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>Student Achievement – 8th Grade Math</td>
<td>42.0 / 10th</td>
<td>Up</td>
<td>43.3 / 10th</td>
<td>Has fluctuated since new test introduced</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>HS Graduation</td>
<td>82.2 / 6th</td>
<td>Up</td>
<td>82.4 / 6th</td>
<td>Has increased 6 straight years</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>College Enrollment</td>
<td>73.1</td>
<td>Up</td>
<td>73.0</td>
<td>Has decreased 6 of last 7 years but is up overall</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>College Persistence</td>
<td>80.5</td>
<td>Up</td>
<td>78.2</td>
<td>Has decreased 6 of last 7 years and is down overall</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>College Graduation</td>
<td>36.3</td>
<td>Up</td>
<td>36.9</td>
<td>Has declined 2 of last 3 years but is up overall</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>Educational Attainment</td>
<td>37.5 / 5th</td>
<td>Up</td>
<td>35.7 / 8th</td>
<td>Has increased 5 of last 6 years</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>Avoiding Poverty</td>
<td>44.9 / 7th</td>
<td>Up</td>
<td>43.7 / 7th</td>
<td>Has increased 7 of last 9 years but remains down overall</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Concentrated Poverty</td>
<td>8.2 / 3rd</td>
<td>Down</td>
<td>8.1 / 3rd</td>
<td>Has decreased 3 consecutive years but remains up overall</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>People Receiving Public Assistance</td>
<td>0.67 / 2nd</td>
<td>Down</td>
<td>0.88 / 4th</td>
<td>Has decreased 6 of last 7 years</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>Median Household Income</td>
<td>47.1 / 7th</td>
<td>Up</td>
<td>46.9 / 7th</td>
<td>Has decreased in 10 of last 13 years and is down overall</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Unemployment</td>
<td>4.8 / 4th</td>
<td>Down</td>
<td>4.8 / 4th</td>
<td>Has decreased 6 of last 8 years and is now considered flat</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Stable Employment</td>
<td>50.9 / 7th</td>
<td>Up</td>
<td>51.5 / 7th</td>
<td>6 consecutive increases following several large decreases</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>Abandoned Housing</td>
<td>6.8 / 8th</td>
<td>Down</td>
<td>6.7 / 8th</td>
<td>3 consecutive decreases following 2 increases but flat overall</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
<tr>
<td>* Homelessness</td>
<td>3,420</td>
<td>Down</td>
<td>3,509</td>
<td>Only 2 years of data with revised definition</td>
<td><img src="https://example.com" alt="No" /></td>
</tr>
</tbody>
</table>

* Definition of indicator has been revised; see indicator page for more information.
Note: Most desirable county rank is 1st. County rank is not available for all indicators.
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.

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. Collectively, these indicators answer the question, “Where are we right now?”

One of the outcomes of the recent strategic planning process was the identification of a set of Community Priorities and the adoption of a Collective Impact model for organizing 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?”

Because utilizing data and measuring community progress have always been part of the Family and Children First Council’s framework, the Community Indicators were updated in the 2016 Report to reflect the Community Priorities and to establish a baseline to track our progress moving forward. We are now reporting on thirty-five Community Indicators.

Please visit http://montgomerycountyindicators.org/ for more information about the tools we use to understand and interpret the data.

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.resultleadership.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 assist them in obtaining a high school diploma.

Fast Forward Center collaborates with county school districts and partners with three alternative high schools that specifically serve those who have dropped out of school: Life Skills Center of Dayton, Mound Street Academies, and Miami Valley Career Technology Center Youth Connections.

The Center collaborates with other alternative education programs and non-profit organizations by assisting them in their efforts to improve student retention. Fast Forward Center also partners with Education Consulting Services to deliver an intervention program that helps students who have obtained all their credits (known as Senior Plus) to complete their diploma by passing sections of state-mandated tests. Fast Forward uses and encourages all their partners to use research-based national best practices.

**Fast Forward Center 2016 - 2017 School Year Highlights:**

- 256 students were assessed by Fast Forward Center.
- 10 Senior Plus students (students only needing to pass one or more parts of the Ohio Graduation Test [OGT]) earned diplomas.
- 98 students from the three partner schools earned diplomas.
- 39 students obtained proper interview and workplace attire through Fast Forward’s partnership with Clothes That Work.
- Fast Forward provided Renaissance Learning STAR Math and Reading assessment software to Wesley Community Center’s After School Program as a means of dropout prevention. Twenty-nine (29) students completed math pre- and post-assessment with 65% (19 students) showing improvement/increase in their math score; twenty-nine (29) completed reading pre- and post-assessments with 52% (15 students) showing improvement/increase in reading scores.

Fast Forward Center is a resource to every out-of-school youth by providing them with the skills and support to become high school graduates and 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 [http://www.sinclair.edu/academics/k12/fast-forward-center/](http://www.sinclair.edu/academics/k12/fast-forward-center/)
The Mentoring Collaborative of Montgomery County has been networking with agencies providing mentoring services for youth since 2001. The Collaborative works to raise community awareness about the critical need for mentors and provides training for agency staff, mentors, and mentees. The Collaborative works with more than 40 agencies and provides training in mentoring best practices to ensure that mentees gain the maximum benefit from their mentoring experience. The Collaborative also provides background checks for mentoring volunteers at various agencies and sponsors local mentoring events.

The Mentoring Collaborative is now in the first year of another three-year AmeriCorps grant which they have been using to expand and enhance mentoring programs in Montgomery County. In 2017 the AmeriCorps Program served 1,329 K-12 “at-potential” youth at 15 host sites utilizing the support of 30 AmeriCorps members who served as Mentor Service Coordinators.

The Mentoring Collaborative hosted its first Mentoring Summit in 2017 with the theme, “Mentoring the Next Generation.” The Summit included a panel discussion and workshops from community experts on best practices and innovative mentoring techniques. The event culminated with the Collaborative’s Mentor of the Year Awards Luncheon where Captain Barrington Irving delivered a powerful keynote address. Several awards were presented to deserving individuals.

The Outstanding Mentor Award is given to individuals who display extraordinary commitment in helping young people achieve their full potential. The 2017 award recipients are as follows:

- Darren Byrd - Omega Community Development Corporation
- Melissa Pricket - Montgomery County Juvenile Court Reclaiming Futures
- Michael Manuel - Mountain Top Ministries
- Paul Fleitz - Dayton Public Schools Welcome Center

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.” Captain Barrington Irving, world record holder and founder of The Flying Classroom, was honored for his dedication to creating innovative, STEM-based experiences for youth. At the age of 23, Captain Irving was the youngest person and first African American pilot to fly solo around the world. During his travels, he partnered with National Geographic to document his experiences. His passion to explore, inspire, and educate youth was his motivation in developing the Flying Classroom curriculum, which transforms the way students engage in STEM activities and curriculum.

Sean Walton, Sr., Youth and Outreach Director for Grace United Methodist Church, was awarded the John E. Moore, Sr. Champion of Youth Award. Sean’s work with young people includes serving as Director of Youth Initiatives for Community Action Partnership and Director of the Youth Empowerment Center. Sean is the winner of two Best Practice Awards and is a recipient of Parity, Inc.’s 2017 Top Ten African-American Males Award. Sean serves on various boards and advisory committees that benefit youth and families throughout Montgomery County. Selected through a committee, the award recipient is someone who shows extraordinary dedication and service on behalf of youth.

On March 25, 2017, The Collaborative hosted its annual Super Mentor Saturday event at Moraine Recreation Center. The event provided bouncy houses, face-painting, dance contests, and a variety of other fun activities for mentors and their mentees to participate in together.

To become a mentor or for additional information about The Mentoring Collaborative, visit their newly modernized website at www.mentoringcollaborative.net or visit their offices at The Job Center, 1133 Edwin C. Moses Boulevard, Suite 189.

Keynote Speaker Captain Barrington Irving (awarded Pioneer Award) with Youth Participant Orland Dillard, Jr.

2017 Mentoring Collaborative Award Recipients. (left to right) Sean Walton (Awarded The John E. Moore, Sr. Champion for Youth Award), Michael Manuel (Awarded Outstanding Mentor Award), Melissa Prickett (Awarded Outstanding Mentor Award), Paul Fleitz (Awarded Outstanding Mentor Award), and Darren Byrd (Awarded Outstanding Mentor Award)
The Montgomery County Human Services Planning and Development Department (HSPD) provides technical 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 facilitates a group of Service Brokers whose mission is to stay abreast of these changes and determine how best to manage systemic change and collaboration as well as maintain client access to needed services.

The Service Brokers are key staff from 14 health and human service organizations serving Montgomery County residents. The goal of this group is to navigate service barriers and ensure the agencies stay connected and aware of the current menu of services offered within the social service system. The Service Brokers also work as a team to identify system issues and offer solutions. The main focus of their work in 2017 was to identify and develop more efficient, user-friendly ways to serve youth with needs in multiple systems.

The Service Brokers also function as resources when Service Coordination requests are received by HSPD from agencies, parents, or family members. During 2017 a number of requests were received seeking assistance for a variety of services and supports including treatment options for children with multi-system needs to providing service options for children being discharged from psychiatric facilities.

One method of meeting the needs of these youth is through Family Centered Supportive Services (FCSS) funding awarded to the Montgomery County Family and Children First Council through the Ohio Family and Children First Council. FCSS funds are a combination of federal child welfare dollars (Social Security Act Title IV-B funds) from the Ohio Department of Job & Family Services and state general revenue funds from Ohio Mental Health and Addiction Services (OhioMHAS), Ohio Department of Youth Services (ODYS) and Ohio Department of Developmental Disabilities (DODD). This funding is to provide supportive services to children with multi-system needs in an effort to help them remain in their homes.

Montgomery County was awarded $86,935 for State Fiscal Year 2017. During the year, 59 children were supported with this funding. Services and supports ranged from weighted blankets to safe and adaptive equipment such as specialized beds for children with autism. Social/recreational supports requests ranged from equine therapy to martial arts or boxing lessons. Structured activity requests to improve family functioning included recreation center passes, YMCA memberships, tickets to Kings Islands and the Boonshoft Museum. Transportation requests included bus passes, gas cards to assist families in getting to and from physician and therapy appointments, as well as bicycles to encourage healthy family activity.

Success Story: South Community is serving Jane*, a 12 year old female with suicidal tendencies and ideations. Youth Partial Hospitalization (YPH) was suggested, which is a full day in the facility, five days per week.

The hospital does not provide transportation to and from the facility and the family lives approximately 40 minutes away. This created a financial hardship for the parents and they were only able to transport their daughter two to three days a week because they could not afford the gas needed to bring their daughter the full five days.

Their case manager suggested they apply for FCSS funds to assist them with transportation so their daughter could receive the full benefit of the treatment prescribed for her.

Once they were approved for funding and received the gas cards. Jane was able to complete the program by the end of the summer and was able to return to her home school in August without additional placement disruptions. Prior to the partial hospitalization, Jane had had three to four full hospitalizations (seven to ten days) over the previous year. Since she completed the YPH in the spring of this year, she has had no hospitalizations. (*The name has been changed to protect the privacy of the family.)
The Montgomery County Family and Children First Council (FCFC) addresses the state mandate for families with minor children while also addressing issues on behalf of young adults, adults with no children, single adults, and seniors. The purpose of the local county 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 prioritizes services, fills service gaps where possible, and invents new approaches to achieve better 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;
- maintenance of an accountability system to monitor the county council’s progress in achieving results for families and children; 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 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, and maintaining continuous communication. HSPD staff provides backbone support for our FCFC efforts.

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 2017 Shared Plan focused on alignment with the Joint Strategic Plan Education and Life Skills Focus Area Priorities: Kindergarten Readiness, Elementary Reading and Middle School Math, High School Graduation and Career Readiness / Post-Secondary Credentials.
In accordance with the Ohio Revised Code, the Montgomery County Healthier Buckeye Council (HBC) met during 2017 for a progress report on the pilot being implemented. The purpose of the Healthier Buckeye Grant Pilot Program is to reduce unemployment and reliance on publicly funded assistance programs and to maximize opportunities for people to achieve and maintain optimal health.

As a result of a proposal process, Montgomery County Healthier Buckeye Council selected CareSource Life Services to receive funding to address the social determinants that impact people’s health and overall well-being by effectively addressing the obstacles that impede their progress toward self-sufficiency, improved health, and well-being.

CareSource partnered with The Foodbank, CityWide Development, Five Rivers Health Center, Hall Hunger Initiative, Homefull, and Life Enrichment Center to address the issues of food insecurity, unemployment, and addiction among residents of 45403, 45404, and 45417 ZIP codes. Partners met monthly as a group through June 2017 to track results and plan events.

Interventions implemented included:

**Access to Food**

- The Foodbank made mobile farmers markets available to residents of 45403, 45404, and 45417 five times a month for six months resulting in the distribution of 24,000 pounds of food.
- CityWide Development oversaw creation of five new neighborhood gardens in 45417 and the provision of nutrition education.
- Homefull continued the Downtown Dayton farmer’s market and began bicycle delivery.
- Five Rivers Health Center distributed 24,046 pieces of fruit (bananas, apples, oranges and pears) to patients visiting from November 2016 through April 2017.
- Hall Hunger Initiative established a business plan for the Gem City Market, a cooperative grocery store being developed in one of the largest food deserts in Dayton.

**Substance Abuse Intervention**

- Life Enrichment Center, in the 45404 ZIP code, provided operational support to programs such as CarePoint (needle exchange), Families of Addicts, and Oasis House, which are housed in the center. Life Services workers were regularly available to provide assistance to clients who could be engaged in treatment and future self-sufficiency activities.
- Five Rivers Health Center implemented a campaign called “Are you Ready?” to engage patients in behavioral health services that would result in recovery from addiction.

**Employment**

- Seven Career and Community fairs took place between July 2016 and December 2017. Three were held at Life Enrichment Center (45404), two were held at Boys and Girls Club of Dayton (45417), and two at Central State University – Dayton Campus, right outside of 45417. The fairs were an opportunity for job seekers to speak with employers and to learn about community resources that could help prospective employees and their families.

As of December 31, 2017, 690 new Medicaid recipients were enrolled in the CareSource Life Services program (138% over the goal of 500), and 296 were employed (almost three times the goal of 100). At 90 days of employment, 86% of the 296 had maintained their employment.

We cannot assert there is a direct relationship between the services delivered and the 2016 statistics below. (2017 statistics are not yet available.) However, we would like to believe the HBC pilot program has some role in the improvement.

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment</td>
<td>11,800 individuals</td>
<td>11,500 individuals</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>4.71%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Adult Recipients of Food Assistance</td>
<td>48,718</td>
<td>43,150</td>
</tr>
<tr>
<td>Child Recipients of Food Assistance</td>
<td>37,166</td>
<td>33,141</td>
</tr>
<tr>
<td>Percent of Population on Food Assistance</td>
<td>16.08%</td>
<td>14.33%</td>
</tr>
<tr>
<td>Adult Recipients of Cash Assistance</td>
<td>551</td>
<td>491</td>
</tr>
<tr>
<td>Child Recipients of Cash Assistance</td>
<td>5,035</td>
<td>4,667</td>
</tr>
<tr>
<td>Percent of Population Receiving Cash Assistance</td>
<td>1.05%</td>
<td>0.97%</td>
</tr>
<tr>
<td>County Population</td>
<td>534,000</td>
<td>532,258</td>
</tr>
</tbody>
</table>

Data source: Ohio Department of Jobs and Family Services
After beginning his professional career in the field of child welfare Stephen Geib became the founding Director of Agape for Youth, Inc. in 1989. He has more than 30 years' experience providing high-quality foster care, adoption and reunification services for children, adolescents, young adults, and additional programs and services for families. His expertise includes organizational leadership, community outreach, and public speaking.

Stephen is a licensed social worker in the state of Ohio, a graduate of The Ohio State University College of Social Work, and the Recipient of the 2011 Distinguished Career Alumni Hall of Fame Award from the Ohio State University College of Social Work. He is a member of the Ohio Association of Child Caring Agencies, the Ohio Association of Non-Profit Organizations, the National Association of Christian Social Workers, the Ohio State University Alumni Society, the OSU College of Social Work Alumni Society, and the Dayton Rotary.

His volunteer and board participation has included serving as a member of the Board of Directors of the BJ Kids 91 Foundation. Stephen has been a volunteer for the Leukemia & Lymphoma Society Man and Woman of the Year campaigns, the March of Dimes Chef Auction, the BJ Kids 91 Cutoff, Rotary Reads, the NACSW National Conference Committee, and the Better Business Bureau Eclipse Integrity Awards Committee. He has also participated as a member of the Montgomery County Family and Children First Council Vulnerable Youth in Transition Task Force and the Montgomery County Out of School Youth Task Force.

Stephen is married to Sandie, his wife of nearly 33 years, and is the proud father of three grown children all married, Stephen (Sytease), Emily (Ben), and Kaitlyn (Jason). He is also known as ‘Pop-Pop’ to Kaiden and Oliver.

The recipient of the 2017 Brother Raymond L. Fitz, S.M., Ph.D. Award was:

Stephen Geib, Agape for Youth

The Brother Raymond L. Fitz, S.M., Ph.D. Award was established by the FCFC in 2001 to honor Brother Raymond L. Fitz, S.M., former president of the University of Dayton, for his years of leadership and service to the community.*

*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.
Montgomery County’s focus on infant mortality began as early as 2002. Since then, the local infant mortality rate (IMR), which is the number of babies who die before their first birthday per 1,000 live births, remained flat while the state and national IMRs were trending down. (See the 2016 HSPD Annual Report, pg. 67.) Even more concerning was the persistent racial disparity among infant deaths - Black babies were dying at a rate more than twice as high as White babies. In 2012, Public Health - Dayton & Montgomery County (PHDMC) convened the Infant Mortality Coalition to reduce the local IMR and target the disparity between Black and White infant deaths.

The Coalition’s membership represented a wide range of community stakeholders. In 2013, its existence, structure, and purpose helped Montgomery County become an inaugural member of the Institute for Equity in Birth Outcomes (IEBO), organized by CityMatCH with funding from The W.K. Kellogg Foundation. IEBO is a high-visibility, national movement of urban communities instilling a scientific focus on public health strategies to reduce inequities in birth outcomes. Montgomery County’s inclusion in IEBO triggered the Ohio Department of Health (ODH) in 2014 to form, with help from CityMatCH, the Ohio Equity Institute (OEI), comprised of Montgomery County and eight other urban Ohio counties. Subsequently, the Coalition was reconstituted as the Infant Mortality Task Force.

Improving the health and well-being of women, infants, and children is an important public health initiative in the United States. Infant mortality is a leading health indicator identified by Healthy People 2020 (HP2020) – setting an objective to achieve an IMR of 6.0 deaths per 1,000 live births.1 In 2016, Ohio and Montgomery County’s overall IMR were higher than the HP2020 objective. In 2016, Ohio’s overall IMR (7.4 deaths per 1,000 live births) ranked 9th worst in the country.2 Additionally, Black babies were dying at a rate more than two and a half times higher than White babies. Although Montgomery County’s overall IMR (6.8) was lower than the state rate, a similar racial disparity existed with the Black IMR (12.6) two and half times higher than the White IMR (5.0) (Figure 1).

A 2016 comparison among the nine OEI counties showed Montgomery County ranked near the top for having better birth outcomes. Montgomery County had the second best overall IMR (6.8), the best Black IMR (12.6) and the third best White IMR (5.0). Additionally, Montgomery County had the fourth best infant mortality racial disparity of 2.5.

EveryOne Reach One

In 2017, Montgomery County refocused its infant mortality efforts by creating the EveryOne Reach One Infant Mortality Task Force. The Task Force is modeled after the National Incident Management System which provides a common framework to enable government, nonprofit organizations, and private sector businesses to work together to respond and manage any community incident.

The EveryOne Reach One Infant Mortality Task Force is working to decrease the overall local infant mortality rate and to decrease the racial disparity that exists with Black babies dying at a rate 2.5 times greater than White babies.

On September 22-23, 2017, EveryOne Reach One Infant Mortality Task Force hosted the first Infant Mortality
Conference, *EveryOne Should Turn One*, at the Dayton Convention Center. The event kicked off on September 21st with a *Key Stakeholders Networking Affair* that allowed for state and local decision-makers and dignitaries to express the importance of collective impact when tackling complex issues such as infant mortality.

The primary goals of the conference were to increase awareness of infant mortality, to build and strengthen collective action to enact policies, and to build community will to take action to address factors that contribute to infant mortality at the systems, community, and grassroots levels.

The conference, sponsored by various organizations, had over 180 attendees. Speakers brought attention to the impact of responsible fatherhood, prenatal outreach, federally qualified health centers, and doula support. Presenters also reinforced the need for policy change to address the causes of poor maternal health outcomes and racial disparities. Montgomery County Commissioner Deborah Lieberman and Health Commissioner Jeff Cooper reiterated their support in working towards efforts to improve birth outcomes in our community and working together to improve the health and quality of life of our mothers, babies, and families.

Keynote presenters included Arthur James, MD, Executive Director Kirwan Institute for the Study of Race and Ethnicity at the Ohio State University; Ohio State Senator Charletta Tavares; Angela Dawson, MS, MRC, LPC, Executive Director, Ohio Commission on Minority Health; Marc Belcastro, DO, Regional Chief Medical Officer, Miami Valley Hospital and Atrium Medical Center; and Johnnie “Chip” Allen, MPH, Director, Office of Health Equity, Ohio Department of Health. Conference speakers and workshop presenters also addressed the social determinants of health, provided data to demonstrate the national, state and local level impact of infant mortality, the importance of state and local partnerships and the importance of prioritizing and embracing the community. At the close of the conference, Health Commissioner Jeff Cooper and Director of Health Promotion Terra Williams launched the proposed structure of the Infant Mortality Task Force and brand name, *EveryOne Reach One* and called to action conference participants to get involved in the Task Force efforts by volunteering to be on a workgroup and to share information with others in the community.

In November, the Ohio Department of Medicaid (ODM) announced a state funding opportunity for $26 million to target the disparity between the Black and White infant mortality rates within the nine OEI counties. The funding for these grants will run from January 2018 through June 2019.

*EveryOne Reach One*, Public Health - Dayton & Montgomery County in partnership with the Montgomery County Human Services Planning and Development Department, pulled together a local community collaborative which included non-profit organizations, federally qualified health centers, and hospitals to apply for the ODM funds. The projects submitted for consideration linked to one of the three following evidence-based models of intervention: Centering Pregnancy®, Home Visiting, and Community Health Workers. *EveryOne Reach One Task Force* community collaborative proposal was awarded $3,177,387.

---

2. Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2016 on CDC WONDER Online Database. [https://wonder.cdc.gov/](https://wonder.cdc.gov/)
A healthy pregnancy and the first three years of life are most critical to a child’s development. Sometimes as children grow, they have trouble seeing, hearing, talking, walking, or have other special needs. Through the Early Intervention system, children with suspected delays or diagnoses resulting in delays or disabilities receive services to help them get on track developmentally. Services focus on infant and toddler development, and families choose services and resources to help them reach goals they find important. Participation is voluntary.

Early Intervention services funded by the Ohio Department of Developmental Disabilities through FCFC were provided by Greater Dayton Area Hospital Association’s Help Me Grow Brighter Futures program. As of December 31, 2017, a total of 460 service plans were in place for young children and their families participating in the Early Intervention system.

<table>
<thead>
<tr>
<th>EARLY INTERVENTION SERVICES BY AGE OF CHILD</th>
<th>Total</th>
<th>Under 12 months</th>
<th>12-23 months</th>
<th>24-35 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>460</td>
<td>47</td>
<td>152</td>
<td>261</td>
</tr>
<tr>
<td>10%</td>
<td>33%</td>
<td></td>
<td></td>
<td>57%</td>
</tr>
</tbody>
</table>

Outreach to physicians, hospitals, child welfare, and other health and social service providers is done throughout the year to improve the likelihood of children obtaining early intervention services when they need it. When referrals are received, preliminary eligibility is determined and families may be connected with a Service Coordinator. During 2017, 1,338 referrals were made from a variety of sources (see chart below).

<table>
<thead>
<tr>
<th>2017 REFERRALS CHART</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
</tr>
<tr>
<td>Primary caregiver</td>
</tr>
<tr>
<td>Hospital</td>
</tr>
<tr>
<td>Central Coordination</td>
</tr>
<tr>
<td>Children Services</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>

As of August 1, the Ohio Department of Developmental Disabilities created a central intake system for all of Ohio. Referrals can now be made through a toll-free referral line (800-755-4769), a local referral line (937-612-3322), and a secure web-based form (https://refer.ohiocentralintake.org).

For general information about early intervention and other home visiting services, contact Help Me Grow Brighter Futures at 937-208-GROW (4769).
Jack is my miracle. At 12 weeks my blood pressure was extremely high, which was bad news this early in my pregnancy. My doctor made me aware of possible birth defects and worked to make sure I had the healthiest pregnancy possible. The decreased blood flow to the placenta led to slow growth and having a micro-preemie.

I was hospitalized to get a blood pressure regimen going and found out my baby wasn’t growing like he was supposed to. I had all kinds of testing including an amniocentesis and weekly baby checks. It was so stressful not knowing if he would be moving on the ultrasound. Thankfully he kept going, despite not growing well and having low amniotic fluid. At 28 weeks the blood cord flow had almost stopped and I was hospitalized. I was told he was less than a pound and probably wouldn’t survive long and to be prepared for lifelong complications if he survived.

After lots of steroids and magnesium sulfate I had my baby. He looked like a little purple creature barely as big as the Doctor’s hand. He was hooked up to many wires, wearing a mask and protection goggles under a purple light. He didn’t seem real. I could make no comparisons between Jack and my daughter’s birth. Luckily he didn’t need to be intubated long. At 28 weeks and 1 pound 1 ounce he was well developed but tiny. He was a bit healthier than a 23 week 1 pound baby because his body had 5 more weeks to grow his organs. It was a long 4 months in the Neonatal Intensive Care Unit and he had inguinal hernia surgery. He fought through many setbacks!

Help Me Grow was introduced to us in the NICU. I signed up for everything to help my very special baby. I didn’t know what a friend I would find in our Developmental Specialist. I looked forward to her visits. She never made me feel bad about missing an appointment due to oversleep, my messy house, or mixing her up with other people. She was ALWAYS helpful and ALWAYS kind even when I was frustrating. She would tell me I was doing a good job, that I wasn’t alone, and offer suggestions. I was not able to go out much that first year and really needed that.

Jack has had a few surgeries, but is remarkably healthy and smart for a baby who started out like he did. He’s like the average 3 year old who loves Thomas the Train, just very small for his age at 21 pounds. We are looking at options for his future growth. His heart, lungs, and brain are fine. He has become very active and VERY stubborn! He has some sensory processing issues. He receives speech and occupational therapy and just started preschool. Jack has overcome so many obstacles to just BE ALIVE. We can’t wait to see what his future brings.

Submitted by: Denise, Jack’s Mom

It was at our 20-week ultrasound that our son, Noah, received his spina bifida diagnosis. He is our first child and it caught my husband and me completely off-guard. I was familiar with spina bifida but was mourning that my child would have difficult challenges that other children would never have to experience. We were quickly whisked away into determining if Noah and I could be candidates for a fetal repair of the opening of his back before he was 25 weeks gestation. We were.

After a lot of prayer and counsel, we chose, with peace, to pursue fetal surgery with Cincinnati Children’s Hospital. We relocated to the Ronald McDonald House next to the hospital for the remainder of my pregnancy. We spent that time in great community with other families at the Ronald McDonald House, including a few families who also had fetal surgery for spina bifida.

Noah was born at 35 weeks with minimal issues and he had a simple two-week stay in the NICU. Honestly, it was an enjoyable, peaceful time. When it was time for discharge I began to wonder what my community and support would look like back home after the great experiences we had in the NICU and at the Ronald McDonald House. A social worker in the NICU offered to fill out applications for various programs for us. There were so many I cannot remember them all. I can only assume one of them was Help Me Grow because about a month later we had our first visit with our service coordinator!

I was a nervous, new mom with a special needs son and so many doctor’s appointments to get to. What a relief to have some of his appointments come to my house! Our developmental specialist, service coordinator, and physical therapist never seemed to be in a hurry. They got to see Noah in his most comfortable space, our home, and thus they got to see sides of him that don’t come out in a doctor’s office. Seeing their genuine love for my son was balm to my weary soul.

Help Me Grow also got us connected to another service, Public Health, and their in-home physical therapy program. Our physical therapist through this program was so knowledgeable about Noah’s condition and she had endless ideas on how to build foundations for future mobility. She was truly God-sent.

I am happy to report that Noah is a true joy, making everyone smile with his belly laugh and looking to sprint down every ramp in his walker. He is doing so very well and he impresses doctors and therapists alike. I know that the services we receive through Help Me Grow have contributed to his success and they have certainly contributed to my peace of mind. I am looking forward to enjoying one more year with their smiles, encouragement and hard work.

Submitted by: Sarah, Noah’s Mom
The Family and Children First Council of Montgomery County believes that prevention is the key to reducing violent crime. Therefore, it supported the efforts of United Against Violence of Greater Dayton (UAVGD) and their partner agencies in providing Second Step: A Violence Prevention Curriculum, an evidence-based best practice violence-prevention program. Samaritan Behavioral Health, Inc. (SBHI) serves in the role of “convener” and program manager for the project. During the 2016-2017 school year, the program was delivered in the four-designated high-violence areas of Montgomery County. Additional schools outside of those areas were served this year.

**Dayton Public Schools:** Horace Mann, Westwood, World of Wonder, Dayton Boys Prep, Edison, Meadowdale, Cleveland, Kiser, Charity Adams Earley, Fairview, Rosa Parks

**Charter School:** Emerson Academy, Watkins Academy

**Trotwood Schools:** Westbrook Village and Trotwood Middle

**West Carrollton Schools:** Frank Nicholas

**Riverside Schools:** Wright Brothers

The Montgomery County Sheriff’s department also provided the program to students at Blairwood Elementary in Jefferson Township at no cost to FCFC.

Two schools, Wogamon and Edwin Joel Brown, became designated 7th and 8th grade only schools and were dropped from the Second Step Program and added to the Decisions for Your Life Program.

The program served K through 8th grades. 1,875 students received this program, one class period a week for 8 weeks throughout the school year.

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 are analyzed and reported by the Wright State University SARDI Program.

The Second Step Program was provided by staff from Samaritan Behavioral Health and from Public Health – Dayton and Montgomery County.

Second Step Instructors provide valuable support to the social and emotional health of students in each school building. They also provide support to teachers by giving them practical Second Step tools for solving classroom problems and challenges. Teachers encourage students to use these skills throughout the week. This empowers children to make better decisions and problem solve with a little “coaching” from their teacher.

Instructors provide information about mental health services provided in the building by Samaritan Behavioral Health.

**SUMMER PROGRAM**

In addition to the regular school year classroom instruction, an enhanced summer program was delivered at 8 sites consisting of 9 camps over a six-week period. 425 students of various ages were provided the Second Step program at Lohrey Center, Princeton Rec Center, Samaritan Behavioral Health, Grace United Methodist Church, Northridge Grafton Kennedy, Dakota Center, Boys and Girls Club, and Police and Youth Together Camp. It was held 4 days a week at each camp.

**Outcomes**

Demonstrate Empathy- 86.8% of students fully met this goal

Emotion Management- 87.3% of students fully met this goal

Bullying Prevention- 88% of students fully met this goal

Staff from Samaritan Behavioral Health and Public Health -- Dayton and Montgomery County, along with 3 college students hired for the project, received specialized training on Second Step, and How Children Deal with Grief and Loss.

The Project Leader from Samaritan Behavioral Health provided Second Step training to the staff and police officers working on the Police and Youth Together Camp, which enabled them to use the program throughout the summer.
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Early Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Pre-K) Kindergarten</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce physical violence</td>
<td>50%</td>
<td>52.6%</td>
</tr>
<tr>
<td>Discipline referrals</td>
<td>25%</td>
<td>59.3%</td>
</tr>
<tr>
<td>reduced</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reducing verbal</td>
<td>25%</td>
<td>55.6%</td>
</tr>
<tr>
<td>aggression (bullying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher ratings - Students demonstrating an increase in protective factors, social skills</td>
<td>70%</td>
<td>69%</td>
</tr>
<tr>
<td>External evaluations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>show an increase in social skills of <strong>58.3%</strong>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grade 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce physical violence</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Discipline referrals</td>
<td>25%</td>
<td>22.2%</td>
</tr>
<tr>
<td>decreased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal aggression (bullying)</td>
<td>25%</td>
<td>54.4%</td>
</tr>
<tr>
<td>Teacher ratings - Students demonstrating an increase in protective factors, social skills</td>
<td>70%</td>
<td>64.8%</td>
</tr>
<tr>
<td>External evaluations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>show an increase in social skills of <strong>84.8%</strong>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grade 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce physical violence</td>
<td>50%</td>
<td>59.5%</td>
</tr>
<tr>
<td>Discipline referrals</td>
<td>25%</td>
<td>70.4%</td>
</tr>
<tr>
<td>decreased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal aggression (bullying)</td>
<td>25%</td>
<td>71.9%</td>
</tr>
<tr>
<td>Teacher ratings - Students demonstrating an increase in protective factors, social skills</td>
<td>70%</td>
<td>75.4%</td>
</tr>
<tr>
<td>External evaluations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>show an increase in social skills of <strong>82.6%</strong>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grade 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce physical violence</td>
<td>50%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Discipline referrals</td>
<td>25%</td>
<td>76.5%</td>
</tr>
<tr>
<td>decreased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal aggression (bullying)</td>
<td>25%</td>
<td>84.4%</td>
</tr>
<tr>
<td>Teacher ratings - Students demonstrating an increase in protective factors, social skills</td>
<td>70%</td>
<td>88.2%</td>
</tr>
<tr>
<td>External evaluations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>show an increase in social skills of <strong>91.4%</strong>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grade 4</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce physical violence</td>
<td>50%</td>
<td>79.3%</td>
</tr>
<tr>
<td>Discipline referrals</td>
<td>25%</td>
<td>70.4%</td>
</tr>
<tr>
<td>decreased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal aggression (bullying)</td>
<td>25%</td>
<td>65.2%</td>
</tr>
<tr>
<td>Teacher ratings - Students demonstrating an increase in protective factors, social skills</td>
<td>70%</td>
<td>82.3%</td>
</tr>
<tr>
<td>External evaluations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>show an increase in social skills of <strong>81.7%</strong>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grade 5</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce physical violence</td>
<td>50%</td>
<td>59.8%</td>
</tr>
<tr>
<td>Discipline referrals</td>
<td>25%</td>
<td>64.2%</td>
</tr>
<tr>
<td>decreased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal aggression (bullying)</td>
<td>25%</td>
<td>62.2%</td>
</tr>
<tr>
<td>Teacher ratings - Students demonstrating an increase in protective factors, social skills</td>
<td>70%</td>
<td>75.1%</td>
</tr>
<tr>
<td>External evaluations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>show an increase in social skills of <strong>73.8%</strong>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grade 6</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce physical violence</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Discipline referrals</td>
<td>25%</td>
<td>100%</td>
</tr>
<tr>
<td>decreased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal aggression (bullying)</td>
<td>25%</td>
<td>80%</td>
</tr>
<tr>
<td>Teacher ratings - Students demonstrating an increase in protective factors, social skills</td>
<td>70%</td>
<td>100%</td>
</tr>
<tr>
<td>External evaluations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>show an increase in social skills of <strong>100%</strong>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grade 7</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce physical violence</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Discipline referrals</td>
<td>25%</td>
<td>66.7%</td>
</tr>
<tr>
<td>decreased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal aggression (bullying)</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Teacher ratings - Students demonstrating an increase in protective factors, social skills</td>
<td>70%</td>
<td>100%</td>
</tr>
<tr>
<td>External evaluations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>show an increase in social skills of <strong>89.5%</strong>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grade 8</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce physical violence</td>
<td>50%</td>
<td>96.8%</td>
</tr>
<tr>
<td>Discipline referrals</td>
<td>25%</td>
<td>87.1%</td>
</tr>
<tr>
<td>decreased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal aggression (bullying)</td>
<td>25%</td>
<td>91.7%</td>
</tr>
<tr>
<td>Teacher ratings - Students demonstrating an increase in protective factors, social skills</td>
<td>70%</td>
<td>93.3%</td>
</tr>
<tr>
<td>External evaluations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>show an increase in social skills of <strong>94.9%</strong>.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 2016 values are all new: Montgomery County, 93.5%; Ohio, 93.2%; and United States, 88.5%.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 87.8% to 93.5% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 9th to 7th.

## PERCENT WITH ANY KIND OF HEALTH CARE COVERAGE

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>88.7%</td>
<td>86.9%</td>
<td>83.7%</td>
</tr>
<tr>
<td>2005</td>
<td>82.1%</td>
<td>86.8%</td>
<td>83.6%</td>
</tr>
<tr>
<td>2006</td>
<td>88.9%</td>
<td>87.3%</td>
<td>84.0%</td>
</tr>
<tr>
<td>2007</td>
<td>86.1%</td>
<td>87.8%</td>
<td>84.0%</td>
</tr>
<tr>
<td>2008</td>
<td>89.1%</td>
<td>87.3%</td>
<td>84.5%</td>
</tr>
<tr>
<td>2009</td>
<td>85.7%</td>
<td>87.6%</td>
<td>87.6%</td>
</tr>
<tr>
<td>2010</td>
<td>87.9%</td>
<td>86.9%</td>
<td>84.5%</td>
</tr>
<tr>
<td>2011</td>
<td>83.6%</td>
<td>85.5%</td>
<td>81.3%</td>
</tr>
<tr>
<td>2012</td>
<td>82.4%</td>
<td>85.1%</td>
<td>81.2%</td>
</tr>
<tr>
<td>2013</td>
<td>85.4%</td>
<td>86.0%</td>
<td>82.2%</td>
</tr>
<tr>
<td>2014</td>
<td>89.1%</td>
<td>89.3%</td>
<td>85.5%</td>
</tr>
<tr>
<td>2015</td>
<td>87.8%</td>
<td>91.1%</td>
<td>87.3%</td>
</tr>
<tr>
<td>2016</td>
<td>93.5%</td>
<td>93.2%</td>
<td>88.5%</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
Focus Area: Health and Safety
Indicator: Food Insecurity

Background
Food security—access by all people at all times to enough food for an active, healthy life—is one of several conditions necessary for a population to be healthy and well nourished. Most U.S. households have consistent, dependable access to enough food for active, healthy living—they are food secure. But a minority of American households experience food insecurity at times during the year, meaning that their access to adequate food is limited by a lack of money and other resources.

Living with food insecurity can have a number of lifelong health effects that range from developmental delays to physical and mental health concerns. School meal programs that provide children with breakfast and/or lunch have helped students in need of assistance, but childhood hunger can increase during the summer months because many school food programs shut down when school is not in session. Buying food on a tight budget often results in families purchasing foods that are higher in calories, fats or sugars rather than foods that are higher in nutrients but which cost more. This is part of the attempt to stretch the food that they are able to buy to the end of the month. Empty calorie intake can affect physical health and lead to problems like obesity. In addition to physical health effects, the stigma of needing assistance or being food insecure can negatively affect a person’s own self-image and mental well-being.

Sources: Economic Research Service of the U.S. Department of Agriculture; www.ServingFoodSolutions.com

How food insecurity is measured: Every year, the Census Bureau asks about a dozen questions related to food insecurity to thousands of households across the country, for example, “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?” 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.

New Data
The 2015 values for Montgomery County, Ohio, and the United States are 18.0%, 16.0%, and 13.4% respectively.

Short-Term Trends
The short-term trend from 2014 to 2015 – from 18.4% to 18.0% – is in the desired direction. The county comparative rank remains unchanged at 8th.

* For a definition of “Food Insecurity” see “How food insecurity is measured,” above.
Focus Area: Health and Safety
Indicator: Preterm Births

Background
Preterm birth is when a baby is born too early, before 37 weeks of pregnancy have been completed. A developing baby goes through important growth throughout pregnancy including in the final weeks and months. For example, the brain, lungs, and liver need the final weeks of pregnancy to fully develop. There is a higher risk to the baby of serious disability or death when the baby is born early. About one-third of infant deaths are due to preterm-related causes. Babies who survive may have
- Breathing problems
- Feeding difficulties
- Cerebral palsy
- Developmental delay
- Vision problems
- Hearing impairment

Preterm births may also take an emotional toll and be a financial burden for families.

Source: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm

New Data
The Ohio Department of Health recently adopted a new gestational age metric that had already been adopted by the National Vital Statistics System. Therefore, the comparisons between the U.S. and Ohio rates are now more accurate. Each previously reported preterm birth rate for Ohio and its counties is now lower.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 11.7% to 11.2% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 9th to 7th.
**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.

Note that the full dataset, which includes data going back to 1987, is available at www.montgomerycountyindicators.org.

**New Data**

The values for 2017 (Montgomery Co. – 9.8%; Ohio – 8.7%) are new and they are preliminary; the 2017 value for the United States is not yet available. The 2016 values for Montgomery County and Ohio reported last year as preliminary are now final and they did not change; the final 2016 value for the United States is now available, 8.2%. The 2016 values for some other Ohio counties reported last year as preliminary are now final and they did change; the county comparative ranking for 2016 did not change.

**Short-Term Trends**

The short-term trend from 2016 to 2017 – from 9.5% to 9.8% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 5th to 7th.

*2017 values are preliminary.*
Focus Area: Health and Safety
Indicator: Infant Mortality

Background
Infant mortality is a reflection of a society’s commitment to ensuring access to health care, adequate nutrition, a healthy psychosocial and physical environment, and sufficient income to prevent the adverse consequences of poverty.

It is measured by taking the number of live-born babies per thousand who die before their first birthday, producing a number called the infant mortality rate. But infant mortality is much more than a number. It is a personal and family tragedy that profoundly affects all those involved. Infant mortality is a public health crisis both locally and nationally.

The main medical reasons for babies dying are prematurity/low birth weight, congenital anomalies (birth defects), and sleep-related deaths. Babies also die of neglect, injuries, and disease. Poor physical/mental health, obesity, tobacco/alcohol/drug use, having pregnancies too close together, and limited breastfeeding among women of reproductive age also contribute significantly to the problem.

Sources:

New Data
The 2016 values for Montgomery County, Ohio, and the United States are 6.8, 7.4, and 5.9.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 7.5 to 6.8 – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 6th to 3rd.
Background
In prior Reports, we tracked the number of reports to children services agencies in which abuse is substantiated. Recently, the growing use of the Alternative Response (AR) pathway is having an impact on the reported number of substantiated cases. Those counties that are using AR for a higher percentage of cases have a decrease in the reported number of substantiated cases. In addition, the rates at which each county is using AR vary widely, making it more difficult to make meaningful comparisons of substantiation rates.

Therefore, we are revising the definition of this indicator to be the number of cases which are substantiated plus the number which are indicated plus the number which receive AR per 1,000 children under 18. For more information see page 66.

New Data
Because of the revised definition all of the data are new.

Short-Term Trends
The short-term trend from 2016 to 2017 – from 23.5 to 25.7 – is not in the desired direction. The county comparative ranking also did not change in the desired direction, moving from 7th to 8th.
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 2016 values for Montgomery County and for Ohio are 2.3% and 2.0% respectively. The United States values for 2011, 2012, and 2013 are now available: 2.7%, 2.4%, and 2.1% respectively.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 2.1% to 2.3% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 3rd to 7th.

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

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>1997</td>
<td>6.3</td>
<td>5.5</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>5.2</td>
</tr>
<tr>
<td>2000</td>
<td>5.2</td>
<td>4.4</td>
<td>5.1</td>
</tr>
<tr>
<td>2001</td>
<td>5.4</td>
<td>4.0</td>
<td>5.0</td>
</tr>
<tr>
<td>2002</td>
<td>5.6</td>
<td>3.7</td>
<td>4.8</td>
</tr>
<tr>
<td>2003</td>
<td>4.6</td>
<td>3.7</td>
<td>4.4</td>
</tr>
<tr>
<td>2004</td>
<td>4.2</td>
<td>3.5</td>
<td>4.2</td>
</tr>
<tr>
<td>2005</td>
<td>3.9</td>
<td>3.5</td>
<td>3.8</td>
</tr>
<tr>
<td>2006</td>
<td>3.9</td>
<td>3.6</td>
<td>3.8</td>
</tr>
<tr>
<td>2007</td>
<td>3.8</td>
<td>3.6</td>
<td>3.6</td>
</tr>
<tr>
<td>2008</td>
<td>3.9</td>
<td>3.5</td>
<td>3.8</td>
</tr>
<tr>
<td>2009</td>
<td>3.9</td>
<td>3.4</td>
<td>3.7</td>
</tr>
<tr>
<td>2010</td>
<td>3.9</td>
<td>3.3</td>
<td>3.4</td>
</tr>
<tr>
<td>2011</td>
<td>3.9</td>
<td>3.2</td>
<td>3.0</td>
</tr>
<tr>
<td>2012</td>
<td>3.9</td>
<td>2.7</td>
<td>2.7</td>
</tr>
<tr>
<td>2013</td>
<td>3.9</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>2014</td>
<td>3.9</td>
<td>2.3</td>
<td>2.3</td>
</tr>
<tr>
<td>2015</td>
<td>3.9</td>
<td>2.2</td>
<td>2.1</td>
</tr>
<tr>
<td>2016</td>
<td>3.9</td>
<td>2.1</td>
<td>2.0</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
Focus Area: Health and Safety
Indicator: Mental Health

Background
This indicator tracks the average answer given by a sample of the population to this question in the Behavioral Risk Factor Surveillance System (BRFSS): “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”

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.

New Data
The 2016 values for Montgomery County, Ohio, and the United States are 4.6%, 4.1%, and 3.8% respectively.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 4.8% to 4.6% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 9th to 6th.

*See description of this indicator in Background section, above.*
Focus Area: Health and Safety
Indicator: Tobacco Use

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 2016 values are all new: Montgomery County, 54.1%; Ohio, 51.2%; and United States, 59.9%.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 55.5% to 54.1% – is not in the desired direction. The county comparative ranking also did not move in the desired direction, changing from 3rd to 4th.
Focus Area: Health and Safety
Indicator: Binge Drinking

Background
Binge drinking is a measure of substance abuse, one of the priorities adopted in the Joint Strategic Plan. This indicator tracks the percentage of respondents who answered “Yes” to this question in the Behavioral Risk Factor Surveillance System (BRFSS): “Considering all types of alcoholic beverages, how many times during the past 30 days did you have [5 for men, 4 for women] or more drinks on any occasion?”

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.

New Data
The 2016 values for Montgomery County, Ohio, and the United States are 12.7%, 17.9%, and 16.9% respectively.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 13.2% to 12.7% – is in the desired direction. The county comparative rank did not change in the desired direction, moving from 1st to 2nd.

*See description of this indicator in Background section, above.

![Binge Drinking Chart]

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>15.2%</td>
<td>18.4%</td>
<td>16.7%</td>
</tr>
<tr>
<td>2012</td>
<td>14.3%</td>
<td>16.2%</td>
<td>15.4%</td>
</tr>
<tr>
<td>2013</td>
<td>13.1%</td>
<td>14.6%</td>
<td>15.1%</td>
</tr>
<tr>
<td>2014</td>
<td>13.2%</td>
<td>13.3%</td>
<td>17.9%</td>
</tr>
<tr>
<td>2015</td>
<td>12.7%</td>
<td>17.6%</td>
<td>16.9%</td>
</tr>
<tr>
<td>2016</td>
<td>12.7%</td>
<td>17.6%</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
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 2016 are new. For comparison, the 2016 employment rates for persons without a disability are as follows:

- Montgomery County: 66.8%
- Ohio: 67.9%
- US: 66.8%

Short-Term Trends
The short-term trend from 2015 to 2016 – 22.4% to 21.4% – is not in the desired direction. The county comparative rank also did not move in the desired direction, changing from 4th to 5th.

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>25.4%</td>
<td>25.7%</td>
</tr>
<tr>
<td>2009</td>
<td>21.3%</td>
<td>22.8%</td>
<td>22.6%</td>
</tr>
<tr>
<td>2010</td>
<td>21.1%</td>
<td>21.8%</td>
<td>21.5%</td>
</tr>
<tr>
<td>2011</td>
<td>22.2%</td>
<td>21.5%</td>
<td>21.7%</td>
</tr>
<tr>
<td>2012</td>
<td>19.8%</td>
<td>22.1%</td>
<td>22.5%</td>
</tr>
<tr>
<td>2013</td>
<td>21.5%</td>
<td>22.6%</td>
<td>22.6%</td>
</tr>
<tr>
<td>2014</td>
<td>22.4%</td>
<td>23.0%</td>
<td>23.0%</td>
</tr>
<tr>
<td>2015</td>
<td>22.4%</td>
<td>23.6%</td>
<td>23.6%</td>
</tr>
<tr>
<td>2016</td>
<td>21.4%</td>
<td>23.8%</td>
<td>23.4%</td>
</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.
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 2016 a two-parent family with two children under 18 was considered to be in poverty if the family income was below $24,339. 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 2016 are new. For comparison, the 2016 poverty rates for persons without a disability are as follows:

<table>
<thead>
<tr>
<th>County</th>
<th>2016 Poverty Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery County</td>
<td>13.6%</td>
</tr>
<tr>
<td>Ohio</td>
<td>11.1%</td>
</tr>
<tr>
<td>US</td>
<td>11.2%</td>
</tr>
</tbody>
</table>

Short-Term Trends
The short-term trend from 2015 to 2016 – 23.9% to 25.6% – is not in the desired direction. The county comparative rank also did not move in the desired direction, changing from 2nd to 4th.

POVERTY 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>22.0%</td>
<td>21.8%</td>
<td>20.6%</td>
</tr>
<tr>
<td>2009</td>
<td>22.9%</td>
<td>23.6%</td>
<td>21.0%</td>
</tr>
<tr>
<td>2010</td>
<td>26.9%</td>
<td>22.6%</td>
<td>21.0%</td>
</tr>
<tr>
<td>2011</td>
<td>25.9%</td>
<td>23.2%</td>
<td>21.7%</td>
</tr>
<tr>
<td>2012</td>
<td>24.4%</td>
<td>23.9%</td>
<td>22.1%</td>
</tr>
<tr>
<td>2013</td>
<td>23.1%</td>
<td>23.5%</td>
<td>21.6%</td>
</tr>
<tr>
<td>2014</td>
<td>26.3%</td>
<td>23.3%</td>
<td>21.5%</td>
</tr>
<tr>
<td>2015</td>
<td>23.9%</td>
<td>22.1%</td>
<td>20.5%</td>
</tr>
<tr>
<td>2016</td>
<td>25.6%</td>
<td>22.3%</td>
<td>20.3%</td>
</tr>
</tbody>
</table>
**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 2015 survey is the most recent one for which the data analysis has been completed. The results of the 2017 survey are expected to be available in 2018.

**Short-Term Trends**

The short-term trend from 2013 to 2015 – from 7.36 to 7.34 – is in the desired direction. The county comparative rank remains unchanged at 6th.

<table>
<thead>
<tr>
<th>Year</th>
<th>County</th>
<th>ADC per 1,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>Franklin</td>
<td>4.38</td>
</tr>
<tr>
<td></td>
<td>Butler</td>
<td>5.26</td>
</tr>
<tr>
<td></td>
<td>Lorain</td>
<td>6.07</td>
</tr>
<tr>
<td></td>
<td>Summit</td>
<td>6.49</td>
</tr>
<tr>
<td></td>
<td>Montgomery</td>
<td>7.04</td>
</tr>
<tr>
<td></td>
<td>Lucas</td>
<td>7.12</td>
</tr>
<tr>
<td></td>
<td>Hamilton</td>
<td>8.05</td>
</tr>
<tr>
<td></td>
<td>Cuyahoga</td>
<td>8.18</td>
</tr>
<tr>
<td></td>
<td>Stark</td>
<td>8.24</td>
</tr>
<tr>
<td></td>
<td>Mahoning</td>
<td>9.41</td>
</tr>
<tr>
<td>2013</td>
<td>Franklin</td>
<td>4.39</td>
</tr>
<tr>
<td></td>
<td>Butler</td>
<td>5.24</td>
</tr>
<tr>
<td></td>
<td>Lorain</td>
<td>5.99</td>
</tr>
<tr>
<td></td>
<td>Summit</td>
<td>6.27</td>
</tr>
<tr>
<td></td>
<td>Lucas</td>
<td>6.52</td>
</tr>
<tr>
<td></td>
<td>Montgomery</td>
<td>7.36</td>
</tr>
<tr>
<td></td>
<td>Cuyahoga</td>
<td>8.06</td>
</tr>
<tr>
<td></td>
<td>Hamilton</td>
<td>8.34</td>
</tr>
<tr>
<td></td>
<td>Stark</td>
<td>8.34</td>
</tr>
<tr>
<td></td>
<td>Mahoning</td>
<td>8.87</td>
</tr>
<tr>
<td>2015</td>
<td>Franklin</td>
<td>4.28</td>
</tr>
<tr>
<td></td>
<td>Butler</td>
<td>5.00</td>
</tr>
<tr>
<td></td>
<td>Lorain</td>
<td>5.91</td>
</tr>
<tr>
<td></td>
<td>Summit</td>
<td>6.51</td>
</tr>
<tr>
<td></td>
<td>Lucas</td>
<td>6.67</td>
</tr>
<tr>
<td></td>
<td>Montgomery</td>
<td>7.34</td>
</tr>
<tr>
<td></td>
<td>Cuyahoga</td>
<td>8.09</td>
</tr>
<tr>
<td></td>
<td>Stark</td>
<td>8.36</td>
</tr>
<tr>
<td></td>
<td>Mahoning</td>
<td>9.29</td>
</tr>
</tbody>
</table>
Focus Area: Health and Safety
Indicator: Death Rate: Heart Disease

Background
The leading cause of death for both men and women in the U.S. is heart disease. Heart disease accounts for 1 in every 4 deaths (CDC, 2014). The health conditions that put people at higher risk of heart disease are high blood pressure, high cholesterol, obesity, and diabetes. Other behavioral risk factors include smoking, poor nutrition, physical inactivity, and excessive alcohol use.

Source: Community Health Assessment 2014, Public Health - Dayton & Montgomery County

New Data
The 2016 values for Montgomery County, Ohio, and the United States are 173.8, 185.1, and 165.5 respectively. The values for some of the prior years have been revised due to adjustments made to the population estimates used to calculate rates; the comparative county rankings were not affected.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 195.6 to 173.8 – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 7th to 4th.
Focus Area: Health and Safety
Indicator: Death Rate: Cancer

Background
Nationally, more than 1.5 million people are diagnosed with cancer each year. In Montgomery County, cancer is the leading cause of death. Tobacco use is the number one risk factor for cancer. An estimated 30% of all cancer deaths and 80% of lung cancer deaths are attributed to smoking. Annually, an additional 3,400 nonsmoking adults die of lung cancer due to exposure to secondhand smoke. An estimated one-quarter to one-half of all cancer diagnoses are attributed to an unhealthy diet, excess weight, and inactivity (American Cancer Society, 2014).

Source: Community Health Assessment 2014, Public Health - Dayton & Montgomery County

New Data
The 2016 values for Montgomery County, Ohio, and the United States are 178.3, 173.4, and 155.8 respectively. The values for some of the prior years have been revised due to adjustments made to the population estimates used to calculate rates; the comparative county rankings were not affected.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 179.1 to 178.3 – is in the desired direction. The county comparative ranking remained unchanged at 8th.

AGE-ADJUSTED DEATH RATE FOR CANCER
- 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>2005</td>
<td>186.4</td>
<td>197.3</td>
<td>185.1</td>
</tr>
<tr>
<td>2006</td>
<td>197.6</td>
<td>194.6</td>
<td>181.8</td>
</tr>
<tr>
<td>2007</td>
<td>208.2</td>
<td>188.1</td>
<td>179.3</td>
</tr>
<tr>
<td>2008</td>
<td>196.6</td>
<td>186.8</td>
<td>176.4</td>
</tr>
<tr>
<td>2009</td>
<td>188.1</td>
<td>186.8</td>
<td>173.5</td>
</tr>
<tr>
<td>2010</td>
<td>2011</td>
<td>186.8</td>
<td>166.5</td>
</tr>
<tr>
<td>2012</td>
<td>187.7</td>
<td>169.0</td>
<td>163.2</td>
</tr>
<tr>
<td>2013</td>
<td>175.7</td>
<td>161.2</td>
<td>158.5</td>
</tr>
<tr>
<td>2014</td>
<td>177.6</td>
<td>177.8</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>179.1</td>
<td>175.1</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>180.5</td>
<td>187.8</td>
<td></td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
**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 2017 there were 13 deaths due to domestic violence in Montgomery County.

**Short-Term Trends**
The short-term trend from 2016 to 2017 – from 9 to 13 – is not 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: Accidental Drug Overdoses

Background
Deaths due to accidental drug overdoses are a tragedy for families and friends and for the entire community. From 2002 to 2015 there was the following:
- a 2.2-fold increase in the total number of overdose deaths involving all drugs;
- a 2.8-fold increase in the total number of overdose deaths involving opioid drugs;
- a 6.2-fold increase in the total number of heroin deaths; and
- a 5.9-fold increase in the total number of overdose deaths involving heroin and non-methadone synthetics from 2002 to 2015.
The latter category is dominated by illicit fentanyl overdose; when combined with heroin, these numbers capture illicit opioid deaths.

Drug addiction is a brain disease. Although initial drug use might be voluntary, drugs of abuse have been shown to alter gene expression and brain circuitry, which in turn affect human behavior. Once addiction develops, these brain changes interfere with an individual’s ability to make voluntary decisions, leading to compulsive drug craving, seeking, and use.

The impact of addiction can be far reaching. Cardiovascular disease, stroke, cancer, HIV/AIDS, hepatitis, and lung disease can all be affected by drug abuse. Some of these effects occur when drugs are used at high doses or after prolonged use, however, some may occur after just one use.

Sources: https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates  
https://www.drugabuse.gov/related-topics/medical-consequences-drug-abuse

New Data
The 2016 value is 320.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 239 to 320 – is not in the desired direction.

ACCIDENTAL DRUG OVERDOSE DEATHS

Montgomery County

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Montgomery County Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>127</td>
</tr>
<tr>
<td>2011</td>
<td>130</td>
</tr>
<tr>
<td>2012</td>
<td>162</td>
</tr>
<tr>
<td>2013</td>
<td>226</td>
</tr>
<tr>
<td>2014</td>
<td>264</td>
</tr>
<tr>
<td>2015</td>
<td>239</td>
</tr>
<tr>
<td>2016</td>
<td>320</td>
</tr>
</tbody>
</table>


first time being reported  previously reported, now revised
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

New Data
The 2016 values for Montgomery County, Ohio, and the United States are 4.2, 3.0, and 4.0
respectively. The 2015 values for Ohio’s counties were not available for last year’s Report but are
available now; the 2015 value for Montgomery County is 4.0. The 2015 value for Ohio has been
revised to 3.0.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 4.0 to 4.2 – is not in the desired direction. The
county comparative rank also did not move in the desired direction, changing from 6th to 7th.
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 2016 values for Montgomery County, Ohio, and the United States are 32.9, 25.8, and 24.5 respectively. The 2015 values for Ohio’s counties were not available for last year’s Report but are available now; the 2015 value for Montgomery County is 32.6. The 2015 values for Ohio and the United States have been revised to 26.3 and 25.0 respectively.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 32.6 to 32.9 – is not in the desired direction. The county comparative rank also did not move in the desired direction, changing from 6th to 7th.
Learn to Earn Dayton is focused on the entire continuum from birth through college and career, with the goal of ensuring all of Montgomery County’s young people reach their full potential.

Kindergarten readiness has been a significant focus for Montgomery County since 2007. Preschool Promise was introduced to ensure all children have access to high quality preschool. In 2014 Montgomery County Board of County Commissioners, City of Kettering, Kettering City Schools and City of Moraine jointly funded a pilot program in Kettering. In 2015, a diverse group of 25 leaders recommended building off the Kettering pilot by conducting a Preschool Promise Demonstration Project in the 2016-17 school year. The Demonstration Project was designed to implement the Preschool Promise model in two geographic areas of the County to allow for learnings to be captured before taking the initiative to a larger scale.

Montgomery County Board of County Commissioners provided the anchor funding to launch the Preschool Promise Demonstration in Kettering and Northwest Dayton, and many additional community foundations and funders contributed. The City of Dayton also committed to the continued expansion of Preschool Promise by passing a ballot initiative that funds Preschool Promise for the entire City of Dayton through the 2024-25 school year.

By the fall of 2016, 33 preschool sites were participating in the Preschool Promise Demonstration in Kettering and Northwest Dayton, with an estimated 800 4-year-olds enrolled in Preschool Promise classrooms and approximately 180 receiving tuition assistance. Dr. Mary Fuhs at the University of Dayton analyzed child outcomes and helped create baseline data to be used in future years. The data show that children attending Preschool are making positive gains in academic, social emotional, and self-regulation skill, and that child attendance and classroom quality are strong predictors of student outcomes and can mitigate the effects of poverty. Preschool Promise is committed to improving quality and attendance in the years ahead.

With the 2017-2018 school year has come expanded efforts under each of the three pillars of Preschool Promise:

Educating the Community
- An 8-person Preschool Promise outreach team worked community events and visited community partners to recruit young learners who would benefit from Preschool Promise.

Expanding Quality
- There are 74 Preschool Promise sites for 2017-2018 (more than twice the number in 2016-2017).
- Teachers at 50 preschools are receiving individualized coaching to expand quality.
- Professional Learning Communities are being implemented to support teachers committed to improving practices.

Assisting Families
- Preschool Promise is on track to serve over 1,700 4-year-olds.
- New resources will be made available to parents to support them in helping their children learn at home.
- A focus on on-time, every day attendance is in place to make sure children realize the benefits of Preschool.

Another point on the educational continuum receiving attention by Learn to Earn is the quality of after-school and summer programs. Young people can benefit academically, socially and emotionally from high-quality afterschool and summer (out-of-school time) experiences.

Over the last two years, Ritika Kurup from Learn to Earn led an effort with staff from United Way, HSPD, and several out-of-school time providers to define what quality should look like in our community. The Wallace Foundation has identified four elements of afterschool system success—Leadership, Coordination, Data, and Quality—which were an important reference. An action plan developed during 2017 identified performance measures and common tools for gathering baseline data and measuring future success. Multiple other agencies joined the effort to create an out-of-school system with all members taking ownership for its success. This work was intensive and was accomplished in the spirit of true collaboration. A celebration of this work took place in December to acknowledge the progress made and recognize the out-of-school programs participating.

For additional information on these and other Learn to Earn Dayton initiatives, please see www.learntoearndayton.org.
Taking Off To Success (TOTS) Partnership

Prior Progress Reports have documented the planning, implementation, evolution, and periodic evaluation of TOTS. This Report will include excerpts from the most recent (and, as it turns out, final) evaluation of TOTS conducted by the Discovery Center for Evaluation, Research, and Professional Learning at Miami University.

The TOTS program was launched in 2010 and was 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. But what was TOTS?

TOTS was 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. TOTS evolved over the course of its seven years; some of its essential components were the following:

• a 12-week educational program that enabled parents to develop the skills needed to support their children's early learning;
• a home visiting program that provided individual coaching to parents;
• and a TOTS alumni group that encouraged parents to remove barriers to learning in the neighborhood.

As discussed in the 2015 Annual Report and the 2016 Annual Report, TOTS was increasingly focused on working with parents to promote their self-sufficiency. Such two-generation approaches are seen as effective strategies to alleviate poverty; they operate along a spectrum (Figure 1).

At least 503 parents participated in TOTS over the years. As part of their most recent evaluation, the Discovery Center asked TOTS Parent Alumni some open response questions:

1. What was the largest benefit to you from your participation in the TOTS Program?
2. What was the largest benefit to your child(ren) from your participation in the TOTS Program?
3. What was the largest benefit to your family from your participation in the TOTS Program?

In general, responses were brief but thematic summaries for each of the questions follow.

Parent Benefits Because of TOTS Program Participation

Parents generally commented on three benefits that could be categorized as 1) connections, 2) resources, and 3) parenting skills. For example, some of them indicated the largest benefit to them as:

• Learning how to talk to my child where I'm not sounding too harsh or mean
• Learn how to pay attention to your children and learn how to communicate better with your children
• It teaches me how to interact with my children and how to handle a situation when they are misbehaving
• How to listen to my child's needs

TOTS Partnership Steering Committee Roster

• Learning how to deal with child behaviors and providing gift cards to help with groceries
• Learning better parenting techniques

Echoing comments from others, one parent commented
• I learned how to find and use community resources. And gained a support group.

Another parent alluded to her experience with TOTS and indicated that
• The TOTS Program is very engaging and interactive. You’re accountable because it’s very hands-on. You can’t sit back and coast through.

One parent succinctly summarized how she benefited from participating in TOTS:
• The things I’ve learned! The bonds I’ve made, the resources I’ve learned about. The gift cards are a plus too! They help me get between paychecks or when my food stamps run out. I’ve learned how to be a better parent through TOTS, ways to deal with my kids. I love TOTS.

Children Benefits Because of TOTS Program Participation

Parents generally commented on three benefits for their children attributed to their participation that could be categorized as 1) socialization, 2) learning, and 3) communication (particularly about frustration and anger). Comments reflective of the three themes are listed below. Note that some comments are aligned to multiple themes.

Socialization
• Readiness for kindergarten, ways to deal with anger, discipline activities, field trips, friendships.
• Interacting with other children
• They have learned to interact with other children and identify their feelings.
• Improving social skills
• Being around other children, learning from others, I notice she started counting and saying her ABC’s
• Socialization and preparation for school.

Learning
• Readiness for kindergarten, ways to deal with anger, discipline activities, field trips, friendships.
• Learning
• Educational toys and songs
• Being around other children, learning from others, I notice she started counting and saying her ABC’s
• Socialization and preparation for school.

Communication (Particularly about frustration and anger)
• Readiness for kindergarten, ways to deal with anger, discipline activities, field trips, friendships.
• They have learned to interact with other children and identify their feelings.
• Them learning how to talk to me instead of getting upset about a situation
• Being heard and given a voice

Without the ability to talk further with parents about their comments, their comments might be reflective of children’s experiences in the TOTS Program while parents attended parent sessions, children’s experience during TOTS activities, or children’s experiences that have been influenced by parents’ participation.

Family Benefits Because of TOTS Program Participation

Overwhelmingly, parents commented how they benefitted from learning strategies to improve their family relationships, with some emphasized relationships with their children.

Comments included:
• I got to examine my own strengths and weaknesses on the fly. It inspired me to try to change my relationships with my children.
• Us spending more time with each other and communicating more
• Communicating and handling challenging situations.
• Not as stressed because I am better able to handle situations with my child as they come up
• A closer connection with my family.
• Improving on ways of doing things together
• Resources and opportunities to participate in activities that my family wouldn’t normally have access to.

Despite the formal cessation of TOTS in 2017, and based partly on the positive response from TOTS parents, members of the TOTS Partnership Steering Committee remain committed to promoting a Two-Generation approach to poverty reduction locally.

2 The 2015 Annual Report and the 2016 Annual Report included excerpts from the prior Discovery Center evaluations.
Focus Area: Education and Life Skills
Indicator: Kindergarten Readiness

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 KRA to all children in their classrooms during the school day between the first day of school and Nov. 1. Teachers observe children doing daily activities and completing specific tasks; they then enter scores for each item into a secure online data system.

The results provide a measure of a child’s level of readiness for kindergarten instruction. Performance on the KRA 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:

- **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 tracks the percentage of public school and community school kindergartners whose score is in the “Demonstrating Readiness” band. *Note: Previously, since the introduction of the KRA, we had only been tracking public school kindergartners.*

New Data
The 2016-17 values for Montgomery County and Ohio are 34.9% and 40.6% respectively. Because of the change described in the “Note” above, the 2014-15 value for Montgomery County has been revised to 32.7%; the 2015-16 value did not change.

Short-Term Trends
The short-term trend from 2015-16 to 2016-17 – from 37.7% to 34.9% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 6th to 8th.

### PERCENTAGE OF STUDENTS SCORING IN THE “DEMONSTRATING READINESS” BAND ON THE KINDERGARTEN READINESS ASSESSMENT

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery Co.</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-15</td>
<td>32.7%</td>
<td>37.3%</td>
</tr>
<tr>
<td>2015-16</td>
<td>37.7%</td>
<td>40.1%</td>
</tr>
<tr>
<td>2016-17</td>
<td>34.9%</td>
<td>40.6%</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.

**Notes:**
- Previously, since the introduction of the KRA, we had only been tracking public school kindergartners.
- The change described in the “Note” above has led to the revision of the 2014-15 value for Montgomery County to 32.7%; the 2015-16 value did not change.
- The short-term trend from 2015-16 to 2016-17 – from 37.7% to 34.9% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 6th to 8th.
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 8th-grade math achievement scores.

This indicator had been trending up until the large drop in 2015-16. Note that the Ohio General Assembly directed the Ohio Department of Education to transition to new state tests in English language arts for the 2014-2015 school year; the large drop in 2015-2016 is probably related to this transition.

New Data
The 2016-2017 values for Montgomery County and for Ohio are 59.9% and 63.8% respectively. The county comparative ranking is 7th.

Short-Term Trends
The short-term trend from 2015-16 to 2016-17 – from 51.9% to 59.9% – is in the desired direction. The county comparative rank remains unchanged at 7th.
**Focus Area: Education and Life Skills**

**Indicator: Student Achievement – 8th-Grade Math**

### 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 8th-grade math achievement scores.

This indicator had been trending up from 2005-2006 to 2013-2014. Note that the Ohio General Assembly directed the Ohio Department of Education to transition to new state tests in mathematics for the 2014-2015 school year; the large drop in 2014-2015 is coincident with this transition. Therefore the historical trend will be considered flat until a new trend develops.

### New Data

The 2016-2017 values for Montgomery County and for Ohio are 43.3% and 54.9% respectively. The county comparative ranking is 10th.

### Short-Term Trends

The short-term trend from 2015-16 to 2016-17 – from 42.0% to 43.3% – is in the desired direction. The county comparative rank remains unchanged, at 10th.

---

**PERCENTAGE OF 8TH-GRADE PUBLIC SCHOOL STUDENTS PASSING MATH ACHIEVEMENT TEST**

- **Montgomery County**
- **Ohio**

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery Co.</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>68.0%</td>
<td>68.6%</td>
</tr>
<tr>
<td>2007</td>
<td>70.3%</td>
<td>71.5%</td>
</tr>
<tr>
<td>2008</td>
<td>71.3%</td>
<td>72.8%</td>
</tr>
<tr>
<td>2009</td>
<td>68.5%</td>
<td>70.6%</td>
</tr>
<tr>
<td>2010</td>
<td>65.4%</td>
<td>69.2%</td>
</tr>
<tr>
<td>2011</td>
<td>72.4%</td>
<td>74.3%</td>
</tr>
<tr>
<td>2012</td>
<td>77.4%</td>
<td>79.6%</td>
</tr>
<tr>
<td>2013</td>
<td>72.4%</td>
<td>77.0%</td>
</tr>
<tr>
<td>2014</td>
<td>74.9%</td>
<td>79.8%</td>
</tr>
<tr>
<td>2015</td>
<td>44.8%</td>
<td>53.7%</td>
</tr>
<tr>
<td>2016</td>
<td>42.0%</td>
<td>52.7%</td>
</tr>
<tr>
<td>2017</td>
<td>43.3%</td>
<td>54.9%</td>
</tr>
</tbody>
</table>

*Note: Each school year is named by the year in which it ends, e.g., the 2016-17 school year is shown as 2017.*

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 2016-17 is scheduled to be released in June 2018.

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 2015-2016 rates for Montgomery County and for Ohio are 82.4% and 83.6% respectively. The county comparative rank is 6th.

Short-Term Trends
The short-term trend from 2014-15 to 2015-16 – from 82.2% to 82.4% – is in the desired direction. The county comparative rank remains unchanged, at 6th.

Note: Each school year is named by the year in which it ends, e.g., the 2015-16 school year is shown as 2016.
Background

According to the 2016 American Community Survey, 38.3% 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 over 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 2015 is 73.0%. The value for 2013 has been revised; see the note above.

Short-Term Trends

The short-term trend from 2014 to 2015 – from 73.1% to 73.0% – is not 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 2016 American Community Survey, 38.3% 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 over 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 2015 is 78.2%. The values for 2009 through 2011 have been revised; see the note above.

Short-Term Trends
The short-term trend from 2014 to 2015 – from 80.5% to 78.2% – is not 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 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 2016 American Community Survey, 38.3% 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 over 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 2011 is 36.9%.

Short-Term Trends
The short-term trend from 2010 to 2011 – from 36.3% to 36.9% – is 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.
Focus Area: Education and Life Skills  
Indicator: Educational Attainment

**Background**
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.

**New Data**
The 2016 values for Montgomery County, Ohio, and the United States are 35.7%, 36.1%, and 39.6% respectively. The county comparative rank is 8th.

**Short-Term Trends**
The short-term trend from 2015 to 2016 – from 37.5% to 35.7% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 5th to 8th.

### Percentage of Population (25 and Over) with an Associate’s Degree or Higher

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>31.6%</td>
<td>30.2%</td>
<td>34.6%</td>
</tr>
<tr>
<td>2006</td>
<td>31.6%</td>
<td>30.1%</td>
<td>34.4%</td>
</tr>
<tr>
<td>2007</td>
<td>33.2%</td>
<td>31.2%</td>
<td>34.9%</td>
</tr>
<tr>
<td>2008</td>
<td>32.3%</td>
<td>31.5%</td>
<td>35.2%</td>
</tr>
<tr>
<td>2009</td>
<td>33.0%</td>
<td>31.4%</td>
<td>35.4%</td>
</tr>
<tr>
<td>2010</td>
<td>32.4%</td>
<td>32.4%</td>
<td>35.7%</td>
</tr>
<tr>
<td>2011</td>
<td>33.2%</td>
<td>32.4%</td>
<td>36.3%</td>
</tr>
<tr>
<td>2012</td>
<td>33.7%</td>
<td>32.4%</td>
<td>37.1%</td>
</tr>
<tr>
<td>2013</td>
<td>35.1%</td>
<td>33.4%</td>
<td>37.7%</td>
</tr>
<tr>
<td>2014</td>
<td>35.9%</td>
<td>34.3%</td>
<td>38.3%</td>
</tr>
<tr>
<td>2015</td>
<td>37.5%</td>
<td>35.1%</td>
<td>38.8%</td>
</tr>
<tr>
<td>2016</td>
<td>35.7%</td>
<td>35.4%</td>
<td>39.6%</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
The Homeless Solutions 10-Year Plan for Ending Chronic Homelessness and Reducing Overall Homelessness was adopted by the City of Dayton, Montgomery County and the United Way of the Greater Dayton Area in 2006. In the years since the Plan’s adoption there has been tremendous progress under the leadership of the Homeless Solutions Policy Board towards reaching the Plan’s goals. The visionary Plan developed over a decade ago by committed leaders and stakeholders from all parts of the community reached its 10th year of implementation in 2017. As the community begins the process to develop a new strategic plan to guide efforts to “finish the job” of ending homelessness for vulnerable populations and reducing overall homelessness, there remains a strong commitment to addressing the housing needs of vulnerable people in Montgomery County.

**Homeless Solutions Plan Goals**

The Homeless Solutions Plan had two key goals: to end chronic homelessness (homelessness for people who seem to be “stuck” in homelessness, either remaining homeless for longer than one year or experiencing repeated episodes of homelessness over time) and to develop 750 units of supportive housing. These goals are related because the solution for many people who experience chronic homelessness is permanent supportive housing. Supportive housing (rental assistance combined with supportive services) may be temporary, designed to help homeless households without significant housing barriers stabilize in housing, or permanent, for those persons with serious disabilities such as severe mental illness and/or chronic substance abuse.

As the chart indicates, we have surpassed the supportive housing target, with 803 units created or under development at the end of 2017. This number includes 159 temporary supportive units and 644 permanent supportive housing units. The supportive housing units are a combination of scattered-site and facility-based housing and have been created through new construction, rehabilitation of existing buildings, and rental assistance and services provided to formerly homeless households residing in private housing throughout Montgomery County. The fluctuation in the supportive housing inventory indicates the loss and gain of supportive housing inventory over time.

The Homeless Solutions Policy Board has not yet reached the goal of ending chronic homelessness. However, there has been a 75% reduction in the number of persons experiencing chronic homelessness, as measured during the annual Point-in-Time Count on the 4th Tuesday in January, from a starting point of 120 in 2007, the first year of implementation of the Homeless Solutions Plan, to 30 in 2017. The Homeless Solutions Policy Board expects to see a continued reduction in the numbers of persons experiencing chronic homelessness in the 2018 Point-in-Time Count.

**Montgomery County Coordinated Entry**

One of the major recommendations of the Homeless Solutions Community 10-Year Plan was to develop a single “front door” into the homeless system using a standardized assessment process to determine the most appropriate assistance to be provided to families and individuals experiencing a housing crisis. In August 2010, the Homeless Solutions Policy Board adopted the front door assessment process (later named coordinated entry) to identify the issues that led to a person or family’s homelessness, to determine the most appropriate program in the homeless system to help the household exit homelessness and stabilize in housing, and to facilitate referral to that program. Montgomery County was one of the first communities in the country to adopt a centralized intake and referral system that covers all aspects of the homeless system.

Since the time our local implementation of coordinated entry began, the U.S. Department of Housing and Urban Development (HUD) has mandated implementation of a coordinated entry system for all Continuums of Care. Montgomery County has served as a resource to HUD and other communities as HUD implements this requirement.

The goal of our coordinated entry process is to rapidly connect people in a housing crisis, including sheltered and unsheltered homeless people, to safe, affordable and stable housing. In order to do this an assessment is done to determine if homelessness can be prevented and the household can remain in their current housing with some assistance. If the family or individual must enter the Gateway Shelters or experiences unsheltered homelessness, the assessment process will determine the most effective route to stable housing and then provide the most appropriate referral(s) to help them exit homelessness as quickly
as possible and remain stably housed. The coordinated entry process also includes management of a centralized waiting list for the community’s transitional housing, safe haven and permanent supportive housing resources and subsequent housing placement referrals. The centralized list follows the Policy Board’s adopted priorities and ensures that the most vulnerable persons with the greatest housing barriers receive assistance and are stably housed.

**Coordinated Entry System Evaluation**

In May 2017, The Homeless Solutions Policy Board released a Request for Proposals seeking a Homeless System Coordinated Entry Evaluator. The focus of the evaluation would be an examination of the existing components of the coordinated entry process and recommendations on needed changes and new components to ensure the coordinated entry process works most effectively for all individuals and families who are homeless or at imminent risk of homelessness.

The Coordinated Entry Committee (formerly Front Door Committee), a Subcommittee of the Homeless Solutions Policy Board, reviewed proposals and interviewed prospective firms. The Subcommittee recommended the best proposer to the Homeless Solutions Policy Board and the Montgomery County Commissioners.

ICF was selected to provide the evaluation of the coordinated entry process. ICF’s team has been on the front line of the evolution of coordinated entry for many years, from writing and informing HUD’s guidance, requirements, and technical assistance tools and materials to supporting communities of all types in the design and implementation of local and regional entry processes to evaluating existing coordinated entry processes for effective compliance. ICF has a vast knowledge of HUD regulations and policy, CoC data resources, and experience supporting communities both large and small in the implementation of the evaluation of a coordinated entry process.

The ICF team’s knowledge, skill, and experience to carry out a comprehensive evaluation, produce a clear set of recommendations, and design an actionable implementation plan will help us to develop an even more effective and efficient homelessness response system in Dayton and Montgomery County. **ICF will begin their evaluation work in January 2018 with the expectation that the evaluation will be completed by July of 2018.**

**System Performance Measures**

Improving the efficiency and effectiveness of the local homeless assistance system is a crucial element of the Homeless Solutions Plan. Through the Homeless Management Information System (HMIS) database, the homeless system has extensive data on the community’s shelter and housing projects. HMIS data are used to better understand how well we are meeting the Plan goals of preventing and ending homelessness, to evaluate our system, and to identify areas to improve performance.

HUD (the U.S. Department of Housing and Urban Development) has developed six system-level performance measures which provide a picture of a community’s performance at the system level. It is important that the measures be examined in tandem and not individually. The Homeless Solutions Policy Board’s System Performance & Evaluation Committee established performance targets for each of the System Measures. The targets were adopted by the Homeless Solutions Policy Board in May 2017.

The System Performance Measures include:

**Measure 1:** Length of Time Homeless
**Measure 2:** Returns to Homelessness
**Measure 3:** Number of Homeless Persons
**Measure 4:** Jobs and Income Growth
**Measure 5:** Number of First Time Homeless
**Measure 6:** Successful Housing Placement

To view the community’s performance for calendar year 2016 alongside the 2019 system target for each of the four measures considered to be a high priority by the Homeless Solutions Policy Board please visit: [http://www.mcohio.org/departments/human_services_planning_and_development/homeless_solutions/homeless_solutions_plan.php](http://www.mcohio.org/departments/human_services_planning_and_development/homeless_solutions/homeless_solutions_plan.php)
Homelessness in Montgomery County in 2016

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 or are unsheltered, residing on the street or in an abandoned building. This article provides summary information about homeless households in 2016. Annual statistics for 2017 will not be available until after the publication date for this report.

In 2016, 4,207 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 397 families with children, 73 couples without children, 2,896 single adults, and 143 unaccompanied minors. This is in addition to 172 individuals who did not access shelter but who spent at least one night sleeping unsheltered, for a total of 4,379 people in 3,509 households. The majority of homeless households (83%) are single adults; 13% of homeless households are families; 4% are unaccompanied minors.

From 2014-2016, the number of families experiencing homelessness decreased 14%, while the number of single adults increased 11%. The increase in single adults is partially explained by the inclusion of the PATH street outreach program in 2015 and 2016, which provides a more accurate count. Looking just at emergency shelter, there was a 7% increase in the number of single men and a 13% decrease in the number of single women experiencing homelessness between 2014 and 2016.

Most people experience homelessness for a brief time. Of the adult households sheltered at the Gettysburg, St. Vincent and Daybreak shelters, 39% stayed in shelter for 7 nights or less, a 22% increase since 2011. 65% spent 30 nights or less in shelter over the course of the year. By comparison, only 2% spent more than 6 months in shelter. The reduction in length of stay is partially attributable to an increase in rapid rehousing resources to assist households in moving into permanent housing.

The following tables provide a demographic breakdown of the households who experienced a housing crisis resulting in a shelter stay or a night on the street in 2016.

<table>
<thead>
<tr>
<th>Profile:</th>
<th>Profile:</th>
<th>Profile:</th>
<th>Profile:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male 66%</td>
<td>Male 58%</td>
<td>Female 94%</td>
<td>Male 89%</td>
</tr>
<tr>
<td>White 56%</td>
<td>Black 53%</td>
<td>Black 63%</td>
<td>White 54%</td>
</tr>
<tr>
<td>GED/High School Diploma or better 72%</td>
<td>GED/High School Diploma or better 52%</td>
<td>GED/High School Diploma or better 64%</td>
<td>GED/High School Diploma or Better 95%</td>
</tr>
<tr>
<td>Disabled 68%</td>
<td>Equally like to be or not be Disabled 52%</td>
<td>Non-Disabled 64%</td>
<td>Disabled 62%</td>
</tr>
<tr>
<td>8% are Veterans</td>
<td>1% are Veterans</td>
<td>Median age 29</td>
<td>Median Age: 54</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following table includes a demographic breakdown of the households sheltered in 2016:

<table>
<thead>
<tr>
<th>Single Adults Ages 25+</th>
<th>Young Single Adults Ages 18-24</th>
<th>Families with Children</th>
<th>Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,417</td>
<td>479</td>
<td>397</td>
<td>212</td>
</tr>
<tr>
<td>1,587 Men</td>
<td>276 Men</td>
<td>24 Men</td>
<td>189 Men</td>
</tr>
<tr>
<td>823 Women</td>
<td>199 Women</td>
<td>373 Women</td>
<td>23 Women</td>
</tr>
<tr>
<td>7 Transgender</td>
<td>4 Transgender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>69% of ALL homeless households</td>
<td>14% of ALL homeless households</td>
<td>11% of ALL homeless households</td>
<td>6% of ALL homeless households</td>
</tr>
</tbody>
</table>
In addition to the 2017-2018 Homeless Supported Services funding, the Dayton-Kettering-Montgomery County Continuum of Care (CoC) received grant awards totaling $8,907,293 from the U.S. Department of Housing and Urban Development (HUD) as part of the 2016 Continuum of Care competition. The local CoC’s score allowed the community to receive funding for a new rapid rehousing project and a continuum planning grant, in addition to funding for 24 renewal projects. Most of the funding awarded through the CoC provides support to permanent supportive housing projects.

Dayton and Montgomery County provided $857,878 in Emergency Solutions Grant (ESG), HOME, and Community Development Block Grant (CDBG) funding from HUD to support emergency shelter operations, case management, transitional housing, permanent supportive housing, prevention, and rapid rehousing for 2017-2018. Montgomery County also grants $364,300 in Homeless Crisis Response Program funding from the Ohio Development Services Agency to provide prevention and rapid rehousing assistance.
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 preliminary 2017 values for Montgomery County and Ohio are 43.7% and 48.1% respectively. The preliminary 2016 values published in the last Report have been revised and are now final: 44.9% for Montgomery County and 47.8% for Ohio. The 2016 values for many, but not all, of the other counties were also revised but the comparative county ranking did not change. The comparative county ranking for Montgomery County for 2017 is 7th.

Short-Term Trends
The short-term trend from 2016 to 2017 – from 44.9% to 43.7% – is not in the desired direction. The county comparative rank remains unchanged, at 7th.

* 2017 values are preliminary.

**PERCENT OF FIRST BIRTHS WHERE BOTH PARENTS COMPLETED HIGH SCHOOL, PARENTS ARE MARRIED (AT ANY TIME FROM CONCEPTION TO BIRTH), AND BOTH PARENTS ARE AT LEAST 20 YEARS OLD**

- Montgomery County
- Ohio

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>47.8%</td>
<td>56.4%</td>
</tr>
<tr>
<td>1999</td>
<td>48.5%</td>
<td>50.0%</td>
</tr>
<tr>
<td>2000</td>
<td>45.7%</td>
<td>49.7%</td>
</tr>
<tr>
<td>2001</td>
<td>45.5%</td>
<td>49.3%</td>
</tr>
<tr>
<td>2002</td>
<td>44.4%</td>
<td>49.7%</td>
</tr>
<tr>
<td>2003</td>
<td>44.6%</td>
<td>48.9%</td>
</tr>
<tr>
<td>2004</td>
<td>43.2%</td>
<td>47.6%</td>
</tr>
<tr>
<td>2005</td>
<td>42.0%</td>
<td>45.0%</td>
</tr>
<tr>
<td>2006</td>
<td>42.5%</td>
<td>45.9%</td>
</tr>
<tr>
<td>2007</td>
<td>39.1%</td>
<td>44.6%</td>
</tr>
<tr>
<td>2008</td>
<td>38.4%</td>
<td>43.8%</td>
</tr>
<tr>
<td>2009</td>
<td>39.1%</td>
<td>43.6%</td>
</tr>
<tr>
<td>2010</td>
<td>40.6%</td>
<td>44.5%</td>
</tr>
<tr>
<td>2011</td>
<td>43.5%</td>
<td>44.7%</td>
</tr>
<tr>
<td>2012</td>
<td>42.1%</td>
<td>45.7%</td>
</tr>
<tr>
<td>2013</td>
<td>44.1%</td>
<td>45.2%</td>
</tr>
<tr>
<td>2014</td>
<td>44.9%</td>
<td>46.6%</td>
</tr>
<tr>
<td>2015</td>
<td>43.7%</td>
<td>46.9%</td>
</tr>
<tr>
<td>2016</td>
<td>47.8%</td>
<td>47.8%</td>
</tr>
<tr>
<td>2017*</td>
<td>43.7%</td>
<td>48.1%</td>
</tr>
</tbody>
</table>

*Most desirable ranking is number one.*
**Focus Area: Income and Stability**  
**Indicator: Concentrated Poverty**

**Background**

Poverty rates are determined by the Census Bureau using a set of income thresholds that vary by family size and composition. For example, the 2016 threshold for a family of four with two children was $24,339 and for a single parent with one child it was $16,543.

While every jurisdiction within Montgomery County has at least some poverty, about one-third of the County’s 153 Census tracts have a poverty rate above 20%. These Census tracts are almost all contiguous, and almost half of these tracts have poverty rates greater than 40%. The geographic proximity of neighborhoods with such high and very high rates of poverty is often called “concentrated poverty.”

One proxy for concentrated poverty can be what is called “extreme poverty,” incomes which are below 50% of the federal poverty level (fpl). For this indicator we are tracking the percentage of residents who are living in extreme poverty, i.e., who have incomes below 50% fpl.

**New Data**

The 2016 values for Montgomery County, Ohio, and the United States are 8.1%, 6.7%, and 6.2% respectively.

**Short-Term Trends**

The short-term trend from 2015 to 2016 – from 8.2% to 8.1% – is in the desired direction. The county comparative rank remains unchanged at 3rd.

### 2014*

<table>
<thead>
<tr>
<th>Rank</th>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Summit</td>
<td>6.1</td>
</tr>
<tr>
<td>2</td>
<td>Montgomery</td>
<td>8.5</td>
</tr>
<tr>
<td>3</td>
<td>Franklin</td>
<td>9.0</td>
</tr>
<tr>
<td>5</td>
<td>Cuyahoga</td>
<td>9.3</td>
</tr>
<tr>
<td>4</td>
<td>Hamilton</td>
<td>9.0</td>
</tr>
<tr>
<td>5</td>
<td>Cuyahoga</td>
<td>9.3</td>
</tr>
<tr>
<td>4</td>
<td>Hamilton</td>
<td>9.0</td>
</tr>
<tr>
<td>5</td>
<td>Cuyahoga</td>
<td>9.3</td>
</tr>
<tr>
<td>4</td>
<td>Hamilton</td>
<td>9.0</td>
</tr>
<tr>
<td>5</td>
<td>Cuyahoga</td>
<td>9.3</td>
</tr>
<tr>
<td>4</td>
<td>Hamilton</td>
<td>9.0</td>
</tr>
<tr>
<td>5</td>
<td>Cuyahoga</td>
<td>9.3</td>
</tr>
<tr>
<td>4</td>
<td>Hamilton</td>
<td>9.0</td>
</tr>
<tr>
<td>5</td>
<td>Cuyahoga</td>
<td>9.3</td>
</tr>
<tr>
<td>4</td>
<td>Hamilton</td>
<td>9.0</td>
</tr>
<tr>
<td>5</td>
<td>Cuyahoga</td>
<td>9.3</td>
</tr>
<tr>
<td>4</td>
<td>Hamilton</td>
<td>9.0</td>
</tr>
<tr>
<td>5</td>
<td>Cuyahoga</td>
<td>9.3</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.

---

**PERCENTAGE OF RESIDENTS WITH INCOMES BELOW 50% OF THE FEDERAL POVERTY LEVEL**

- Montgomery County
- Ohio
- United States

- 2005: 7.1%
- 2006: 7.2%
- 2007: 7.0%
- 2008: 7.6%
- 2009: 7.2%
- 2010: 8.5%
- 2011: 8.3%
- 2012: 8.7%
- 2013: 9.7%
- 2014: 8.5%
- 2015: 8.2%
- 2016: 8.1%

- Montgomery Co.
- Ohio
- United States
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 2017 value for Montgomery County is 0.88 and for Ohio it is 0.93.

Short-Term Trends
The short-term trend from 2016 to 2017 – from 0.67 to 0.88 – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 2nd to 4th.
Focus Area: Income and Stability
Indicator: Median Household Income

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 2016 values are new; the values for 2002 through 2015 have been revised to adjust for inflation.

Short-Term Trends
The short-term trend from 2015 to 2016 – from $47,140 to $46,936 – is not in the desired direction. The county comparative rank did not change, staying at 7th.

MEDIAN HOUSEHOLD INCOME (in 2017 Constant Dollars)

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>$63,273</td>
<td>$56,936</td>
<td>$57,617</td>
</tr>
<tr>
<td>2015</td>
<td>$59,527</td>
<td>$51,719</td>
<td>$52,334</td>
</tr>
<tr>
<td>2014</td>
<td>$59,541</td>
<td>$54,294</td>
<td>$54,398</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
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

New Data
The preliminary 2017 values for Montgomery County, Ohio, and the United States are 4.8%, 5.0%,
and 4.4% respectively; the county comparative rank is 4th. Many of the preliminary 2016 values
reported last year have been revised and are now final; the final 2016 value for Montgomery County
is 4.8%. Because of the revisions, some of the county comparative rankings for 2016 have changed;
the rank for Montgomery County for 2016 remains unchanged at 4th.

Short-Term Trends
The short-term trend from 2016 to 2017 – from 4.8% to 4.8% – is flat. The county comparative
ranking remains unchanged, at 4th.

UNEMPLOYMENT RATE

Montgomery County  Ohio  United States

1998  4.1%  4.3%  4.5%
1999  3.8%  4.0%  4.2%
2000  3.8%  4.0%  4.2%
2001  4.6%  4.4%  4.7%
2002  6.0%  5.7%  5.8%
2003  6.5%  6.2%  6.0%
2004  6.6%  6.1%  5.5%
2005  6.4%  5.9%  5.1%
2006  6.0%  5.4%  4.6%
2007  6.2%  6.6%  5.8%
2008  7.4%  10.2%  9.3%
2009  11.4%  11.1%  9.5%
2010  11.1%  9.5%  7.8%
2011  9.5%  7.8%  8.0%
2012  10.0%  8.0%  6.0%
2013  8.6%  5.7%  5.0%
2014  5.7%  4.9%  4.8%
2015  5.0%  4.8%  4.8%
2016  4.8%  4.9%  5.0%
2017* 5.0%  4.8%  4.4%

*2017 values are preliminary.
Focus Area: Income and Stability
Indicator: Stable Employment

Background
In 2016, the national poverty rate for those (16 years and over) who worked full time, year-round was 2.8% while the poverty rate for those who worked part-time or part-year was 16.8%. Thus, stable employment is desired, both for individuals and for the community, because it promotes economic self-sufficiency. In Montgomery County, of those individuals who did any work at all in 2016 as paid employees, worked in their own business or profession, worked on their own farm, or worked 15 hours or more as unpaid workers on a family farm or in a family business, 67.0% worked 35 or more hours per week for 40 or more weeks.

New Data
The 2016 values for Montgomery County, Ohio, and the United States are 51.5%, 53.3%, and 53.4%.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 50.9% to 51.5% – is in the desired direction. The county comparative rank remains unchanged, at 7th.
Background
Properties may become vacant for a variety of reasons, some of which are relatively benign. A property that is for rent or sale can be vacant for a short time, and a vacation home might be vacant for most of the year. If these properties are well maintained by responsible owners, they will not become eyesores or depress neighboring property values. In general, a vacant property becomes a problem when the property owner abandons the basic responsibilities of ownership, such as routine maintenance or mortgage and property tax payments.

Vacant and abandoned properties have negative spillover effects that impact neighboring properties and, when concentrated, entire communities and even cities. Research links foreclosed, vacant, and abandoned properties with reduced property values, increased crime, increased risk to public health and welfare, and increased costs for municipal governments.

Vacant and abandoned properties are widely considered to attract crime because of the “broken windows theory” — that one sign of abandonment or disorder (a broken window) will encourage further disorder. Increased vacancies leave fewer neighbors to monitor and combat criminal activity. Boarded doors, unkempt lawns, and broken windows can signal an unsupervised safe haven for criminal activity or a target for theft of, for example, copper and appliances. One study showed that, after a property becomes vacant, the rate of violent crime within 250 feet of the property is 15 percent higher than the rate in the area between 250 and 353 feet from the property. In addition, longer periods of vacancy have a greater effect on crime rates. In another study, researchers reported an association between vacant properties and risk of assault, finding vacancy to be the strongest predictor among almost a dozen indicators after controlling for other demographic and socioeconomic variables.

Source: Office of Policy Development and Research, U.S. Department of Housing and Urban Development

How abandoned housing is measured: Because there are no universal definitions of “vacancy” and “abandonment,” we are following a generally accepted practice using Census data. From the total number of vacant housing units we subtract the number which are for rent or for sale, the number which have been rented or sold but are unoccupied, the number which are for seasonal, recreational, or occasional use, and the number which are for migrant workers. The resulting total of abandoned housing units is then expressed as a percentage of the total housing units.

New Data
The 2016 values for Montgomery County, Ohio, and the United States are 6.7%, 5.5%, and 4.3% respectively.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 6.8% to 6.7% – is in the desired direction. The county comparative rank remains unchanged at 8th.

For a definition of “Abandoned Housing” see “How abandoned housing is measured,” above.
**Background**

In last year’s *Report* we introduced an indicator for homelessness, the annual Point-in-Time Count (PIT) of persons who are unsheltered or residing in emergency shelter on a single night in January. The PIT is valuable but captures only one aspect of homelessness. In this year’s *Report* we are replacing the PIT with a more comprehensive measure of homelessness.

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 or were unsheltered, residing on the street or in an abandoned building. The community’s gateway shelters include Daybreak, Gettysburg Gateway for Men, St. Vincent Gateway for Women and Families, and the YWCA Domestic Violence shelter. The indicator also includes data from the PATH Outreach program. Households include single adults, families with children, couples without children, and unaccompanied minors.

Note: We have data for the years 2010 through 2014 but not all of the providers are included so we are not reporting those years. The historical trend will be considered “flat” until a clear direction emerges.

**New Data**

This is the first time we are reporting on this indicator.

**Short-Term Trends**

The short-term trend from 2015 to 2016 – from 3,420 to 3,509 – is not in the desired direction.
Ohio’s Differential Response System provides child welfare agencies two options for responding to accepted reports of child abuse and neglect – the Traditional Response and an Alternative Response. In some instances, a traditional child protection response is needed in order to determine whether abuse or neglect has occurred and to ensure child safety and well-being. However, for many other families, an alternative approach may be more appropriate. Ohio’s Alternative Response pathway provides a second response option in which caseworkers partner with families and ensure that they are connected with the services and supports they need to keep their children safe.1

Background:

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

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 who 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 recommended distribution of resources was recommended.

The new multi-purpose Human Services Levy was implemented in August 1983, when the special purpose Children’s Levy was replaced by a 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 today. 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 2017, voters approved passage of the most recent Human Services ballot issue, a renewal levy with a 75% passage rate.

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.

Human Services Levy revenue collections peaked in 2008. Due to changes including the phase out of Tangible Personal Property Tax and Utility Deregulation Tax reimbursements from the State of Ohio and county-wide property devaluations, our tax and revenue base has permanently declined. Property valuations are now rebounding and we continue to take actions to maintain stability in our service delivery system through the revenue collections available.

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:

**Community Review Teams (CRT)** – 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).

**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. (See page 73 for more information.)

Human Services Levy funds the mandated services and also provides support for the following services:

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

On the following pages the 2017 – 2018 community-based Core Safety Net Services and General Supported Services are displayed. The selection of these programs was made during the new Combined Funding Application process managed by Montgomery County and United Way of the Greater Dayton Area. Note that General Supported Services applicants were required to implement Collective Impact Projects.
### CORE SAFETY NET SERVICES

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program Services Being Delivered</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artemis Center</td>
<td>Crisis Response and Advocacy for Victims of Domestic Violence</td>
<td>$275,134</td>
</tr>
<tr>
<td>The Foodbank, Inc.</td>
<td>Hunger Relief in Montgomery County</td>
<td>$110,000</td>
</tr>
<tr>
<td>Good Neighbor House</td>
<td>Supportive Dental Services</td>
<td>$100,000</td>
</tr>
<tr>
<td>House Of Bread</td>
<td>Lunch 365 Days A Year</td>
<td>$ 37,500</td>
</tr>
<tr>
<td>Senior Resource Connection</td>
<td>Home-Delivered Meals for Disabled Under 60</td>
<td>$121,000</td>
</tr>
</tbody>
</table>

### COLLECTIVE IMPACT PROJECTS

### EDUCATION AND LIFE SKILLS

#### EDUCATION AND LIFE SKILLS – 3rd Grade Reading

**Educational Centers of Excellence**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program Services Being Delivered</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>The YMCA Of Greater Dayton</td>
<td>Educational Centers of Excellence YMCA Program</td>
<td>$199,144</td>
</tr>
</tbody>
</table>

**Project Description:** The YMCA and partners will increase kindergarten readiness and school-aged academic performance as well as youth development outcomes at five centers serving children.

**Additional Partners:** Positive Solutions Counseling Center, Wesley Community Center, Dayton Metro Library, Artemis Center, Learn to Earn Dayton

#### Academic League of West Dayton

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program Services Being Delivered</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wesley Community Center Inc</td>
<td>Afterschool Program</td>
<td>$ 82,800</td>
</tr>
<tr>
<td>Dakota Center, Inc.</td>
<td>Dakota Center After-School Program</td>
<td>$ 36,500</td>
</tr>
<tr>
<td>Boys &amp; Girls Club Of Dayton, Inc.</td>
<td>Ready to Learn Program</td>
<td>$ 50,000</td>
</tr>
<tr>
<td>Parity, Inc.</td>
<td>Parity Inc Mentoring Program</td>
<td>$ 60,000</td>
</tr>
</tbody>
</table>

**Project Description:** Partners provide tutoring, health-nutrition and social-emotional afterschool and summer programs for K - 6 students with a focus on students attending schools and/or living in West Dayton.

**Additional Partners:** Project READ, Learn To Earn Dayton, YMCA of Greater Dayton, Clothes That Work, CareSource Life Services, Samaritan Behavioral Health, Synchrony Financial, Max & Erma’s, Big Brothers Big Sisters Greater Miami Valley, Montgomery County Mentoring Collaborative, Project Read, University of Dayton Fitz Center, The Foodbank, Grace United Methodist Church, Alliance Engineering

#### Families Forward

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program Services Being Delivered</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Social Services Of The Miami Valley</td>
<td>Family Stabilization and Support</td>
<td>$130,000</td>
</tr>
<tr>
<td>UD - Empowering Children With Hope and Opportunity</td>
<td>Family Advocacy</td>
<td>$75,000</td>
</tr>
<tr>
<td>House Of Bread</td>
<td>Outreach Meals</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

**Project Description:** Families Forward will support preschool - 8th grade school attendance and academics by strengthening and stabilizing families in daily living. Empower family school partnerships through school family partnerships and family outreach with responsive, supportive case management services for families to meet goals around stable home life, safety, healthy living, and engaged family relationships for student success.

**Additional Partners:** St. Benedict the Moor Catholic School, Immaculate Conception Catholic School, Mother Brunner Catholic School, Dayton Children's Hospital, Kiser PK-6 School
**East Dayton After School Miracles Collaborative**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>East End Community Services Corporation</td>
<td>Miracle Makers</td>
<td>$168,750</td>
</tr>
<tr>
<td>Big Brothers Big Sisters Of The Greater Miami Valley Inc</td>
<td>Bigs in Badges</td>
<td>$  25,000</td>
</tr>
<tr>
<td>The YMCA Of Greater Dayton</td>
<td>YMCA After School Program</td>
<td>$  59,899</td>
</tr>
</tbody>
</table>

**Project Description:** The Project is a high quality, intensive, holistic afterschool intervention intended to close the academic achievement gap in two east Dayton neighborhood schools.

**Additional Partners:** Family Service Association (funded by United Way), Sinclair Community College Foundation - Project READ, Dayton Public Schools

**EDUCATION AND LIFE SKILLS – High School Graduation**

**East Dayton Champions: A Comprehensive Approach to Youth Success**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>East End Community Services Corporation</td>
<td>Youth Development Center</td>
<td>$129,600</td>
</tr>
<tr>
<td>Big Brothers Big Sisters Of The Greater Miami Valley Inc</td>
<td>Bigs in Badges</td>
<td>$  25,000</td>
</tr>
</tbody>
</table>

**Project Description:** The project uses evidence-based strategies for improving under-resourced East Dayton 7th-12 graders' academic performance, health and protective factors, and leadership skills to achieve high school graduation.

**Additional Partners:** Family Service Association (funded by United Way), Public Health-Dayton Montgomery County, Urban Minority Alcoholism and Drug Abuse Outreach Program of Dayton Inc. (UMADAOP), Dayton Police Department-East Patrol Operations Division, Ohio State University Extension, Sinclair Community College Foundation

**INCOME AND STABILITY**

**INCOME AND STABILITY – Stable Employment**

**Stable Employment Collective Impact Project (SECIP)**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daybreak Inc</td>
<td>Daybreak Opportunity Zone</td>
<td>$241,549</td>
</tr>
<tr>
<td>East End Community Services Corporation</td>
<td>East End Neighborhood Job Connections</td>
<td>$105,000</td>
</tr>
<tr>
<td>Goodwill Easter Seals Of Miami Valley</td>
<td>Miami Valley Works</td>
<td>$156,385</td>
</tr>
<tr>
<td>Greater Dayton Volunteers Lawyers Project</td>
<td>Greater Dayton Volunteer Lawyers Program</td>
<td>$  24,550</td>
</tr>
<tr>
<td>Legal Aid of Western Ohio, Inc.</td>
<td>Legal Aid Assistance for Stable Employment</td>
<td>$  30,000</td>
</tr>
<tr>
<td>Miami Valley Urban League</td>
<td>SOAR</td>
<td>$119,180</td>
</tr>
<tr>
<td>Omega Community Development Corporation</td>
<td>Ready To Work</td>
<td>$  61,108</td>
</tr>
</tbody>
</table>

**Project Description:** The Stable Employment Collective Impact Project aligns the combined capacity of these non-profit agencies in Montgomery County with the mission to increase employment stability by sharing common assessments and referrals built on the Stages of Change model.

**Additional Partner:** Wright State University

**Family Success Network**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wesley Community Center Inc</td>
<td>West Dayton Family Success Network</td>
<td>$  89,269</td>
</tr>
<tr>
<td>Community Action Partnership Of The Greater Dayton Area</td>
<td>Legal Clinic</td>
<td>$  20,000</td>
</tr>
<tr>
<td>Grace United Methodist Church</td>
<td>Dayton Cooks!</td>
<td>$  35,000</td>
</tr>
</tbody>
</table>

**Project Description:** The Family Success Network provides a continuum of services that collectively remove barriers to employment and stability, offering economic self-sufficiency to families.
HEALTH AND SAFETY

HEALTH AND SAFETY – Community Violence-Domestic Violence

*Increasing Safety for Victims of Domestic Violence*

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artemis Center to Domestic Violence</td>
<td>Advocacy Services for Victims of Domestic Violence</td>
<td>$100,661</td>
</tr>
<tr>
<td>Catholic Social Services Of The Miami Valley</td>
<td>Erma’s House</td>
<td>$ 50,000</td>
</tr>
<tr>
<td>Greater Dayton Volunteers Lawyers Project</td>
<td>Supporting Pro Bono Legal Services</td>
<td>$ 24,550</td>
</tr>
<tr>
<td>Legal Aid of Western Ohio, Inc.</td>
<td>Collaborative Holistic Legal Services</td>
<td>$ 75,000</td>
</tr>
</tbody>
</table>

**Project Description:** This is a collaboration of partners strengthening the community’s response to make the lives of domestic violence victims/survivors and their children safer in our community.

**Additional Partners:** CARE House - MC Child Advocacy Center, Community Health Centers of Greater Dayton, Dayton Correctional Institute, Dayton Municipal Court Adult Probation Department, Dayton Police Department, Dayton Prosecutor’s Office, Department of Health Services-Dayton Public Schools, Greater Dayton YMCA, Hannah’s Treasure Chest, Miami Valley Crime Lab, MonDay Community Correctional Institution, MC Common Pleas Court Secure Transitional Offender Program (STOP), MC Domestic Relations Court, MC Adult Probation Office, MC Court of Common Pleas Women’s Therapeutic Court (WTC), MC Criminal Justice Council, MC Department of Job & Family Services Children’s Services Division, MC Office of Reentry (MCOR), MC Prosecutor’s Office Victim/Witness Division, and Vandalia Municipal Court

HEALTH AND SAFETY – Food Access

*West Dayton Food Access Collective Impact Project*

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homefull</td>
<td>West Dayton Food Access Collective Impact Program</td>
<td>$105,152</td>
</tr>
<tr>
<td>The Miami Valley Organizing Collaborative</td>
<td>West Dayton Food Access Collective Impact Program</td>
<td>$ 59,400</td>
</tr>
</tbody>
</table>

**Project Description:** Partners are working together utilizing evidence-based strategies to increase food security and improve the quality, affordability, and nutrition of food available to West Dayton residents.

**Additional Partners:** Hall Hunger Initiative, Greater Dayton Union Co-op Initiative (GDUCI), Central State University-Dayton, Ohio State University (Montgomery County Extension Office), Citywide, Advocates for Basic Legal Equality (ABLE), Mt. Olive Baptist Church (MOBC), Edgemont Solar Garden, Dakota Center, Wesley Community Center, Corinthian Baptist Church (CBC), Public Health-Dayton & Montgomery County (PHDMC)

*East Dayton Food Access & Resiliency Enterprise*

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>East End Community Services Corporation</td>
<td>Community Outreach and Coordination</td>
<td>$ 69,000</td>
</tr>
</tbody>
</table>

**Project Description:** This project provides a comprehensive system to increase low-income East Dayton residents’ consistent access to healthy, affordable food by engaging them in its production, distribution, preparation, and consumption.

**Additional Partners:** Mission of Mary Farm (funded by United Way), University of Dayton Hanley Sustainability Institute, University of Dayton Dietetics, Catholic Social Services, New Hope Project, The Foodbank, With God’s Grace, Public Health-Dayton Montgomery County, Greater Dayton Union Cooperative Initiative, Dayton Urban Grown

Human Services Levy Council Roster

CHAIR Greg Holler, PE (Business Community - Cargill)  VICE CHAIR Doug Compton (Business Community - Fifth Third Bank)
Eloise Broner (Business Community - Premier Health Partners)  Nicholas Edwards (United Way of the Greater Dayton Area Board - Key Bank)
Patricia Ioas (Elders Advisory Services, LLC)  Larry W. Lawhorne, M.D. (Frail Elderly Services)
Commissioner Jeffery J. Mims (City of Dayton)  Stephen Ringel (Business Community - CareSource)
Mayor Dave Seagroves (Mayors & Managers Association)  J. Michael Sims (Public Health - Dayton & Montgomery County Board)
Rev. Robert C. Walker, D. Min. (Faith Community)  Anthony Whitmore (ADAMHS Board - Montgomery County)
Joyce Young, Trustee (Township Trustees Association)
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. While the joint process was developed to support collaboration around private and publicly raised funds, autonomy is maintained by United Way and Montgomery County with regard to the funding approval 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. This approach has also provided both organizations the opportunity to support collective impact projects funded to provide services addressing priorities of the Joint Strategic Plan. 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 addition, throughout the year, Montgomery County and United Way offered technical assistance, meeting with individual programs as well as project teams. They also held quarterly workshops designed to bring projects together, educate providers about collective impact, and offer an opportunity for providers to discuss among each other their practices and similarities across projects. The first workshop featured Leisha Lyman from United Way of Greater Cincinnati. She discussed lessons learned from their implementation of collective impact. Participants also heard from Tom Lasley from Learn to Earn Dayton, Etana Jacobi with the Dayton-Montgomery County Food and Hunger Coalition, and Quindella Lynch from Montgomery County Development Services – Workforce Division. The second workshop featured Melonya Cook from United Way of the Greater Dayton Area and Dr. Daniel Warshawsky from Wright State University’s School of International and Public Affairs. Ms. Cook presented on the importance of programmatic measures and data collection. Dr. Warshawsky discussed how he uses data and mapping to address food security in California, Johannesburg, South Africa, and in Dayton.
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 the 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 Montgomery County Frail Elderly Services Advisory Committee is comprised of volunteers within the community who have an interest in the frail elderly population. Many of the volunteers have been extensively involved with seniors on various levels, through current or previous service within the community.

This committee sets the overall goals and priorities while continuing to reassess the needs of individuals who are frail and elderly in Montgomery County. In addition, MCFESAC reviews proposals submitted to provide services for frail elderly individuals and makes recommendations for Human Services Levy funding for this growing population.

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.

Types of Services Sought

One of the main goals of MCFESAC is to seek out services that help individuals manage an immediate crisis or emergent need such as providing meals, respite care, and health-related services.

Support Services are non-emergent in nature and are, however, still of importance in the senior community. Examples include services such as home modifications and legal services.

MCFESAC is always looking for new, innovative approaches to serving the elderly population while continuing to target the areas of independence, enhanced transportation systems, and caregiver support for this growing population.

Funded Services

Frail Elderly funds are 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. In 2017, ComCare was awarded $8,797,941.

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. Non-profit organizations seeking funding to provide frail elderly services were required to submit an application in the 2017 Combined Funding Application Process.
Combined Funding Application Process – Other Frail Elderly Services

The Montgomery County Board of County Commissioners and United Way of the Greater Dayton Area Board of Trustees approved a two-step Combined Funding Application (CFA) process in 2017.

Organizations were asked to submit Letters of Intent (LOI) for the first portion of the funding process. After review of the LOI applications, those agencies which met the criteria were invited by the Montgomery County Frail Elderly Services Advisory Committee to submit a Full Application in the second portion of the CFA process.

As with the LOI process, those agencies which met the criteria of the Full Application process were selected for funding. See below for funding awards.

There were 4,593 seniors served under programs through the end of 2016:
- ComCare program served 1,694 clients
- All other Frail Elderly Programs served 2,899 seniors

Mid-year numbers for other Frail Elderly programs contract year 2017-2018 are not yet available.

For additional information about Montgomery County Frail Elderly Services, please contact the Montgomery County Job and Family Services Senior Services Network office at (937) 225-5475.

Listed below are the 2017 - 2018 funded Frail Elderly Services:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ComCare Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area Agency on Aging</td>
<td>ComCare</td>
<td>$8,797,941</td>
</tr>
<tr>
<td>Other Frail Elderly Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic Social Services*</td>
<td>Senior Outreach</td>
<td>$103,359</td>
</tr>
<tr>
<td>Goodwill Easter Seals Community Services**</td>
<td>Adult Day Services</td>
<td>$35,814</td>
</tr>
<tr>
<td>Life Essentials Inc.*</td>
<td>Guardianship Services</td>
<td>$44,594</td>
</tr>
<tr>
<td>Miami Valley Regional Planning Commission**</td>
<td>Senior Transportation Expansion Project (STEP)</td>
<td>$27,000</td>
</tr>
<tr>
<td>Reach Out Montgomery County**</td>
<td>Medical Services for Adults over 60</td>
<td>$24,194</td>
</tr>
<tr>
<td>Senior Resource Connection**</td>
<td>Community Geriatric Nurse</td>
<td>$41,436</td>
</tr>
<tr>
<td>Senior Resource Connection**</td>
<td>Emergency Home Delivered Meals</td>
<td>$186,775</td>
</tr>
<tr>
<td>Support Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alzheimer’s Disease &amp; Related Disorders Association**</td>
<td>MV Education, Care &amp; Support Expansion</td>
<td>$23,813</td>
</tr>
<tr>
<td>Dakota Center**</td>
<td>Dakota Center Golden Agers</td>
<td>$19,200</td>
</tr>
<tr>
<td>East End Community Center**</td>
<td>East/North Dayton Senior Outreach</td>
<td>$61,718</td>
</tr>
<tr>
<td>Legal Aid of Western Ohio**</td>
<td>LAWO Frail Elderly Supported Services</td>
<td>$145,740</td>
</tr>
<tr>
<td>Rebuilding Together Dayton**</td>
<td>NeighborCare</td>
<td>$114,306</td>
</tr>
<tr>
<td>Wesley Community Center**</td>
<td>West Dayton Senior Services <em>(also offers priority services)</em></td>
<td>$121,316</td>
</tr>
<tr>
<td>*Other Service Initiatives/ongoing</td>
<td>Other Frail Elderly Services</td>
<td>$949,265</td>
</tr>
<tr>
<td>**One-time Initiatives/short-term</td>
<td>Total Frail Elderly Funding</td>
<td>$9,747,206</td>
</tr>
</tbody>
</table>

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 - Through May 2017)
Rev. Leroy Chambilis, M.Div. (Stillwater United Methodist Church)  Mary Garman, MS, RN (Good Samaritan Hospital)  Deborah Childress (Community Leader)  Timothy Kerman (Greater Dayton Area Hospital Association)  John (Jack) Lohbeck, CPA (JWL Consulting Services LLC)
Marci Vandersluis, MS, LSW, CCM (Graceworks Lutheran Services)
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 membership of the Council consist of the following:

- Common Pleas Court – Administrative Judge;
- County Administrator;
- County Clerk of Courts;
- County Commissioner;
- County Prosecutor;
- Dayton Chief of Police;
- Dayton City Manager;
- Dayton Law Director;
- Dayton Municipal Court – Presiding Judge;
- Juvenile Court – Representative Judge;
- Law Enforcement Representative (appointed by Council for one (1) year term with the option of re-appointment);
- Miami Valley Regional Crime Laboratory – Director;
- Montgomery County Association of Police Chiefs, Inc. – Representative;
- Public Defender;
- County Sheriff;
- Suburban Municipal Court – North Representative Judge; and
- Suburban Municipal Court – South Representative Judge.

Judge Mary Katherine Huffman, Administrative Judge, Common Pleas Court, General Division is serving as chair during the 2017-2018 term.

The Criminal Justice Public Education Subcommittee, co-chaired by Judge Nick Kunzt, Administrative Judge, Montgomery County Juvenile Court and Rudy Wehner, Montgomery County Public Defender, was established in December 2015 with a purpose to recommend to the Council a manner in which the functionality of the criminal justice system may be effectively explained to the general public. Five additional subcommittees were also created by Judge Huffman. These subcommittees are as follows:

- Bail Review Subcommittee – co-chaired by Montgomery County Commissioner Dan Foley, Judge Cynthia Heck, Presiding Judge, Vandalia Municipal Court, and Stephanie Cook, Chief Prosecutor, Dayton Law Department
- Justice Complex Security Subcommittee – co-chaired by Judge Barbara P. Gorman, Presiding Judge, Common Pleas Court, General Division, and Montgomery County Sheriff Phil Plummer
- Justice Legislative Subcommittee – chaired by Barbara Doseck, Director, Dayton Law Department
- Justice Operational Efficiency Subcommittee – co-chaired by Jim Dare, Court Administrator, Common Pleas Court, General Division, and Ann Marie Murray, Court Administrator, Dayton Municipal Court
- Justice Technology Subcommittee – co-chaired by Greg Brush, Montgomery County Clerk of Courts (retired October 31, 2017), Ed McNachtan, Assistant Court Administrator, Common Pleas Court, General Division, Shawn Dunlavy, Manager, Board of County Commissioner Information & Technology Department

These subcommittees are very active and continue to work on their assigned tasks.

None of the subcommittees has a final report prepared to share with the community. As reports become available they will be summarized and placed in future annual report(s).

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 over 4,375 registered users in over 310 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 individuals. Prosecutors are notified if a defendant with an open case has a new arrest or charges in any jurisdiction. Probation officers are notified if their clients have had any "JusticeWeb" story continued on next page 76.
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. In 2016, through JusticeWeb, the County provided Alcohol Drug Addiction and Mental Health Services (ADAMHS) with a daily report of individuals incarcerated in the Montgomery County Jail. ADAMHS runs an automated routine against their database to determine if any of the current jail population has seen an ADAMHS service provider for substance abuse or mental health issues within the past sixty days. If so, the service provider is contacted by ADAMHS so they may continue providing services while their client is in custody, maintaining that critical connection. In addition, law enforcement has the ability to create lineups from mugshots in JusticeWeb that can be used with victims and witnesses to identify suspects. Law enforcement also has the ability to create Wanted Posters within the system.

The Vulnerable Persons Module was approved by the Council in 2015 and would have provided 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 effort to create this functionality was delayed due to the inability to attract and hire a .net programmer for JusticeWeb to the extent that the effort was thwarted as local agencies found other means to deal with these situations.

The Criminal Justice Council in August 2017 approved the development of a module where officers could enter the name of an individual they may be looking for and if the individual were to appear in JusticeWeb the entering officer would be notified by e-mail. There would be a limit placed on the number of names an officer could enter for this purpose, two or three at the most.

In addition, the Council approved a mechanism whereby when a JusticeWeb user runs a name, the system would allow other users running the same individual to see what officer(s) had an interest in the same subject. There would be a box to check if the officer running the initial inquiry was okay with it being known that the inquiry was made. Some inquiries are sensitive in nature and an officer(s) may not want it known the inquiry was made on a specific individual.

Through the offering of premium services to agencies outside the Montgomery County criminal justice community, JusticeWeb generates over 46% of its total operating budget. The remaining amount is subsidized by the County’s general fund. It should be noted that a .net programmer for JusticeWeb was finally hired in mid-2017. 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 Council 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 of 2016, the CIRGV case manager was housed at the Reentry Training Center located in the Reibold Building. This arrangement has worked exceptionally well with both CIRGV and Reentry clients receiving excellent case management services.

The CIRGV relationship continued to build during 2017 as the CIRGV Street Advocates now conduct a workshop in the Reentry Career Alliance Academy on Violence Prevention.

The CIRGV staff continue to play a vital role in our reentry efforts.

---

**Criminal Justice Council Roster**

**CHAIR** The Honorable Mary Kate Huffman, Administrative Judge (Montgomery County Common Pleas Court)

**VICE CHAIR** The Honorable Carl Henderson, Presiding Judge (Dayton Municipal Court) First Assistant Prosecuting Attorney


Action, Alliance, & Accountability

Action

In 2017, the Montgomery County Office of Reentry celebrated its seventh year in the delivery of quality programs and services to justice-involved citizens – to promote public safety, minimize barriers to successful reentry, and promote a reduction in recidivism. In January, the Office of Reentry kicked off the year with a Reentry Team Retreat and Community Justice Partnership Roundtable. The retreat set the stage for member-facilitated workshops on team building, SharePoint overview, and roundtable discussion with seven community corrections professionals who serve youth and adult justice-involved citizens community-wide. This input equipped the Office of Reentry with proposed strategies to enhance client and community engagement. During 2017, the Reentry Team, inclusive of staff, consultants, community partners, and volunteers, contributed to the following annual service outcomes:

Client Pre-Release Efforts
• 732 Engagement Postcards Distributed
• 11 ODRC Resource Fairs Attended
• 352 Fair Face-to-Face Contacts
• 25 Reentry Meetings Conducted

Client Post-Release Efforts
• 304 Clients Scheduled for RCAA Orientation
• 236 Clients Attending RCAA Orientation
• 209 Clients Enrolled in RCAA
• 153 RCAA Graduate Completions - 9 Cohorts
• 252 RCAA Workshops Conducted - 504 hours
• 165 Pre-Employment Drug Screens
• 72 RCAA Graduate Job Placements
• 41 CIRGV (Community Initiative to Reduce Gun Violence) Case Management Referrals
• 31 UD Homeless Shelter Guests Referrals
• 83 Served via ADAMHS Reentry Funding
• 2,516 Transportation Tokens Provided

Community Education & Engagement
• 60 Community Presentations/Events
• 45 Juvenile Intervention Workshops
• 388 Evening Reporting Center Contacts
• 6 Reentry Collaborative Meetings
• 596 Reentry Volunteer Hours Served

Alliance

The success of the Office of Reentry could not be realized without the support of a broad collaboration of over 200 reentry stakeholders. Through these staff partnerships, consisting of community leaders, consultants, community advocates, and volunteers, the Office of Reentry team works interdependently with the Reentry Policy Board, Reentry Collaborative, Reentry Career Alliance Academy (RCAA) Partners, and RCAA Graduates to transform “obstacles into opportunities” for individuals willing to help themselves overcome life challenges and become contributing members of the community. In July, the work of over six dozen partners was celebrated during a special RCAA Partner Appreciation Breakfast Meeting and Retreat held at Madison Lakes Learning and Conference Center. Valuable reentry stakeholder input was shared at the bi-annual meeting, and continuous improvement recommendations were captured and added to the “Wish List” of strategies for RCAA enrichment. In addition, partners were informed of the progress of the Office of Reentry’s Life Coach/Mentor Team planning, which began in March 2017, to provide comprehensive training and an opportunity for RCAA graduate alumni to “give back,” and to provide supportive engagement to other RCAA candidates within the ongoing curriculum. The Office of Reentry is honored to share RCAA program success in partnership with its stakeholders, and is dedicated to continuous improvement of the 4-week, 58-hour program model, to impact recidivism - as highlighted in the August 1st, 2017 edition of the Dayton Business Journal.

Accountability

In 2017, the Office of Reentry celebrated a three year milestone with completion of nine RCAA cohorts and 153 dedicated graduates. Upon completion of the last RCAA Cohort of 2017, the following annual successes were captured:
• 27.5% Increase in Graduate Completions
• 30% Increase of Female Graduates
• 6% Increase in RCAA Job Placements
• 97% Negative Pre-Employment Drug Screens

In 2017, RCAA graduates selected 11 team leaders who assumed the responsibility to emcee their respective cohort ceremonies and take personal investment and ownership in their success. Cohort members participated in video testimonials of
In 2017, all six Subcommittees of the Montgomery County Reentry Policy Board committed to completion of compression planning objectives within their respective work plans. They continually recognized their inherent interdependence and the necessity to collaborate. The following summaries reflect strategic efforts accomplished with the cooperation and support of the Office of Reentry:

**Employment**
The Employment Subcommittee committed to engaging with civic, trade, and service groups to help their members understand the value of hiring returning citizens through employer/employee showcase presentations to Job Developers and Workforce Investment Board Members. The group also fostered employer groups where those with hiring responsibility shared relevant experiences, policy guidelines, insight, and other information-sharing ideas via an Employer Roundtable in partnership with the Second Chance Employment Professionals Group. In addition, they created opportunities for contact between returning citizens and potential employers through collaboration with Sinclair Community College and the Supportive Services Subcommittee to host the REENTRY COPE (Reentry - Cost of Poverty Experience) Simulation, which engaged community stakeholders, including Reentry Career Alliance Academy (RCAA) participants, Sinclair students, employers, and volunteers.

**Housing**
The Housing Subcommittee worked closely with area landlords to enhance their understanding of the RCAA program and increase their participation through events, such as the Landlord Housing & Resource Provider Workshop held at the Montgomery County Business Solutions Center, and Landlord Lunch and Learn held at the MVHO Opportunity Center. The events allowed members to engage with local stakeholders on housing assistance, fair housing policies, and best practices, and educated them regarding Office of Reentry partnerships, programs, and supportive services available to returning citizens. This broad engagement and outreach to interested landlords was successful and led to the expansion and update of the Reentry Housing Landlord Resource List which, in turn, fostered increased participation and commitment to reentry housing assistance. Utilization of the Move-In Assistance Program was optimized and increased from 10 to over 23 housing providers. The program (supported by multiple public and private funders) provided 24 income eligible RCAA graduates with one-time housing assistance up to $250, for use towards rent, deposit, utilities, and household support.

**Legislative Advocacy**
The Legislative Advocacy Subcommittee collaborated with the Greater Dayton Volunteer Lawyers Project (GDVLP) and Community Action Partnership Legal Clinic to provide client access to free, convenient legal services and counsel as they navigate the pathway to resolve issues, such as record sealing, expungement, license suspension, license reinstatement, and other legal-based challenges. The GDVLP, in partnership with WilmerHale, engages with RCAA clients in routine “Legal Matters” workshops. In addition, Subcommittee members engaged in free CLE Training, hosted by the Community Action Partnership Legal Clinic in collaboration with the Ohio Justice & Policy Center and with Dayton Municipal Court, covering
the topics of Certificates of Qualification of Employment (CQE’s) and Sealing Criminal Records. Members continue to support reentry education and advocacy for increased job opportunities for returning citizens in support of CQE’s, and supportive hiring practices for restored citizens who are viable candidates for the local workforce.

Public Education
The Public Education Subcommittee engaged in planning efforts to develop marketing tools needed to foster community response and educate the community regarding the Office of Reentry’s initiatives, impact, and commitment to public safety. The Subcommittee supported the Office of Reentry in refining a standardized volunteer presentation for a community call to action. This presentation, entitled “Volunteering: An Extraordinary Opportunity to Serve Your Community,” was presented at the Montgomery County Jail Chaplaincy hosted Restorative, Recovery & Reentry Conference in October 2017. The Subcommittee is committed to the ongoing survey of unique reentry volunteer opportunities of interest for sustainability and community engagement.

Supportive Services
The Supportive Services Subcommittee hosted the Spring Reentry Expo event in April 2017 at the Montgomery County Job Center. Over 30 community resource providers and 130 returning citizens attended the affair. Members routinely support Reentry Collaborative meetings, special events, and resource support. The Subcommittee continues to sponsor the annual Office of Reentry Uniforms, School Supplies, and Back Bags (USB) Drive for RCAA graduate families and children, providing back-to-school needs and resource support to over 22 children. In October 2017, members assisted with planning and direct onsite registration in support of the “Women in Reentry Symposium: The Road to Empowerment” event, sponsored by Sinclair Community College (SCC) and the Office of Reentry. The Symposium welcomed Dayton Correctional Institution (DCI) Warden Wanza Jackson-Mitchell, Pens to Pictures film makers and song artist (inmates and returning citizens), and luncheon keynote speaker and Ohio Reformatory for Women (ORW) “Warden of the Year” Ronette Burkes-Trowdell. The team also partnered with the DCI Community Service Unit for the Subcommittee’s annual Global Warming initiative. DCI inmates knitted 24 sets of hand woven hats, scarves, and gloves for the initiative, while member agency sponsors worked collaboratively to provide matching coats and boots for 28 children of RCAA graduates during the 2017 Global Warming holiday season. In addition, the Subcommittee continues to connect with local transportation providers to discuss workforce transport alternatives and to foster meaningful community connections.

Women In Reentry
The Women in Reentry Subcommittee committed to building bridges to the community for support of responsible reintegration. Members supported workshop facilitation in support of the “Women in Reentry Symposium” and provided moderator support of the event’s “Returning Citizens Impact Panel” featuring six dynamic women, including reentry program alumni, peer mentors, and volunteers. In the fall of 2017, members toured the ORW female prison facility in Marysville, Ohio. A speaker series was incorporated in Subcommittee meetings to provide women in reentry with a “voice,” Subcommittee engagement, and discussion of strategies needed to enhance gender responsiveness. Members continue to assist in the development of the Office of Reentry publication “Preparing your Family for Possible Incarceration: Your Rights & Responsibilities,” scheduled for distribution in early 2018. More information is available at http://www.mcohio.org/departments/reentry/publications_and_research.php
2017 Honors and Accomplishments

**Commissioner Deborah Lieberman:**
Power 50, 2017 Women to Watch, IMPACT Leadership 21’s Annual Power of Collaboration Global Summit Speaker, and United States Congress Panelist


4th Annual IMPACT Leadership 21’s Annual Power of Collaboration Global Summit at the United Nations brought together the world’s most diverse, inclusive and innovative ideas, inspiring global leaders to collectively pursue endeavors that embody the best of our human values. Commissioner Lieberman spoke on the topic of “Impact Investing: Solutions Accelerating Women’s Equal Economic Participation”.

Commissioner Lieberman participated in a panel discussion at the United States Congress on the role of Medicaid in combating the opioid epidemic, focusing on the impact of opioids on Children Services and the foster care system to Members of Congress and their staff.

**Commissioner Judy Dodge:**
Power 50 and 2017 Women to Watch

Fifty Most Influential Women in Dayton for 2017 - compiled by the Dayton Business Journal; 2017 Women to Watch, presented by Women in Business Networking and the Better Business Bureau, recognizes women in the Miami Valley who are exceptional in their roles and respected in their fields, who are causing more than just a ripple in the public arena and in their communities, and who “light a spark” or make an impression.

**Judy Cook, Sandy Gudorf, and Maj. Wendy Silver:**
2017 Women of Influence

The YWCA of Dayton 2017 Women of Influence included: Judy Cook (Former Mayor, City of Oakwood), Sandy Gudorf (President, Downtown Dayton Partnership), and Maj. Wendy Silver (Dayton Police Department).

Women of Influence have made a difference in our community through their dedication to the YWCA mission of empowering women, eliminating racism, and promoting peace, justice, freedom, and dignity for all.

**Eloise Broner:**
Power 50

The list of the Fifty Most Influential Women in Dayton for 2017 - compiled by the Dayton Business Journal features women from a variety of industries, including education, health care, manufacturing, defense, government and more.

**Adam Fohlen:**
Key to Our Success Award

Adam is one of only two recipients for the annual statewide award from the Ohio Child Support Director’s Association. He was recognized for innovation with the Parenting Time Opportunities for Children (PTOC) program he led.

He started the First Book Initiative, whereby both parents on the PTOC order receive an age-appropriate book to keep at their respective homes each quarter.

To date, the initiative has distributed more than 1,000 books.

**Rev. John Paddock:**
Cardinal Bernardin Community Service Award

This St. Benedict the Moor Parish award honors individuals who are models of giving to others and to the community without any expectation of recognition. Honorees step in when and where needed because it is part of their make-up and giving nature.

**Dayton and Montgomery County:**
“All-America City”

Dayton and Montgomery County have received the prestigious All-America City Award for progress in helping more young children achieve grade-level reading proficiency and early school success. Dayton and Montgomery County are one of 15 communities nationwide to receive the award from the Campaign for Grade-Level Reading and the National Civic League. Preschool Promise, BELL summer program, RTA’s Read on the Bus, Dayton Metro Library’s summer reading programs, and the Junior League of Dayton have supported the community effort.

Data Sources
- Centers for Disease Control and Prevention
- Feeding America
- Guttmacher Institute
- March of Dimes
- Montgomery County Homeless Solutions Policy 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
- 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.
Montgomery County Human Services Planning & Development Department
Tom Kelley, Director/Assistant County Administrator – Human Services
Geraldine Pegues, Deputy Director
Jessica Jenkins, Assistant Director
Lakais Bailey, Contract Monitor/Program Evaluator
Ed Brannon, Contract Monitor/Program Evaluator
Gabriella Clements, Program Specialist, Youth Resource Center
Kima Cunningham, Program Coordinator
Matt Dunn, Manager of Community Programming
Doris Edelmann, Program Coordinator, Youth Resource Center
Denice Finley-White, Administrative Secretary
Matt Gemperline, Data Systems Coordinator
Shanda Hanauer, Administrative Secretary
Lee Hollis, Jr., Program Specialist, Youth Resource Center
Rebecca Ketron, Administrative Secretary
Jenny Lesniak, Program Coordinator, Housing and Homeless Solutions
Lizz Mahar, Program Coordinator
Michael Newsom, Program Coordinator
Rita Phillips-Yancey, Management Analyst
Catherine A. Rauch, Manager of Community Programming
Kathleen M. Shanahan, Program Coordinator, Housing and Homeless Solutions
Robert L. Stoughton, Research Administrator – University of Dayton Fitz Center

Montgomery County Communications Department
Cathy Petersen, Director of Communications

Montgomery County Department of Job and Family Services
Dwayne Woods, Senior Services Division Manager
Lori Draine, Contract Monitor/Program Evaluator

Montgomery County Office of Reentry
Joe Spitler, Executive Director Montgomery County Criminal Justice Council
Jamie Gee, Manager
Keith Harrison, Program Assistant
Quinn Howard, Program Coordinator, Operations
Charles Hunt, UD Research & Community Engagement
Monica Lofton, Case Manager
Amy Piner, Program Coordinator, Administration
Robin Titus, Volunteer Coordinator

United Way of the Greater Dayton Area
Tracy Sibbing, Vice President, Community Impact
Melonya Cook, Director – Community Planning
Laura Engel, Community Relations Assistant
Suzzy Nandrasy, Director – Community Initiatives

Additional assistance provided by
Gayle Ingram, Clerk of Commission - Montgomery County Board of County Commissioners
John Theobald, Commission Assistant for Deborah A. Lieberman