### Education and Life Skills

**Indicators:**

- Learn to Earn
- Kindergarten Readiness
- Student Achievement – 3rd Grade Reading
- Student Achievement – 8th Grade Math
- High School Graduation
- College Enrollment
- College Persistence
- College Graduation
- Educational Attainment

### Income and Stability

**Indicators:**

- Homelessness in Montgomery County
- 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 Council

### 2018 Honors and Accomplishments

Staff Roster    INSIDE BACK COVER
We are pleased to present the 2018 Human Services Planning and Development Annual Report, which includes the 20th Annual Progress Report on Community Focus Areas, Indicators, and Initiatives. Since 1998, the Montgomery County Family and Children Council has provided this report 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.” Using the data in this progress report, we collaborate with our dedicated volunteers, employees, and community partners to direct services where they are needed most to improve the lives of our citizens.

In 2018, Montgomery County invested in several initiatives to address food insecurity. Montgomery County provides funding to The Dayton Foodbank, the House of Bread, the Food Access Resiliency Enterprise (East Dayton), and the West Dayton Collective Impact Food Access Project. In November 2018, 260 people attended our annual Food Summit to discuss solutions to our local food access and security challenges. To address the food deserts in West Dayton, we have invested in the Gem City Market (coming in 2019), and a new food distribution truck for the Foodbank, as well as the creation of a Food Equity Plan.

While the opioid crisis has not been eliminated in our community, we are pleased to see that our efforts are leading to measurable success. To date, there are more than 200 individuals from more than 100 organizations working together through the Community Overdose Action Team, formed in 2016. While any death is unacceptable, efforts in Montgomery County have reduced the number of opioid-related deaths in 2018 by almost half compared to 2017.

Efforts have also been made to address infant mortality. The EveryOne Reach One Infant Mortality task force has identified several strategies and has targeted outreach to specific Zip codes to increase the number of babies that reach their first birthday. Targeted outreach efforts are critical, because data has shown that black babies in those Zip codes die at a higher rate than white babies across the county.

This report goes into greater detail about the efforts mentioned above, as well as many others. We thank all of our partners, volunteers, and committee members who have contributed to this Progress Report. We know that you are dedicated to making Montgomery County a place where our citizens and their families are safe, supported, valued, and respected. Lastly, we would like to acknowledge and thank former Commissioner Dan Foley for his years of service to the people of Montgomery County, as both a leader and participant in several of these important initiatives.

Please contact our Human Services Planning and Development Department at (937) 225-4695 for more information. We value your input as we work to continue “Investing in People.”

Sincerely,

Deborah A. Lieberman
Commission President

Judy Dodge
County Commissioner

Carolyn Rice
County Commissioner
THREE STRATEGIC INITIATIVES (1999)

- Reduce Family Violence
- Promote School Readiness
- Promoting Alternative Learning Opportunities

Service Coordination Mechanism (1995)

- Results Based Accountability™ (1998)
  (Use of Outcomes and Indicators)

1998-2003

SIX FCFC OUTCOME TEAMS (2005)

- Healthy People
- Young People Succeeding
- Stable Families

FASD Task Force (2008)

- Alcohol & Drug Abuse Task Force (2008)

2004-2008

- Low Birth Weight Registry (2007)

- Community Initiative to Reduce Gun Violence (2008)


- Comprehensive Neighborhood Initiative - CNI (2008)

- FCFC Indicator Website (2004)

- Family Centered Services and Supports (2005)

In 1998 we published Turning the Curve and pledged annual updates on the status of our children, families, and adults. This 20th Anniversary Report provides an opportunity to name the resources, projects, and initiatives that have been mobilized and launched since then in an effort to improve the health and well-being of our community.
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 to ensure that the most effective health and human services are available to Montgomery County residents. Stakeholders include volunteers, clients, caregivers, families, children, social and human services nonprofit organizations, and local human services systems (Developmental Disabilities Services; Alcohol, Drug Addiction & Mental Health Services; Public Health – Dayton & Montgomery County; Children Services).

HSPD’s responsibilities are to identify and examine community needs and priorities; plan, research, and develop programs; monitor programs, outcomes, and results; manage grants and contracts, including reporting; and provide technical assistance and other administrative guidance that support the department’s initiatives and projects. HSPD 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 funding of health and human services. Professional staff and resource support is provided to the Montgomery County Family and Children First Council (FCFC), Montgomery County Human Services Levy Council, Homeless Solutions Policy Board, Reentry Council, Montgomery County Frail Elderly Services Advisory Committee, Western Ohio Regional Prevention Council (Regional Child Abuse Prevention), and all related committees.

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

- **Montgomery County Strategic Initiatives** – Contract administration, monitoring, evaluation, and reporting on the Board of County Commissioners Strategic Initiatives and related projects. Montgomery County Board of County Commissioners increased funding to $16 million over five years to support Preschool Promise, which will expand the reach of services that promote increased kindergarten readiness through increased access to high-quality preschool for four-year olds.

- **Western Ohio Regional Prevention Council** – Selected by the Ohio Children’s Trust Fund as the Western Ohio Regional 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 5 for more information.)

- **Infant Mortality Initiative** – Public Health–Dayton & Montgomery County, in partnership with Montgomery County and the EveryOne Reach One Infant Mortality Task Force, hosted the second Infant Mortality Conference themed “Kasserian Ingera: How are the children?” to raise community awareness of babies dying at an alarming rate before they reach their first birthday.

- **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 Dayton, and Sinclair’s Mentoring Collaborative and Fast Forward Center.

- **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 nonprofit agencies.

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

- Youth Resource Center (see page 7)
- Community Overdose Action Team (COAT) (see page 11)
- Local Food Equity Plan (see page 13)
- Family Centered Services and Supports (see page 18)
- Infant Mortality Initiative (see page 21)
- Early Intervention Services (see page 23)
Ohio Children’s Trust Fund (OCTF) is the primary state public funding source dedicated to preventing child abuse and neglect. Its mission is to build on existing strengths within families and communities to effectively intervene before child abuse and neglect occur.

OCTF supports child abuse and neglect prevention throughout eight regions. 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.

Each region has a Prevention Council managed by a coordinator selected through a competitive process. Montgomery County Human Services Planning & Development (HSPD) will continue to coordinate the Western Ohio Regional Prevention Council activities through June 2021.

HSPD’s coordinator role includes the oversight of selected child abuse and neglect prevention programming and services in alignment with a Regional Prevention Plan. HSPD monitors programming and provides technical assistance to organizations delivering prevention services. HSPD also facilitates the annual development of the Council’s Regional Plan for increasing awareness during National Child Abuse and Neglect Prevention Awareness month in April.

Based on a regional needs assessment report and the implementation of prevention services, the Council’s Regional Prevention Plan addresses three priority areas:

- adult behavioral health (substance abuse and/or mental illness);
- physical, cognitive, and social development of children; and
- emotional and behavioral problems experienced by children.

These priority areas inform three strategies approved by the Trust Fund Board for the funding of prevention services. The approved strategies include Parent Education and Support, Promoting Children’s Social and Emotional Competence, and Trauma-Informed Care Training.

Prevention Services during State Fiscal Year 2018 were delivered by four providers, throughout nine counties, to 595 adults and 21 children. In addition, the Council was able to leverage other resources through the Montgomery County Alcohol, Drug Addiction & Mental Health Services (ADAMHS) Board. ADAMHS provided trauma-informed care training for 220 professionals in several counties, through Ohio Mental Health & Addiction Services funding.

<table>
<thead>
<tr>
<th>PREVENTION STRATEGY AND AGENCY</th>
<th>EVIDENCE-BASED PROGRAM MODEL</th>
<th>COUNTIES SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent Education and Support:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elizabeth’s New Life Center</td>
<td>Nurturing Parenting</td>
<td>Montgomery, Shelby</td>
</tr>
<tr>
<td>Recovery and Wellness Centers of Midwest Ohio</td>
<td>Incredible Years</td>
<td>Darke, Miami, Preble</td>
</tr>
<tr>
<td>Greene County Educational Service Center</td>
<td>Positive Parenting Program(^a) (Triple P)</td>
<td>Greene</td>
</tr>
<tr>
<td>West Ohio Community Action Partnership</td>
<td>Nurturing Parenting</td>
<td>Allen, Auglaize, Mercer</td>
</tr>
<tr>
<td><strong>Social and Emotional Competence of Children:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recovery and Wellness Centers of Midwest Ohio</td>
<td>Incredible Years-Small Group</td>
<td>Darke, Miami, Preble</td>
</tr>
<tr>
<td><strong>Trauma-Informed Care Training:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montgomery County ADAMHS Board</td>
<td>Trauma 101 Train-the-Trainer</td>
<td>Champaign, Clark, Logan, Miami, Montgomery</td>
</tr>
</tbody>
</table>
The Mandela Washington Fellowship is a flagship program of the Young African Leaders Initiative. 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.

On behalf of the Montgomery County Board of County Commissioners, the Human Services Planning and Development (HSPD) Department hosted Mandela Washington Fellows for Young African Leaders for the fifth year. In 2018, HSPD hosted two Fellows, Aminata Traoré from Mali and Wedadu Sayibu from Ghana.

Aminata Traoré is in charge of programs for a women’s rights and citizenship organization working to protect and promote the sexual and reproductive health and rights of teenagers in Mali. She is also the National Coordinator of the Network for the Emergence of the Young Women of Mali, which works to prevent discrimination against women and the violation of their rights. Aminata hopes to organize a critical mass of young volunteers to work towards gender equality and sustainable peace in her home country.

Wedadu Sayibu is a development practitioner, in Ghana, with a keen interest in gender equality and promoting women and children’s rights and is passionate about causing positive change in the lives of poor women and children. She has over ten years of experience working in the rural communities of Northern Ghana promoting gender equality, child protection, and working with women to develop sustainable income. Wedadu’s ambition is to become a leading advocate in these areas both locally and internationally.

In collaboration with Commissioner Deborah Lieberman’s office, HSPD staff provided program oversight and were responsible for developing the Fellows’ work plan activities. Because the professional interests of both Fellows were closely aligned, they attended many events together. They participated in sessions at the Youth Resource Center, which dealt with issues relevant to youth and young adults such as communication and attitudes. They also attended workshops sponsored by Clothes That Work on professional development and networking. The Fellows were interviewed by DATV about the work they are doing in their home countries. Meetings with the League of Women Voters and the Women in Business Network provided great opportunities for them to meet local women who are working for equity and gender rights through advocacy and strategic involvement.

The Fellows also met with a number of social service and education professionals who shared curriculum models for working with women and girls and how to improve the infrastructure of their non-profits through fundraising, networking, and targeted marketing.

In their presentations to the Montgomery County Commissioners, Ms. Traoré shared, “It has been an amazing time here in Dayton, Montgomery County. The programs you have here really complement each other and there seems to be such a spirit of collaboration. This has given me so many ideas for what I can do when I return home.” Ms. Sayibu stated, “I have so much information I have gained. I have been able to share with others some of what we are doing in Ghana and so many of the problems with women and girls are very similar here also. I see a much more concerted effort to work together here. This visit has helped me see how I have to plan my work differently and work harder at developing relationships so that the women and girls can really get the most benefit from the programs we are developing to help them better their lives.”

For more information about the Mandela Washington Fellowship, please visit https://yali.state.gov/mwf
The Youth Resource Center (YRC) connects Montgomery County vulnerable youth and young adults in transition, ages 14-24, to health and human service resources for assistance in removing barriers to success and support in attaining education, employment, and health goals. The YRC utilizes a multi-systems, one-stop approach, which provides a direct pathway for youth to attain their educational and employment goals, while also being linked with physical and behavioral health resources to address their overall health.

Vulnerable youth in transition are youth and young adults 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 YRC was opened in the fall of 2016.

The YRC is co-located with Youth Career Services and other community partners. The partners providing services include Goodwill Easter Seals, Dayton Job Corps, Dayton Children’s Hospital, Samaritan Homeless Clinic, Sinclair’s Fast Forward Center, and the following Montgomery County entities: Children Services, Job and Family Services, ADAMHS Board, 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 workshops that aim to enhance both education and employment outcomes while increasing overall skills. These workshops provide supports for youth seeking educational advancement, economic self-sufficiency, life skills, and independent living skills. A computer lab is also available for youth to use for homework and job seeking.

In September 2017, Children Services began conducting transition meetings at the YRC for youth aging out of foster care. In March 2018, the YRC expanded its collaboration with Juvenile Court to include the YRC’s participation in sharing resources during education transition meetings for youth soon to be released. Juvenile Court’s Education Specialists work with youth, parents, and education providers to coordinate educational services needed for a successful transition back to school and home.

The mission of the YRC – to improve coordination of services for youth in transition in Montgomery County – sparked a collaboration with Dayton Job Corps to create a quarterly Community Resource Luncheon. The goals of the luncheons are to improve networking opportunities, share organizations’ resources, and spark conversations about how community partners can collaborate.

In 2018, the Youth Resource Center provided 1,283 services to 649 youth and young adults.

Examples of services and workshops, and the numbers served, include:

<table>
<thead>
<tr>
<th>Service/EVENT</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational services/referrals or computer lab use</td>
<td>86</td>
</tr>
<tr>
<td>Employment/career planning</td>
<td>164</td>
</tr>
<tr>
<td>JFS benefit application assistance</td>
<td>102</td>
</tr>
<tr>
<td>Health screenings/physical exams</td>
<td>104</td>
</tr>
<tr>
<td>Housing services/assistance</td>
<td>57</td>
</tr>
<tr>
<td>Various workshops</td>
<td>453</td>
</tr>
<tr>
<td>Behavioral health</td>
<td>19</td>
</tr>
<tr>
<td>Transition-emancipation meetings</td>
<td>45</td>
</tr>
</tbody>
</table>

A Youth Advisory Council of youth and young adults provides input and feedback on the services provided by 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](http://www.mcohio.org/youth) or call 937-496-7987.

**A 24-year-old single mother of three children (ages 5, 2, and 1) attends Youth Build Dayton where she studies Allied Health while obtaining her high school diploma. She was referred to the YRC because she felt that it was hard to continue her education because she didn’t have reliable childcare. The Youth Resource Center was able to link the young mother with Job and Family Services to receive childcare, food assistance, and cash assistance. Before receiving help from the Youth Resource Center, she worried about missing school. Because of the Youth Resource Center, she is now able to secure reliable childcare and stay in school. She truly appreciates the help they have given her.**
The Montgomery County Fatherhood Initiative (MCFI) assists parents in the navigation of the social services system. MCFI directly serves more than 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 two-day event that has taken place every Father’s Day weekend since 2012; and the “We the Fathers of Montgomery County” Fatherhood Banquet, which has been held annually in January since 2016. These events are ways to acknowledge the role of fathers and provide opportunities for families to engage in positive activities that ultimately improve the wellbeing of their children.

In its eight-year existence, MCFI has established the aforementioned events, 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 the prenatal care of their children’s mothers. 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 Montgomery County Human Services Planning and Development and the Montgomery County Department of Job and Family Services Child Support Enforcement Agency. This partnership has strengthened data collection for MCFI and has cast 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.

In 2018, more than 25 organizations came together to create the Montgomery County Fatherhood Coalition with a vision for Montgomery County to be a community in which children and families thrive because fathers are positively engaged. Its mission is to be a network of services linking fathers to resources so they can successfully engage with their children.

To fulfill their vision, the Coalition:

- Links organizations that are serving fathers so they can understand the services each organization offers.
- Provides guidance to fatherhood organizations through our understanding of outcomes, measures, and evidence-based practices.
- Creates a vehicle for organizations to collaborate on programming, pursue possible funding opportunities, and improve their day-to-day client service.

A highlight of the year was recognition of MCFI staff by the Dayton Bar Association. Congratulations to Fatherhood Coordinator, Mike Newsom, for being named the Liberty Award recipient.

Dads were celebrated on Father’s Day by their children at the 6th Annual Fatherhood Celebration event. Signs were provided by the Ohio Commission on Fatherhood.
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. The FCFC consists of representatives of mandated systems and government agencies, along with key community stakeholders including family representatives who have at some time received services. Throughout 2018, the FCFC conducted ongoing business as established by state statute and the Ohio Family and Children First Council (see page 19). This included updating the Montgomery County Service Coordination Mechanism, which establishes a process for families to seek assistance when they are encountering difficulties with navigating local human services systems (see page 18). The Montgomery County Shared Plan was also updated, which demonstrates how our County utilizes data in our program decision making and how we collaborate with other agencies including nonprofits to attempt to move the needle in the right direction, was updated. Montgomery County has been utilizing community level indicator data for more than 20 years. In response to the 2016 Joint Strategic Plan, FCFC and United Way of the Greater Dayton Area (UWGDA) in 2017 issued a Combined Funding Application for Core, General Supported Services, Frail Elderly, and Homeless Supported Services. Core Services are safety net services.
such as emergency food, medical, safety, and housing needs. General Supported Services programs are engaged in Collective Impact Projects. This requires agencies to work together and agree on a common agenda, shared measures, implementation of mutually reinforcing activities, continuous communication, and for one to be identified as the backbone support.

Many programs and services are provided by community-based agencies, while others are addressed by County human services systems such as Alcohol, Drug Addiction & Mental Health Services, Public Health – Dayton & Montgomery County, and Montgomery County Business Services.

Progress of the Joint Strategic Plan and all priority areas is shared regularly with the FCFC and UWGDA. Throughout 2018 the FCFC heard updates and had conversations about priorities in the Strategic Plan and received presentations by contracted service providers sharing their success and challenges implementing collective impact projects.

Topics and presenters at the quarterly FCFC meetings included the following:

### March
- **Increasing reading and math proficiency**
  - Speakers represented Learn to Earn Dayton, East End Miracle Makers, and the West Dayton Academic Success League

### June
- **Early Intervention**
  - Presenters represented Early Intervention Brighter Futures, Montgomery County Developmental Disabilities Services, Miami Valley Child Development Centers, and Learn to Earn Dayton

### September
- **Food Access/Security**
  - Speakers represented the Foodbank, Inc., West Dayton Collective Impact Food Access Project, Food Access Resiliency Enterprise (East Dayton), Dayton Children’s, the Gem City Market, and Public Health – Dayton & Montgomery County

### December
- **Stable Employment**
  - Speakers represented the Stable Employment Collective Impact Project (SECIP), West Dayton Family Success Network, and Montgomery County Business Services – Workforce Division

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

**March:** Increasing reading and math proficiency

- Speakers represented Learn to Earn Dayton, East End Miracle Makers, and the West Dayton Academic Success League

**June:** Early Intervention

- Presenters represented Early Intervention Brighter Futures, Montgomery County Developmental Disabilities Services, Miami Valley Child Development Centers, and Learn to Earn Dayton

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**December:** Stable Employment

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**Family and Children First Council Roster**

**CHAIR** Deborah A. Feldman (Dayton Childrens Hospital)  
**VICE CHAIR** Judy Dodge, Commissioner (Montgomery County Board of County Commissioners)  
**Rachel Abshear** (Family Representative)  
**Pam Albers, MS, RN** (Help Me Grow Brighter Futures)  
**Jordan Argus, Ph.D.** (Ohio Department of Youth Services)  
**Nancy Banks** (Montgomery County Board of Developmental Disabilities Services)  
**Bryan Bucklew** (Greater Dayton Area Hospital Association - through October 2018)  
**Mary Burns** (Miami Valley Child Development Centers)  
**James D. Cole** (Montgomery County Juvenile Court)  
**Doug Compton** (Fifth Third Bank)  
**Jeffrey A. Cooper, Health Commissioner** (Public Health Dayton & Montgomery County)  
**James Dare** (Montgomery County Common Pleas Court)  
**Frank DePalma, Superintendent** (Montgomery County Educational Service Center)  
**Richard Garrison, M.D., Health Commissioner** (City of Oakwood)  
**Jewell Good** (Montgomery County Department of Job and Family Services, Children Services Division)  
**Court Administrator Steven Hollon** (Montgomery County Common Pleas Court - Effective 9/18/2018)  
**Helen Jones-Kelley, J.D.** (ADAMHS Board Montgomery County)  
**Tom Kelley** (Montgomery County Assistant County Administrator)  
**Dr Elizabeth Lolli** (Montgomery County Educational Service Center)  
**Dr Elizabeth Lolli, Superintendent** (Montgomery County Educational Service Center)  
**Dr Elizabeth Lolli, Superintendent** (Montgomery County Educational Service Center)  
**Douglas M. McGarry** (Area Agency on Aging, PSA 2)  
**Charles Meadows** (Homeless Solutions Policy Board)  
**Commissioner Jeffrey J. Mims** (City of Dayton)  
**Stephen Moore** (Family Representative)  
**Sheriff Phil Plummer** (Montgomery County Sheriffs Office)  
**Kimberly Powell** (Family Representative - Effective 6/21/2018)  
**Cynthia Swafford** (Family Representative)
We are Making Progress

Montgomery County had the highest unintentional drug overdose death rate in the state of Ohio from 2011 to 2017. These deaths steadily climbed from 130 in 2011 to 566 overdose deaths in 2017. It truly has become a public health concern.

In 2016, Montgomery County Commissioners, Public Health - Dayton & Montgomery County, and Montgomery County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) took the lead to coordinate community-wide efforts to respond to the increase in drug overdose deaths by convening the Community Overdose Action Team (COAT).

The COAT’s primary goal is to reduce the number of fatal overdoses in Montgomery County. Over 200 individuals and over 100 organizations, along with people in recovery and family members, participate in one of eight branches, each with a different focus area:

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

Since its inception, the COAT members have increased collaboration and coordination and have secured over $11 million dollars in funding for Montgomery County to respond to the addiction crisis that we continue to face.
Preliminary numbers for the first six months of 2018 show we have made progress. Between January-June 2017 and January-June 2018, the number of overdoses decreased according to the following five indicators:

- **Overdose Emergency Department Visits ▼ 73%** (2,590 to 705)
- **EMS Overdose Runs ▼ 68%** (1,383 to 438)
- **Law Enforcement Overdose Calls ▼ 66%** (2,239 to 761)
- **Drug Overdose Deaths ▼ 65%** (379 to 132)
- **Naloxone Doses Administered by EMS ▼ 60%** (1,790 to 715)

Some of the progress highlights for 2018 are as follows:

- Yearly report and a six-month report were created by the Data Committee.
- ADAMHS launched GetHelpNow App, which is a free app to find services for addiction and mental health.
- Goodwill Easter Seals expanded Generation Rx and Medication Safety trainings.
- More than 10,000 drug disposal deactivation pouches were distributed in the community.
- Prevention Branch members educated high school athletic trainers on preventing opioid misuse among student athletes.
- Prevention Branch members partnered with Drug Enforcement Agency for Drug Take Back Day.
- GROW (Getting Recovery Options Working) expanded outreach to individuals who have overdosed and have entered the emergency department.
- Public Health – Dayton & Montgomery County expanded drug outreach efforts to Montgomery County Municipal Court, Western Division and Trotwood Police Department.

- GROW Blitzes continue through the Montgomery County Drug-Free Coalition to target specific neighborhoods throughout the county based on citizen complaints on drug use and overdoses by going door-to-door to provide information on available resources. They are on target to complete seven blitzes this year.
- DEA 360 Youth Dance Program with Dayton Contemporary Dance Company was implemented at Ruskin and West Wood Elementary Schools.
- “Revived and Renewed: Addiction from a Child’s Perspective” video was launched in partnership with Beckett Springs to highlight the impact of addiction on children.
- Dayton Recovers has partnered with the #VoicesProject to release videos of people that are in recovery and working in Dayton as part of a campaign to reduce stigma around addiction and show that recovery works.
- Conversations For Change events were held by East End Community Services and Dayton Police Department. These events are open to the public to learn about treatment and other community resources, and to receive Narcan training.
- Premier Health developed a resource page [www.opioidassist.com](http://www.opioidassist.com) and developed an opioid Infographic sheet that was made available throughout Premier Health and partner schools.
- Kettering Health Network has expanded Pause, a pathway for physicians and pharmacists to manage chronic or benign pain, to primary care offices.
- Montgomery County ADAMHS expanded residential services and recovery houses.
- Project DAWN through Samaritan Behavioral Health, Montgomery County ADAMHS, Dayton Police Department, and Public Health – Dayton & Montgomery County has increased Naloxone distribution to the public.

The Community Overdose Action Team members have completed many accomplishments since its inception in 2016, and this collaborative, community-wide approach will continue to make an impact in combating the problem of addiction in our community.
Food is one of our most basic needs but having the right food or enough food is a daily struggle for many Montgomery County residents.

**Our Community Faces Two Major Issues:**

1. **Food Insecurity** is caused by a disruption of food intake or eating patterns because of a lack of money or other resources.

In Montgomery County, 17% of residents and 22% of children are food insecure. For more than 93,000 of our residents, finding enough to eat is an ongoing struggle.

2. **Food Access** requires that people have access to healthy, affordable, and culturally appropriate food.

Almost 27% of Montgomery County residents have low access to a store, many of whom reside in “food deserts,” or high-poverty areas where people lack access to grocery stores with fresh and healthy food.

Montgomery County has supported several programs and organizations that address these issues, including the Supplemental Nutrition Assistance Program (SNAP), House of Bread, and the Foodbank, Inc. Additionally, Montgomery County funds two Food Access Collective Impact Projects – the West Dayton Food Access Collective Impact Project and the East End Food Access & Resiliency Enterprise Project.

By working collectively, Dayton improved from the second hungriest city in the nation to the 24th. Commissioner Judy Dodge received the Local Food Hero Award for the state of Ohio in recognition of the exciting efforts undertaken by the County. And while we have made significant progress, there is more work to be done.

To explore new possibilities, Commissioner Judy Dodge convened the 8th Annual Montgomery County Food Summit, “From Farm to Fork – Growing a Stronger Food System,” bringing together more than 250 community leaders and activists.

The summit examined interconnected areas such as equity, economic development, and food access.

Moving forward, Montgomery County has brought together key partners to create a community-wide Food Equity Plan, scheduled to be completed in May 2019. The planning process began as a partnership with Montgomery County, Public Health - Dayton & Montgomery County, the City of Dayton, Hall Hunger Initiative, The Foodbank, Inc., and CityWide Development. The plan is designed to address the entire food system, with an emphasis on the social determinants of health. As the planning process develops, many other stakeholders, organizations, and individuals with lived experiences will contribute and help implement the plan. Together, we will grow a food system that provides healthy food for ALL people.
## 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>93.5 / 7th Up</td>
<td>93.6 / 5th</td>
<td>Has increased 4 of last 5 years</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>18.0 / 8th Down</td>
<td>17.5 / 7th</td>
<td>Has decreased 5 of last 7 years</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Preterm Births</td>
<td>11.2 / 7th Down</td>
<td>11.6 / 7th</td>
<td>Has fluctuated and is flat overall</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Low Birthweight</td>
<td>9.8 / 7th Down</td>
<td>8.6 / 3rd Down</td>
<td>Has gone down 6 of the last 9 years but still remains high</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>6.8 / 3rd Down</td>
<td>7.8 / 5th Down</td>
<td>Has fluctuated but is flat overall</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Child Abuse</td>
<td>25.7 / 8th Down</td>
<td>24.3 / 6th</td>
<td>Has increased 4 of the last 6 years</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Teen Pregnancy</td>
<td>2.3 / 7th Down</td>
<td>2.1 / 7th</td>
<td>Has decreased 7 of the last 9 years</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>4.6 / 6th Down</td>
<td>4.2 / 4th</td>
<td>Has decreased twice after 2 increases and is flat overall</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Tobacco Use (% Not Smoking)</td>
<td>54.1 / 4th Up</td>
<td>53.5 / 4th</td>
<td>Has fluctuated and is flat overall</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>12.7 / 2nd Down</td>
<td>19.2 / 4th</td>
<td>Large increase (&gt;50%) after decreasing 3 of prior 4 years</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Emp. Rate for Persons w/a Disability</td>
<td>21.4 / 5th Up</td>
<td>21.9 / 4th</td>
<td>Has held fairly steady for 5 years</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Pov. Rate for Persons w/a Disability</td>
<td>25.6 / 4th Down</td>
<td>23.8 / 3rd Down</td>
<td>Has fluctuated for 6 years</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Nursing Home Population</td>
<td>7.36 / 6th Down</td>
<td>7.34 / 6th</td>
<td>Has fluctuated and remains flat overall</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Death Rate – Heart Disease</td>
<td>173.8 / 4th Down</td>
<td>181.2 / 7th</td>
<td>Has fluctuated and is currently flat</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Death Rate – Cancer</td>
<td>178.3 / 8th Down</td>
<td>173.2 / 6th</td>
<td>2 decreases after 2 increases; flat overall</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Domestic Violence Deaths</td>
<td>13 Down</td>
<td>10</td>
<td>Has fluctuated for many years and remains flat overall</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Accidental Drug Overdoses</td>
<td>521 Down</td>
<td>269</td>
<td>Despite recent big decrease, remains elevated</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Violent Crime</td>
<td>4.2 / 7th Down</td>
<td>3.8 / 6th</td>
<td>Has decreased 11 of the last 17 years and is down overall</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Property Crime</td>
<td>32.9 / 7th Down</td>
<td>28.9 / 5th</td>
<td>Has decreased 14 of the last 17 years and is down overall</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Kindergarten Readiness</td>
<td>34.9 / 8th Up</td>
<td>37.7 / 7th</td>
<td>Has increased 2 of 3 years</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Student Achievement – 3rd Grade Reading</td>
<td>59.9 / 7th Up</td>
<td>56.1 / 9th</td>
<td>Still up following dramatic drop due to new test</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Student Achievement – 8th Grade Math</td>
<td>52.5 / 9th Up</td>
<td>54.0 / 7th</td>
<td>Has fluctuated since new test introduced</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>HS Graduation</td>
<td>82.4 / 6th Up</td>
<td>84.1 / 5th</td>
<td>Has increased 7 straight years</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>College Enrollment</td>
<td>73.0 Up</td>
<td>73.7</td>
<td>4 increases and 6 decreases in last 10 years; flat overall</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>College Persistence</td>
<td>78.2 Up</td>
<td>79.8</td>
<td>Has decreased 6 of last 8 years and is down overall</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>College Graduation</td>
<td>36.9 Up</td>
<td>36.4</td>
<td>Has declined 3 of last 4 years but is up overall</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Educational Attainment</td>
<td>35.7 / 8th Up</td>
<td>38.2 / 5th</td>
<td>Has increased 6 of last 7 years</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Avoiding Poverty</td>
<td>43.7 / 7th Up</td>
<td>44.0 / 8th</td>
<td>Has increased 8 of last 10 years</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Concentrated Poverty</td>
<td>8.1 / 3rd Down</td>
<td>6.9 / 2nd</td>
<td>Has decreased 4 consecutive years following some big increases</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>People Receiving Public Assistance</td>
<td>0.87 / 4th Down</td>
<td>0.90 / 6th</td>
<td>Has decreased 6 of last 8 years</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Median Household Income</td>
<td>47.9 / 7th Up</td>
<td>47.8 / 7th</td>
<td>Has decreased in 11 of last 14 years and is down overall</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>4.9 / 4th Down</td>
<td>4.4 / 4th</td>
<td>Has decreased 7 of last 9 years</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Stable Employment</td>
<td>51.5 / 7th Up</td>
<td>50.8 / 8th</td>
<td>Has increased 6 of last 7 years after several large decreases</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Abandoned Housing</td>
<td>6.7 / 8th Down</td>
<td>6.9 / 8th</td>
<td>Has fluctuated and is flat overall</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Homelessness</td>
<td>3,509 Down</td>
<td>3,559</td>
<td>Only 3 years of data with revised definition</td>
<td>Flat</td>
<td></td>
</tr>
</tbody>
</table>

Note: Most desirable county rank is 1st. County rank is not available for all indicators. * The historical trend is determined by the changes in the indicator for the most recent ten years.
Early in its history, the Montgomery County Family and Children First Council (FCFC) 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 and funding 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 FCFC’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 [montgomerycountyindicators.org](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](http://www.resultsaccountability.com) or [www.raguide.org](http://www.raguide.org) or [www.resultleadership.org](http://www.resultleadership.org)
The Fast Forward Center Mission:

To guide the future of disconnected youth in Montgomery County by increasing the high school completion rate and facilitating successful transition beyond high school.

The Fast Forward Center (FFC) is an educational re-engagement and resource center for Montgomery County students, ages 16 – 21, who have become academically disengaged and are not on track to receive a high school diploma. As a re-engagement center, FFC’s mission is to increase the high school completion rate by guiding and facilitating the transition and academic re-engagement of students, allowing them to earn a high school diploma. FFC also provides information and support for students to move to post-secondary education, a career, or the military.

The FFC operates as a “hub” providing a “one-stop” means of outreach, assessment, and referral, serving to reconnect youth and young adults with a “best fit” option to complete a high school credential.

This countywide collaborative provides support and dropout intervention services to traditional and non-traditional schools, community organizations, and youth workforce development agencies, empowering disconnected youth to transform their lives and reclaim their futures.

Fast Forward Center
2017 - 2018 School Year Highlights:

Total number assessed or referred: 554
- Total number of students assessed: 186
- Total number of students served – resources/referral services: 368
- Re-engagement/dropout intervention services were provided through 8 community-based partners
- Fast Forward Center partnered 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. Ninety-eight (98) students from the three partner schools earned diplomas.
- Hosted first Re-engagement Summit: Re-engaging the Disconnected Student – 148 attendees (educators, social service providers, juvenile court staff, and county/state officials)
- Fast Forward Center provided Renaissance Learning STAR Math and Reading assessment software to Wesley Community Center’s After School Program as a means of dropout prevention.
  - Reading: Sixteen (16) students completed pre- and post-assessment with 68% (13 students) showing improvement/increase in their reading score.
  - Math: Eighteen (18) completed pre- and post-assessments with 61% (11 students) showing improvement/increase in math scores.

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

For more information about the Fast Forward Center, call 937-512-FAST (3278) or visit 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 hosted its second Mentoring Summit in 2018, with the theme, “Mentoring: Hope for Traumatized Youth.” The Summit included workshops from community experts on mental health training, creating trauma-sensitive classrooms, and resiliency. The event culminated with the Collaborative’s Mentor of the Year Awards Luncheon where Consuelo Castillo Kickbusch, a renowned and influential speaker on new generation leadership, 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 2018 award recipients are as follows:

- Samantha Lumetta – Big Brothers Big Sisters of the Greater Miami Valley
- Malcolm Keith – Dayton Urban Young Life
- Rhyene Hawkins – DECA Prep
- Roosevelt Quick, II – Montgomery County Juvenile Courts

The Pioneer Award is given to a person blazing a trail of hope by promoting and advocating for Mentoring Support for America’s “Youth of Promise.” Recipient Consuelo Castillo Kickbusch is a passionate and influential speaker who carries her powerful message of what it takes to be an effective leader in today’s global marketplace to hundreds of schools, colleges/universities, corporations, and government institutions, both in the U.S. and abroad. For the last 13 years, Consuelo has dedicated her life to empowering a new generation of leaders and has worked with more than one million children and their parents across the U.S. through Educational Achievement Services, Inc., a human development company.

City of Dayton Mayor Nan Whaley was awarded the John E. Moore, Sr. Champion of Youth Award, which recognizes a community member who has made youth education a priority. Mayor Whaley is passionate about youth and families and launched the City of Learners initiative which is a city-wide effort to support Dayton’s schools and students in achieving new levels of success and to build a stronger workforce for the future.

To become a mentor or for additional information about The Mentoring Collaborative, visit their website at www.mentoringcollaborative.net or visit their offices at The Job Center, 1133 Edwin C. Moses Boulevard, Suite 189.
Due to the complexity of social service systems, many individuals and families may find it difficult to locate the services they need. As Montgomery County works to deal with a number of issues such as infant mortality, mental and behavioral health concerns, and the crisis of opioid addiction, it is critical that services are coordinated to best serve those seeking help.

In order to do this, the Montgomery County FCFC Service Coordination Mechanism was developed, in accordance with Ohio Revised Code 121.37, to provide coordinated access to services for families in the community. These families can be referred by another agency or make self-referrals for assistance in addressing current needs, barriers, or obstacles to support and preserve personal and family stability.

The FCFC Service Coordination Mechanism was developed with family representatives, and representatives from various public systems such as Children Services; Public Health – Dayton & Montgomery County; Developmental Disabilities Services; Juvenile Court; public schools; Alcohol, Drug Addiction & Mental Health Services (ADAMHS); Early Intervention; and members of the FCFC Service Brokers and Agency Directors Committees.

The FCFC Service Coordination Mechanism provides a neutral venue and process for families requesting services where their needs may not have been adequately addressed in traditional agency systems. Service Coordination includes multiple community-based services and supports that are organized to meet the challenges of children and youth with multiple needs and their families. Service coordination is family-focused, strength-based, and responsive to the culture, race, and ethnicity of the family. Therefore, the result is a unique set of community services and/or natural supports based on the child and family’s perceptions of their strengths and needs to achieve positive outcomes.

One method of meeting family needs is through Family Centered Services and Supports funding which is designed to maintain children and youth in their own homes through the provision of non-clinical, community-based services. Services range from safety and adaptive equipment to meet a child’s needs to structured activities aimed at improving family functioning.

Example of Service Coordination:

A mother requested assistance from HSPD to advocate for her teenager, who was diagnosed with autism, exhibited violent behaviors, and had numerous suicide attempts. As a result, he had a number of short-term treatment episodes and hospitalizations.

The youth had received services from several agencies such as Children Services, Developmental Disabilities Services, and South Community, Inc., to name a few.

HSPD requested a service coordinator case conference with all participating agencies and requested that the mother be invited to the meeting to share her experience with caring for the youth and express her concerns.

The case conference meeting was productive with over 15 individuals in attendance, representing agencies including Montgomery County Children Services, Montgomery County Juvenile Probation, Montgomery County ADAMHS, Montgomery County Developmental Disability Services, South Community, Dayton Children’s and HSPD, along with the parent.

Through the collaborative work of the agencies and in consideration of the parent’s wishes, the decision was made to maintain the child in the parents’ custody while assisting with treatment costs to support the youth’s treatment plan. A residential treatment placement was secured that meets the needs of the youth and continues parental engagement in the treatment plan.

While the goal of service coordination is to maintain the child in their own home, due to the severity of this child’s behaviors, it was agreed by all in attendance, along with medical professionals, that out of home placement was in the best interest of the youth and family. Progress will be monitored with the ultimate goal of reunification as the client improves and behaviors are stabilized.
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 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.

The state also requires county councils to implement House Bill 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. Human Services Planning and Development staff provide 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 2018 Shared Plan focused on alignment with the Joint Strategic Plan Education and Life Skills Focus Area Priorities: Kindergarten Readiness, Elementary Reading, Middle School Math, High School Graduation, and Career Readiness / Post-Secondary Credentials.
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.*

The recipients of the 2018 Brother Raymond L. Fitz, S.M., Ph.D. Award were:

**Reverend Sherry Gale**  
*Grace United Methodist Church*  
Rev. Dr. Sherry Gale celebrated her tenth year as Pastor of Grace United Methodist Church in 2018. A graduate of Ashland College, she received a Master of Divinity from United Theological Seminary, Master of Science from Miami University, and her Ph.D. from the University of Pittsburgh. She is an active and tireless member of many community collaborations, including the City of Dayton Human Relations Council Board, Community Initiative to Reduce Gun Violence, Montgomery County Reentry Council, Dayton Cooks! Board, and the Wesley Community Center Board.

**Reverend Vanessa Ward**  
*Omega Baptist Church*  
Rev. Vanessa Oliver Ward is the Co-Pastor of the Omega Baptist Church. She is a graduate of the College of Wooster and United Theological Seminary, and she received a Master of Philosophy from Hebrew Union College. She has been involved with a wide array of community organizations and initiatives, including the Dayton Public Schools Accountability Committee, Miami Valley Urban League, Mayor’s City of Learners Advisory Team, Diversity Committee of the Premier Health Board of Directors, and Dayton Chapter of The Links, Incorporated.

Both of the co-recipients have been sponsors of the Children’s Defense Fund Freedom Schools Summer Enrichment program serving children in the Dayton community. Rev. Gale and Rev. Ward have dedicated their lives to the cause of nurturing and protecting children and families. Hundreds of youth and their families have benefitted from their passion, energy, and natural abilities as servant leaders. They both have extensive service to the community, and they inspire and encourage others to join them to make our community a better place for children and their families.

* 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.
**Infant Mortality Initiative**

The first year of an infant’s life is of special importance to ensure its health and quality of life. In Montgomery County, however, there is racial disparity in the number of infants that die before their first birthday. The EveryOne Reach One Infant Mortality Task Force was formed in 2017 to address this concern. As the name of the task force suggests, its goal is to increase the number of children who reach their first birthday. It is also everyone’s job to help make that happen. Specifically, EveryOne Reach One’s goal is to reduce the infant mortality rate in Montgomery County to 6.0 by the year 2020.

Strategies of the task force are to:

- Reduce preterm births;
- Reduce substance misuse in pregnant women and mothers of infants; and
- Weave social determinants of health into all strategies to reduce racial and ethnic disparities in infant mortality.

The successful implementation of the strategies requires public agencies to work together with health care providers, communities, and partners to reduce infant deaths and address the social, behavioral, and health risk factors that affect birth outcomes and contribute to infant mortality. The EveryOne Reach One Infant Mortality Reduction Plan strengthens the system of prenatal and perinatal care available to all women (regardless of where they live), includes consistent messaging about preventing infant death, addresses pre-term and low birth weight babies, provides education about birth spacing, raises public awareness, addresses racial disparities, seeks to reduce substance misuse, and addresses social determinants of health that are often barriers to mothers seeking and continuing care. In addition, male community health workers address fathers’ needs and ways to include fathers in the pregnancy, birthing, and infant experience.
A highlight of 2018 was the second annual Infant Mortality Conference, which was held at Sinclair Community College on September 28, 2018. The conference theme was “Kasserian Ingera? How are the Children?” The goals of the conference were to inform the community about infant mortality, and to build up and strengthen collective action to enact policies and take action to address factors that contribute to infant mortality at the systems, community/environment, and grassroots levels.

The conference included five concurrent sessions on sustainable fatherhood engagement, reducing preterm births, addressing disparities in breastfeeding, fetal infant mortality review, and state and local data as an opportunity to improve birth outcomes. One plenary speaker, Angela Dawson, spoke on the theme and how – both at the state and local levels – there is more to be done. The other plenary speaker, Dr. Jason Reece, spoke on “Place Matters” and driving equity within the community. There was also a Health in all Policies panel discussion with experts sharing their experience in their work as it related to policy decision making. The conference lastly featured keynote speaker, Tonya Lewis Lee, an accomplished author, entrepreneur, producer, and advocate on issues related to women, race, and health equity. Ms. Lee was also the spokesperson for the Department of Health and Human Services Office of Minority Health’s campaign, “A Healthy Baby Begins with You.”

In 2018, the task force was awarded $3,177,387 in funding from the Ohio Department of Medicaid. This funding enables Montgomery County to execute a collaborative effort to reduce infant mortality with the help of the following partners: Public Health – Dayton & Montgomery County; Greater Dayton Hospital Association dba Help Me Grow Brighter Futures; Premier Physician Network dba Life Stages Samaritan Centers for Women; Catholic Social Services of the Miami Valley; Five Rivers Health Centers; Miami Valley Organizing Collaborative; PFACES, LLC; Sunlight Village dba West Dayton Health Promotion Partnership; Fundamental Health Solutions Inc.; Montgomery County Department of Job and Family Services; and Montgomery County Human Services Planning and Development. This endeavor focuses on birth outcomes work plan goals established in the Montgomery County Community Health Improvement Plan and the Montgomery County Strategic Plan.
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 the child get on track developmentally. Services focus on infant and toddler development. Services and resources are chosen by families to help them reach identified goals. Participation is voluntary.

Early Intervention services funded through the Family and Children First Council (FCFC) were provided by Greater Dayton Area Hospital Association’s Help Me Grow Brighter Futures program. As of December 31, 2018, a total of 494 service plans were in place for young children and their families participating in the Early Intervention system.

<table>
<thead>
<tr>
<th>Total</th>
<th>Under 12 months</th>
<th>12-23 months</th>
<th>24-35 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>494</td>
<td>38</td>
<td>149</td>
<td>307</td>
</tr>
<tr>
<td>100%</td>
<td>8%</td>
<td>30%</td>
<td>62%</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 2018, 1,452 referrals were made from a variety of sources (see chart below).

| 2018 REFERRALS CHART |
|----------------------|-----------------|
| Caregivers           | 359             | 25%             |
| Physicians           | 294             | 20%             |
| Early Intervention - Central Intake | 274 | 19%             |
| Children’s Services  | 232             | 16%             |
| Hospitals            | 214             | 15%             |
| Other                | 79              | 5%              |
| **TOTAL**            | **1,452**       | **100%**        |

On July 1, 2018 The Ohio Department of Health and Ohio Department of Developmental Disabilities enacted Bright Beginnings of Cuyahoga County as the Early Intervention Central Intake and Referral System vendor for the State of Ohio. Help Me Grow Brighter Futures of Montgomery County acts as the Regional Partner for Western Ohio, conducting outreach and central intake processes. The Western Region includes: Allen, Auglaize, Champaign, Clark, Darke, Fayette, Greene, Hardin, Logan, Mercer, Miami, Montgomery, and Shelby Counties.

Referrals for Early Intervention services can be made by calling Help Me Grow Brighter Futures at 208-GROW (4769). Callers can also obtain general information about early intervention and other home visiting services.
Lucas’ Journey… Lucas was born in September 2016. At 3 months, he was struggling to grow. From 6-9 months, he was sick with upper respiratory and ear infections, struggled to latch on a bottle, and didn’t gain weight. He was in the 1st percentile on growth charts. By 9 months, he fell behind developmentally - couldn’t lift his head, roll or sit up, and made few noises. We were referred to ABC Pediatrics Therapy, Dayton Children’s Hospital, and Help Me Grow Brighter Futures.

At 10 months, we met our Help Me Grow Service Coordinator and Lucas qualified for services. Through our early intervention team, Lucas works with a Developmental Specialist (DS), Physical Therapist (PT), and Occupational Therapist (OT) in the comfort of our home. He sees his DS every other week and his PT and OT every 8 weeks. At his evaluation in July 2018, we added a Speech Therapist to his team. Lucas always greets them with a large smile!

At 10 months Lucas began Physical Therapy, Occupational Therapy, and Speech Therapy (oral feeding skills) weekly at ABC Pediatrics Therapy. We have seen amazing progress. Within 6 months of starting therapy Lucas was lifting his head, rolling over, eating some solid foods, and sitting up by himself. At 17 months, he was able to crawl. At 22 months, he took his first step.

In January 2018, after many doctor visits and tests, we found the cause for Lucas’ struggles. A blood test ordered by the genetics department of Dayton Children’s Hospital confirmed he has a rare condition called SLOS, Smith-Lemli-Opitz Syndrome. His body is unable to make enough cholesterol, resulting in a wide-range of symptoms due to the vital role cholesterol plays in development and the body. There is no cure or medication for SLOS. Current treatment is cholesterol supplementation in hopes that his organs get what is needed.

Along with the services provided in the home, we attend Parent Connection events and Help Me Grow play groups and Parent Sessions. We appreciate the opportunity to meet with other parents and children who are on the same journey to provide the best life for their child.

We are extremely grateful for ALL the amazing, caring staff at ABC Pediatrics Therapy, Dayton Children’s Hospital, and Help Me Grow, who have had a hand in Lucas’ astounding progress.

Submitted by: Jennifer, Lucas’ Mom

Ellie’s Story… We had been on an adoption waiting list for all of a week and half when we received an email about Baby Girl E, who was 3 1/2 months old and whose mother had chosen to place her for adoption. Before we could hardly blink, Ellie was officially part of our lives. Most parents have a gestational period of around 9 months. Ours was a week and a half.

We made a video of the moment we introduced Grandma to Ellie. The video went viral. Watch “Surprise - You’re a Grandma!” at https://youtube/36jfNFC39v4.

We loved bonding with our beautiful baby girl. As the months passed, we noticed that Ellie was behind on meeting some of her developmental milestones. At first, the delays were mild. We mentioned our concerns to Ellie’s pediatrician and were told that Ellie was “too social” to have autism, and we shouldn’t worry. As time passed and her developmental gap increased, we changed pediatricians and officially started down the road towards an autism diagnosis. Help Me Grow has been invaluable in Ellie’s development. From accompanying us to doctor’s visits, to regular in-home therapy visits, to answering our numerous questions, our Help Me Grow team has been a great resource and become our friends through our journey. We couldn’t be more grateful.

While there have been bumps in the road - Ellie was diagnosed with hearing loss and given hearing aids; within 2 weeks, she had promptly chewed one of the molds to the point of tearing it - we have seen marked growth in Ellie since our journey began. She now runs everywhere, looks people in the eyes, and interacts with them. She loves giggling, music, hugs, balls, swings, and sometimes modeling for Mommy’s photos. We have learned so many things from her. We’ve learned that developmental age ranges are just numbers and not to get disheartened by them, because it doesn’t change who Ellie is. We’ve learned how exciting each milestone is because of how much work it takes to get there, and that each one is worth celebrating. We’ve learned the importance of having a village (and how incredible our village is). We can’t wait to learn more from her as she starts school in the fall.

Submitted by: Laura, Ellie’s Mom
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 2017 values are all new: Montgomery County, 93.6%; Ohio, 92.2%; and United States, 89.5%.

Short-Term Trends

The short-term trend from 2016 to 2017 – from 93.5% to 93.6% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 7th to 5th.

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**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>
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<td>2007</td>
<td>86.1%</td>
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<td>87.4%</td>
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<tr>
<td>2008</td>
<td>89.1%</td>
<td>87.3%</td>
<td>86.5%</td>
</tr>
<tr>
<td>2009</td>
<td>85.7%</td>
<td>87.6%</td>
<td>84.5%</td>
</tr>
<tr>
<td>2010</td>
<td>87.9%</td>
<td>86.9%</td>
<td>85.4%</td>
</tr>
<tr>
<td>2011</td>
<td>83.6%</td>
<td>85.5%</td>
<td>85.1%</td>
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<tr>
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<td>86.0%</td>
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<td>91.1%</td>
<td>93.5%</td>
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<td>93.8%</td>
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<tr>
<td>2016</td>
<td>84.1%</td>
<td>92.7%</td>
<td>93.2%</td>
</tr>
<tr>
<td>2017</td>
<td>88.5%</td>
<td>89.5%</td>
<td>89.5%</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
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 2016 values for Montgomery County, Ohio, and the United States are 17.5%, 15.1%, and 12.9% respectively.

Short-Term Trends

The short-term trend from 2015 to 2016 – from 18.0% to 17.5% – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 8th to 7th.

* 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 2017 values for Montgomery County, Ohio, and the United States are 11.6%, 10.4%, and 9.9% respectively.

Short-Term Trends
The short-term trend from 2016 to 2017 – from 11.2% to 11.6% – is not in the desired direction. The county comparative ranking remained unchanged, at 7th.

PERCENTAGE OF BIRTHS BEFORE 37 WEEKS GESTATION

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mont. Co.</td>
<td>11.0%</td>
<td>11.0%</td>
<td>11.6%</td>
<td>11.5%</td>
<td>11.0%</td>
<td>11.7%</td>
<td>11.2%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Ohio</td>
<td>10.3%</td>
<td>10.2%</td>
<td>9.8%</td>
<td>9.6%</td>
<td>9.6%</td>
<td>9.6%</td>
<td>10.4%</td>
<td>10.4%</td>
</tr>
<tr>
<td>U.S.</td>
<td>10.0%</td>
<td>9.8%</td>
<td>9.8%</td>
<td>9.6%</td>
<td>9.6%</td>
<td>9.8%</td>
<td>9.8%</td>
<td>9.9%</td>
</tr>
</tbody>
</table>

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

Background
The term “low birthweight” 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 2018 (Montgomery Co. – 8.6%; Ohio – 8.5%) are new and they are preliminary; the 2018 value for the United States is not yet available. The 2017 values for Montgomery County and Ohio reported last year as preliminary are now final and they did not change; the final 2017 value for the United States is now available, 8.3%. The 2017 values for the other Ohio counties reported last year as preliminary are now final and they did not change. The national and state values for some earlier years have been revised.

Short-Term Trends
The short-term trend from 2017 to 2018 – from 9.8% to 8.6% – is in the desired direction. The county comparative ranking also changed in the desired direction, moving from 7th to 3rd.

*2018 values are preliminary.
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 2017 values for Montgomery County, Ohio, and the United States are 7.8, 7.2, and 5.8 respectively.

Short-Term Trends
The short-term trend from 2016 to 2017 – from 6.8 to 7.8 – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 3rd to 5th.

INFANT MORTALITY RATE

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>7.4</td>
<td>7.8</td>
<td>7.1</td>
</tr>
<tr>
<td>2007</td>
<td>7.2</td>
<td>7.7</td>
<td>7.0</td>
</tr>
<tr>
<td>2008</td>
<td>8.0</td>
<td>6.6</td>
<td>6.8</td>
</tr>
<tr>
<td>2009</td>
<td>7.8</td>
<td>6.2</td>
<td>6.0</td>
</tr>
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<td>2010</td>
<td>7.4</td>
<td>6.1</td>
<td>6.0</td>
</tr>
<tr>
<td>2011</td>
<td>8.8</td>
<td>7.9</td>
<td>6.0</td>
</tr>
<tr>
<td>2012</td>
<td>8.0</td>
<td>7.6</td>
<td>6.4</td>
</tr>
<tr>
<td>2013</td>
<td>9.0</td>
<td>7.4</td>
<td>6.8</td>
</tr>
<tr>
<td>2014</td>
<td>6.1</td>
<td>7.2</td>
<td>7.2</td>
</tr>
<tr>
<td>2015</td>
<td>7.5</td>
<td>7.4</td>
<td>7.2</td>
</tr>
<tr>
<td>2016</td>
<td>6.8</td>
<td>7.2</td>
<td>5.9</td>
</tr>
<tr>
<td>2017</td>
<td>7.8</td>
<td>7.2</td>
<td>5.8</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
*Rates based on fewer than 20 deaths should be interpreted with caution.
Background

Through the 2016 Report 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, starting with the 2017 Report, we revised 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.

New Data

The 2018 values for Montgomery County and Ohio are 24.3 and 21.4 respectively.

Short-Term Trends

The short-term trend from 2017 to 2018 – from 25.7 to 24.3 – is in the desired direction. The county comparative ranking also changed in the desired direction, moving from 8th to 6th.

*Definition: the number of cases which are substantiated plus the number which are indicated plus the number which receive Alternative Response per 1,000 children under 18.

**CHILD ABUSE**

![Graph showing the number of cases per 1,000 children for Montgomery County and Ohio from 2012 to 2018.]

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>12.3</td>
<td>14.5</td>
</tr>
<tr>
<td>2013</td>
<td>12.8</td>
<td>15.8</td>
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<tr>
<td>2014</td>
<td>18.3</td>
<td>17.5</td>
</tr>
<tr>
<td>2015</td>
<td>24.0</td>
<td>19.4</td>
</tr>
<tr>
<td>2016</td>
<td>23.5</td>
<td>19.6</td>
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<tr>
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<td>25.7</td>
<td>21.3</td>
</tr>
<tr>
<td>2018</td>
<td>24.3</td>
<td>21.4</td>
</tr>
</tbody>
</table>

*Most desirable ranking is number one.*

First time being reported: 2012, 2013, 2014
Previously reported, now revised: 2015, 2016, 2017, 2018
Focus Area: Health and Safety
Indicator: Teen Pregnancy

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

New Data
The 2017 values for Montgomery County and for Ohio are 2.1% and 1.9% respectively.

Short-Term Trends
The short-term trend from 2016 to 2017 – from 2.3% to 2.1% – is in the desired direction. The county comparative ranking remained the same, at 7th.

Teen Pregnancy = (Births + Abortions + Fetal Losses)
**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 2017 values for Montgomery County, Ohio, and the United States are 4.2, 4.4, and 3.8 respectively. [These are NOT %s]

**Short-Term Trends**

The short-term trend from 2016 to 2017 – from 4.6 to 4.2 – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 6th to 4th. [These are NOT %s]

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*See description of this indicator in Background section, above.*
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 2017 values are all new: Montgomery County, 53.5%; Ohio, 53.6%; and United States, 59.8%.

Short-Term Trends
The short-term trend from 2016 to 2017 – from 54.1% to 53.5% – is not in the desired direction. The county comparative ranking remained the same, 4th.
Background
Binge drinking is a measure of substance abuse, one of the priorities adopted in the Joint Strategic Plan. This indicator is calculated based on the responses to two different questions that are asked as part of the Behavioral Risk Factor Surveillance System (BRFSS):

1. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

2. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [5 or more drinks for men or 4 or more drinks for women] on an occasion?

The calculation yields the percentage of people who meet the definition of a binge drinker.

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 2017 values for Montgomery County, Ohio, and the United States are 19.2%, 19.0%, and 17.4% respectively.

Short-Term Trends
The short-term trend from 2016 to 2017 – from 12.7% to 19.2% – is not in the desired direction. The county comparative ranking also did not change in the desired direction, moving from 2nd to 4th.
**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 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 2017 are new. For comparison, the 2017 employment rates for persons without a disability are as follows:

- Montgomery County: 65.9%
- Ohio: 67.8%
- U.S.: 67.1%

**Short-Term Trends**

The short-term trend from 2016 to 2017 – 21.4% to 21.9% – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 5th to 4th.

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**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 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 2017 are new. For comparison, the 2017 employment rates for persons without a disability are as follows:

- Montgomery County: 65.9%
- Ohio: 67.8%
- U.S.: 67.1%

**Short-Term Trends**

The short-term trend from 2016 to 2017 – 21.4% to 21.9% – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 5th to 4th.
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 2018 a two-parent family with two children under 18 was considered to be in poverty if the family income was below $25,465. 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 2017 are new. For comparison, the 2017 poverty rates for persons without a disability are as follows:

- Montgomery County: 11.6%
- Ohio: 10.5%
- United States: 10.7%

Short-Term Trends

The short-term trend from 2016 to 2017 – 25.6% to 23.8% – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 4th to 3rd.
### Focus Area: Health and Safety

#### Indicator: Nursing Home Population

**AVERAGE DAILY CENSUS (ADC) OF NURSING HOMES PER 1,000 RESIDENTS**

<table>
<thead>
<tr>
<th>Year</th>
<th>Ranking</th>
<th>County</th>
<th>ADC per 1,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1</td>
<td>Franklin</td>
<td>4.38</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Butler</td>
<td>5.26</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Lorain</td>
<td>6.07</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Summit</td>
<td>6.49</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Montgomery</td>
<td>7.04</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Lucas</td>
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</tr>
<tr>
<td></td>
<td>7</td>
<td>Hamilton</td>
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<tr>
<td></td>
<td>8</td>
<td>Cuyahoga</td>
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</tr>
<tr>
<td></td>
<td>9</td>
<td>Stark</td>
<td>8.24</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>Mahoning</td>
<td>9.41</td>
</tr>
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</table>

<table>
<thead>
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<th>Year</th>
<th>Ranking</th>
<th>County</th>
<th>ADC per 1,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
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<td>Franklin</td>
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<td>Butler</td>
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</tr>
<tr>
<td></td>
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<td>Lorain</td>
<td>5.99</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Summit</td>
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</tr>
<tr>
<td></td>
<td>5</td>
<td>Lucas</td>
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</tr>
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<td>Montgomery</td>
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</tr>
<tr>
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<td>7</td>
<td>Cuyahoga</td>
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</tr>
<tr>
<td></td>
<td>8</td>
<td>Hamilton</td>
<td>8.34</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Stark</td>
<td>8.34</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>Mahoning</td>
<td>8.87</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Ranking</th>
<th>County</th>
<th>ADC per 1,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
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<td>Franklin</td>
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</tr>
<tr>
<td></td>
<td>2</td>
<td>Butler</td>
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</tr>
<tr>
<td></td>
<td>3</td>
<td>Lorain</td>
<td>5.91</td>
</tr>
<tr>
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<td>Summit</td>
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<td>Montgomery</td>
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</tr>
<tr>
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<td>Hamilton</td>
<td>7.87</td>
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<td>Cuyahoga</td>
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<td>9</td>
<td>Stark</td>
<td>8.36</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>Mahoning</td>
<td>9.29</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.

### 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 2019.

### 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.

---

#### AVERAGE DAILY CENSUS (ADC) OF NURSING HOMES PER 1,000 RESIDENTS

<table>
<thead>
<tr>
<th>Year</th>
<th>2001</th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>2009</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
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</thead>
<tbody>
<tr>
<td>Mont. Co.</td>
<td>7.20</td>
<td>6.92</td>
<td>6.51</td>
<td>7.10</td>
<td>6.83</td>
<td>7.04</td>
<td>7.36</td>
<td>7.34</td>
</tr>
<tr>
<td>Ohio</td>
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<td>6.88</td>
<td>7.07</td>
<td>6.93</td>
<td>6.82</td>
<td>6.73</td>
<td>6.68</td>
</tr>
</tbody>
</table>

**Legend:**
- □ first time being reported
- □ previously reported, now revised
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 2017 values for Montgomery County, Ohio, and the United States are 181.2, 186.2, and 165.0 respectively.

Short-Term Trends
The short-term trend from 2016 to 2017 – from 173.8 to 181.2 – is not in the desired direction. The county comparative ranking also did not move in the desired direction, changing from 4th to 7th.

AGE-ADJUSTED DEATH RATE FOR HEART DISEASE

<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>203.3</td>
<td>231.9</td>
<td>216.8</td>
</tr>
<tr>
<td>2006</td>
<td>203.7</td>
<td>218.5</td>
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<tr>
<td>2007</td>
<td>184.9</td>
<td>205.6</td>
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</tr>
<tr>
<td>2008</td>
<td>200.0</td>
<td>206.9</td>
<td>192.1</td>
</tr>
<tr>
<td>2009</td>
<td>174.1</td>
<td>190.0</td>
<td>182.8</td>
</tr>
<tr>
<td>2010</td>
<td>177.2</td>
<td>192.4</td>
<td>179.1</td>
</tr>
<tr>
<td>2011</td>
<td>170.5</td>
<td>187.7</td>
<td>173.7</td>
</tr>
<tr>
<td>2012</td>
<td>174.2</td>
<td>187.9</td>
<td>170.5</td>
</tr>
<tr>
<td>2013</td>
<td>185.1</td>
<td>186.4</td>
<td>169.8</td>
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<tr>
<td>2014</td>
<td>183.5</td>
<td>191.7</td>
<td>167.0</td>
</tr>
<tr>
<td>2015</td>
<td>195.6</td>
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<td>168.5</td>
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<td>2016</td>
<td>173.8</td>
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</tr>
<tr>
<td>2017</td>
<td>181.2</td>
<td>181.2</td>
<td>165.0</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
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 2017 values for Montgomery County, Ohio, and the United States are 173.2, 171.2, and 152.5 respectively.

Short-Term Trends
The short-term trend from 2016 to 2017 – from 178.3 to 173.2 – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 8th to 6th.
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.

New Data
In 2018 there were 10 deaths due to domestic violence in Montgomery County.

Short-Term Trends
The short-term trend from 2017 to 2018 – from 13 to 10 – is in the desired direction.

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

Background
This indicator tracks the number of Montgomery County residents who die each year because of accidental drug overdoses. Note that when a Montgomery County resident dies of an accidental overdose outside of Montgomery County, it may take several months before the record is officially transferred; therefore the 2017 value is the most recent one available.

While collecting data for the current Report we realized that some of the values previously reported were incorrect; those values have been corrected for this Report. The previously reported incorrect values were for all of the accidental overdose deaths which happened in Montgomery County, regardless of where the decedent lived. Those values are reported by the Community Overdose Action Team (see page 11).

Nationally, from 2003 to 2017 there were the following:
• a 2.7-fold increase in the total number of overdose deaths involving all drugs;
• a 3.7-fold increase in the total number of overdose deaths involving opioid drugs;
• a 20.3-fold increase in the total number of overdose deaths involving other synthetic narcotics (fentanyl);
• a 7.4-fold increase in the total number of heroin deaths; and
• a 3.6-fold increase in the total number of overdose deaths involving heroin WITHOUT other synthetic narcotics, but a 505.7-fold increase (!) in the total number of overdose deaths involving heroin AND other synthetic narcotics.

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 values for the years 2003 – 2009 are being reported for the first time, as is the 2017 value, 521. The values for the years 2010 – 2014 are being revised, as explained above.

Short-Term Trends
The short-term trend from 2017 to 2018 – from 521 to 269 – is in the desired direction.

*2018 value is preliminary
Focus Area: Health and Safety
Indicator: Violent Crime

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

Note that the full dataset, which includes data going back to 1985, is available at [www.montgomerycountyindicators.org](http://www.montgomerycountyindicators.org).

**New Data**
The 2017 values for Montgomery County, Ohio, and the United States are 3.8, 3.0, and 3.8 respectively. The 2013 – 2016 values for the United States have been revised to 3.7, 3.6, 3.7, and 3.9 respectively.

**Short-Term Trends**
The short-term trend from 2016 to 2017 – from 4.2 to 3.8 – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 7th to 5th.

---

**VIOLENT CRIME**

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
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<tr>
<td>2000</td>
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</tr>
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</tr>
<tr>
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<td>2016</td>
<td>3.8</td>
<td>3.5</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.

---

**Notes**
- First time being reported
- Previously reported, now revised
**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](http://www.montgomerycountyindicators.org).

**New Data**

The 2017 values for Montgomery County, Ohio, and the United States are 28.9, 24.2, and 23.6 respectively. Two values for prior years have been revised; see the table below the graph.

**Short-Term Trends**

The short-term trend from 2016 to 2017 – from 32.9 to 28.9 – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 7th to 5th.
Preschool Promise

Montgomery County provided the anchor funding to launch the Preschool Promise Demonstration in Kettering and Northwest Dayton, and many additional community foundations and funders contributed. Beginning in 2019, Preschool Promise will be expanded, supported by a $16 million funding agreement with Montgomery County over 5 years (2019-23). The City of Dayton has 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.

In the fall of 2018, over 70 preschools were participating in Preschool Promise serving over 1,800 4-year-olds. Dr. Mary Fuhs and Dr. Richard Stock at the University of Dayton analyzed child outcomes and helped create baseline data from the 2017-18 school year to be used in future years. The data show that children attending preschool are making positive gains in academic, social-emotional, and self-regulation skills, 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, eliminating the racial achievement gaps, and improving attendance in the years ahead.

Preschool Promise accomplished the following in the 2017-18 school year:

Educating the Community
• Preschool Promise’s outreach team connected with 1,800 families and attended over 500 events.
• The importance of preschool for kindergarten readiness is consistently being shared through social media, radio, digital ads, and billboards.

Expanding Quality
• 26 programs increased their Step Up to Quality Star Rating.
• Teachers received over 2,500 hours of free, personalized coaching.
• 100 teachers who participated in a 9-month Professional Learning Community received over $80,000 in stipends.

Assisting Families
• Over 4,000 children (0-5 years old) attended Preschool Promise programs; including over 1,300 families of 4-year-olds who joined Preschool Promise during the 2017-2018 school year.
• Preschool Promise served over 1,700 4-year-olds.
• Preschool Promise continues to provide resources to support parents in helping their children learn at home, such as free Conscious Discipline® classes.

For additional information on Preschool Promise’s initiatives, please visit www.preschoolpromise.org.

Learn to Earn Dayton

Dayton 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.

For the last 3 years, Learn to Earn Dayton has led an effort with staff from several out-of-school time providers to define what quality should look like in our community. Key components of high-quality out-of-school programs include trained staff, strong evaluation processes and tools, research-based curricula, practices that promote 80-90% attendance, family engagement, and diversity. In 2017-18, Learn to Earn Dayton convened 10 organizations with 17 sites to form the Summer and After-school Collaborative. This group developed an action plan to identify performance measures and common tools for gathering baseline data and measuring future success. The 2017-18 school year was the first year for collecting this data, which was then analyzed by the University of Dayton Business Research Group. In 2017-2018, 1,125 Montgomery County students participated in afterschool programming. The collaborating programs provided almost 250,000 hours of afterschool programming.

For additional information on Learn to Earn Dayton initiatives, please visit www.learntoearndayton.org.
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.

New Data
The 2017-18 values for Montgomery County and Ohio are 37.7% and 41.5% respectively.

Short-Term Trends
The short-term trend from 2016-17 to 2017-18 – from 34.9% to 37.7% – is in the desired direction. The county comparative ranking also changed in the desired direction, moving from 8th to 7th.
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 2017-2018 values for Montgomery County and for Ohio are 56.1% and 61.2% respectively. The county comparative ranking is 9th.

Short-Term Trends
The short-term trend from 2016-17 to 2017-18 — from 59.9% to 56.1% — is not in the desired direction. The county comparative ranking also did not move in the desired direction, changing from 7th to 9th.

Note: Each school year is named by the year in which it ends, e.g., the 2017-18 school year is shown as 2018.
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.

The values previously reported for 2014-2015 through 2016-2017 are being revised to reflect the fact that some students did not take the 8th-grade math test because they were enrolled in Algebra I. The new values, and the values for future years, reflect the percentage of students who pass either the math test or the algebra test, on the assumption that students who are proficient in algebra are also proficient in 8th-grade math. In addition, this revision will keep us aligned with Learn to Earn™ Dayton.

New Data
The 2017-2018 values for Montgomery County and for Ohio are 54.0% and 60.9% respectively. The county comparative ranking is 7th. The values for 2014-2015, 2015-2016, and 2016-2017 are being revised as discussed above. As a result of this revision the county comparative ranking for those years has also changed.

Short-Term Trends
The short-term trend from 2016-2017 to 2017-2018 — from 52.5% to 54.0% — is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 9th to 7th.

Note: Each school year is named by the year in which it ends, e.g., the 2017-18 school year is shown as 2018.
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 2017-18 is scheduled to be released in June 2019.

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 2016-2017 rates for Montgomery County and for Ohio are 84.1% and 84.2% respectively. The county comparative rank is 5th.

Short-Term Trends
The short-term trend from 2015-16 to 2016-17 – from 82.4% to 84.1% – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 6th to 5th.

Note: Each school year is named by the year in which it ends, e.g., the 2016-17 school year is shown as 2017.
Background
According to the 2017 American Community Survey, 40.6% of the 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. 3,600 colleges and universities, enrolling 99% 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 2016 is 73.7%. The values for 2012 and 2013 have been revised; see the note above. In addition, the values for 2003 and 2006 have been revised because they had been inadvertently reported incorrectly in the three most recent Reports.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 73.0% to 73.7% – is in the desired direction.
Background
According to the 2017 American Community Survey, 40.6% 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. 3,600 colleges and universities, enrolling 99% 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 2016 is 79.8%. The values for 2009 through 2011 have been revised; see the note above.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 78.2% to 79.8% – is in the desired direction.

* Includes enrollment in any college term ending before August 14 of the year which is two years after the high school graduation year 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.
Background
According to the 2017 American Community Survey, 40.6% 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. 3,600 colleges and universities, enrolling 99% 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 2012 is 36.4%. The values for 2010 and 2011 have been revised; see the note above.

Short-Term Trends
The short-term trend from 2011 to 2012 – from 37.0% to 36.4% – is not in the desired direction.

* Includes students who complete their college degrees before August 14 of the year which is six years after the high school graduation year. Only classes for which six full years of post-high school graduation data are available are reported here.
Background
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 2017 values for Montgomery County, Ohio, and the United States are 38.2%, 36.7%, and 40.5% respectively. The county comparative rank is 5th.

Short-Term Trends
The short-term trend from 2016 to 2017 – from 35.7% to 38.2% – is in the desired direction. The county comparative ranking also changed in the desired direction, moving from 8th to 5th.
A key indicator of the extent of housing instability in a community is an annual count of the number of households who, as the result of having no other safe place to sleep, spent at least one night in an emergency shelter or are unsheltered, residing on the street or in an abandoned building. This article provides summary information about households experiencing homelessness in 2017 and highlights some areas of disparity in our community. (Annual statistics for 2018 will not be available until after the publication date for this report.)

In 2017, 3,559 households, comprised of 4,505 people, stayed at least one night in one of the community’s gateway shelters – Daybreak Youth Shelter, Gettysburg Gateway for Men, St. Vincent Gateway for Women & Children, and the YWCA Dayton Domestic Violence Shelter – or spent at least one night sleeping unsheltered. The majority of households experiencing homelessness are single adults (83%); 11% are families with children; 4% are unaccompanied minors; 2% are couples without children.

From 2015-2017, the number of households experiencing homelessness increased 4%. The increase is fueled by a 10% increase in the number of single men experiencing homelessness; the number of families with children decreased 21% during the same time period.
A Closer Look at the Numbers

There are some key differences between the adults who experienced homelessness and those who remained stably housed. One of those differences is income. Sixteen percent (16%) of Montgomery County residents live in poverty, yet more than half of adults experiencing homelessness have no income at entry into shelter. There is also a significant racial disparity, with adults who are African-American much more likely to experience homelessness than Caucasian adults proportionately. While 21% of all adults in Montgomery County are African-American, 46% of adults experiencing homelessness are African-American.


<table>
<thead>
<tr>
<th>2018-2019 Homeless Supported Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency</td>
</tr>
<tr>
<td>Daybreak</td>
</tr>
<tr>
<td>St. Vincent de Paul Society</td>
</tr>
<tr>
<td>YWCA Dayton</td>
</tr>
<tr>
<td>Daybreak</td>
</tr>
<tr>
<td>Miami Valley Housing Opportunities</td>
</tr>
<tr>
<td>Eastway</td>
</tr>
<tr>
<td>Homefull</td>
</tr>
<tr>
<td>YWCA Dayton</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>
In addition to the 2018-2019 Homeless Supported Services funding, the Dayton-Kettering-Montgomery County Continuum of Care (CoC) received grant awards totaling $9,475,557 from the U.S. Department of Housing and Urban Development (HUD) as part of the 2017 Continuum of Care competition. The local CoC’s score allowed the community to receive funding for a coordinated entry project and continuum planning grant, in addition to funding for 27 renewal programs. Most of the funding awarded through the CoC provides support to permanent supportive housing.

Daybreak Housing provides safe, age-appropriate, community-based transitional housing for homeless, transition age youth (18-24). Project services include, but are not limited to, temporary rental assistance, mental health services, comprehensive case management, skill building, and community linkages. Through this Collective Impact Project, the Opportunity Zone provides integrated, intensive, and comprehensive employment and education services for homeless youth.

The following stories illustrate the impact of the Collective Impact project on the lives of youth in Montgomery County and highlight some of the barriers and challenges to housing stability the youth experience.

Shelly* graduated from Youth Build with a STNA (State-Tested Nursing Aide) certification the summer of 2018. She was able to obtain a great full time job through Kettering Health Network where she is able to use her certification. She continues to receive employment assistance as needed through Daybreak’s employment program. She has been housed in the Milestones Transitional Housing program through Daybreak and has secured enough income to take over her rent payments beginning February 2019. She has made significant progress since first entering into the project.

Johnny* is living in Daybreak’s transitional housing. During his time with Daybreak, Johnny was jailed for drug charges and participated in the STOP drug and alcohol intervention program. Since then, Johnny worked hard and continued to stay motivated to reach his goals. He graduated from Youth Build with construction certifications and obtained full-time employment. Daybreak is working with him on budgeting so he can take over his lease. Johnny continues to receive services through Daybreak’s Alcohol and Drug clinic, and works with his case manager and employment specialist weekly to progress towards his goals.

* Names have been changed.
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 2018 values for Montgomery County and Ohio are 44.0% and 48.7% respectively. The preliminary 2017 values published in the last Report are now final. The 2017 value for Ohio has been revised to 48.0%. The 2017 values for some of the other counties were also revised but the comparative county ranking did not change. The comparative county ranking for Montgomery County for 2018 is 8th.

Short-Term Trends
The short-term trend from 2017 to 2018 – from 43.7% to 44.0% – is in the desired direction. The county comparative ranking did not move in the desired direction, changing from 7th to 8th.

Focus Area: Income and Stability
Indicator: Avoiding Poverty

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>1999</td>
<td>47.8%</td>
<td>50.4%</td>
</tr>
<tr>
<td>2000</td>
<td>48.5%</td>
<td>50.0%</td>
</tr>
<tr>
<td>2001</td>
<td>45.7%</td>
<td>49.7%</td>
</tr>
<tr>
<td>2002</td>
<td>45.5%</td>
<td>49.3%</td>
</tr>
<tr>
<td>2003</td>
<td>44.4%</td>
<td>49.7%</td>
</tr>
<tr>
<td>2004</td>
<td>44.6%</td>
<td>48.9%</td>
</tr>
<tr>
<td>2005</td>
<td>43.2%</td>
<td>47.6%</td>
</tr>
<tr>
<td>2006</td>
<td>42.0%</td>
<td>45.0%</td>
</tr>
<tr>
<td>2007</td>
<td>42.5%</td>
<td>45.9%</td>
</tr>
<tr>
<td>2008</td>
<td>39.1%</td>
<td>44.6%</td>
</tr>
<tr>
<td>2009</td>
<td>38.4%</td>
<td>43.8%</td>
</tr>
<tr>
<td>2010</td>
<td>39.1%</td>
<td>43.6%</td>
</tr>
<tr>
<td>2011</td>
<td>40.6%</td>
<td>44.5%</td>
</tr>
<tr>
<td>2012</td>
<td>41.6%</td>
<td>45.7%</td>
</tr>
<tr>
<td>2013</td>
<td>43.0%</td>
<td>46.6%</td>
</tr>
<tr>
<td>2014</td>
<td>42.1%</td>
<td>46.9%</td>
</tr>
<tr>
<td>2015</td>
<td>44.1%</td>
<td>47.8%</td>
</tr>
<tr>
<td>2016</td>
<td>44.9%</td>
<td>48.9%</td>
</tr>
<tr>
<td>2017</td>
<td>43.7%</td>
<td>48.0%</td>
</tr>
<tr>
<td>2018</td>
<td>44.0%</td>
<td>48.7%</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
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 2018 threshold for a family of four with two children was $25,465 and for a single parent with one child it was $17,308.

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 high poverty Census tracts are almost all contiguous, and many of them have very high poverty with 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 2017 values for Montgomery County, Ohio, and the United States are 6.9%, 6.3%, and 6.0% respectively.

Short-Term Trends

The short-term trend from 2016 to 2017 – from 8.1% to 6.9% – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 3rd to 2nd.
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: Starting in September 2018 the state changed the database it was using for eligibility determination, so the reporting tool that we had been using to gather these data could no longer provide what we need. Unfortunately the reporting tool currently being used does not have any reports that are similar to the one we had been using. As a consequence the 2018 data reported here are for the January – August period, and statewide data are not available. Also, because Summit County was a pilot county for this change, their data are for January – April. A new reporting tool is being developed with implementation expected in the first half of 2019, after which we will determine if these data will once again be available.

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

New Data

The 2018 value for Montgomery County is 0.90 and for Ohio it is not available. (See Note above.) Because of adjustments to the population estimates, the 2017 values for Montgomery County and four other counties have been revised; the county comparative ranking did not change.

Short-Term Trends

The short-term trend from 2017 to 2018 – from 0.87 to 0.90 – is not in the desired direction. The county comparative ranking also did not change in the desired direction, moving from 4th to 6th.

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

** Population data for 2006-2017 are from Census Bureau estimates; 2018 population data are derived from regression analysis of the 2010-2017 estimates.
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 2017 values are new; the values for 2002 through 2016 have been revised to adjust for inflation.

Short-Term Trends
The short-term trend from 2016 to 2017 – from $47,936 to $47,755 – is not in the desired direction. The county comparative ranking 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>2002</td>
<td>$53,214</td>
<td>$55,615</td>
<td>$58,667</td>
</tr>
<tr>
<td>2003</td>
<td>$53,156</td>
<td>$55,085</td>
<td>$58,035</td>
</tr>
<tr>
<td>2004</td>
<td>$53,156</td>
<td>$54,811</td>
<td>$57,983</td>
</tr>
<tr>
<td>2005</td>
<td>$51,464</td>
<td>$54,145</td>
<td>$58,998</td>
</tr>
<tr>
<td>2006</td>
<td>$50,047</td>
<td>$54,425</td>
<td>$58,033</td>
</tr>
<tr>
<td>2007</td>
<td>$51,286</td>
<td>$54,853</td>
<td>$57,390</td>
</tr>
<tr>
<td>2008</td>
<td>$51,955</td>
<td>$55,557</td>
<td>$56,257</td>
</tr>
<tr>
<td>2009</td>
<td>$51,569</td>
<td>$54,978</td>
<td>$55,033</td>
</tr>
<tr>
<td>2010</td>
<td>$47,340</td>
<td>$54,845</td>
<td>$54,845</td>
</tr>
<tr>
<td>2011</td>
<td>$45,659</td>
<td>$55,557</td>
<td>$54,978</td>
</tr>
<tr>
<td>2012</td>
<td>$44,245</td>
<td>$55,557</td>
<td>$55,557</td>
</tr>
<tr>
<td>2013</td>
<td>$45,009</td>
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<tr>
<td>2014</td>
<td>$45,415</td>
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<td>2015</td>
<td>$44,154</td>
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</tr>
<tr>
<td>2016</td>
<td>$48,153</td>
<td>$55,557</td>
<td>$55,557</td>
</tr>
<tr>
<td>2017</td>
<td>$47,936</td>
<td>$47,594</td>
<td>$46,784</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 www.montgomerycountyindicators.org.

New Data
The preliminary 2018 values for Montgomery County, Ohio, and the United States are 4.4%, 4.5%, and 3.9% respectively; the county comparative ranking is 4th. Many of the preliminary 2017 values reported last year have been revised and are now final; the final 2017 value for Montgomery County is 4.9%. Because of the revisions, some of the county comparative rankings for 2017 have changed; the rank for Montgomery County for 2017 remains unchanged at 4th.

Short-Term Trends
The short-term trend from 2017 to 2018 – from 4.9% to 4.4% – is in the desired direction. The county comparative ranking remains unchanged, at 4th.

*2018 values are preliminary.
Background

In 2017, the national poverty rate for those (16 years and over) who worked full time, year-round was 2.6% while the poverty rate for those who worked part-time or part-year was 16.1%. 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 2017 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, 66.3% worked 35 or more hours per week for 40 or more weeks.

New Data

The 2017 values for Montgomery County, Ohio, and the United States are 50.8%, 54.0%, and 54.4%.

Short-Term Trends

The short-term trend from 2016 to 2017 – from 51.5% to 50.8% – is not in the desired direction. The county comparative ranking also did not move in the desired direction, changing from 7th to 8th.
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 2017 values for Montgomery County, Ohio, and the United States are 6.9%, 5.5%, and 4.5% respectively.

Short-Term Trends
The short-term trend from 2016 to 2017 – from 6.7% to 6.9% – is not in the desired direction. The county comparative ranking remains unchanged at 8th.

*For a definition of “Abandoned Housing” see “How abandoned housing is measured,” above.
Background
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
The value for 2017 is 3,559.

Short-Term Trends
The short-term trend from 2016 to 2017 – from 3,509 to 3,559 – is not in the desired direction.
In our 2004 Report we started going “behind the numbers” in an effort to put what the indicators are telling us in perspective. The reality is that the indicators by themselves are just a collection of graphs with new points being added to each line every year. The challenge is to weave these strands – and the way they are moving – into a coherent story and to start some conversations.

In one sense this is like trying to connect a handful of stars into a constellation; two people can look at the same set of stars and discern two different patterns. When a compelling story can be told about the pattern it becomes easier for people to see the constellation.

The same is true for the indicators. The story that weaves them together must do so in a way that helps people in the community clearly see what has been happening and what is currently happening, especially if the purpose for tracking the indicators is to fuel some conversations and to spur action.

Here are excerpts from some of the stories we have told since 2004. We invite you to read them in full so we are including the page numbers.

2006 Graduation Rate p. 24

Fig. 4 shows all of the attendance data; the yearly improvement since 1998-99 can clearly be seen. While there is still progress to make – for example, two districts are currently below the state standard for attendance, 93.0% – we can say that we have turned the curve on attendance.

2005 PREVENTABLE CHILD DEATHS p. 18

As we have said in the past, the FCFC indicator data are intended to fuel conversations about conditions in the community and about actions we can take, both individually and collectively, to improve those conditions. The data analyzed here show us that some child deaths can be prevented and that infant mortality can be reduced. The Child Fatality Review Board has started those conversations, and we all need to respond.

2004 ANALYZING UNEMPLOYMENT p. 20

So by asking one trendline – in this case, the total unemployment rate for Montgomery County – to tell its story we have heard several stories and piqued our curiosity about several more. That is what a good community indicator does. It starts a discussion about what is happening in efforts to achieve a community outcome. It is up to us to continue that discussion and, more importantly, to act.

2006 Per Capita Effective Buying Income p. 69

2005 LOW BIRTH WEIGHT p. 16

A next logical question might be “What is the cause of the increasing rate of multiple births?” Some associate this increase with two related trends: the older age at childbirth (older mothers are more likely than younger mothers to spontaneously conceive multiples) and the increasing use of fertility therapies. Further analysis is beyond the scope of this article, but it is clear that the “community conversation” fueled by this indicator involves more than just our local community. The FCFC Healthy People Outcome Team will help us participate in that conversation knowledgeably.

2004 TURNING THE CURVE ON SCHOOL ATTENDANCE p. 18

2006 Level of Functioning for Mentally Ill Youth p. 48

2006 DOMESTIC VIOLENCE DEATHS p. 33

A recent review of domestic violence prevention efforts (Sartin et al., 2006) summarized the review by noting: “Perhaps the most important suggestion for future research is the need to study domestic violence as a part of the family violence picture. As one looks over the literature on domestic violence, it is impossible to miss the broad overlap between research on domestic violence and research on child abuse…Further, there appears to be much overlap with studies on general violence and even some overlap with research on juvenile delinquency.”
Concentrated poverty means that other troubling conditions that are associated with poverty—low educational attainment, poor health, and dismal outcomes for children growing up in these neighborhoods, to name a few—are also concentrated. While this fact may be well understood in a general sense, it is striking to see what this means for Montgomery County’s neighborhoods.

Over the years researchers have done a thorough job of documenting how early victimization is associated with negative outcomes in the areas of mental and physical health and with an increased likelihood that the individual will use poor parenting skills when he or she becomes a parent. For example, women who were sexually abused as children have been shown to be more likely to have negative views of themselves as parents and to use physical violence when disciplining their children.

A hallmark of full participation in American society is employment. People with disabilities – by any measure – do not achieve full participation. According to a recent Harris Poll, 63% of adults with disabilities said they want a paying job. Yet in 2005, only 38.4% of Ohioans between the ages of 21 and 64 with a sensory, physical, mental or self-care disability were employed, compared to 78.1% of non-disabled Ohioans between those ages.

The employment-population ratio for people with a disability in the United States in 2009 was 19.2%; for those without a disability it was 64.5%. The large gap is due to a lower labor force participation rate and a higher unemployment rate for persons with a disability. While employment is not a realistic goal for some people with a disability, the differences in all of these rates illustrate the need for continued efforts to achieve inclusion.

That poverty and race are significant factors in what some have called the “geography of opportunity” cannot be denied. The contours of this geography affect the work of all of the Outcome Teams. To give just three examples:

- The Healthy People Outcome Team is responding to the fact that access to health resources varies among neighborhoods, as do various measures of people’s health.
- The Stable Families Outcome Team is responding to the fact that poverty—especially chronic poverty—can increase children’s exposure to a wide array of other problems.
- The Economic Self-Sufficiency Outcome Team is responding to the fact that ex-offenders are concentrated in neighborhoods already challenged with significant pockets of poverty and high unemployment.
It is sobering to realize that differences in executive function based on socioeconomic status [SES] can be observed (in infants). To put an exclamation point on the relationship between SES and executive functioning, a study that followed children and their families for several years suggested that "children exposed to a greater number of years in poverty and to a higher number of spells of financial strain performed significantly worse on the battery of EF [executive functioning] tasks relative to children who had experienced fewer years in poverty and fewer years of financial strain."
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 (two 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 Board of County Commissioners 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. The HSLC is responsible for reviewing and assessing overall needs; assessing millage requirements; ensuring 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 Board of the County Commissioners 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 & Mental Health Services Board (ADAMHS);
- Job and Family Services - Children Services Division (JFS-CSD);
- Public Health – Dayton & 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 2018-2019 community-based Core Safety Net Services and General Supported Services are displayed. The selection of these programs for multi-year service agreements was made during the 2017 Combined Funding Application process managed by Montgomery County and United Way of the Greater Dayton Area. Note that General Supported Services are funded within Collective Impact Projects addressing priorities of the Joint Strategic Plan.
### 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</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>The YMCA pf 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</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wesley Community Center, Inc.</td>
<td>After-School 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 after-school 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, University of Dayton Fitz Center, The Foodbank, Grace United Methodist Church, Alliance Engineering

**Families Forward**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program</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-12th 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

**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>Pathways</td>
<td>$63,108</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 – 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), Mr. Olive Baptist Church (MOBC), Edgemont Solar Garden, Dayton Correctional Institute, 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
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 regards 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 meet regularly to review currently funded programs. Joint program monitoring visits to service providers are also conducted both on-site and through attendance at project meetings.

Throughout the past year, Montgomery County and United Way offered technical assistance to individual programs and to collective impact project teams. Some programs also received technical support as they sought to refine their measures and outcomes, in alignment with the Joint Strategic Plan. They also brought projects together by priority (e.g. food, employment, etc.) to discuss common concerns, identify gaps and barriers, and share what has worked and what hasn’t worked to support client outcomes. Project partners were able to network with peers, learn from one another, and even spark ideas about broadening their collaborative efforts among each other.

Additionally Montgomery County and United Way maintain relationships with Learn to Earn Dayton; Public Health – Dayton & Montgomery County; Montgomery County Business Services; Alcohol, Drug Addiction & Mental Health Services; Developmental Disabilities Services; and others in relation to the Joint Strategic Plan.

United Way provides further resources through its Volunteer Connection, HelpLink 2-1-1, and through its legislative advocacy.
Overview

The Frail Elderly Task Force was created in November 2011 by the Montgomery County Board of County Commissioners to examine current and emerging needs of persons who are 60 years of age and older and 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 & Services

The Senior Services Network Office, a department of the Montgomery County Department of Job and Family Services, along with the Human Services Planning & Development staff, provide administrative support to MCFESAC through information gathering, research, and the coordination of the committee's activities. Together they 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.

MCFESAC sets the overall goals and priorities, assesses the needs of individuals who are frail and elderly, and reviews proposals submitted to identify services which help seniors remain independent and continue to live in their Montgomery County homes. The committee makes recommendations for Human Services Levy funding to support Priority Services or Support Services.

- **Priority Services** are essential 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, however, still important 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 frail elderly population while continuing to target areas of independence, enhanced transportation systems, and caregiver support.

Funded Services

MCFESAC has divided Frail Elderly funds into two allocation categories.

1. **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 1,209 frail and elderly people each month. Services are provided through contracts with agencies to deliver the following:

- personal care services
- home delivered meals
- emergency response systems
- home medical equipment
- counseling
- transportation
- adult day services

This coordination is beneficial in that it provides a wider allocation of resources.

2. **Other Frail Elderly Service Initiatives** are provided by various local non-profit organizations in the community. This category was subdivided into two areas: Other Service Initiatives, which support ongoing services provided to clients that are long term in nature; and One-Time Initiatives that are one-time in nature or services that are for a short period of time.

This ramp was replaced for a 74 year old amputee who lives on $8,000/year. The demolition of the old ramp was coordinated with a volunteer group from a local vendor. On the morning that Rebuilding Together Dayton was taking down the ramp (left), the client returned home from a doctor’s appointment and his wheels literally got stuck in a hole in the not-yet-demolished ramp. The client shared that this used to happen all the time, before his new ramp was installed (above).
**Combined Funding Process - Other Frail Elderly Services**

Montgomery County and United Way of the Greater Dayton Area approved multi-year agreements for frail elderly services through the 2017 combined funding process.

There were 5,377 seniors served in Frail Elderly programs through the end of fiscal year 2018:
- ComCare program served 1,710 clients (reported on a calendar year)

**Listed below are the 2018 - 2019 funded Frail Elderly Services:**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ComCare Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area Agency on Aging</td>
<td>ComCare</td>
<td><strong>$8,797,941</strong></td>
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<tr>
<td><strong>Other Frail Elderly Services</strong></td>
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<tr>
<td><strong>Priority Services</strong></td>
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<tr>
<td>Catholic Social Services*</td>
<td>Senior Outreach</td>
<td>$103,359</td>
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<tr>
<td>Goodwill Easter Seals of the Miami Valley</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><strong>Support Services</strong></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 (also offers priority services)</td>
<td>$121,316</td>
</tr>
<tr>
<td>*Other Service Initiatives/ongoing</td>
<td>Other Frail Elderly Services</td>
<td><strong>$949,265</strong></td>
</tr>
<tr>
<td>The remaining services are One-time Initiatives/short-term</td>
<td>Total Frail Elderly Funding</td>
<td><strong>$9,747,206</strong></td>
</tr>
</tbody>
</table>

*For additional information about Montgomery County Frail Elderly Services, please contact the Senior Services Network office at (937) 225-4948.*
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 is extensive and can be found on the roster on page 76.

Judge Mary Katherine Huffman, Administrative Judge, Common Pleas Court, General Division served as chair during the 2019-2020 term.

Barbara Doseck, Director, Dayton Law Department was elected in December to serve as chair for the 2019-2020 term.

Five subcommittees were in operation during 2018:

- Justice Complex Security Subcommittee – Pertains to Common Pleas Court security and security of the exterior of the criminal justice complex (Common Pleas Court, Jail, Juvenile Court, and Coroner’s Office).
- Justice Legislative Subcommittee – Tracks legislation that impacts the criminal justice community and establishes meetings with state legislators pertaining to criminal justice matters.
- Criminal Justice Public Education – Works to educate community organizations and the public regarding the criminal justice system.
- Justice Operational Efficiency Subcommittee – Looks for more cost-effective methods for how justice practices are performed. Examines methodologies for redundancy between the Common Pleas and municipal courts.
- Justice Technology Subcommittee – Reviews ways to impact the failure to appear rate, for example, texting individuals to remind them of their court dates, JusticeWeb enhancements, sharing of video conferencing capabilities, and other technology issues involving the various components of the criminal justice system.

In Memoriam

The Council was saddened this year by the unexpected passing of Juvenile Court Administrative Judge Nick Kuntz. Judge Kuntz was a long time member of the Council.

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 4,500 registered users in over 310 agencies in two states to consolidate 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 has a number of different functions. For example, it 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 other agreed-upon situations. 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 charge(s) in any jurisdiction. Probation officers are notified if their client has had any recent activity. Courts are notified that people are picked up on warrants. Clerks are notified if there are active warrants on people that are recently deceased. In addition, law enforcement can create lineups from mugshots in JusticeWeb that can be used with victims and witnesses to identify suspects. Law enforcement also can create Wanted Posters within the system.

In 2018, the Franklin County Municipal Court expressed an interest in the utilization of JusticeWeb for its own data. A JusticeWeb demonstration was conducted at the Franklin County Government Center in November.

Plans were made in late 2018 to conduct a JusticeWeb Users Group Meeting in January of 2019. This group will assist in reviewing the system and make recommendations for additional functionality. Represented will be users from across the criminal justice spectrum and selected governmental users.

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.

JusticeWeb is also available through a mobile application for use on most smart phones.
Community Initiative to Reduce Gun Violence (CIRGV)

CIRGV is a multi-jurisdictional 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 (HRC) 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 more recently funding for a case manager position.

In October 2018, the Human Relations Council replaced CIRGV. Montgomery County will continue to support the HRC in its effort to reduce gun violence by providing funding in 2019, 2020, and 2021 to cover the costs associated with the case manager’s position. The case manager will remain housed at the Office of Reentry as was the case under the CIRGV Program. This arrangement has worked exceptionally well with clients receiving excellent case management services.
In 2018, the Montgomery County Office of Reentry celebrated its 8th Anniversary, continuing its delivery of quality programs and services to justice-involved citizens – in effort to promote public safety, minimize barriers to successful reentry, and promote a reduction in recidivism. The Reentry Team, including staff, community partners, volunteers, and consultants contributed to the following 2018 service outcomes:

**MISSION:** Serving the citizens of Montgomery County with program and services that minimize barriers to effective reentry and promote a reduction in recidivism

**Prison/Jail Pre-Release Engagement**
- 34 Prison In-Reach Events/Fairs
- 8 Video Prison In-Reach Presentations
- 12 Jail In-Reach Events/Presentations

**Reentry Career Alliance Academy (RCAA)**
- 42 RCAA Collaborative Partners Engaged
- 91 RCAA Graduate Completions - 7 Cohorts
- 203 RCAA Workshops Conducted

**COMMUNITY EDUCATION & ENGAGEMENT**
- 32 Outreach Events
- 55 Juvenile Probation Evening Reporting Center (ERC) Workshops
- 8 Reentry Collaborative Meetings/Events
- 332 Community Reentry Volunteer Hours

**2015-2018 IMPACT**
- 781 Enrollment Intakes
- 469 Graduate Completions
- 32 Cohorts

**Investing in People**

The Office of Reentry continued to align strategic direction in 2018 to enhance the lives of Montgomery County citizens by “Investing in People” through client-centered support initiatives. Through the Reentry Career Alliance Academy (RCAA), graduates were encouraged to take social responsibility for their investment in public safety. RCAA team leaders selected by their cohort associates assumed the responsibility to serve as hosts for their respective graduation ceremonies and took ownership in the special celebration of their program completion. Those who successfully completed the program received their career passport and BCC proclamation. Graduates sharing sentimental moments with family and reentry networks, through the RCAA “experience,” instilled pride and increased motivation for positive change.

During National Reentry Week in April 2018, the Office of Reentry celebrated the success of 389 of 409 RCAA graduates, reflecting a 95.11% post-program graduate success rate. As 2018 unfolded, the resilient stories of restored citizens served by the Office of Reentry were embraced with the spirit of acceptance and change. The impact these champions had on audiences area-wide sparked a level of social responsibility, tenacity, success, and a ray of hope through the eyes of our program graduates in their efforts to give back to society.

Beneficiaries of their formal and informal speaking engagements and motivational dialogue included audiences such as Reentry Career Alliance Academy Ceremonies, Kettering Rotary Council Luncheon, Montgomery County Fatherhood Banquet & Fashion Show, National Reentry Week “Passing the Torch” Ceremony, “Focus on the Family” Ohio Ex-Offender Reentry Coalition Quarterly Meeting, University of Dayton Osher Lifelong Learning Institute Presentation, Clothes That Work Fashioning Futures Luncheon, Youthful Offender Symposium, the Dayton Woman’s Club, and the Restoration, Recovery & Reentry Conference.

James Clay, Reentry Career Alliance Academy Graduate, delivered an engaging keynote address at the 2018 Montgomery County Fatherhood Banquet.
For the second year, Office of Reentry graduates, Montgomery County staff, and program volunteers participated in the “Making Strides Against Breast Cancer Walk.” The Office of Reentry will continue to encourage returning citizens to commit to community service, investing as volunteers for worthy causes within the community through “Action, Alliance, and Accountability.” The Office of Reentry team maintains commitment to collaboration and continuous engagement of restored citizens’ woven participation into the fabric of local community initiatives. As a 2018 Miami Valley Community Action Partnership “Helping Hands” Award Recipient, the reentry team was recognized for its effort to promote public safety and service through collaboration and social responsibility to “impact lives.”

**Growth Through Transition**

At the close of 2018, reorganization and growth opportunities have transitioned the partnership with the University of Dayton Behavioral Activation Project into a new direction through the St. Vincent de Paul Homeless Shelter Urban Gardening Initiative. The Office of Reentry will continue to receive shelter guest referrals to address the needs of those with criminal histories and build a bridge to reentry services. In addition, we also experienced the career transition of Volunteer Coordinator Robin Titus in August 2018. We are grateful for the successful framework which has been laid via the Volunteering Is a Lifestyle blueprint and branded tools she developed. These tools have equipped the Office of Reentry to transition seamlessly into 2019, enabling the office to maintain engagement with community reentry volunteers.

Strategic direction to “Engage, Educate, and Empower” through RCAA curriculum enhancements, including the newly developed RCAA Client Handbook, will add value to client service delivery. In the effort to serve clients and their families through innovative practices, such as video conferencing and family orientation, the need for onsite assistance will be critical. The Office of Reentry will continue through respected partnerships with Goodwill Easter Seals of the Miami Valley Senior Community Service Employment Program (SCSEP) to serve as a host site and, in addition, will continue shared comprehensive Case Management in partnership with the City of Dayton Human Relations Council through 2021.
Employment

The Employment Subcommittee increased member participation during 2018, and developed new objectives to increase employer education and engagement. In early 2018, Employment Subcommittee member Don Schweitzer, of Day Air Credit Union, coordinated a reentry presentation in partnership with the Office of Reentry to the Kettering Rotary. Co-Chair Linda Ashworth had an opportunity to share reentry best practices with the Dayton Area Chamber of Commerce Leadership Dayton members.

Housing

The Housing Subcommittee increased engagement with landlords this year, resulting in additions to the Reentry Housing Landlord Resource List. The Move-In Assistance Fund Program (supported by multiple public and private funders) provided over 20 Reentry Career Alliance Academy (RCAA) graduates with one-time funding of up to $250 for use towards down payment or moving assistance. One family used the program assistance funding toward their Habitat for Humanity home. In October, Co-Chairs John Zimmerman and Jessica Jenkins held a successful Landlord Engagement Lunch & Learn Event at The Opportunity Center which opened doors to new housing providers and provided networking opportunities for new landlords.

Legal and Legislative Issues

The Legal and Legislative Issues Committee members continue to support each returning citizen obtaining a Certificate of Qualification for Employment (CQE). Moving forward, the Subcommittee plans to support interactive CQE workshops to integrate into the RCAA curriculum. In addition, members focused on the passage of Ohio Senate Bill 66 and its impact on the local criminal justice system.

Public Education

The Public Education Subcommittee celebrated 2018 with the creation of an impactful informational video in partnership with Cathy Petersen, who was then the Montgomery County Director of Communications, and the Office of Reentry team. In April 2018, the Public Education Subcommittee experienced the loss of a longstanding member, Vandalia Police Chief Doug Knight. The video, in memoriam and appreciation, has been shared throughout the community in 2018 via presentations to an array of audiences including the Vandalia Police Department, University of Dayton Lifelong Learning Institute, St. Charles Church, and the Dayton Women’s Club.

Supportive Services

The Supportive Services Subcommittee has continued to sponsor the annual Office of Reentry Uniforms, School Supplies, and Book Bags (USB) Drive for RCAA graduate families and children. In celebration of National Reentry Week in April, the subcommittee facilitated a Reentry Resource Fair called “Providing Assistance for Returning Citizens” or PARC. Over 200 clients attended the Resource Fair. The team continued partnership with the Dayton Correctional Institution (DCI) Community Service Unit for the subcommittee’s annual Global Warming initiative. DCI inmates knitted hand woven hats, scarves, and gloves for the initiative, while member agency sponsors worked collaboratively to provide matching coats and boots for RCAA graduate’s children during the 2018 holiday season.

Women in Reentry

The Women in Reentry Subcommittee published “Preparing Your Family for Possible Incarceration: Your Rights & Responsibilities,” a project inspired and developed through member contribution, collaboration, and advocacy. During 2018, Women in Reentry Subcommittee members focused on the “voices” of women experiencing challenges of justice involvement and the impact such experiences have had on their families. The publication is available at https://www.mcohio.org/Preparing_Your_Family_for_Incarceration_02_12_18.pdf

Reentry Council Roster

CO-CHAIR Commissioner Deborah A. Lieberman (Montgomery County Board of County Commissioners)
CO-CHAIR The Honorable Walter Rice (United States District Court) Linda Ashworth (Dayton Area Chamber of Commerce)
Bonnie Beaman Rice, J.D. (Community Leader) Branford Brown (Miami Valley Urban League) Pastor Sherry Gale (Grace United Methodist Church - through 08/06/18) Joyce Gerren (Community Leader) Jessica Jenkins (Montgomery County Human Services Planning & Development) Steven Kopecky (Daybreak) Sasha Naiman (Ohio Justice and Policy Center) Michael Newsom (Montgomery County Job and Family Services) Rev. Arvin Ridley (Victory In Power) Criminal Justice Director Joe Spitler (Montgomery County) Cheryl Taylor (Sinclair Community College) John Theobald (Montgomery County Board of County Commissioners Office) John Zimmerman (Miami Valley Fair Housing Center)
2018 Honors and Accomplishments

Commissioner Judy Dodge: 2018 Local Food Hero, Power 50
The Ohio Food Policy Network has named Montgomery County Commissioner Judy Dodge the “2018 Local Food Hero.” The award celebrates “dedication and service to the people of Ohio through leadership and advocacy for the creation of healthy local and regional food systems.” Under Commissioner Dodge’s leadership, food is now a top priority for County funding. As a result, our combined Human Services Levy/United Way collective impact process is now funding two new and innovative community projects to address food inequity.

Dayton’s Bizwomen Power 50 list recognized some of the Dayton region’s most influential women. Compiled by the Dayton Business Journal Editorial Board, the list featured women from a variety of industries, including education, health care, manufacturing, defense, government and more.

Commissioner Deborah Lieberman: Power 50, Women in Local Leadership Summit, National Association of Counties, U.S. Congress Testimony
Dayton’s Bizwomen Power 50 list recognized some of the Dayton region’s most influential women. Compiled by the Dayton Business Journal Editorial Board, the list featured women from a variety of industries, including education, health care, manufacturing, defense, government and more.

Commissioner Lieberman represented the Dayton Region at a Women in Local Leadership Summit, a German cultural exchange, which included Chancellor Angela Merkel. She was appointed the Human Services Committee Vice-Chair and a National Board Member of the National Association of Counties (NACo).

Representing the County Commisions Association of Ohio (CCAO) and NACo, she participated in a U.S. Congressional hearing regarding the impact of the opioid crisis on youth and children.

Superintendent Nancy Banks: Montgomery County Board of Developmental Disabilities Services Provider Pilot Partnership Grant
The Ohio Association of County Boards awarded a Provider Pilot Partnership Grant to the Montgomery County Board of Developmental Disabilities Services (MCBDDS). This grant provides consulting expertise to help County Boards AND private providers of services collaboratively address big-picture concerns, including recruitment and retention of staff, development of quality measures for service delivery, and administrative challenges. MCBDDS was one of seven county boards in the state to receive the award.

Elise Broner: Power 50
Dayton’s Bizwomen Power 50 list recognized some of the Dayton region’s most influential women. Compiled by the Dayton Business Journal Editorial Board, the list featured women from a variety of industries, including education, health care, manufacturing, defense, government and more.

She received the Public Relations Society of America (PRSA) Award for Newsmaker of the Year.

Community Overdose Action Team (COAT): National Association of Counties Achievement Award, Ohio State University Champions of Public Health Award
The Achievement Award from the National Association of Counties (NACo) honors innovative, effective county government programs that strengthen services for residents. Montgomery County received the award for the COAT’s effort in the category of Human Services.

The Ohio State University College of Public Health selected the COAT as the winner of the “Organization Award” for the 2018 Champions of Public Health Awards. The awards are presented to recognize individuals and organizations that make significant contributions to the health and well-being of Ohioans.

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.
Human Services Planning & Development Staff and Additional Support - 2018

Montgomery County Human Services Planning & Development Department
Tom Kelley, Director/Assistant County Administrator - Human Services
Geraldine Pegues, Director
Jessica Jenkins, Assistant Director
Debbie Bowser, Administrative Secretary
Ed Brannon, Contract Monitor/Program Evaluator
Gabriella Clements, Program Specialist
Kima Cunningham, Program Coordinator
Lori Draine, Contract Monitor/Program Evaluator
Matt Dunn, Manager of Community Programming
Denice Finley-White, Administrative Secretary
Matt Gemperline, Data Systems Coordinator
Jenny Lesniak, Program Coordinator
Lizz Mahar, Program Coordinator
Taneah Matthews, Program Coordinator
Michael Newsom, Program Coordinator
Rita Phillips-Yancey, Management Analyst
Kathleen M. Shanahan, Program Coordinator
Robert L. Stoughton, Research Administrator - University of Dayton Fitz Center
Rachel Ward, Manager of Community Programming

Montgomery County Communications Department
Cathy Petersen, Director of Communications - through September 2018
Brianna Wooten, Director of Communications

Montgomery County Department of Job and Family Services
Dwayne Woods, Senior Services Division Manager

Montgomery County Office of Reentry
Joe Spitler, Criminal Justice Director
Jamie Gee, Manager
Quinn Howard, Program Coordinator, Operations
Amy Piner, Program Coordinator, Administration
Robin Titus, Volunteer Coordinator - through August 2018

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
John Theobald, Commission Assistant for Deborah A. Lieberman