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**Education and Life Skills**  
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**Indicators:**  
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46 Ohio Graduation Test (OGT) – 10th Grade  
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50 College Persistence  
51 College Graduation  

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**Income and Stability**  

**Indicators:**  
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**2014 Honors and Accomplishments**
Letter From the Commissioners

We are proud and excited to present the Human Services Planning and Development (HSPD) 2014 Annual Report, which includes the 16th annual FCFC Progress Report on Focus Areas, Indicators and Initiatives. The Montgomery County Family & Children First Council has provided the Progress Report each year since 1998 to monitor our community’s efforts to improve the health and well-being of our families, children and adults.

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

2014 was an exciting transformation year for the FCFC as it reorganized its structure to increase community alignment and become more directive in its focus. This new organizational approach will aid the partnerships with the Human Services Levy Council, the Homeless Solutions Policy Board, the Frail Elderly Services Advisory Committee, as well as United Way of the Greater Dayton Area and many other community partners, who strive to support more effective and efficient services for our citizens.

The previous six Community Outcomes: Healthy People, Young People Succeeding, Stable Families, Positive Living for Special Populations, Safe and Supportive Neighborhoods and Economic Self-Sufficiency have been refined and prioritized into three Community Focus Areas:

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

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

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

Sincerely,

Dan Foley
County Commissioner

Judy Dodge
County Commissioner

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

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

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

- Family Centered Support Services
- Help Me Grow
- Community Needs Assessment
- Ohio Children’s Trust Fund

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

- 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 and safety net human services programs by local community-based non-profit agencies.

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

- Community Initiative to Reduce Gun Violence (CIRGV) – Strategic multi-disciplinary partnership of City of Dayton, City of Trotwood, Montgomery County Sheriff, and Montgomery County Prosecutor to reduce group-related gun violence and homicides. In 2014, HSPD funded case management services to complement the other CIRGV program interventions – Community Involvement, Law Enforcement Engagement, and Support Services – to engage the moral voice of the community as it promotes a neighborhood standard that openly values life and safety while denouncing gun violence.

- Children’s Defense Fund Freedom Schools® – Summer literacy-based learning program in partnership with the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Job and Family Services, United Way of the Greater Dayton Area, Children’s Defense Fund, Boys and Girls Club, Grace United Methodist Church, Omega Baptist Church, Wesley Community Center, New Lebanon Schools, and Northridge Schools to improve reading and reduce “summer slide.” In 2014, HSPD participated in program funding.

- Montgomery County Ohio Future (MCO Future) – Contract administration, monitoring, evaluation and reporting on the Board of County Commission Strategic Initiatives and related projects. HSPD is partnering with ReadySetSoar, Kettering City Schools, City of Kettering, City of Moraine, 4C for Children, and several private child care providers to implement a “Preschool Promise” pilot to promote increased kindergarten readiness through expanded access to high quality preschool for four-year-olds within the Kettering City School District.
On behalf of the Montgomery County Board of County Commissioners, the Human Services Planning and Development (HSPD) Department hosted a Mandela Washington Fellow for Young African Leaders, Eunice Likoko, a social worker from Kenya. Ms. Likoko has promoted women and gender rights in Nairobi, Kenya for many years. She also works to raise awareness about the plight of sex workers in Kenya and is one of the founders of Full Circle Trust, a rehabilitation center for women in prostitution that helps find alternative forms of income. Ms. Likoko holds a Bachelor of Arts degree in Social Work from the University of Nairobi, a Master of Science degree in Sustainable Development from Uppsala University and a certification in Gender Equality and Development Studies from the World Bank Institute for Development. In the future she hopes to influence the development of global policies related to regional planning, water sanitation, climate change, and gender and food security.

The Mandela Washington Fellowship is a flagship program of President Barack Obama’s Young African Leaders Initiative (YALI). President Obama launched YALI in 2010 to support young African leaders as they spur growth and prosperity, strengthen democratic governance, and enhance peace and security across Africa. Of the 50,000 applications submitted for the Fellowship program, Montgomery County received two of only one hundred young African professionals, ages 25-35 selected to complete an eight-week Fellowship for academic study, leadership training, and to attend the Presidential Summit in Washington, D.C. The Fellows were a diverse group and represented some of the brightest young leaders in 49 countries of sub-Saharan Africa.

Working with John Theobald, Commission Assistant for County Commissioner Deborah Lieberman, HSPD staff provided program oversight and were responsible for assisting with the development of Ms. Likoko’s work plan activities. Ms. Likoko worked with the Family and Children First Council, the Office of Ex-Offender Reentry and the Prostitution Intervention Collaborative during her eight-week internship. While in Montgomery County she also had the opportunity to visit with local non-profit organizations that provide human trafficking prevention and support services, make a college campus presentation and other presentations about her life and work in Kenya. During her internship, Ms. Likoko reflected on her time stating, “I have been working and lecturing in Kenya on these issues for several years. As I study what you are doing here, I find that we are dealing with many of the same challenges and I’m excited to see what new ideas I can take home.” This experience expanded the breadth of knowledge for not only Ms. Likoko, but also the staff of the Montgomery County Human Services Planning & Development Department.

To learn more about the Mandela Washington Fellowship, please visit https://youngafricanleaders.state.gov/washington-fellowship/.

(left to right) Commissioner Deborah Lieberman, Commissioner Judy Dodge, Eunice Likoko, and Commissioner Dan Foley
The Montgomery County Family and Children First Council (FCFC) was established in 1995 in accordance with state law as the “lead collaborative” for issues affecting children and families. Its mission was set:

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

The Council’s initial work began in 1996 through the development and approval of the first working draft of the first set of Outcomes and Indicators. This was the introduction of the six “Desired Community Outcome” areas:

- Healthy People (HP)
- Young People Succeeding (YPS)
- Stable Families (SF)
- Positive Living for Special Populations (PLSP)
- Safe and Supportive Neighborhoods (SSN)
- Economic Self-Sufficiency (ESS)

In 1997, the FCFC Executive Committee assumed a level of leadership and the Council created a new set of committees with specific roles:

- Research, Planning & Evaluation – Holding agencies accountable for their performance; measuring the community’s progress
- Resource Management – Rationally organizing and allocating the resources necessary to achieve the outcomes
- Systems Change – Articulating and building consensus around desired outcomes

Through 1998, the Agency Directors Committee took shape to provide service level expertise and guidance on community topics. The Agency Directors also established the Service Brokers to navigate daily service-level system barriers. The early work developed around “Results-Based Accountability” through the tracking and reporting of specific Indicators to the status of the six “ Desired Community Outcomes.” The initial Turning the Curve Report was released in 1998 and then became an annual work product. The FCFC Resource Mapping project was completed and released annually with data from 1998 through 2003. Human Services Levy funding to FCFC to support start-up initiatives began in 1996 and later, allocations for FCFC Initiatives began in 2001 at $1 million per year through 2008.

Three Strategic Community Initiative Teams (SCITs) led by chairs, were introduced in 1999 to identify and address community needs / gaps. These SCITs recommended early strategies and programming for Promoting School Readiness and Fourth Grade Success, Promoting Alternative Learning Opportunities and Family Violence Prevention. From 1999 through 2005, the SCITs’ products included (year initiated):

**Promoting School Readiness and Fourth Grade Success**
- Parents as Teachers (2000)
- Easy Steps to Grow Great Kids (2000)
- Kindergarten Readiness (2000)

**Promoting Alternative Learning Opportunities**
- Education – Think About it (2000)
- www.SchoolsWorthIt.org (2001)
- Mentoring Collaborative (2001)

**Family Violence Prevention**
- Domestic Violence Database (2000 – Phase I of what is now JusticeWeb, Montgomery County’s Criminal Justice Information System - CJIS)
- Family Violence Coordinating Council (2000)
- Domestic Violence Protocols (2001)

The FCFC was also instrumental in a variety of community level programs and projects:

- Initial start-up funding for:
  - Erma’s House – Family Visitation Center (1997)
  - CARE House – Multi-Disciplinary Child Abuse / Advocacy Center (1997)
  - Sojourner Program – Family Centered Drug and Alcohol Treatment (1997)
- Diversity Awareness and Cultural Competency (2001)
- Teenage Pregnancy Prevention (2001)
- Indicators Website (2004)

In 2005, the first significant reorganization of the FCFC’s structure took place. The primary structure of the Council, its Executive Committee, the Agency Directors and Service Brokers Committees remained in place. The SCITs had completed their primary work assignments and were phased out. Seven new Outcome Teams (OTs) led by Champions were established consistent with the six Community Outcome areas. Safe and Supportive Neighborhoods was split into Supportive and Engaged Neighborhoods and Safe Neighborhoods Outcome Teams. Each of these OTs conducted research and developed their own strategies and/or programming to address community needs / gaps. The products of the SCITs were handed off and any pre-existing programs were assigned to an OT.

The Human Services Levy allocation for FCFC Initiatives increased to $2 million in 2009, and then decreased to $500,000 for 2012 through 2015. The FCFC partnered with United Way of the Greater Dayton Area in 2012 to establish a Joint Review Process for funding applications / awards for health and human services safety net programs. This partnership includes...
the administrative work of staff to support technical assistance, contracting, monitoring and evaluation. The FCFC / UW partnership established new opportunities to leverage resources and approaches in the delivery and evaluation of programming. From 2005 through 2014, the OTs’ products have included (year initiated):

**Healthy People**
- Low Birth Weight Registry (2006)
- Childhood Obesity Prevention (2008)
- GetUp! Montgomery County and 5 – 2 – 1 Almost None Campaigns (2009)

**Young People Succeeding**
- Middle School Career Exploration (2006)
- Early Care and Education (2007)
- ReadySetSoar (2008)
- Learn to Earn (2010)
- Vulnerable Youth in Transition (2012)

**Stable Families**
- Community Domestic Violence Safety Assessment (2006)
- Elder Abuse, Neglect and Exploitation (2009)
- Fatherhood / Celebrate Fatherhood (2012)

**Positive Living for Special Populations**
- Endorse Establishment of AOD Task Force (2007)
- Fetal Alcohol Spectrum Disorders – Not A Single Drop Community Awareness (2007)
- Early Intervention – Community Awareness (2008)
- Violence Against Women with Disabilities (2009)
- Housing Accessibility Design / Promotion of Specialized Technology (2009)

**Safe Neighborhoods**
- Safe Neighborhoods Court / Probation Officer (2006)

**Supportive and Engaged Neighborhoods**
- Comprehensive Neighborhoods Initiative (2008)

The six Community Outcomes were refined to three Focus Areas:
- **Health and Safety**
  (will include HP + SF + PLSP + SSN)
- **Education and Life Skills**
  (will include YPS)
- **Income and Stability**
  (will include ESS + SSN)

Analysis and Data Management, Families and Consumers, and Service Alignment are critical to the new framework. Verifiable methods of obtaining input to understand individual and family needs must be used. This information should be obtained directly from them, from the data sets that reside within agency records and through other reliable sources. This should help move to a more directed approach of shaping service delivery and increasing accountability and results. An internal focus will be placed on moving the current balance of strategies and services from intervention to more prevention-based, while respecting the need for core safety net services.

During 2014, committees of the FCFC were changed to operate in a tactical manner utilizing the expertise of volunteers and subject matter experts to develop strategic plans, actions, resources and projects or initiatives to advance the FCFC’s priorities. The new organization will support many new key approaches and increase alignment and partnership opportunities with the Human Services Levy Council, the Homeless Solutions Policy Board, the Frail Elderly Services Advisory Committee, as well as United Way of the Greater Dayton Area and many other community partners, who strive to support more effective and efficient priorities.

### Economic Self-Sufficiency
- **Endorse Establishment of Ex-Offender Reentry Task Force (2007)**
- **Ex-Offender Reentry Initiatives (2007)**

In 2013, the FCFC undertook a facilitated dialogue to review its structure. Over several months, its members provided key input resulting in a new framework that began a phased-in transition throughout 2014.

### FCFC Funded Initiatives:

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Approved Initiative</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Safety</td>
<td>FASD Community Capacity Building</td>
<td>$44,544</td>
</tr>
<tr>
<td>Health and Safety</td>
<td>Prostitution Intervention Program</td>
<td>$52,797</td>
</tr>
<tr>
<td>Health and Safety</td>
<td>UAVGD - Second Step Program</td>
<td>$33,910</td>
</tr>
<tr>
<td>Education and Life Skills</td>
<td>Mentoring Collaborative</td>
<td>$200,000</td>
</tr>
<tr>
<td>Education and Life Skills</td>
<td>ReadySetSoar</td>
<td>$100,000</td>
</tr>
<tr>
<td>Education and Life Skills</td>
<td>Taking Off To Success</td>
<td>$322,500</td>
</tr>
<tr>
<td><strong>Total Initiatives Funded</strong></td>
<td></td>
<td><strong>$753,751</strong></td>
</tr>
</tbody>
</table>
Family and Children First Council (FCFC)  
Priorities / Tactical Task Force Framework

Staff and Professional Resources  
Board of County Commissioners (Administrative Agent)  
Family and Children First Council

Families and Consumers / Analysis and Data Management / Service Alignment

FCFC Priorities and Strategic Plans

Education and Life Skills

Income and Stability

Health and Safety

Research
Needs/Priorities
Support Services
Outcomes
Technical Assistance
Evaluation
Reporting

State Duties
Initiatives
Emerging Issues
Implementation
Accountability
Public Policy
Advocacy

Families and Consumers / Analysis and Data Management / Service Alignment

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

Collaborative Funding Award Process:  
Prevention / Intervention / Core Safety Net

Family and Children First Council Roster

CHAIR  Commissioner Judy Dodge  (Montgomery County Board of County Commissioners – January - May)  
CHAIR  Deborah A. Feldman  (Dayton Children’s Hospital - Beginning June 2014)  
Pam Albers  (Help Me Grow Brighter Futures - Beginning July 2014)  
Nancy Banks  (Montgomery County Board of Developmental Disabilities Services - Beginning June 2014)  
Bryan Bucklew  (Greater Dayton Area Hospital Association - Beginning June 2014)  
Gayle Bullard  (Montgomery County Department of Job and Family Services)  
Mary Burns  (Miami Valley Child Development Centers)  
Susan Caperna  (Family Representative)  
James D. Cole  (Montgomery County Juvenile Court - Beginning June 2014)  
James Dare  (Montgomery County Common Pleas Court - Beginning June 2014)  
Frank DePalma  (Montgomery County Educational Service Center)  
Debra Downing  (Montgomery County Department of Job and Family Services, Children Services Division)  
Richard Garrison, M.D.  (City of Oakwood)  
Mark E. Gerhardstein  (Montgomery County Board of Developmental Disabilities Services - Through June 2014)  
James W. Gross, MPH  (Public Health - Dayton & Montgomery County)  
Helen Jones-Kelley, J.D.  (ADAMHS Board - Montgomery County)  
Larry Lewis  (Ohio Department of Youth Services)  
Thomas Maulsby  (United Way of the Greater Dayton Area)  
Douglas M. McGarry  (Area Agency on Aging, PSA 2)  
Charles Meadows  (Homeless Solutions Policy Board)  
David Melin  (PNC Bank)  
Commissioner Jeffrey Mims  (City of Dayton - Beginning February 2014)  
Sheriff Phil Plummer  (Montgomery County Sheriff’s Office)  
Mari Jo Rosenbauer, RNC, BSN, IBCLC  (Family Representative)  
Philip Shanks  (Family Representative)  
Lori L. Ward  (Dayton Public Schools)
### 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>Trend analysis</th>
<th>Is the historical trend in the desired direction?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Care</td>
<td>82.4 / 8th</td>
<td>Up</td>
<td>85.4 / 6th</td>
<td>Has been fluctuating and is flat overall</td>
<td>Flat</td>
</tr>
<tr>
<td>Low Birthweight</td>
<td>9.7 / 7th</td>
<td>Down</td>
<td>9.4 / 7th</td>
<td>Has gone down 3 of the last 4 years but still remains high</td>
<td>✗</td>
</tr>
<tr>
<td>Substantiated Child Abuse</td>
<td>5.2 / 5th</td>
<td>Down</td>
<td>5.4 / 6th</td>
<td>Has fluctuated for many years</td>
<td>✗</td>
</tr>
<tr>
<td>Preventable Child Deaths</td>
<td>23</td>
<td>Down</td>
<td>24</td>
<td>2nd consecutive increase but still down overall</td>
<td>Yes</td>
</tr>
<tr>
<td>Teen Pregnancy</td>
<td>2.8 / 4th</td>
<td>Down</td>
<td>2.5 / 5th</td>
<td>5th consecutive decline</td>
<td>Yes</td>
</tr>
<tr>
<td>Tobacco Use (% Not Smoking)</td>
<td>46.9 / 9th</td>
<td>Up</td>
<td>53.7 / 6th</td>
<td>Has been fluctuating and is flat overall</td>
<td>Flat</td>
</tr>
<tr>
<td>Employment Rate for Persons with a Disability</td>
<td>19.8 / 4th</td>
<td>Up</td>
<td>21.5 / 3rd</td>
<td>Has fluctuated for 4 years and remains down overall</td>
<td>✗</td>
</tr>
<tr>
<td>Poverty Rate for Persons with a Disability</td>
<td>24.4 / 1st</td>
<td>Down</td>
<td>23.1 / 1st</td>
<td>Has decreased 3 consecutive years following a big increase and is flat overall</td>
<td>Flat</td>
</tr>
<tr>
<td>Domestic Violence Deaths</td>
<td>17</td>
<td>Down</td>
<td>20</td>
<td>Has fluctuated for many years and remains flat overall</td>
<td>Flat</td>
</tr>
<tr>
<td>Violent Crime</td>
<td>4.0 / 5th</td>
<td>Down</td>
<td>3.6 / 4th</td>
<td>Has decreased 10 of the last 13 years and is down overall</td>
<td>Yes</td>
</tr>
<tr>
<td>Property Crime</td>
<td>37.4 / 7th</td>
<td>Down</td>
<td>37.0 / 7th</td>
<td>Has decreased 11 of the last 13 years and is down overall</td>
<td>Yes</td>
</tr>
<tr>
<td>Nursing Home Population</td>
<td>6.83 / 6th</td>
<td>Down</td>
<td>7.04 / 5th</td>
<td>Has fluctuated and remains flat overall</td>
<td>Flat</td>
</tr>
<tr>
<td>Kindergarten Readiness</td>
<td>37.6 / 7th</td>
<td>Up</td>
<td>37.1 / 6th</td>
<td>2nd consecutive decline after 4 years of increasing but remains up overall</td>
<td>Yes</td>
</tr>
<tr>
<td>Student Achievement -- 3rd Grade Reading</td>
<td>78.6 / 8th</td>
<td>Up</td>
<td>80.6 / 7th</td>
<td>Currently at its highest level</td>
<td>Yes</td>
</tr>
<tr>
<td>Student Achievement -- 4th Grade Math</td>
<td>73.2 / 7th</td>
<td>Up</td>
<td>73.1 / 8th</td>
<td>Has been mildly fluctuating for 8 years and is up overall</td>
<td>Yes</td>
</tr>
<tr>
<td>OGT -- 10th Grade</td>
<td>67.8 / 7th</td>
<td>Up</td>
<td>68.9 / 7th</td>
<td>Has risen 4 of the last 6 years</td>
<td>Yes</td>
</tr>
<tr>
<td>HS Graduation</td>
<td>78.8 / 6th</td>
<td>Up</td>
<td>79.7 / 7th</td>
<td>Has increased 3 straight years</td>
<td>Yes</td>
</tr>
<tr>
<td>Public School Attendance</td>
<td>94.5 / 5th</td>
<td>Up</td>
<td>94.3 / 7th</td>
<td>Has increased or held steady 12 of the last 15 years</td>
<td>Yes</td>
</tr>
<tr>
<td>College Enrollment</td>
<td>75.3</td>
<td>Up</td>
<td>74.7</td>
<td>Has declined 4 straight years but remains up overall</td>
<td>Yes</td>
</tr>
<tr>
<td>College Persistence</td>
<td>82.9</td>
<td>Up</td>
<td>80.8</td>
<td>Has declined 4 straight years following several increases and is flat overall</td>
<td>Flat</td>
</tr>
<tr>
<td>College Graduation</td>
<td>38.3</td>
<td>Up</td>
<td>37.3</td>
<td>First decline after 4 consecutive increases but remains up overall</td>
<td>Yes</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>43.1 / 7th</td>
<td>Up</td>
<td>42.8 / 8th</td>
<td>Has decreased in 8 of the last 10 years and is down overall</td>
<td>✗</td>
</tr>
<tr>
<td>Unemployment</td>
<td>8.0 / 7th</td>
<td>Down</td>
<td>5.9 / 6th</td>
<td>Has decreased 4 of the last 5 years but remains elevated</td>
<td>✗</td>
</tr>
<tr>
<td>People Receiving Public Assistance</td>
<td>2.27 / 5th</td>
<td>Down</td>
<td>1.62 / 5th</td>
<td>Has decreased 4 consecutive years</td>
<td>Yes</td>
</tr>
<tr>
<td>Avoiding Poverty</td>
<td>43.0 / 5th</td>
<td>Up</td>
<td>43.5 / 5th</td>
<td>5th consecutive increase but remains down overall</td>
<td>✗</td>
</tr>
<tr>
<td>Voter Participation ¹</td>
<td>48.9 / 9th</td>
<td>Up</td>
<td>39.9 / 4th</td>
<td>Has fluctuated and is flat overall</td>
<td>Flat</td>
</tr>
</tbody>
</table>

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

¹ The historical trend is determined by the changes in the indicator since the time of the earliest reported data.
² Prior values are for most recent mid-term election.
Community Needs Assessment

Over the last few years the Montgomery County Family and Children First Council (FCFC) and United Way of the Greater Dayton Area (UWGDA) have been increasing the ways in which they work together. In 2012, the two organizations created a joint request for proposals process, and worked together to select and prioritize programs that supported community-wide health and human service needs. This partnership between the largest public and private local funding sources for human services will provide more strategic outcomes for both organizations and will better leverage all available resources.

Both organizations continued their collaboration in 2014 by producing a Community Needs Assessment. It was conducted in two phases and provides baseline data to use in monitoring change in Montgomery County. In Phase I, staff members from the HSPD and UWGDA were joined by staff from Public Health – Dayton & Montgomery County and the ADAMHS Board for Montgomery County in the preparation of a statistical brief. In Phase II, a broad array of community stakeholders was invited to participate in an interactive and collaborative process called a Group Level Assessment (GLA) that was conducted by the University of Cincinnati Action Research Center (ARC).

Phase I: Statistical Snapshot

Compared to the state and nation, Montgomery County has a slightly older population; has a higher proportion of residents who are Black or African American; has higher poverty and unemployment rates; has lower household incomes; has a higher proportion of residents who receive public benefits; has older housing stock; and has less affordable housing for renters but more affordable housing for homeowners.

- The majority of the Community Indicators associated with Health are not moving in the desired direction.
- In some areas, such as smoking and binge drinking, Montgomery County compares favorably to the state and nation; in others, such as obesity and physical activity, it does not.
- The Black infant mortality rate consistently exceeds the rate for White infants in Montgomery County; in some recent years it was more than twice as large.
- In a recent year, 20.0% of Montgomery County residents could not see a doctor due to the cost; this compares to 16.9% of Americans and 14.4% of Ohioans.

Phase II: Group Level Assessment

The Phase II Community Needs Assessment used a participatory approach to identifying relevant community needs and priorities. Four large group sessions were conducted with community stakeholders across a variety of sectors, including health and social service providers, volunteers, HSPD and UWGDA staff, and community partners. Four additional group sessions were held to elicit consumer perspectives about Montgomery County needs and priorities, two groups with youth and two with adult consumers.

Both community stakeholders and consumer stakeholders identified the importance of two concerns:

- Improved Job Opportunities for Adults and Jobs that Pay a Living Wage
  
  The most consistent theme across community stakeholders was the need for jobs that pay a living wage and match the skill levels of workers in Montgomery County. Youth and adult consumer stakeholders described the need for retraining of adults for

  • The majority of the Community Indicators associated with Education are moving in the desired direction.
  • There is a wide disparity in kindergarten readiness across the County.
  • In both 3rd-grade and 4th-grade there is a wide spread between school districts in reading achievement.
  • Half of the districts in the County are below the state’s 90% requirement for on-time graduation.

- Income and Stability
  
  • Only one of the Community Indicators associated with Income is moving in the desired direction.
  • If Montgomery County’s rate for full-time, year-round employment (defined as 35 or more hours per week for 50 or more weeks) were the same as the national rate, over 9,000 more County residents would have full-time, year-round employment.
  • If the percentage of Montgomery County’s children whose families have incomes below 200% of poverty were the same as the national percentage, the County would have over 4,800 less children in this category.
  • In over half of the County’s cities and townships, renters and/or homeowners are spending more than 30% of their income on housing.

  
  Health and Safety

  • The majority of the Community Indicators associated with Health are not moving in the desired direction.
  • In some areas, such as smoking and binge drinking, Montgomery County compares favorably to the state and nation; in others, such as obesity and physical activity, it does not.
  • The Black infant mortality rate consistently exceeds the rate for White infants in Montgomery County; in some recent years it was more than twice as large.
  • In a recent year, 20.0% of Montgomery County residents could not see a doctor due to the cost; this compares to 16.9% of Americans and 14.4% of Ohioans.

Education and Life Skills

- The majority of the Community Indicators associated with Education are moving in the desired direction.
- There is a wide disparity in kindergarten readiness across the County.
- In both 3rd-grade and 4th-grade there is a wide spread between school districts in reading achievement.
- Half of the districts in the County are below the state’s 90% requirement for on-time graduation.
higher skills jobs, which would open up lower-skill jobs for youth, thereby increasing job opportunities for all ages.

Youth Support and Increased Parental Involvement
Both adults and youth consumers expressed concern about a lack of support, resources, and encouragement for youth in Montgomery County. Increased parental involvement, a more youth-friendly education system, mentoring programs, and peer-to-peer support were all identified as possible resources. All four community stakeholder groups identified increasing parental involvement in schools as the greatest need in terms of education in Montgomery County.

Other concerns identified by the stakeholders are summarized below.

Community Stakeholder Results
Community Member Involvement is Key: A theme consistent through each of the four community stakeholder groups was the “necessary and critical” role of community members in the conversation about Montgomery County’s needs and creating solutions to address those needs.

Increased Communication and Collaboration across Montgomery County: Each of the four community stakeholder groups noted that a major strength of Montgomery County is the many service agencies and innovative professionals dedicated to serving residents. However, each group noted that the County would be better served with increased communication and collaboration across agencies and between agencies and consumers.

Cycle of Poverty Must Be Broken: All four community stakeholder groups discussed the cyclical nature of poverty and the barriers that poverty creates for Montgomery County residents in terms of access to education, healthcare, housing, and employment. Poverty was prioritized as one of the most significant problems in the County and the root of most other social problems.

Mental Health as a Prioritized Health Concern: All four community stakeholder groups prioritized the need for mental illness (including substance abuse) interventions in Montgomery County. Individuals with mental illness were described as a hidden, vulnerable population “because of stigma, cost, time, and access.” Mental health resources were described as “inadequate and difficult to access” in Montgomery County.

Consumer Stakeholder Results
Need to Prioritize Safety and Crime: Consumer stakeholders believe more attention should be given to the crime in their communities and believe the lack of safety is a major barrier to residents being engaged in their communities.

Resources for Homelessness Prevention and Intervention: Adult consumer stakeholders describe high unemployment and mental illness as root causes of homelessness. Consumer stakeholders identified a need for more resources including more shelters and more indoor spaces that can be accessed by homeless citizens during the day.

Need for Engaged, Committed City Leaders: Consumer stakeholders described a lack of involvement of current city leaders at the neighborhood and community levels. They also described a lack of follow-through in community projects in a variety of arenas.

Need for Health Education for Youth: The youth-prioritized need that came out of this project was health education, reproductive health in particular, but also general health education relating to smoking, drugs, and healthy food choices.

This document is intended to spur discussions about priorities for policy and funding decisions and to engage our community in efforts both to improve our health and educational status as well as to strengthen our economic position in order to advance our quality of life. The full version of the Community Needs Assessment is located at www.mcohio.org/services/hspd or www.dayton-unitedway.org.
Early in its history the Montgomery County Family and Children First Council adopted a Vision Statement that would capture its goals to 1) promote the well-being of Montgomery County’s children, families, adults, and neighborhoods; and 2) make Montgomery County a better place to live, work, and grow:

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

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

- From 1999 to 2005, much of the conversation happened within the Strategic Community Initiative Teams which each focused on one of three priorities: School Readiness and Fourth-Grade Success; Promoting Alternative Learning Opportunities; and Preventing Family Violence.
- From 2006 to 2013, the conversation continued within the Outcome Teams which collectively addressed the Community Outcomes articulated by the FCFC: Healthy People; Young People Succeeding; Stable Families; Positive Living for Special Populations; Safe and Supportive Neighborhoods; and Economic Self-Sufficiency.
- During 2014, as announced in last year’s Report, the FCFC has been revising its structure. When that process is completed in 2015, the conversation will continue within three Focus Areas: Health and Safety; Education and Life Skills; and Income and Stability.

To support and advance this community conversation, the FCFC has been tracking a set of Community Indicators since the release of its first report, Turning the Curve, in 1998. Indicators are quantifiable measures that can be attached to the focus areas. The FCFC is currently tracking 26 indicators\(^1\) distributed among the three focus areas. The most recent values for each of the indicators are shown in the tables and graphs on the following pages. Collectively, these indicators answer the question, “Where are we right now?”

The revised structure being implemented in 2015 will continue to support our purpose – achieving better results for children, families, adults, and neighborhoods – while encouraging improved collaboration between various initiatives and projects within the community. Collectively, these activities help answer the question, “What are we doing to help us get where we want to be?”

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

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

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

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

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

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

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

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

All of the indicator data from this Report are on the Community Indicators Web site, www.montgomerycountyindicators.org, as well as additional data requested by some of the Outcome Teams while they were in existence (see page 5). The Web site also provides data for entities such as municipalities, Zip codes, Census tracts, school districts, and individual school buildings when available. The FCFC has established a mechanism whereby additional data sets can be added, making the site an expanding resource. If you have suggestions for additional content, please contact us at indicators@montgomerycountyindicators.org.
Sinclair Community College (SCC) Fast Forward Center opened in 2001 as a resource center for out-of-school youth to decrease the dropout rate in Montgomery County. The focus of the Center is to reclaim youth between the ages of 16–21 who are out of school or not attending school on a regular basis and help them get a high school diploma.

The Center partners with three alternative high schools that specifically serve dropouts as well as other alternative education programs. From January 5 through December 18, 2014, Fast Forward Center assessed a total of 310 students who were referred to its partners. Partner high schools graduated 74 students in 2014. Since 2001, there have been 2,875 graduates from partner high schools. Also, the Fast Forward Center partnership with Darden Education Consulting Services provides an Ohio Graduation Test (OGT) Intervention program which assisted 19 senior plus* students to become high school graduates. Since 2007, this program has enabled 353 students to earn a high school diploma. Fast Forward affected many of these students by providing motivational sessions that improve student retention, car seats to parenting students to eliminate transportation barriers to attending school, and professional education for staff at partner schools.

**Taylor Scholarship** – The Taylor Endowment Scholarship, established in 2006 by local philanthropists John N. and Connie Taylor, provides a Sinclair Community College financial aid package of up to $3,000 a year for two years for graduates from Fast Forward Center partner schools. Taylor Scholars also receive a $250 stipend each semester to help with the cost of incidentals, such as transportation, parking, food, and other supplies. This opportunity is truly unique to the college and is giving our students an opportunity to graduate with workforce credentials debt free.

New scholarships awarded for the graduating classes of 2014 totaled 37, which brings the total awards to 234. These students continue to do well academically and retention rates are higher than the average Sinclair student. By providing this funding, the challenges that would cause students to drop out are addressed and students are persisting in their college studies at a higher rate.

**Summer Melt** – Summer Melt is the phenomenon that takes place when students intending to attend college following high school graduation, for various reasons, do not attend. In 2014, new Taylor Scholars received support services to assist with their transition from high school to college, increasing the number of Fast Forward Center graduates attending Sinclair fall semester by 15 students. A total of 69 students from the Fast Forward Center and other programs were able to matriculate with support of this service, leaving only 27% of students who did not attend college after the summer (compared to 45% in 2013). It is Fast Forward’s goal to continue enhancing support services for students as they transition from high school dropout to high school graduate to college student.

The Fast Forward Center strives daily to reengage every out-of-school youth to become a high school graduate and move forward to post-secondary education, career, or military. For more information about the Fast Forward Center, call 937-512-FAST (3278) or visit www.sinclair.edu/centers/ffc.

*Students who have completed all high school credits but did not pass one or more parts of the OGT.

Proud parents stand with their son at graduation from Mound Street Academy – a FastForward partner.
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 of the critical need for mentors; provides training for agency staff; provides volunteer background checks; and sponsors local mentoring events.

In recent years, the Mentoring Collaborative was awarded AmeriCorps grants from the State of Ohio to expand and enhance mentoring programs in Montgomery County. In 2014, the AmeriCorps Program served K-12 “at-potential” youth in Montgomery County at 11 host sites utilizing the support of 20 AmeriCorps members who worked as Mentoring Project/Service Coordinators.

Each year during its Mentor of the Year Awards Luncheon, the Collaborative recognizes individuals who display extraordinary commitment assisting young people in achieving their full potential. The 2014 Outstanding Mentor Award recipients are listed below:

- Carolyn Apisa – Miamisburg Schools
- Ril M. Beatty, Jr. – Mountain Top Ministries
- Master Sergeant Edward Crissen – ACE-E
- Anne Schoen – Life Resource Centre
- Basharus E. Simmons – Parity, Inc.
- Margaret Smith – Reclaiming Futures, Montgomery County Juvenile Court
- Malorie Valentine – Big Brothers Big Sisters of the Greater Miami Valley

Also in 2014, the Mentoring Collaborative continued several awards. The Mike Kelly MVP Mentee Award is named after the former record-setting University of Dayton football coach who is now the Assistant Vice President for Athletics at the University. Given to a youth mentee in Montgomery County who best exemplifies the benefits of a mentoring relationship through improved attitude, attendance, grades, pro-social behaviors, and/or family and peer relationships, the 2014 award was presented to Jasmine Martin-Page with Mountain Top Ministries.

The Pioneer Award is given to a person for blazing a trail of hope by promoting and advocating for Mentoring Support for America’s “Youth of Promise.” Scott McGohan, CEO of McGohan Brabender, was honored for his years of service through the Mentors Matter program designed for adults to partner with kids through golf and help them learn decision-making skills to guide their future.

Michael Carter, then Superintendent of School and Community Partners at Sinclair Community College, was awarded the Champion of Youth Award. Selected through a committee, the award recipient is someone who shows extraordinary dedication and service on behalf of youth.

To become a mentor or for additional information about The Mentoring Collaborative, go to www.mentoringcollaborative.org.
Vulnerable Youth in Transition

In September 2011, the Montgomery County Family and Children First Council (FCFC) approved the creation of an ad hoc committee to address concerns about vulnerable youth in transition in our community. This action was taken in response to a report completed by a former FCFC Young People Succeeding Outcome Team work group. They sounded the alarm about gaps in services for youth in transition and the need for a coordinated system of care. The “Vulnerable Youth in Transition” committee began meeting in December 2011 and completed its work in September 2012 issuing the report Improving Coordination of Services for Vulnerable Youth in Transition in Montgomery County.

Vulnerable youth in transition are youth and young adults aged 16 to 24 with little or no family support and who are experiencing one or more of the following: aging out of foster care, transitioning out of the juvenile justice system, mental illness, disabilities and/or homelessness. For these youth, ordinary challenges become extraordinary. The ad hoc committee was formed from multiple sectors of the community to propose solutions for challenges faced by this population.

Montgomery County has a history of creating solutions for challenges facing the community and developing systems of care for vulnerable populations. This committee and its subcommittees used the same approach in their work. They focused on best practices in education, training and employment; housing; mental health and case management services utilizing available data for youth that required cross-system collaboration. The following overarching recommendations were established by the committee and later adopted by the Family and Children First Council:

1. Identify a lead organization to take responsibility for ensuring a more seamless approach to navigation and resolution of service needs that exist “in the gaps” for multi-systems youth and on behalf of the service delivery system.

2. Establish an Information Technology (IT) system which can access, store, share and aggregate data for vulnerable youth in transition, ages 16 – 24, who access governmental or other support systems.

3. Develop a youth resource center that would provide access to information and resources for youth in transition and adults involved with them, such as parents/guardians, educators, social service professionals, and others.

4. Adopt a consistent set of high quality case management standards and practices that build on existing regulatory structures.

5. Develop and/or expand supportive housing programs for vulnerable youth in transition ages 16 – 24.

The Family and Children First Council identified the Human Services Planning and Development Department (formerly known as the Office of Family and Children First) as the lead organization to be responsible for the implementation of the recommendations.

A Youth Resource Center will be created and co-located with the Department of Job and Family Services Workforce Youth Works program. Having a one-stop location for foster youth and other vulnerable youth will allow them to come to a safe place to gather resource information to assist with furthering their educational aspirations and work experience. Also, programming will be designed to meet their social and emotional needs. It is anticipated that the Youth Resource Center will open in 2016.

The alignment of services for vulnerable youth will continue to be enhanced with the opening of the Youth Resource Center. Human Services Planning and Development currently partners with the Workforce and Children Services Divisions of the Department of Job and Family Services to manage the Connecting the Dots program. The Connecting the Dots program is a state-funded pilot program focused on improving foster youth outcomes. Montgomery County was one of five programs selected to participate in the pilot program. Our pilot is unique in that we took a regional approach and invited other counties to participate in our pilot program. In addition to system collaboration, mentoring services provided by Big Brothers Big Sisters of the Miami Valley are offered to the youth in the program. The Connecting the Dots program provides job readiness, case management, supportive and employment services to current and former foster youth ages 16 – 21.

In June, we hosted our 2nd Annual Connecting the Dots Leadership Conference. The theme of the conference was Preparing Youth for Higher Education and Employment – “Connecting the Dots to Your Future.” Antwone Fisher, a former foster youth and an award-winning film and literary writer, was the keynote speaker at the conference. The 2002 movie, “Antwone Fisher,” directed by and starring Oscar-winning actor

FEATURED SPEAKER: ANTWONE FISHER

An award-winning film and literary writer, Antwone Fisher has come a long way from an abusive foster situation in Ohio. He served in the U.S. Navy for 11 years before finally ending up in Hollywood as a successful writer and producer. Come hear from Fisher himself on how to lead a successful life, no matter the circumstances.

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“Connecting the Dots to Your Future”

2nd Annual Connecting the Dots Conference

Antwone Fisher

Preparation starts for Higher Education and Employment - “Connecting the Dots to Your Future.” Antwone Fisher, a former foster youth and an award-winning film and literary writer, was the keynote speaker at the conference. The 2002 movie, “Antwone Fisher,” directed by and starring Oscar-winning actor
Denzel Washington, was written by Antwone based on his own life. The youth also had the opportunity to attend workshops that were specially designed for foster youth. The workshop topics focused on: It’s Your Life: Your Personal & Career Interest; Strategic Sharing: Mentoring; Great Minds Think: Time to Think About Money; What does Your Future Hold; and It’s Your Life: Applications, Experience, Resumes to name a few of the topics. Each youth also received educational tools and resources to take with them. The conference was a highlight for many of the youth and adults and it showed in the surveys that they completed. There were over 100 youth in attendance from nine of the surrounding counties.

Youth often move multiple times while they are in foster care or other youth-serving systems and it is difficult for them to keep up with certain life events and personal documents. With this issue in mind, HSPD staff worked with the statewide Youth and Young Adults in Transition Workgroup to create a transition assessment tool for the Ohio Benefit Bank. The Ohio Benefit Bank, a program of the Ohio Association of Food Banks, created a database which houses the youth transition assessment tools. The assessment tools help youth create life plans for the future. Youth will have the ability to save personal documents and/or contact information for services received while in the care of all youth-serving systems. Also, youth will have access to this database whenever they leave the system of care to which they are affiliated.

The Vulnerable Youth in Transition committee also recommended establishing an IT system which could access, store, share and aggregate data for vulnerable youth in transition. It has taken a significant amount of time to work through confidentiality issues and the creation of business agreements with the systems involved in this project. Due to the initial sample size received, it was difficult to draw broad-based conclusions; however, it is clear that coordination of services is needed for multisystem youth.

Quality case management services are one way to begin to better coordinate services to meet the needs of multi-system youth. In our community there have been several conversations about quality case management standards. HSPD staff met with the Sinclair Community College Provost Council to discuss the establishment of a specialized certificate program for universal case management. Conversations regarding the certification program are continuing.

Creating supportive housing for vulnerable populations has been a challenge. HSPD staff has worked collaboratively with the Alcohol, Drug Addiction and Mental Health Services Board to manage and monitor services provided by Daybreak (homeless shelter for youth) at Alma’s Place. There, housing is provided for youth with mental health diagnoses ages 16 – 24. Additional discussions have taken place regarding housing for youth transitioning from foster care/kinship care. HSPD staff participated in a meeting held in Columbus, Ohio coordinated by the Columbus Housing Authority with Senator Sherrod Brown’s staff to discuss housing options for youth that emancipate or have ever been in the foster care system. HSPD staff, in partnership with former foster youth, drafted a proposal called HUD-FASH (Housing and Urban Development – Foster Alumni Supportive Housing). This proposal was modeled after a Housing and Urban Development Veteran housing program proposal. The HUD-FASH proposal was shared with Senator Brown’s staff and the former foster youth in attendance shared their stories about housing challenges. These young adults did a very good job advocating on behalf of other youth currently and previously involved in the foster care system.

In addition, the HSPD staff worked in collaboration with the Ohio Association of Child Caring Agencies (OACCA) to educate the community about House Bill 423 and promote the Ohio Fostering Connections and Community effort. House Bill 423 would extend services to emancipated foster youth over age 18 and allow them to experience improved outcomes by enrolling in and completing post-secondary education and by removing barriers to employment.

In September 2014, the Human Services Planning and Development collaborated with the Montgomery County Department of Job and Family Services - Children Services Division, AGAPE for Youth, CHOICES, and Oesterlen Services for Youth, to host the Southwest Region Ohio Fostering Connections Community Forum. The purpose of the forum was to educate the community about the current language in House Bill 423, to elicit feedback and to make recommendations regarding the bill’s language in an effort to advance extended services and supports for emancipated youth. OACCA partnered with local communities across the state to gather feedback and recommendations and combined the information into a report. For additional information, please contact Ohio Fostering Connections at www.OhioFosteringConnections.org.

HSPD staff will continue to work with other systems to further the implementation of the recommendations noted in this section.
Interagency Collaboration:

The Montgomery County Human Services Planning and Development Department provides assistance to agencies providing services to the Montgomery County community. Due to the complex nature of social service systems and the changing economic situations families face, the Family and Children First Council (FCFC) established a “Service Brokers” group whose ongoing mission is to stay abreast of these changes and to look at how best to assist families while managing systemic change and collaboration as well as maintaining client access to needed services.

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

In 2014, a new resource document called the Family Resource Guide was developed by the Service Brokers to meet the community need for a compact referral guide to assist families in identifying most frequently requested services. In addition, annual updates were completed for the No Wrong Door brochure, a referral guide for agencies, and for the Community Resource Guide, a booklet for the public which provides a snapshot of services and contact information for community agencies. These documents are available online at http://www.mcohio.org/services/hspd.

The Service Brokers also function as a resource when Service Coordination requests are received from agencies or families. During the year, agencies serving children with multiple system needs sought services ranging from respite care to safety and adaptive equipment. Referrals were made to contracted agencies and families were given the proper direction to obtain the needed services. Families were given guidance to resources to determine whether their child’s needs could be best met through community agencies or through private practice physicians. They were also assisted in navigating the social service system to determine how to maneuver through the client rights process if they believed their child was not receiving appropriate or quality services.

Family-Centered Services and Supports (FCSS), funding awarded to local Family and Children First Councils by the Ohio Department of Mental Health, provide supportive services to children with multi-system needs in an effort to help them maintain placement in their homes. Montgomery County received FCSS funding in the amount of $86,935, but when additional requests exceeded that amount, the award was increased to $90,475. These funds are often matched with other local funding and resources for long term family stability. During this year, 75 children were supported with FCSS funding. Services and supports to meet the specialized needs of these children ranged from safety and adaptive equipment and various transportation requests to social/recreational supports and structured activities to improve family functioning.

Success Story

A service coordination request for a yard fence was received for a family with two autistic, nonverbal boys, one of whom often runs from the home. He runs not to escape but because he follows whatever attracts his attention visually and he is unaware of his surroundings. The boy’s actions limited the family’s mobility when venturing outside their home and even kept their children from playing in the yard. When the family received the news that the request was approved, the mother was overwhelmed with joy. She was so excited and instantly knew this meant a better life for her sons. Family and friends volunteered time, labor and tools to install a fence for the children. The children can now be maintained safely in their own home which is the goal of Family-Centered Services and Supports.

Service Brokers Roster

Theresa Busher (Social Security Administration)  Randy Frank (Ohio Department of Youth Services - Beginning March 2014)
The purpose of the local county Family and Children First Council (FCFC) is to streamline and coordinate existing governmental services for families seeking services for their children. To fulfill the duties of section 121.37 of the Ohio Revised Code, which outlines the memberships, duties and responsibilities of both the Ohio Family and Children First Cabinet Council and the local county Family and Children First Councils, the local Council may provide the following:

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

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

The state requires county councils to implement House Bill (HB) 289 through working with other local agencies to identify common goals and align resources as articulated by required state plans and unifying them into a “Shared Plan.” The Montgomery County FCFC implemented its Results-Based Accountability® data process many years prior to the requirements of House Bill (HB) 289 and used this strategy in assessing common goals of local planning to serve families and children. Montgomery County’s “Shared Plan” focus is consistent with its integrated local work through partnerships and alignment with other local agencies. Montgomery County’s 2014 “Shared Plan” report focused on the following strategic initiatives: a) Children Being Ready for School; and b) Children and Youth Succeeding in School.

It should also be noted that the Montgomery County FCFC is a “Full Life Cycle” council that addresses issues on behalf of young adults, adults with no children, single adults and seniors, in addition to the state mandate for families with minor children.
Brother Raymond L. Fitz, S.M., Ph.D. Award

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 recipient of the 2014 Brother Raymond L. Fitz, S.M., Ph.D. Award was:

Beth Mann, FLOC President

Beth Mann is a graduate of Bowling Green State University, completing her BS and MA in Child Psychology. Beth's husband is well-known attorney, Doug Mann, of Dyer, Garofalo, Mann, and Schultz. Beth and Doug met in college and married. Beth raised their children and then began her work as a community volunteer.

Beth's work as a volunteer and her enthusiasm for the children FLOC serves have seeped into the Mann's family life and work. The Mann's have opened their home many times to host the FLOC Gala, to provide a cost-effective way to create more donations for the children.

In the past seven years, FLOC has raised over $750,000; with no paid staff and nominal monthly rent fees, these monies go into programming that has been very effective and successful in caring for our area children in need. One example is the Comfort A Child Program, which is providing children coming into foster care with a duffel bag where once a garbage bag was the mode of transition for items gathered. The Betsy Hoobler Skill Center, named after Beth's brilliant professor mom, hosts 25+ computers, academic supplies and tutors/mentors to help area children who need academic support. FLOC offers tutoring and mentoring support to children who are seeking just that input.

As Beth stated, “I am lucky enough to work with a group of truly compassionate volunteers who care deeply for the children we serve. We work with over 5,000 children in the greater Dayton area who are abused, neglected, in foster care, or in need of community resources. We are 100% volunteer-based; there are no paid staff, just a deeply caring, involved group of adults who want to make the world a better place for our children who need it most.”

For Beth, working with FLOC has provided a Tinkerbell moment time and time again; sharing the magic of color and light and joy in an oftentimes darkened childhood – now that is a most inspiring reality. Beth is most grateful.

For more information about For Love of Children, Inc. (FLOC) visit their website http://flocdayton.org/ or call (937) 223-3562.

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

Fetal Alcohol Spectrum Disorders (FASD) Coalition

Prenatal alcohol exposure can have detrimental effects on a fetus which are irreversible, yet Fetal Alcohol Spectrum Disorders (FASD) are 100% preventable by not drinking alcohol while pregnant. While it was estimated that 1 out of 100 children are impacted by an FASD, a new research study that was published in the November 2014 issue of Pediatrics now estimates that it could be as many as 1 out of 20 children are impacted by an FASD. Children who are affected by an FASD may exhibit cognitive, behavioral and physical impairments which can substantially impact a family and community. In 2008, the Montgomery County FASD Task Force was created in an effort to raise awareness of the impact FASD has on the community. During the 2014 Calendar year, the FASD Task Force was transitioned into the FASD Coalition.

The coalition continues to strive to ensure that the right people are at the table to effectively represent the needs of the community and better serve individuals and families affected by FASD. Several new members have joined the coalition and each new member brings valuable expertise to the coalition. The coalition was not without organizational changes over the past year. In August, Bea Harris, former chair of the FASD Task Force and a vocal advocate, retired. Tracey Waller, FASD Coalition member, graciously agreed to serve as interim chair. Staffing for the Coalition also transitioned with Janine Howard joining the coalition as the Interim Director of Disease Prevention and Lori Clark as the FASD Project Manager.

The coalition had a busy year with trainings and local events. The community has continued to show support for the SBIRT (Screening, Brief Intervention and Referral to Treatment)/motivational interview training. The coalition sponsored training classes in August and November. Due to the overall response to the trainings another class will be offered in January 2015. So far, 60 members of the community have been trained in SBIRT/motivational interviewing. The FASD coalition members have conducted multiple presentations at local area hospitals and at community agencies, where 264 people were in attendance. Nationally known experts were brought in to share their FASD field expertise with various members of the community. The coalition continued to participate in health fairs and other community events. In recognition of International Fetal Alcohol Spectrum Disorder Day 9/9/14, Frankye Hearld of WDAO radio invited coalition members Dr. Josephine Wilson, Susan Caperna and Lori Clark to be interviewed on her radio show. The interview provided the coalition the opportunity to educate the community about FASD and the coalition’s activities.
Members of the coalition, Susan Caperna and Wendy Franck, hosted the ongoing FASD Network meetings held on the 2nd Wednesday of the month at the Charles R. Drew Health Center. These meetings focused on the issues surrounding caring for someone who has or is suspected of having an FASD.

In an effort to support the community better, a survey was created to identify professionals who can assess and treat FASD and sent to various medical professionals for completion. With that information, a resource directory will be developed for families and professionals as to where they can seek community FASD services. As 2014 comes to an end, the coalition members are already planning projects and activities for the new year that will continue to support the community and those affected by an FASD.

For more information about FASD or attending a coalition meeting, please contact Lori Clark at 937-496-7617 or lclark@phdmc.org.
To help give young children the best possible start in life, the Help Me Grow program is state and federally funded for eligible expectant mothers, newborns, infants, and toddlers through age three. The program is guided by the Ohio Department of Health and administered by the Montgomery County Family and Children First Council (FCFC) through local contracts. Participation in Help Me Grow is entirely voluntary. Services are based on the needs and desires of each family.

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

Help Me Grow Central Coordination and ongoing early intervention services funded through FCFC were provided in 2014 by the Greater Dayton Area Hospital Association’s Help Me Grow Brighter Futures program. Developmental evaluations were provided by the Montgomery County Board of Developmental Disabilities Services PACE Program, Public Health–Dayton & Montgomery County, Beyond Words, and Help Me Grow Brighter Futures.

Help Me Grow Brighter Futures Central Coordination handled 3,124 referrals in 2014 from a variety of sources (see chart below). When referrals are received, preliminary eligibility is determined and families are directed to their desired program: early intervention, home visiting, or other early childhood health and education programs. Through the Early Intervention program, children with suspected or diagnosed delays or disabilities receive services. As of December 31, 2014, a total of 530 early intervention service plans were in place for young children and their families in the Help Me Grow Early Intervention program.

<table>
<thead>
<tr>
<th>2014 REFERRALS CHART</th>
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<table>
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<th>CHILDREN RECEIVING ONGOING SERVICES CHART</th>
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<td>Early Intervention</td>
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9% 30% 61%
Samuel

Laura’s pregnancy was somewhat normal, other than having occasional high blood pressure. She was induced five days past her due date and, after a fairly easy labor, Samuel was born weighing 9 lbs. and 5 oz.

After taking Samuel home and interacting with him, Laura noticed one side of his head was flatter than the other. He also tilted his head to one side. An ultrasound of Samuel’s head showed a large amount of spinal fluid between his brain and skull. Samuel’s pediatrician referred them to a neurologist and Samuel was fitted for a cranial helmet to fix the flat spot on the back of his head. Samuel was behind on meeting his developmental milestones and was referred to Help Me Grow.

The Help Me Grow (HMG) Early Intervention Service Coordinator connected the family to services to help Samuel meet his developmental milestones. Samuel became so comfortable working with the therapists that Laura took him for additional therapy to give him a bigger push toward the goals she had set for him. Attending Help Me Grow playgroups helped Samuel with social skills, while educational sessions provided Laura and her husband with additional information on parenting. Help Me Grow gave Samuel’s family hope that he would catch up to his peers and meet his fullest potential. He now runs around the house and plays with toys as they were intended.

Jordan

While Sally was pregnant with her first child, she had some issues with pre-term contractions. She began labor at 32 weeks and delivered a 3 lb., 12 oz. baby girl, Jordan, who was admitted to the Neonatal Intensive Care Unit (NICU) due to her prematurity. Jordan was released from the NICU after 3 weeks. When Jordan was about six months old, Sally had some concerns about Jordan’s development. Jordan was very stiff and not able to sit up. The family was referred to Help Me Grow and began receiving physical therapy through the Parent and Child Enrichment (PACE) program. The physical therapist recommended different exercises to help with stiffness and Jordan’s limited motor skills.

After a few months of therapy, Jordan was crawling. Sally worked hard with Jordan doing the exercises, keeping her visits with PACE. At approximately 19 months of age, Jordan’s motor skills were on track, but her speech was delayed. She began speech therapy. Sally continued to work diligently with Jordan doing the activities encouraged by PACE. Within a few months Jordan started to say more words. Now, Jordan is speaking well, potty trained, running, and acting like any toddler her age!

Amanda

Pam’s daughter Amanda was born with Spina Bifida and was immediately referred to the Help Me Grow program in the county where they lived at the time. When Amanda was one year old, the family moved and she was transferred to Montgomery County Help Me Grow. Her HMG Early Intervention Service Coordinator helped by connecting the family with services in her new county of residence.

Amanda is a very determined little girl and wants to accomplish things. Through Help Me Grow, she was able to accomplish the goals her parents had set for her. A developmental specialist came to the family’s home twice a month to show them ways to help Amanda meet her developmental milestones. This decreased the amount of time they had to spend traveling to appointments.

After a month of physical therapy Amanda began crawling like a speed demon. She transitioned into walking at about one-and-a-half years of age. Through Help Me Grow, Amanda’s family was able to access special chairs, walking straps and even a walker to assist her mobility. She now walks all by herself.

With the guidance of Help Me Grow, Amanda made amazing progress. Her parents had their questions answered and were able to get the supports they needed. Amanda transitioned into preschool with the support of Help Me Grow.
Ohio Children’s Trust Fund

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

In order to realize the goal of reducing child maltreatment in Montgomery County, the following prevention services were delivered to benefit Montgomery County families during 2014:

- The Nurse Family Partnership was used by the Greater Dayton Area Hospital Association Help Me Grow Brighter Futures program to provide health care and educational services to low-income first-time mothers from early pregnancy through the first two years of their child’s life. Parenting education delivered by nurses during home visits focused on child development and the importance of nurturing behaviors.

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

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

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

- The Strengthening Families framework was used by 4C for Children to train and coach child care providers (home care and center care) in high-poverty neighborhoods. The goal to implement the five protective factors that help prevent child abuse and neglect also involves improved parent engagement.
In 2009, Samaritan Behavioral Health received initial funding for a community-wide violence prevention project from Catholic Health Initiatives (CHI). At the instruction of CHI the first two years were spent planning, gaining the commitment of over 90 community organizations and individuals, and developing a Strategic Plan and Logic Model for the project. To date, over 80 individuals and organizations remain involved in the United Against Violence Greater Dayton (UAVGD) project.

Samaritan Behavioral Health, Inc. (SBHI) is the lead entity working with the diverse array of community partners and serves in the role of “convener” for the project. Funding from CHI is to be utilized for the structure of United Against Violence of Greater Dayton with a focus on violence prevention. UAVGD developed a Leadership Council which established Working Councils focused on the areas of Youth Prevention and Intervention, Parent and Family Success, Community Awareness, Neighborhoods, Funding, and Young Adults. These councils receive direction and support from the Leadership Council.

During the UAVGD planning process the following goal was developed:

Reduce Part I (Homicide, Rape, Robbery, Aggravated Assault, Arson) and Part II (Simple Assault, Weapons Violations, Threats Against Family & Children) Violent Crimes in designated Montgomery County neighborhoods (Westwood, North Riverdale, Harrison Township and Trotwood) by 10% over 3 years ending December 31, 2014.

Additional Goal for 2013-2016
Reduce Part I and Part II Violent Crimes in designated Montgomery County neighborhoods (Westwood, North Riverdale, Harrison Township and Trotwood) by a further reduction from the 2014 goal by 2% over 2 years (by June 30, 2016), thus ultimately reducing group-member (GMI) gun violence.

The former FCFC Stable Families Outcome Team believed that prevention was key to reaching the stated goal. Therefore, they supported the efforts of UAVGD and their partner agencies in providing Second Step: A Violence Prevention Curriculum, an evidence-based best practice violence-prevention program. The outcome team recommendations for funding were approved by the Family and Children First Council. During the 2013-2014 school year, the program was delivered in 14 schools in the four designated high-violence areas of Montgomery County (North Riverdale, Westwood, Trotwood, and Harrison Township). The program served 756 students in 34 classrooms of pre-school, and 4th or 5th grades. The original intent was to serve 300-400 children; however, that goal was exceeded. Also, community partners are providing the program to schools and organizations outside of the designated areas at no cost to FCFC.

The outcome measures for the Second Step program monitored changes in behavior, attitudes, and knowledge. Measures such as behavioral observation, discipline referrals, surveys/questionnaires, and teacher ratings were used to measure changes in children's behavior. Pre- and post-tests were given to measure changes in attitude and knowledge of children regarding approval of aggression and exclusion of other children, empathy skills, consequential thinking skills, confidence in regulating emotion, and social competence. Behavioral observations examined the frequency of physical and verbal aggression, hostile and aggressive comments, need for adult intervention, disruptive behaviors, and friendly behaviors. All outcome measures were exceeded except for the attendance goals which are out of the control of the Second Step program.
The outcome measurements are reflective of students who participated in the program. (Based on teacher observations)

Pre-K Report
- Reduce physical violence by 50% goal, 58.7% actual
- 90% of the students who began the program will complete all 10 sessions, excluding students with poor attendance or students who have left the school entirely. 95.9% of students completed 30% of sessions which were increased from 10 to 20 sessions for Pre-K students.
- Discipline referrals decreased by 15% (goal) Actual 71.9%
- Verbal aggression (bullying) will be reduced by 50% (goal), 67.6% actual.
- Teacher ratings: 70% (goal) of students demonstrating an increase in protective factors, social skills. 82.8% actual.

Older Child Report
- Reduce physical violence by 50% goal, 85.7% actual
- 90% of the students who began the program will complete all 8-10 sessions, excluding students with poor attendance or students who have left the school entirely. 89.6% of students completed 5 or more of the 8-10 sessions.
- Discipline referrals decreased by 15% (goal) Actual 83.4%
- Verbal aggression (bullying) will be reduced by 50% (goal), 76.7% actual.
- Teacher ratings: 70% (goal) of students demonstrating an increase in protective factors, social skills. 84.0% actual.

The various forms of outcome measurements described took place at various intervals throughout the program period.

The program was conducted by staff from Samaritan Behavioral Health, National Conference of Community and Justice, and Public Health – Dayton & Montgomery County.
Prostitution Intervention Collaborative Program

In 2007, the Criminal Justice Council established a subcommittee called the Prostitution Intervention Collaborative (PIC). The PIC has existed for more than seven years and during that time, under the direction of Rev. Beth Holten, began to deliver intervention services to current and formerly incarcerated women. Current members of the PIC include representatives from Montgomery County administration including the Common Pleas Court, Sheriff’s Office and Jail, Public Defender’s Office and Alcohol Drug Addiction and Mental Health Services Board; the City of Dayton Police Department, Prosecutor’s Office and Probation; researchers from the University of Dayton; and community service providers including Oasis House, East End Community Services, Family Service Association, Artemis Center, YWCA of Dayton, Women’s Recovery Center, Nova House and South Community Behavioral Health. As a result of the Prostitution Intervention Collaborative work, the former FCFC Stable Families Outcome Team participated in the development of a proposal to create the Prostitution Intervention Program. In December 2012, the proposal was submitted and approved by the FCFC.

In March 2014, the PIC began its strategic planning process by participating in a full-day compression planning session. The overall purpose of the planning session was to identify elements of its strategic plan and to identify 3-5 concrete short-term steps for reducing prostitution in Montgomery County. As a result of the compression planning session, task groups will be formed to do the following:

1) Develop strategies to deter the demand side of prostitution;
2) Address housing for women – utilizing a continuum of care approach and understanding the multiple housing options needed to provide safe housing for women who have prostituted themselves; and
3) Work on completing the Trauma-Informed Care application for training and technical assistance to work across all systems with which a woman involved in prostitution may come into contact. The training and technical assistance will be provided by Advocates for Human Potential.

During the PIC compression planning session, a fourth area was identified: “Ways to Quickly and Correctly Connect Women with the Services They Need.” A task group was not formed for this area because of the work being done in the jail and community by PIC and Rev. Beth Holten. As mentioned, the Prostitution Intervention Services program provides services to women incarcerated in Montgomery County Jail and post-release from jail. The curriculum used for this program is “Moving On: A Program for At-Risk Women.” The program provides women with alternatives to criminal activity by helping them identify and mobilize personal and community resources. The “Moving On” curriculum is organized around four main themes: 1) encouraging personal responsibility and enhancing motivation for change; 2) expanding connections and building healthy relationships; 3) skill enhancement, development and maintenance; and, 4) relaxation and stress management. The curriculum is offered over 25 weeks; for many women sessions begin while they are in jail and continue post-release. The program is voluntary; therefore women may join in jail or post-release.

The research component of the Prostitution Intervention Services program includes the collection of data which is analyzed by the Center for Interventions, Treatment and Addictions Research at the Wright State University. A noted observation from the 2013 data was: “Group counseling (utilizing the Moving On curriculum) while incarcerated was more effective than individual counseling alone. Women continued to seek group counseling and more services after release and they were less likely to recidivate.” As a result of this observation, during 2014 more emphasis was placed on having the women attend class instead of only offering individual sessions in the jail. Also, group sessions post-release were expanded to include a weekly combined group with the women at Abigail’s Journey, a non-profit organization whose objective is to help families and individuals reach upward mobility through employment training, computer training, self-esteem and spiritual development.
In addition, a new group curriculum was offered: “Seeking Safety: A Treatment Manual for PTSD (Post-Traumatic Stress Disorder) and Substance Abuse.” The “Seeking Safety” curriculum’s basic philosophy is stated below:

When a person has both active substance abuse and PTSD, the most urgent clinical need is to establish safety. ‘Safety’ is an umbrella term that signifies various elements: discontinuing substance use, reducing suicidality, minimizing exposure to HIV risk, letting go of dangerous relationships (such as domestic abuse and drug-using ‘friends’), gaining control over extreme symptoms (such as dissociation), and stopping self-harm behaviors (such as cutting). Many of these are self-destructive behaviors that reenact trauma, particularly for victims of childhood abuse, who represent a large segment of people with this dual diagnosis. Even though the trauma may have occurred long ago, patients treat themselves in ways that repeat the trauma, ignoring their needs and perpetuating pain. These patients have typically been abused and are now abusing themselves; this is not coincidence, but rather represents a meaningful connection between their disorders. ‘Seeking Safety’ refers to helping patients free themselves from such negative behaviors and, in so doing, move toward freeing themselves from trauma at a deep emotional level. Just as violations of safety are life-destroying, the means of establishing safety are life-enhancing: learning to ask for help from safe people, utilizing community resources, exploring ‘recovery thinking,’ taking good care of one’s body, rehearsing honesty and compassion, increasing self-nurturing, and so on. It is these skills that this treatment attempts to teach. (“Seeking Safety: A Treatment Manual for PTSD and Substance Abuse, Lisa M Najavits, NY: The Guilford Press, 2002.)

The new Women’s Therapeutic Court seeks to be Trauma-Informed. Trauma-Informed Care is a “strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. It also involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to re-traumatize individuals who already have histories of trauma, and it upholds the importance of consumer participation in the development, delivery, and evaluation of services.” (Trauma-Informed Care in Behavioral Health Services, Substance Abuse and Mental Health Services Administration [SAMHSA]: Treatment Improvement Protocol # 57, 2014). The court brought SAMHSA trainers to the community in August 2014 for 74 criminal justice and social service agency professionals to attend a one-day training event for the purpose of “educating trauma survivors, providers and other stakeholders about the impact of trauma, the need for trauma-informed service settings and the implementation of trauma-informed practices.” The court has applied for future funding to host another “train the trainer” event in 2015. The PIC task group on Trauma-Informed Care is currently working to provide training for Montgomery County Jail staff on trauma-informed practices.

One of the first graduates of the Women’s Therapeutic Court was a participant in the Prostitution Intervention Services program who was a recipient of the Moving On curriculum — several times over the course of the past two years: once before going to prison, once again in jail after prison and then after being arrested again on prostitution charges. She was released from Montgomery County Jail in June 2014 under the supervision of the Common Pleas Court Probation Department and the Women’s Therapeutic Court. She committed herself to her recovery, participated in Moving On post-release and received many hours of case management Prostitution Intervention Services. She graduated from Women’s Therapeutic Court in December 2014.
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 2013 values are all new: Montgomery County, 85.4%; Ohio, 86.0%; and United States, 82.2%

Short-Term Trends
The short-term trend from 2012 to 2013 – from 82.4% to 85.4% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 8th to 6th.
Focus Area: Health and Safety
Indicator: Low Birth Weight

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

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

New Data
The preliminary value for Montgomery County for 2013 is 9.4% and the county comparative rank is 7th. The preliminary values for Ohio and the United States are 8.5% and 8.0% respectively. The values for 2012 were preliminary in last year’s Report; the final Montgomery County value for 2012 is 9.7% and the final Ohio value for 2012 is 8.6%. The values for some of the other counties also changed, as did the county comparative ranking for 2012.

Short-Term Trends
The short-term trend from 2012 to 2013 – from 9.7% to 9.4% – is in the desired direction. The county comparative rank remained unchanged, at 7th.

*2013 values are preliminary.
Focus Area: Health and Safety  
Indicator: Substantiated Child Abuse

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

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

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

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

**New Data**
The 2013 value for Montgomery County has been revised to 5.4 and the 2013 value for Ohio is 5.1. The 2013 values for most of the counties reported here have been revised. As a result, there have been changes in the county comparative rankings for 2013 but Montgomery County’s rank for 2013 remains at 6th.

**Short-Term Trends**
The short-term trend from 2012 to 2013 – from 5.2 to 5.4 – is not in the desired direction. The county comparative ranking also did not move in the desired direction, changing from 5th to 6th.

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**NUMBER OF SUBSTANTIATED REPORTS OF CHILD ABUSE AND NEGLECT PER 1,000 CHILDREN AGES 0 – 17**

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</table>

Most desirable ranking is number one.
Focus Area: Health and Safety
Indicator: Preventable Child Deaths

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

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

New Data
In 2013, there were 90 deaths of children residing in Montgomery County. Three of those deaths had not been reviewed when this Report was being prepared; of the remaining 87, 24 were determined to be “Probably Preventable.” In addition, the review of one death which occurred in 2011 and which had been delayed pending litigation has now been completed. As a result, the number determined to be “Probably Preventable” has been revised to 18 for 2011.

Short-Term Trends
The short-term trend from 2012 to 2013 – from 23 to 24 – is not in the desired direction.
Focus Area: Health and Safety
Indicator: Teen Pregnancy

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

New Data
The values for 2013 are being reported for the first time, as are the United States values for 2009 and 2010. In addition, the Montgomery County values for 2010 and 2012 are being revised, as are the values for many of the other counties for 2011 and 2012. As a result, the county comparative rankings for many of the counties for those years have changed. For Montgomery County, its 2011 rank changes from 4th to 5th, while its 2012 rank changes from 5th to 4th.

Short-Term Trends
The short-term trend from 2012 to 2013 – from 2.8% to 2.5% – is in the desired direction. The county comparative rank did not change in the desired direction, moving from 4th to 5th.

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

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<tr>
<td>2013</td>
<td>2.5</td>
<td>3.4</td>
<td>2.7</td>
</tr>
</tbody>
</table>

Notes:
- First time being reported
- Previously reported, now revised

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

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

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

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

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

New Data
The 2013 values are all new: Montgomery County, 53.7%; Ohio, 51.9%; and United States, 57.6%

Short-Term Trends
The short-term trend from 2012 to 2013 – from 46.9% to 53.7% – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 9th to 6th.
**Focus Area: Health and Safety**

**Indicator: Employment Rate for Persons with a Disability**

### Background

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

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

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

Note: These survey questions have changed over the years; as a result, the Census Bureau does not recommend comparing 2008 (and later) data with data prior to 2008. Therefore, this indicator begins with 2008 data. The values reported here are estimates of the true value as prepared by the American Community Survey (ACS). These are based on a sample of the population and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. For the US data reported here, there is a 90% probability that the true value is within the range of +/- 0.7% 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 2013 are new. For comparison, the 2013 employment rates for persons without a disability are as follows:

- Montgomery County: 64.3%
- Ohio: 66.0%
- US: 65.4%

### Short-Term Trends

The short-term trend from 2012 to 2013 – 19.8% to 21.5% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 4th to 3rd.

### EMPLOYMENT RATE FOR PERSONS AGE 16 AND OLDER WITH A DISABILITY

- **Montgomery County**
- **Ohio**
- **United States**

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery Co.</th>
<th>Ohio</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>27.1%</td>
<td>25.7%</td>
<td>25.4%</td>
</tr>
<tr>
<td>2009</td>
<td>21.3%</td>
<td>22.8%</td>
<td>23.0%</td>
</tr>
<tr>
<td>2010</td>
<td>21.1%</td>
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<td>21.8%</td>
</tr>
<tr>
<td>2011</td>
<td>22.2%</td>
<td>21.5%</td>
<td>21.5%</td>
</tr>
<tr>
<td>2012</td>
<td>19.8%</td>
<td>21.1%</td>
<td>21.7%</td>
</tr>
<tr>
<td>2013</td>
<td>21.5%</td>
<td>22.6%</td>
<td>22.5%</td>
</tr>
</tbody>
</table>

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

**Indicator: Poverty Rate for Persons with a Disability**

### Background

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

The US Census Bureau, using thresholds which are adjusted annually for inflation, determines the percentage of people who are living in poverty. For example, in 2013 a two-parent family with two children under 18 was considered to be in poverty if the family income was below $23,624. 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 2013 are new. For comparison, the 2013 poverty rates for persons without a disability are as follows:

- Montgomery County: 14.1%
- Ohio: 12.3%
- US: 12.8%

### Short-Term Trends

The short-term trend from 2012 to 2013 – 24.4% to 23.1% – is in the desired direction. The county comparative rank remains unchanged at 1st.

### Desired Direction

<table>
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<tr>
<th>Year</th>
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<th>Percentage</th>
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<td>Hamilton</td>
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<td>Franklin</td>
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<td>Hamilton</td>
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</tr>
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</table>

### Historical Trend

- Most desirable ranking is number one.
- The sample size for the American Community Survey means that comparative data are currently not available (n/a) for some of the nine other counties.
**Focus Area: Health and Safety**

**Indicator: Domestic Violence Deaths**

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

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

**New Data**
In 2014 there were 20 deaths due to domestic violence in Montgomery County.

**Short-Term Trends**
The short-term trend from 2013 to 2014 – from 17 to 20 – is not in the desired direction.

---

**Note:** Data include victims of all ages and genders. Information is not available from other counties.

---

**DEATHS IN MONTGOMERY COUNTY DUE TO DOMESTIC VIOLENCE**

![Graph showing number of deaths from 1995 to 2014](chart.png)

- Montgomery County

---

*Montgomery Co.*

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths</th>
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<td>11</td>
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<td>15</td>
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(first time being reported) (previously reported, now revised)
**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 preliminary value for Montgomery County for 2013 is 3.6, and its county comparative rank is 4th. For 2013, the preliminary value for Ohio is 2.8 and for the United States it is 3.7. The preliminary values for 2012 for Ohio and the United States that were reported last year are now final, and have not changed. The 2012 values for Montgomery County and for most of the other counties reported here have been revised and are now final; these changes have affected some of the county comparative rankings for that year, but Montgomery County’s rank for 2012 remained at 5th.

### Short-Term Trends
The short-term trend from 2012 to 2013 – from 4.0 to 3.6 – is in the desired direction. The county comparative rank also moved in the desired direction, changing from 5th to 4th.

*2013 data are preliminary.*

### VIOLENT CRIME

<table>
<thead>
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<tr>
<td>2013*</td>
<td>4.0</td>
<td>4.9</td>
<td>4.7</td>
</tr>
</tbody>
</table>

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

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

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

New Data
The preliminary value for Montgomery County for 2013 is 37.0, and the county comparative rank is 7th. For 2013, the preliminary value for Ohio is 29.3 and for the United States it is 27.3. The 2012 values for all three entities and for the other counties are now final, with the ones for Montgomery County, Ohio, the U.S., and most of the other counties having been revised. As a result, some of the county comparative rankings for 2012 have also changed, but Montgomery County remains at 7th.

Short-Term Trends
The short-term trend from 2012 to 2013 – from 37.4 to 37.0 – is in the desired direction. The county comparative rank remained unchanged at 7th.

*2013 data are preliminary.
Focus Area: Health and Safety
Indicator: Nursing Home Population

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

New Data
The 2011 survey is the most recent one for which the data analysis has been completed. The Montgomery County value is 7.04 and the Ohio value is 6.83; these values were reported in last year’s Report. Data analysis for the 2013 survey is expected to be completed in early 2015 and will be reported in next year’s Report.

Short-Term Trends
The short-term trend from 2009 to 2011 – from 6.83 to 7.04 – is not in the desired direction. The county comparative rank did change in the desired direction, moving from 6th to 5th.
Taking Off To Success (TOTS) Partnership

History of Taking Off To Success: Taking Off To Success (TOTS) is an intensive intervention program designed to assist in breaking the cycle of poverty by preparing parents of children 0-5 years of age in two of Montgomery County’s high poverty neighborhoods with the knowledge, skills, resources, and supportive relations that they need to support the academic and career success of their children. TOTS has been supported by the Montgomery County Family and Children First Council (FCFC) for FY 2010 through FY 2015. The evaluation of the first implementation of the TOTS program has shown success in preparing children for kindergarten, in building the capacity of parents to support their children’s learning, and in mobilizing groups of parents to become engaged in improving the conditions for learning in their families and neighborhood. More information on the history and evaluation of TOTS can be found on pages 40-41 of the Family and Children First Council 2013 Progress Report.

Past Leadership of TOTS: TOTS was a program initially developed by the former Supportive and Engaged Neighborhoods (SEN) Outcome Team of the FCFC. The SEN Outcome Team formed the Comprehensive Neighborhood Initiative (CNI) Policy Team to guide and evaluate the TOTS program. The CNI Policy Team included members of the former SEN Outcome Team, representatives of other FCFC Outcome Teams, East End Community Services, Miami Valley Child Development Centers, Dayton Public Schools, United Way of the Greater Dayton Area, ReadySetSoar, the Frank M. Tait Foundation, University of Dayton, and Wright State University; it was staffed by the Human Services Planning and Development Department. The FCFC Outcome Teams were discontinued under the reorganization of the Family and Children First Council.

Expanding the TOTS Vision: In the initial years, the TOTS program focused on educating parents on supporting their children’s development in a way that would enhance their kindergarten readiness and third-grade reading. Currently TOTS includes a 12-week educational program that enables parents to develop the skills needed to support their children’s early learning, a home visiting program that provides individual coaching to parents, a TOTS alumni group that encourages parents to remove barriers to learning in the neighborhood, and efforts to align early learning resources in the neighborhood (Readiness Coalition). The recent Rosa Parks collaboration between Dayton Public
Schools and Miami Valley Child Development Centers provides the impetus and opportunity to expand the vision of TOTS. As TOTS moves into its next stage of development, the TOTS team believes it is important to add a parent self-sufficiency component to TOTS that would be designed to improve parents’ employability with education, literacy, job skills, and career training. The TOTS team believes that such a two-generation approach that improves children’s learning and the self-sufficiency of parents will help break the cycle of poverty in the County’s high-poverty neighborhoods. Expanding TOTS into a two-generation approach will require a more intentional aligning of multiple programs and resources that support families and children in the County’s high-poverty neighborhoods.

**Decision to Constitute a Formal TOTS Partnership:**

The discontinuance of the Outcome Teams by the County created a turning point for the TOTS program and its leadership. As a result the CNI Policy Team is being replaced in 2015 by a new leadership group, the TOTS Partnership. The TOTS Partnership will be guided by the following long range vision:

**TOTS Vision Statement**

Through the TOTS intensive intervention program, parents in Montgomery County’s high poverty neighborhoods will have the knowledge, skills, supportive relationships and resources needed:

- to enable their children to be kindergarten-ready and to meet the standards of primary literacy by the third grade;
- to improve their ability to utilize critical care-giving practices and manage the stress of their household;
- to improve their life skills so they can work collaboratively in creating conditions for learning in their homes and in their neighborhoods and community; and
- to undertake education and training needed to develop family economic self-sufficiency.

The TOTS Partnership will be guided by the TOTS Partnership Steering Committee which will be responsible for the following:

- refining and revising the TOTS vision and developing a strategic plan for TOTS to realize the vision;
- setting policy for the operation of the TOTS Partnership and its programs, including an annual plan;
- developing methods for evaluation by defining outcomes and indicators and using data to evaluate the effectiveness of the TOTS programs; and
- seeking resources that will sustain and expand the TOTS effort in Montgomery County.

**Comprehensive Neighborhood Initiative Policy Team Roster**

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

ReadySetSoar held the fifth annual Readiness Summit in March 2014 with over 500 early learning providers, K-12 educators and community stakeholders. Funding from FCFC supported the summit and five school district Readiness Coalitions. The Coalitions worked to strengthen partnerships with preschool and childcare providers in their districts to improve readiness for all of Montgomery County’s youngest learners.

Another effort led by ReadySetSoar to improve the readiness for kindergarten among young learners is Passport to Kindergarten – a community-based program funded by PNC Grow Up Great national campaign. The goal is to improve language skills of preschoolers through partnerships with schools, community organizations and parents.

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

1) improving quality and access to preschool and home visiting
One way ReadySetSoar has worked to improve the quality of preschool experiences is to support organizations such as 4C for Children in providing technical assistance to help child care programs earn a star-rating through Ohio’s Step Up To Quality system. At the end of 2014, 90 programs were star-rated, including the first family childcare provider in the state to earn a star-rating. This is an increase from 80 star-rated programs at the end of 2013.

2) ensuring children continue learning after school and in the summer months
ReadySetSoar partnered with Human Services Planning and Development and United Way of the Greater Dayton Area to facilitate high-quality summer programming in Montgomery County in 2014.
   - BELL (Building Educated Leaders for a Lifetime) was started in Mad River and Trotwood in the summer of 2014 and served 500 at-risk youth for five weeks, which resulted in an average of 2-3 months knowledge gain in literacy and math which was funded by Vectren Corporation.
   - Children’s Defense Fund Freedom Schools® were expanded to six locations in the community providing six weeks of summer learning. The 318 scholars (children) attending the program were from 41 Montgomery County Schools. Thirty-six Servant Leaders (college students) from 15 universities were hired to provide leadership and mentoring to the scholars. Read Aloud guests included a Mayor, the Sheriff, many donors, school board members, school superintendents and various other community leaders. K-8th grade Freedom School scholars achieved an average 2.5 month gain in reading-related skills through participation in the program.
   - To ensure children in low-income households had access to books and read through the summer months, ReadySetSoar partnered with over 20 community organizations on the Read On! book drive. Over 25,000 books were collected and distributed during the summer of 2014.
   - ReadySetSoar partnered with Human Services Planning and Development, United Way of the Greater Dayton Area, and 4C for Children to initiate a pilot learning network with a goal of improving afterschool services. After an application process, five afterschool programs were selected and focused on programming and curriculum. They completed a self-assessment and received coaching to improve the quality of their services to school-age children. Through a grant from the Iddings Foundation to ReadySetSoar, each program received incentive funds to purchase needed materials or equipment. Post evaluations illustrated growth in the participating programs.

3) making sure children attend school on-time, every day
In September 2014, seven local districts joined with ReadySetSoar to analyze their elementary students’ attendance data and to celebrate National Attendance Awareness month. The purpose of the study was to see if there is a correlation between attendance and third grade OAA (Ohio Achievement Assessment) reading and math scores. Students who miss more than 10% of the school year, at any grade level starting in kindergarten, on average score 7-10 points lower on third grade reading. Three of the districts that participated in the study are now running pilot efforts to address the issue of chronic absenteeism in “at-risk” students.

For additional information on ReadySetSoar, please see learntoeardayton.org.
Focus Area: Education and Life Skills
Indicator: Kindergarten Readiness

Background
The Kindergarten Readiness Assessment – Literacy (KRA-L) “measures skill areas important to becoming a successful reader.” The KRA-L is scored on a 29 point scale. Students taking the KRA-L are placed in 3 bands that are designed to be indicators of the degree and type of intervention required. Students with scores in Band 1 (scores 0-13) are assessed as needing broad intense instruction. Students scoring in Band 2 (scores 14-23) are assessed as requiring targeted intervention and students in Band 3 (scores 24-29) are assessed as requiring enriched instruction. The KRA-L was conducted in Ohio from 2005-06 through 2013-14.

Beginning with the 2014-15 school year, a new kindergarten readiness assessment replaces the KRA-L. The new assessment includes ways for teachers to measure a child’s school readiness. Ohio’s Early Learning and Development Standards (birth to kindergarten entry) are the basis for the new assessment. It has six components:
• social skills (including social and emotional development, and approaches toward learning);
• mathematics;
• science;
• social studies;
• language and literacy; and
• physical well-being and motor development.

Ohio is doing a study that compares the Kindergarten Readiness Assessment-Literacy (KRA-L) to the new Kindergarten Readiness Assessment. The study will compare the language and literacy component of the new Kindergarten Readiness Assessment to the Kindergarten Readiness Assessment-Literacy. The data will show the comparable scores and proficiency rates on the two assessments.

New Data
The value for Montgomery County for 2013 is 37.1% and the county comparative rank is 6th. The value for Ohio for 2013 is 38.7%.

Short-Term Trends
The short-term trend from 2012 to 2013 – from 37.6% to 37.1% – is not in the desired direction. The county comparative rank did change in the desired direction, moving from 7th to 6th.

Note: The KRA-L Test was administered in October of the year indicated. Ohio began conducting KRA-L Tests in 2005 but the first year that all Montgomery County districts participated was 2006.
Background
To be consistent with the federal No Child Left Behind legislation, Ohio has phased out its proficiency tests and replaced them with achievement and diagnostic tests. As discussed in the 2011 Report, we have aligned the FCFC indicators with the indicators adopted by Learn to Earn™ Dayton. As a result we are now publishing the 3rd-grade reading and 4th-grade math achievement scores.

New Data
The 2013-2014 values for Montgomery County and for Ohio are 80.6% and 81.0% respectively. The county comparative ranking is 7th.

Short-Term Trends
The short-term trend from 2012-13 to 2013-14 – from 78.6% to 80.6% – is in the desired direction. The county comparative rank 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 4th-grade math achievement scores.

New Data
The 2013-2014 values for Montgomery County and for Ohio are 73.1% and 78.3% respectively. The county comparative ranking is 8th.

Short-Term Trends
The short-term trend from 2012-13 to 2013-14 – from 73.2% to 73.1% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 7th to 8th.

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

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

In the 2003-2004 school year, only reading and math exams were administered. Beginning with the 2004-2005 school year, all five areas were administered.

**New Data**

The values for 2013-14 are 68.9% for Montgomery County and 69.3% for Ohio. The county comparative ranking is 7th.

**Short-Term Trends**

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

**Note:** Each school year is named by the year in which it ends, e.g., the 2013-14 school year is shown as 2014.
Focus Area: Education and Life Skills
Indicator: High School Graduation

Background
The graduation rate of all students receiving instruction in a Montgomery County school district is considered for this indicator. It is a lagged rate, always one year behind, allowing the Ohio Department of Education to include summer graduates. The graduation rate for 2013-14 is scheduled to be released in June 2015.

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 2012-2013 rates for Montgomery County and for Ohio are 79.7% and 82.2% respectively. The county comparative rank is 7th.

Short-Term Trends
The short-term trend from 2011-12 to 2012-13 – from 78.8% to 79.7% – is in the desired direction. The county comparative rank did not change in the desired direction, moving from 6th to 7th.

Note: Each school year is named by the year in which it ends, e.g., the 2012-13 school year is shown as 2013.
Focus Area: Education and Life Skills
Indicator: Public School Attendance (K–12)

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

New Data
The 2013-2014 values for Montgomery County and for Ohio are both 94.3%. The county comparative ranking is 7th.

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

Short-Term Trends
The short-term trend from 2012-13 to 2013-14 – from 94.5% to 94.3% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 5th to 7th.

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

Note: Each school year is named by the year in which it ends, e.g., the 2013-14 school year is shown as 2014.
Focus Area: Education and Life Skills
Indicator: College Enrollment

Background
According to the 2013 American Community Survey, 37.3% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Enrollment” measure tracks the percentage of high school graduates who enrolled in a 2- or 4-year college at any time in the first two years after graduation. The indicated year is the year of high school graduation.

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

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

New Data
The value for 2012 is 74.7%. The values for the years 2007 – 2009 and 2011 have been revised; see the note above.

Short-Term Trends
The short-term trend from 2011 to 2012 – from 75.3% to 74.7% – is not in the desired direction.

* Includes enrollment in any college term ending before August 14 of the year which is two years after the high school graduation year. Only classes for which two full years of post-graduation data are available are reported here.
**Background**

According to the 2013 American Community Survey, 37.3% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally, it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Persistence” measure tracks the percentage of students enrolled in a 2- or 4-year college in the first year after graduating from high school who returned to college the next year. The indicated year is the year of high school graduation.

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

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

**New Data**

The value for 2012 is 80.8%. The value for 2007 has been revised; see the note above.

**Short-Term Trends**

The short-term trend from 2011 to 2012 – from 82.9% to 80.8% – is not in the desired direction.

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* 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 2013 American Community Survey, 37.3% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally, it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Graduation” measure tracks the percentage of high school graduates who graduated with a 2- or 4-year college degree within the first six years after high school graduation. The indicated year is the year of high school graduation.

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

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

New Data
The value for 2008 is 37.3%. The values for 2007 has been revised; see the note above.

Short-Term Trends
The short-term trend from 2007 to 2008 – from 38.3% to 37.3% – is not in the desired direction.
Focus Area: Income and Stability  
Indicator: Median Household Income  

**Background**  
Because the bulk of household income is from wages and salaries, this indicator focuses our attention on what we can do to increase the value that employers put on our local workforce. This extends the discussion to all of the community outcomes, because it will be important to ensure that all of our workers – and their neighborhoods – are healthy, stable, and well-educated. This indicator is adjusted every year to control for inflation.

**New Data**  
The 2013 values are new; the values for 2002 through 2012 have been revised to adjust for inflation.

**Short-Term Trends**  
The short-term trend from 2012 to 2013 – from $43,147 to $42,776 – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 7th to 8th.
Focus Area: Income and Stability
Indicator: Unemployment

Background
The unemployment rate is a measure of the percentage of the labor force that is unemployed. The unemployment rate reflects the match between the number of people seeking employment and the number of available jobs. Factors that influence unemployment are child care, work skills, and the economic climate.

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

New Data
The preliminary value for Montgomery County for 2014 is 5.9% and the county comparative rank is 6th. For 2014 the preliminary value for Ohio is 5.7% and for the United States it is 6.2%. The 2013 values for Montgomery County, for Ohio, and for some of the other counties reported here have all been revised. As a result, some of the county comparative rankings for 2013 have also changed; the rank for Montgomery County for 2013 is changed to 7th.

Short-Term Trends
The short-term trend from 2013 to 2014 – from 8.0% to 5.9% – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 7th to 6th.

*2014 data are preliminary.
Background
Ohio Works First (OWF) is part of Ohio’s Temporary Assistance to Needy Families (TANF) program and provides time-limited cash assistance to eligible needy families for up to 36 months. During that time, county departments of job and family services provide support to adult participants to become job-ready, obtain necessary job skills and find employment. The emphasis of OWF is self-sufficiency, personal responsibility and employment. Eligibility for OWF is governed by federal and state law. Each recipient is part of an “Assistance Group,” which, for practical purposes, can be considered a household. (On average, each Assistance Group has about 2.25 people.) Assistance Groups that are “Child Only” are excluded from this indicator. As a result, this indicator tracks the proportion of people in the county who have work activity participation requirements in order to receive OWF.

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

New Data
The 2014 value for Montgomery County is 1.62 and for Ohio it is 1.52. The Ohio values for the years 2002-2003 are being revised because they were reported incorrectly in prior Reports.

Short-Term Trends
The short-term trend from 2013 to 2014 – from 2.27 to 1.62 – is in the desired direction. The county comparative rank remains unchanged at 5th.

ASSISTANCE GROUPS WITH WORK ACTIVITY PARTICIPATION REQUIREMENTS*

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<tr>
<td>2014</td>
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<td>1.52</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.

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

**Population data for 2002-2013 are from the 2010 Census and Census Bureau estimates; 2014 population data are derived from regression analysis of the 2010-2013 data.
**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 2013 values for Montgomery County and Ohio are 43.5% and 45.7% respectively. The comparative county ranking is 5th. The preliminary 2012 value for Montgomery County, 43.0%, is now final and has not changed. The preliminary 2012 value for Ohio has been revised to 45.7% and is now final. The preliminary 2012 values for some of the other counties have been revised; for all of the counties the values are final. Montgomery County's comparative rank for that year did not change.

**Short-Term Trends**

The short-term trend from 2012 to 2013 – from 43.0% to 43.5% – is in the desired direction. The county comparative rank remains unchanged, at 5th.
Focus Area: Income and Stability
Indicator: Voter Participation

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

New Data
The value for Montgomery County for 2014 is 39.9% and the value for Ohio is 40.7%. The county comparative ranking is 4th.

Short-Term Trends
The short-term trend from 2010 (the previous mid-term election) to 2014 – from 48.9% to 39.9% – is not in the desired direction. The county comparative rank did move in the desired direction, changing from 9th in 2013 to 4th in 2014.
Avoiding Poverty, one of the FCFC Community Indicators, has moved in the desired direction for five consecutive years but remains well below where it was twenty years ago. Meanwhile Kindergarten Readiness, another Community Indicator, has decreased for two consecutive years following four years of steady improvement. Here we take a look “behind the numbers” at childhood poverty, school readiness, and some emerging trends in programs addressing these issues.

Mathematician Yitang Zhang recently won a MacArthur “Genius Grant” for solving a difficult and longstanding problem in number theory. During the years that he spent thinking about the problem, Zhang told an interviewer, “I am thinking, ‘Where is the door?’ In the history of this problem, many mathematicians believed that there should be a door, but they couldn’t find it. I tried several doors. Then I start to worry a little that there is no door.”

Public policy experts, program planners, social work professionals, and advocates for the poor can be forgiven if they, too, sometimes feel just as thwarted in their efforts to address poverty. After all, following a downward trend in the 1960’s the poverty rate has essentially been stuck between 11% and 15% for over 40 years. (See Figure 1.) Note that the rate had started to decline before the “War on Poverty” was launched in 1964. It would seem that finding the right “door” to tackle poverty is extremely difficult.

Even more troublesome is the continued high rate of childhood poverty, a rate which has always been at least 16% greater than the overall poverty rate for as long as the U.S. has officially been tracking both of them. The Children’s Defense Fund recently summarized the urgency that many feel:

Growing up poor has lifelong negative consequences, decreasing the likelihood of graduating from high school and increasing the likelihood of becoming a poor adult, suffering from poor health, and becoming involved in the criminal justice system. These impacts cost the nation at least half a trillion dollars a year in lost productivity and increased health and crime costs. Letting a fifth of our children grow up poor prevents them from having equal opportunities to succeed in life and robs the nation of their future contributions.

Those negative consequences have been documented a number of ways. For example, compared with adults whose families had incomes more than twice the poverty level when they were in early childhood, adults who experienced poverty during early childhood completed much less school, worked far fewer hours per year, received over 12 times as much in food stamps per year, and are nearly three times as likely to report poor overall health. In addition, the men are twice as likely to have been arrested and the women are five times more likely to have had a baby out of wedlock before turning 21.

Of course it is well understood that “experiencing poverty during early childhood” is more than a statement about family income. Often associated with poverty are any – perhaps all, for some children – of the following: being raised by a single (usually female) parent; a low amount of parental education; a lack of steady parental employment; substandard housing; unsavory neighborhoods; limited access to or availability of adequate healthcare or child care … the list can go on. Aware of all of these factors and more like them, the researchers applied some further statistical analyses to the results shown in Figure 2 and

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**Figure 1.** In 1969, the childhood poverty rate (14.0%) was 16% greater than the total poverty rate (12.1%). The largest difference was in 1991 when the childhood poverty rate (21.8%) was 54% greater than the total poverty rate (14.2%). Source: U.S. Census Bureau.
determined that “a substantial portion of the simple correlation between childhood income and most adult outcomes can be accounted for by the disadvantageous conditions associated with birth into a low income household” (emphasis added) as opposed to the low income itself.

We also know that we don’t have to wait until adulthood for the burdens associated with childhood poverty to be observed. Figure 3 demonstrates a very clear correlation between a kindergartner’s performance on a school readiness test and the level of childhood poverty within his or her school district.

Neurobiologists have also observed the effects of early poverty on the growth and structure of children’s brains and their levels of stress hormones. In fact, stress has come to be seen by many as a prime mediator of the effects of early life adversity such as poverty. The fact that this stress is shared by others in the child’s home environment has led to waves of poverty-reduction programs seeking to combine services for children with services for parents and caregivers, thinking this might be the elusive “door.” Such programs have come to be called “Two-Generation” programs and are summarized in Figure 4.

A local example would be the TOTS Partnership (see page 40).

The intersection of early childhood learning and developmental biology in the effort to address poverty is generating excitement and a call to a “focused approach to innovation” by combining best practices and best theories:

Decades of research in developmental psychology, developmental psychopathology, neurobiology, and prevention science provide a rich knowledge base to catalyze such creativity. For example, the consistently replicated finding that parent characteristics typically explain a greater proportion of the variance in child outcomes than the measured impacts of program variables highlights the need for new intervention strategies that focus more explicitly on strengthening the capabilities of parents and other caregivers. The concept of a two-generation approach to children and families experiencing significant adversity is thus particularly ripe for creative rethinking that moves beyond a simple call for enhanced coordination among the “silos” that separate child-focused and adult-focused services. In short, the need for innovation is compelling and the potential generativity of an expanded definition of evidence that includes advances in the developmental sciences is enormous.

The hope is that a “door” does exist … and will be found.
Two-Generation Programs

Programs that enroll parents in education or job training at the same time that they enroll their children in high-quality child care have potential to enhance children’s development. The most promising programs combine three elements: they build strong connections between components for children and adults, rather than confining children’s and parents’ programs to separate silos; they ensure that children and their parents receive services of equal duration and intensity; and they incorporate recent advances in both education and workforce development.

Mechanisms Involved

Stress
Severe stress in young children’s lives—whether from violence, harsh parenting, or the burden of poverty itself—can undermine their neurobiology in ways that disrupt their health, social competence, and ability to succeed in school and life. But there is hope for children who experience chronic stress in their homes and neighborhoods, because the effects of stress can be minimized or ameliorated by adults—including parents, foster parents, and teachers—who have been trained to give the children sensitive, warm, and consistent caregiving. High-quality preschool programs, as well as high-quality home-visiting programs, have been shown to help reduce the developmental harm that stress can cause.

Education
Parents’ education strongly affects their children. Better-educated parents have children who are themselves better educated, healthier, wealthier, and better off in almost every way than children of parents with less education. Thus programs that increase parents’ education levels can strengthen many aspects of their children’s development.

Health
Parents’ health and children’s health are intimately linked because of the genes, physical environments, and behaviors they share. Because of this close connection between parents’ and children’s health, programs to improve parents’ health can improve their children’s health as well, with far-reaching effects—healthier children go further in school and earn more as adults.

Income
Parents living in poverty can’t afford important resources that would support their children’s development, with a host of negative consequences. Income supplements to poor parents can help, but the timing is important—developmental neurobiology strongly suggests that increased income would have the greatest effect during children’s early years.

Employment
Despite its financial and other advantages, parents’ (and especially mothers’) work can also be bad for children, particularly when parents work long or nonstandard hours at stressful, low-paying jobs and place their children in poor-quality care. We can ameliorate the problem by expanding workplace flexibility; providing high-quality child care; and helping low-income parents train for, find, and keep a well-paying job with benefits.

Assets
Programs that help poor families build assets show promise for helping children succeed, especially savings programs that match disadvantaged parents’ deposits. The most promising programs share several features: they are opened early in life; they are opened automatically, with no action required from the recipients; and they come with an initial deposit.


**Background:**

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

By 1980, six separate special purpose levies (2 Children’s Levies, Mental Retardation, Indigent Sick, Mental Health, Combined Health) were directed into specific services and agencies for five to ten year periods regardless of changing priorities or needs. This was also a time period when Montgomery County, like many other communities, faced dwindling resources for human services and recognized the need to take stock of the local taxation process that funded those services. In response, a long-range planning committee was established in 1981, made up of business, government and community leaders, that analyzed and discussed the issues at hand and brought forward a new model to move toward flexibility, accountability and cost savings. They introduced a plan for new multi-purpose levies to combine needs and a new structure including a new Human Services Levy Council for oversight to support the review and recommended distribution of resources.

The new multi-purpose Human Services Levy was initiated in January 1983, by MCBCC Resolution No. 83-87 and first implemented in August 1983, when the special purpose 1.4 mill Children’s Levy was replaced by a 1.53 mill 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 to the present. A Human Services Levy is typically placed on the election ballot about every four years for consideration by the citizens of Montgomery County.

In November 2014, voters approved passage of the most recent Human Services ballot issue, a renewal plus one additional mill levy with a 64% passage rate. Losses in tax revenue of approximately $20 million in 2011 resulting from a combination of county-wide property devaluation, utility deregulation and the partial phase-out of the Commercial Activity Tax (CAT) state reimbursement will continue to present funding challenges. The property devaluation has also limited the amount of additional funding generated by the Levies.

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

**Structure:**

The structure has evolved over time. Prior to 1983, the single purpose levies had very limited external oversight. Typically, if an agency desired increased operating funds, it would make an internal assessment, gain board level review / input and approval, and direct its request to the MCBCC. The MCBCC was then left to make a final decision regarding placement of the request on the voting ballot.

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

- **Frail Elderly Services Advisory Committee** – Develops a strategic plan for the use of Human Services Levy resources to support frail elderly senior service needs. It identifies and assesses information on available programs and recommends service program awards to the Human Services Levy Council.
- **Community Review Teams** – Review Human Services Levy agency and program information, assess performance and results, recommend funding allocations.

During the Community Review Team process, an allocation plan is created for a specific timeframe to identify the financial resources available to provide mandated services. Typically, 75%-80% of the funds available for allocation are designated to provide mandated services. Listed below are the agencies that provide mandated services in our community:

- Alcohol Drug Addiction and Mental Health Services Board (ADAMHS);
- Job and Family Services - Children Services Division (JFS-CSD);
- Public Health – Dayton and Montgomery County (PH-DMC);
- Developmental Disabilities Services Board (DDS).

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

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

### 2014 ALLOCATIONS

- **Indigent Ill Prog.** 4% $5.3 M
- **Juvenile Court** 2% $2.3 M
- **Stillwater** 2% $2.7 M
- **Public Health** 14% $15.8 M
- **ADAMHS Board** 20% $24.2 M
- **Children Services** 20% $25.4 M
- **Family & Children First** 1% $1.5 M
- **Community Funding** 13% $17.9 M

*Additionally, in 2014, $5.9 M was allocated from Levy Reserves for Community Programming.*

**Note:** $ = Millions
Below is a list of the other general community-based services funded in 2014 – 2015 by the Human Services Levy:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artemis Center</td>
<td>Domestic Violence Hotline</td>
<td>$136,310</td>
</tr>
<tr>
<td>Artemis Center</td>
<td>Coordinated Intervention and Outreach Services</td>
<td>$68,000</td>
</tr>
<tr>
<td>Big Brothers Big Sisters</td>
<td>Mentoring</td>
<td>$45,000</td>
</tr>
<tr>
<td>Boys &amp; Girls Club of Dayton</td>
<td>More Member More Often/Project Learn</td>
<td>$40,000</td>
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<tr>
<td>Catholic Social Services</td>
<td>Erma’s House Family Visitation</td>
<td>$35,000</td>
</tr>
<tr>
<td>Catholic Social Services</td>
<td>Supporting Attachments in Families Effectively (SAFE)</td>
<td>$35,000</td>
</tr>
<tr>
<td>Dakota Center</td>
<td>Homework Club</td>
<td>$20,000</td>
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<tr>
<td>Dayton Ohio Habitat for Humanity</td>
<td>Family Education and Support</td>
<td>$20,000</td>
</tr>
<tr>
<td>East End Community Services</td>
<td>Family and Job Connection</td>
<td>$106,000</td>
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<tr>
<td>East End Community Services</td>
<td>Youth Success Zone Program</td>
<td>$125,300</td>
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<tr>
<td>East End Community Services</td>
<td>Community Building Project</td>
<td>$84,000</td>
</tr>
<tr>
<td>Family Service Association</td>
<td>Families Safe Together Program</td>
<td>$19,097</td>
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<tr>
<td>Foodbank</td>
<td>Emergency Food Assistance</td>
<td>$110,000</td>
</tr>
<tr>
<td>Good Neighbor House</td>
<td>Dental Care for Working Uninsured</td>
<td>$100,000</td>
</tr>
<tr>
<td>HighRise Services</td>
<td>Processing &amp; Cognitive Enhancement (PACE) Training</td>
<td>$87,841</td>
</tr>
<tr>
<td>House of Bread</td>
<td>Free Lunch 365</td>
<td>$15,000</td>
</tr>
<tr>
<td>Parity</td>
<td>Mentoring Services</td>
<td>$60,000</td>
</tr>
<tr>
<td>Planned Parenthood</td>
<td>Health Services</td>
<td>$30,000</td>
</tr>
<tr>
<td>Reach Out Montgomery County</td>
<td>Medical &amp; Prescription Services</td>
<td>$102,650</td>
</tr>
<tr>
<td>Reach Out Montgomery County</td>
<td>Pharmaceutical Case Management for Chronic Disease</td>
<td>$26,220</td>
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<tr>
<td>Senior Resource Connection</td>
<td>Home Delivered Meals Non-Elderly</td>
<td>$121,000</td>
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<tr>
<td>Unified Health Solutions</td>
<td>Prescription Assistance</td>
<td>$90,000</td>
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<tr>
<td>Unified Health Solutions</td>
<td>First Step Program</td>
<td>$87,859</td>
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<tr>
<td>United Rehabilitation Services</td>
<td>Pediatric Special Needs Child Care</td>
<td>$57,000</td>
</tr>
<tr>
<td>United Rehabilitation Services</td>
<td>Homebased Personal Care</td>
<td>$92,000</td>
</tr>
<tr>
<td>United Rehabilitation Services</td>
<td>Adult Day Care Services</td>
<td>$136,000</td>
</tr>
<tr>
<td>United Way of Greater Dayton</td>
<td>Freedom Schools</td>
<td>$50,000</td>
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<tr>
<td>United Way of Greater Dayton</td>
<td>HelpLink 2-1-1</td>
<td>$55,000</td>
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<tr>
<td>We Care Arts</td>
<td>Artworks Skill Development</td>
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<tr>
<td>Wesley Community Center</td>
<td>Youth Succeeding Program</td>
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<td>Wesley Community Center</td>
<td>West Dayton Families Success Network</td>
<td>$95,000</td>
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<tr>
<td>YWCA of Dayton</td>
<td>Teen Services</td>
<td>$34,000</td>
</tr>
<tr>
<td>YWCA of Dayton</td>
<td>After-Hours Domestic Violence Hotline</td>
<td>$90,850</td>
</tr>
</tbody>
</table>

$2,287,127
In 2011, discussions began with United Way of the Greater Dayton Area (United Way) to combine the Live United Fund and the Montgomery County Human Services Levy Supported Services Fund processes. For many years, two completely separate funding application processes were conducted with the same primary potential non-profit agency service providers. There were also other community-level conversations taking place at the same time about increasing collaboration between the United Way, Montgomery County, service providers and other funders. A non-profit community forum was hosted by the Dayton Foundation, United Way and the Montgomery County Board of County Commissioners to gather suggestions and input for developing the Joint Process.

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

In order to transition into the Joint Process there were steps that needed to take place. Montgomery County changed its funding cycle to match the United Way funding cycle of July 1 – June 30. Montgomery County extended its 2011 Supported Services contracts by six months. The United Way Impact Teams and the Family and Children First Council (FCFC) Outcome Teams (no longer in existence) were assessed for commonality. Both the Montgomery County Request for Proposals (RFP) and the United Way RFP were assessed and revised to develop a common RFP format. The United Way Andar software system was selected for the on-line application submission process. Both the United Way and Montgomery County staff joined to provide information and training for service providers and volunteers about the newly formed Joint Process. While the Joint Process was developed to support collaboration around private and publicly raised funds, autonomy was maintained by the United Way and Montgomery County.

Today, the Joint Process continues with minor variations to the original format. Previously the United Way Impact Teams and FCFC Outcome Teams held separate meetings and then came together for program discussions. Moving forward, volunteers will be combined to form joint review teams to assess the submitted proposals together. Care is maintained to disclose and eliminate conflicts of interest from any planning, discussion, or actions of the Joint RFP process.

In preparation for the release of the next RFP, the staff of Montgomery County and United Way met to discuss planning options for the upcoming process. The discussions centered on access to available data and how data could be used to form community conversations to meet the needs of individuals and families in our community. As a result of those conversations, it was determined that we would gather updated information along with community stakeholder feedback and distribute the information through a Community Needs Assessment. The details of this process are described on page 8.

Building a Joint Funding Process has improved the knowledge of community programs and also streamlined the process for non-profits. The joint staff of United Way and Montgomery County continue to reassess and monitor the programs and process to make improvements where needed.

Partnership with United Way

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Building a Joint Funding Process has improved the knowledge of community programs and also streamlined the process for non-profits. The joint staff of United Way and Montgomery County continue to reassess and monitor the programs and process to make improvements where needed.
Overview

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

At the recommendation of the Frail Elderly Task Force, the Montgomery County 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 Services 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.

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

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

Funded Services

Prior to 2004, approximately $500,000 of Human Services Levy Funds were awarded annually to support Frail Elderly Services through Area Agency on Aging PSA2’s ComCare Program. Beginning in 2004, as a result of the focus of the Frail Elderly Task Force Review, more than $5.6 million of Human Services Levy funds were allocated to address the needs of frail elderly individuals in Montgomery County.

In 2011 during the Human Services Levy Council Community Review Team process, it was decided that the Frail Elderly funds would be separated into two allocation categories. One category is for ComCare program services and the second category is for all Other Frail Elderly Services. Area Agency on Aging PSA2 is contracted to provide ComCare services in Montgomery County. Area Agency on Aging is a private non-profit organization that has been designated by the State of Ohio to be the contact agency for federal and state aging programs in our nine-county area. ComCare services provide in-home community-based care to maintain quality of life and prevent premature nursing home placement for people who are frail and elderly. This program was awarded $8,797,941 for 2014-2015.

The Other Frail Elderly Service Initiatives are provided by various local non-profit organizations in the community. The Other Frail Elderly Services Initiatives category was further subdivided into two areas: Other Service Initiatives and One-Time Initiatives. Other Service Initiatives support ongoing services provided to clients that are long term in nature. The One-Time Initiatives are services that are one-time in nature or services that are for a short period of time. The Other variety of Frail Elderly Programs (both Other Service Initiatives and One-Time Initiatives) were awarded $1,100,124 for 2014 - 2015. Frail Elderly services funding totaled $9,898,065 for fiscal year 2014 – 2015.

There were 5,297 seniors served under these programs through the end of 2014. The ComCare program served 1,638 clients in 2014. For the 2013-2014 contract year, all other Frail Elderly Programs served 3,659 seniors. Mid-year numbers for other Frail Elderly programs contract year 2014 -2015 are not yet available.

The services provided to clients currently target the following areas:

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

For additional information about Montgomery County Frail Elderly Services, please contact the Senior Services Network office at (937) 225-5475. For Answers on Aging for West Central Ohio, please contact Area Agency on Aging, PSA2 at 1-800-258-7277, or visit their Web site, www.info4seniors.org.
Listed below are the 2014 – 2015 Human Services Levy Frail Elderly Funded Services:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Services</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer’s Disease &amp; Related Disorders Association</td>
<td>Successful Dementia Caregiver Services</td>
<td>$23,347</td>
</tr>
<tr>
<td>Area Agency on Aging</td>
<td>ComCare</td>
<td>$8,797,941</td>
</tr>
<tr>
<td>Catholic Social Services</td>
<td>Respite Care</td>
<td>$101,333</td>
</tr>
<tr>
<td>Catholic Social Services</td>
<td>Senior Visiting</td>
<td>$43,695</td>
</tr>
<tr>
<td>East End Community Center</td>
<td>Independent Living Elderly Assistance</td>
<td>$60,508</td>
</tr>
<tr>
<td>Jewish Federation</td>
<td>Kosher Meals</td>
<td>$14,341</td>
</tr>
<tr>
<td>Jewish Federation</td>
<td>Senior Transportation &amp; Chore Services</td>
<td>$14,008</td>
</tr>
<tr>
<td>Legal Aid of Western Ohio</td>
<td>Legal Services</td>
<td>$142,883</td>
</tr>
<tr>
<td>Life Essentials Inc</td>
<td>Guardianship Services</td>
<td>$43,720</td>
</tr>
<tr>
<td>Miami Valley Regional Planning Commission</td>
<td>Senior Transportation Services</td>
<td>$56,032</td>
</tr>
<tr>
<td>Reach Out Montgomery County</td>
<td>Healthcare &amp; Medication Services</td>
<td>$23,720</td>
</tr>
<tr>
<td>Rebuilding Together Dayton</td>
<td>Neighbor Home Repair Services</td>
<td>$112,065</td>
</tr>
<tr>
<td>Senior Resource Connection</td>
<td>Geriatric Nurse</td>
<td>$40,624</td>
</tr>
<tr>
<td>Senior Resource Connection</td>
<td>Emergency Home Delivered Meals</td>
<td>$186,775</td>
</tr>
<tr>
<td>Unified Health Solutions</td>
<td>Prescription Assistance</td>
<td>$118,135</td>
</tr>
<tr>
<td>Wesley Community Center</td>
<td>Case Management &amp; Transportation Services</td>
<td>$118,938</td>
</tr>
</tbody>
</table>

$9,898,065
Eight years ago, when the *Homeless Solutions 10-Year Plan for Ending Chronic Homelessness and Reducing Overall Homelessness* was adopted, there was a community commitment made to address the issue of homelessness in Montgomery County. The plan called for a creative, coordinated and collaborative approach to tackling the challenge at all levels of the system. In the years since the adoption of the plan, significant progress has been made under the leadership of the Homeless Solutions Policy Board towards reaching the Plan’s goals and addressing the housing needs of vulnerable people in Montgomery County.

Building the capacity of the homeless assistance system, in part through increasing the knowledge and skills of staff at the various housing and services organizations, has been a priority since the adoption of the Homeless Solutions Plan. A key component to increasing the capacity of the system was the development of Case Management: Breaking the Cycle of Homelessness Manual - a manual for providing housing-focused case management along with training for case managers and supervisors alike. More than 50 staff – from every homeless provider in the system – participated in the training.

Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual’s or family’s comprehensive needs. Housing-focused case management concentrates on the areas that directly impact a particular household’s stability in housing. These areas often include obtaining sufficient income to pay rent, managing money, and following the lease rules about guests, noise and maintaining the unit. The Case Management Manual sets minimum standards for the practice of case management at each homeless program with guidance through each step of the case management process.

Other capacity-building trainings in 2014 included a 4-part training series on Stages of Change and Motivational Interviewing; Client Safety in Severe Weather; Medicaid; Overdose Warning and Signs; Trauma Informed Care; Mental Health First Aid; and Engaging Hard to Serve Clients.

Two of the main quantitative goals of the 10-Year Plan are to produce 750 units of permanent supportive housing (PSH) and to end chronic homelessness – that is homelessness for people who have a disability and seem to get “stuck” in homelessness, either remaining homeless for longer than one year or experiencing repeated episodes of homelessness over time. These goals are related because for many people who are chronically homeless, the solution to their homelessness is permanent supportive housing – affordable, permanent housing combined with supportive services.

As the chart indicates, significant progress has been made on both of these goals, with chronic homelessness declining 76% from 2006 to 2014, and the number of new permanent supportive housing units increasing to 78% of the 750 unit goal in the Plan. With an intensified focus on – and priority for – housing people experiencing chronic homelessness, we are on track to end chronic homelessness by 2016.
Home at Last

Charles Coffey lived in homelessness, in his words, “on and off since 1969, when I left Vietnam and the military.” The 2014 Point-in-Time homeless count, a one-night count of people living in shelters or on the street, was the first in many years that Coffey had not been among those counted as living outside on the night of the Point-in-Time count. PATH Outreach Specialists from Miami Valley Housing Opportunities were familiar with Coffey and offered assistance with housing repeatedly. He preferred to share conversation and jokes, instead of making plans for housing.

Coffey said PATH workers “were always around; they have bigger hearts than I got.” In late 2013, Coffey accepted assistance with a housing referral and became a priority for receiving an apartment. He said that at that point he was “sick and tired of being sick and tired.” He added, “That is an old drinking thing, but it is a life thing too.”

Coffey is grateful for PATH. As he said, “they did everything they could to get us off the streets and put us in a place.” He added, “I’m old, and I am tickled to death to be alive and to have housing.” He recognizes that “people worried about me and helped me; people sweet as can be.” He said, with a rare serious note in his voice, “they saved my life; from being out there freezing.”

Living in permanent supportive housing, Coffey called his new home “a good place to lay my head” and said there are beautiful people that check on him and make sure he is alright. Coffey said he knows he is older now and has health problems that show him that his body doesn’t work as well as it used to. He said, “I got the feeling that my body was changing everyday; it came down to not being able to be out another winter.”

Coffey added he is “proud I got this far; I’m proud of my life.” He said, “I’m a person person, if you want to put it that way. I make jokes on myself and there aren’t too many people that can do that.”

Still active and social, Coffey said he goes scrapping and to places that have always been good to him. He said, “There are beautiful people here in Dayton.”
There are different ways to quantify or describe homelessness in a community. The number of households who spend at least one night in an emergency gateway shelter – who have no other safe place to sleep – is one indicator of the extent of homelessness or lack of housing stability in a community. Below is summary information about the households who were sheltered in 2013. In order to allow time to ensure the accuracy of the Homeless Management Information System (HMIS) data across the 19 organizations and 54 programs that enter data into the HMIS, annual statistics for 2014 will be available after the publication date for this report.

In 2013, 4,136 different people stayed at least one night in one of the community’s gateway shelters – Daybreak (Youth Shelter), Gettysburg Gateway for Men or St. Vincent Gateway for Women & Children. There were 462 families (1,452 people), 2,662 single adults, and 77 unaccompanied minors. A small subset of people, 55, were sheltered both as a single and as a member of a family household. While these 55 individuals are included in both the number of single adults and the number of people in families, they are only included once in the overall count. In other words, 4,136 is an unduplicated count of people who spent at least one night in shelter in 2013. The gateway numbers in this report do not include households who were sheltered at the YWCA Domestic Violence shelter, as domestic violence shelters are prohibited by federal statute from entering data into an HMIS.

The total number of people experiencing homelessness is virtually identical from 2012 to 2013, with only 8 more people sheltered in 2013. The number of family households increased 4% while the number of single adults decreased 2%. Of the households sheltered at the two adult gateway shelters, 37% stayed in shelter for 7 nights or less. This is a 16% reduction since 2011, when 32% of the households spent 7 nights or less in shelter. The reduction in length of stay is partially attributable to an increase in rapid rehousing resources that quickly move households out of shelter and into permanent housing.

The following tables include a demographic breakdown of the households sheltered in 2013.

### GATEWAY SHELTER COMPARISON 2011-2013

<table>
<thead>
<tr>
<th>POPULATION</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>CHANGE 2011-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families</td>
<td>427</td>
<td>444</td>
<td>462</td>
<td>+ 8%</td>
</tr>
<tr>
<td>Single Adults</td>
<td>2,584</td>
<td>2,725</td>
<td>2,662</td>
<td>+ 3%</td>
</tr>
<tr>
<td>Minors</td>
<td>111</td>
<td>119</td>
<td>77</td>
<td>- 31%</td>
</tr>
<tr>
<td>TOTAL HOUSEHOLDS</td>
<td>3,122</td>
<td>3,288</td>
<td>3,201</td>
<td>+ 3%</td>
</tr>
<tr>
<td>TOTAL PEOPLE</td>
<td>3,975</td>
<td>4,128</td>
<td>4,136</td>
<td>+ 4%</td>
</tr>
</tbody>
</table>

The following tables include a demographic breakdown of the households sheltered in 2013.

#### Single Adult Men – 1,773
55% of ALL homeless households
67% of homeless single adult households

Profile:
- Between 25-50 years old (57%)
- GED/High School Diploma or better (69%)
- Disabled (69%)
- Equally likely to be White or Non-White
- Stay 30 nights or less in shelter (59%)
- 17% are Veterans

#### Single Adult Women – 889
28% of ALL homeless households
33% of homeless single adult households

Profile:
- Between 25-50 years old (55%)
- GED/High School Diploma or better (67%)
- Disabled (65%)
- More likely to be Non-White (52%)
- Stay 30 nights or less in shelter (67%)
- 3% are Veterans

#### Family Households – 462
14% of ALL homeless households

Profile of Head of Household:
- Between 25-50 years old (73%)
- Female Single Parent (71%)
- GED/High School Diploma or better (66%)
- Disabled (52%)
- More likely to be Non-White (56%)
- Stay 30 nights or less in shelter (71%)
- 5% are Veterans

#### Unaccompanied Minors – 77
3% of ALL homeless households

Profile:
- Female (54%)
- Between 15-17 years old (68%)
- Non-disabled (94%)
- More likely to be Non-White (68%)
- Stay 30 nights or less in shelter (97%)
Listed below are the 2014-2015 Human Services Levy Homeless Funded Services:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Services</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homefull</td>
<td>Emergency Shelter</td>
<td>$107,864</td>
</tr>
<tr>
<td>Homefull</td>
<td>Permanent Supportive Housing</td>
<td>$64,306</td>
</tr>
<tr>
<td>Daybreak</td>
<td>Overnight Shelter</td>
<td>$189,408</td>
</tr>
<tr>
<td>Daybreak</td>
<td>Transitional Housing</td>
<td>$25,000</td>
</tr>
<tr>
<td>Homefull</td>
<td>Gateway Shelter Case Management</td>
<td>$399,250</td>
</tr>
<tr>
<td>St. Vincent de Paul Society</td>
<td>Overnight Shelter</td>
<td>$847,670</td>
</tr>
<tr>
<td>YWCA of Dayton</td>
<td>Homeshare Case Management</td>
<td>$13,067</td>
</tr>
<tr>
<td>YWCA of Dayton</td>
<td>Overnight Shelter</td>
<td>$151,775</td>
</tr>
<tr>
<td>YWCA of Dayton</td>
<td>SRO Case Management</td>
<td>$27,700</td>
</tr>
</tbody>
</table>

$1,826,040
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, reviews grant applications, and disseminates information to better support efforts to reduce crime and promote safer communities. The Council provides a forum to consider and resolve common policy and operational issues, thereby enhancing the effectiveness, coordination, and efficiency of all components of the Montgomery County criminal justice system.

The Council researched Trauma-Informed Care and found this to be an excellent manner in treating the root cause of many forms of criminal behavior. As a result, Trauma-Informed Care is now utilized in the Common Pleas Courts, Probation Department, and in the Montgomery County Jail. This process continues to gain momentum as other agencies and departments contemplate its use.

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

The Council is also charged with reviewing grant applications and subsequently making funding recommendations to the Governor’s Office of Criminal Justice Services for Byrne Memorial – Justice Assistance Grant funding. Montgomery County received a 2014 allocation of $182,500 for this process. Grant awards are made for a one year period with services provided from January 1 to December 31.

The following recommendations were made and awards approved by the Office of Criminal Justice Services:

<table>
<thead>
<tr>
<th>SUBMITTING AGENCY</th>
<th>PROJECT NAME</th>
<th>JAG FUNDS REQUESTED</th>
<th>JAG FUNDS RECOMMENDED</th>
<th>PRIORITY RANKING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artemis Center</td>
<td>JAG Victim Advocacy</td>
<td>$76,302</td>
<td>$76,302</td>
<td>1</td>
</tr>
<tr>
<td>Dayton Mediation Center</td>
<td>Mediation Services</td>
<td>$34,109</td>
<td>$34,109</td>
<td>2</td>
</tr>
<tr>
<td>Family Service Association</td>
<td>Families Safe Together</td>
<td>$24,338</td>
<td>$24,338</td>
<td>3</td>
</tr>
<tr>
<td>Dayton Mediation Center</td>
<td>Reentry Mediation Services</td>
<td></td>
<td>Application Withdrawn</td>
<td>N/A</td>
</tr>
<tr>
<td>Miamisburg Police Department</td>
<td>Downtown Citizen Police Initiative</td>
<td>$75,000</td>
<td>$47,751</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>$209,749</strong></td>
<td><strong>$182,500</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
JusticeWeb
The Criminal Justice Council also serves as the Governing Board for JusticeWeb, Montgomery County’s criminal justice information system.

JusticeWeb was created to give the criminal justice community a more comprehensive and accurate view of the jail population and criminal justice data. The status of inmates, their charges, bail, and other factors are constantly changing. JusticeWeb provides the ability to stay on top of this critical information. In addition, JusticeWeb provides access to nearly 4,000 users in almost 300 agencies in two states to consolidated jail booking information, court case information, dispatch records, law enforcement data, dog licenses and death records from 70 agencies in 17 counties in southwest Ohio.

JusticeWeb was created to provide criminal history information. One of the driving factors to consolidate this information was so law enforcement and judges could determine domestic violence case information on suspects and defendants.

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

JusticeWeb is now available through a mobile application for use on most smart phones.
The Montgomery County Ex-Offender Reentry Policy Board (Policy Board), the Montgomery County Office of Ex-Offender Reentry (MCOER), and county-wide Reentry stakeholders worked diligently through 2014 to enhance and implement strategies in alignment with the 2010-2015 Montgomery County Ex-Offender Reentry Strategic Plan (A Blueprint for Reducing Recidivism). The Reentry program in Montgomery County focuses on evidence-based practices and enhanced community partnership efforts to increase public safety and promote a reduction in recidivism. The focus areas of the six Reentry Policy Board sub-committees are: Employment, Housing, Women In Reentry, Supportive Services, Legal Advocacy, and Public Education.

The Ohio Department of Rehabilitation and Correction (ODRC) records reflect that Montgomery County has made the largest impact on recidivism reduction in comparison to the other large counties (see the 5-year snapshot below). Since the creation of the Community-Wide Ex-Offender Reentry Task Force (2008), there has been a 15.5% reduction in the Montgomery County recidivism rate. As of December 2014, formal grant programming efforts of the MCOER since 2010 reflect an average participant recidivism rate of 18.8%. Please note that the recidivism rate of local program participants is approximately 30% lower than non-participants.

<table>
<thead>
<tr>
<th>County</th>
<th>3 Yr. Recidivism Rate: 2005-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery</td>
<td>43.0% to 27.5% Impact [-15.5%] Recidivism Reduction</td>
</tr>
<tr>
<td>Cuyahoga</td>
<td>40.3% to 28.3% Impact [-12.0%] Recidivism Reduction</td>
</tr>
<tr>
<td>Hamilton</td>
<td>36.8% to 26.9% Impact [-9.9%] Recidivism Reduction</td>
</tr>
<tr>
<td>Franklin</td>
<td>38.9% to 26.5% Impact [-12.4%] Recidivism Reduction</td>
</tr>
<tr>
<td>Lucas</td>
<td>33.8% to 22.6% Impact [-11.2%] Recidivism Reduction</td>
</tr>
</tbody>
</table>

The over 6,000 clients served by the MCOER since it opened in 2010 had these exciting new initiatives available from the Policy Board subcommittees and MCOER staff in 2014:

• The Policy Board Public Education and Employment Subcommittees provided Reentry presentations to meetings of the Dayton Rotary Club and Dayton Area Chamber of Commerce Board of Directors in an effort to develop partnerships to promote community advocacy.

• The Policy Board Supportive Services Subcommittee, MCOER staff and partners hosted the 1st Reentry Resource Expo, in Partnership with the Ohio Association of Local Reentry Coalitions, and coordinated a “Global Warming Clothing Drive” event to share community resources with reentry stakeholders and their families.

• The Policy Board Housing Subcommittee hosted the “How to Reach New Audiences” landlord recruiting event. The subcommittee also implemented a “Move-In Assistance” fund initiative for participants needing housing education, deposit and/or resource assistance. The fund initiative is a partnership of government, non-profits and faith-based organizations.

• The MCOER Collaborative, the Dayton Office of Veteran’s Affairs, Policy Board Employment Subcommittee, and the Dayton Rotary Club teamed up with employers and supportive service providers to host two “New Start Employment Fairs” to promote job opportunities for veteran and non-veteran ex-offenders. Both events attracted over 577 attendees, 24 employers, and 35 service providers. The opportunity to work directly with the Dayton Veteran’s Affairs Hospital and hold the job fairs on the VA campus not only provided a great location for the event and job opportunities for the clients, but created relationships that will provide benefits for Ex-Offenders for many years to come.

• In August, Dayton Rotary Club members and community-based employers engaged with MCOER staff and Policy Board members in a strategic planning session to provide feedback for continuous improvement. The impact from the ongoing partnership with the Dayton Rotarians prompted organizational advocacy and support for the development of a new “Restored Citizens Committee” formally recognized and approved by the Dayton Rotary Club Board of Directors to support the efforts of the Policy Board.

• The Policy Board and MCOER hosted a quarterly, statewide, statutory, meeting of the Ohio Ex-Offender Reentry Coalition. The MCOER staff led the formal presentation; each Policy Board subcommittee had members present.
to discuss its individual work and network with similar efforts across the state. MCOER staff facilitated an “Impact Panel” on client- and family-based services, and worked in partnership with ODRC Director Gary Mohr, the ODRC Office of Offender Reentry Director Norman Robinson, and other state coalition members to foster local and statewide collaboration in an effort to promote Ex-Offender Reentry and further reductions in recidivism.

- The Policy Board Legal Advocacy Sub-Committee and MCOER staff initiated engagement with the Thurgood Marshall Law Society, and supported and coordinated training facilitated by the Ohio Justice & Policy Center to educate, engage, and develop local strategies to minimize legal barriers to Reentry.

- The Women In Reentry (WIR) Policy Board Subcommitte conducted multiple compression planning sessions, developed a targeted action plan, and created a process to move the five top priorities forward for recommendations to the Policy Board in 2015. The WIR engaged with ODRC’s Office of Offender Reentry and Bureau of Research staffs to present a report on the “state of female reentry” in order to address the specialized needs of that population and attended a Trauma Informed Care training conducted by the Montgomery County ADAMHS Board staff.

The MCOER reached several milestones during its fourth year in operation, including the further reduction of the Montgomery County recidivism (re-incarceration) rate, which declined from 28.7% to 27.5% (2013), which is consistent with the state average of 27.1%.

Minimizing Barriers with Programs & Services

In 2014, MCOER staff continued refining their 5-Step Intake and Orientation process to improve the quality of services rendered to reentry citizens returning to Montgomery County:

- **Step I** - Intake Registration
- **Step II** - Needs, Risk & Voluntary Drug Screening
- **Step III** - Reentry Plan Development
- **Step IV** - Reentry Plan Review
- **Step V** - Reentry Plan Implementation & Accountability

The Montgomery County Reentry Collaborative (a certified group of Reentry providers and supporting non-profit and for-profit organizations and individuals that meets monthly to coordinate Reentry Services) is working to add value to MCOER service delivery. This collaborative is serving as a community education initiative, to promote reentry provider networking opportunities and organizational support. Several new partnerships and workshop initiatives were formed to increase vital resources available for MCOER participants, including representatives associated with: Medicare, Melina Healthcare, Educational Opportunity & College Bound, Wright State University/SARDI – Coping with Work & Family Stress Program, CARE House – Stewards of Children Training, New Path – Citizen Circle (Pre- and Post-release) Support Groups, and Miami Valley Fair Housing and Comtech Realty Housing Education.

In the first quarter of 2014, the new MCOER Reentry Training Center opened in the Reibold Building in downtown Dayton. The new location celebrated its Ribbon Cutting Ceremony in September. The Center is equipped with state-of-the-art audio-visual equipment, a computer lab, two training classrooms and two administrative offices to enhance the quality

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**Ohio and Montgomery County Recidivism Rates (2008-2013)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>38.7%</td>
</tr>
<tr>
<td>2009</td>
<td>36.4%</td>
</tr>
<tr>
<td>2010</td>
<td>34.0%</td>
</tr>
<tr>
<td>2011</td>
<td>31.2%</td>
</tr>
<tr>
<td>2012</td>
<td>28.7%</td>
</tr>
<tr>
<td>2013</td>
<td>27.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Montgomery County</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>43.0%</td>
</tr>
<tr>
<td>2009</td>
<td>37.7%</td>
</tr>
<tr>
<td>2010</td>
<td>36.5%</td>
</tr>
<tr>
<td>2011</td>
<td>32.2%</td>
</tr>
<tr>
<td>2012</td>
<td>28.7%</td>
</tr>
<tr>
<td>2013</td>
<td>27.5%</td>
</tr>
</tbody>
</table>

The percentage of offenders who recidivate within three years of their release date has steadily declined for both the state and for Montgomery County. The indicated year is the year in which an offender’s three-year follow-up period ended. Source: Ohio Department of Rehabilitation and Correction.
of service delivery and to accommodate the emergent operational needs of the MCOER. The increased training space and computer system upgrades provide dual training delivery and meeting space; a separate learning computer lab is designed to promote small group activity needs for personalized development and instruction.

**Resource Networking** – In May 2014, the Reentry Policy Board Supportive Services Sub-Committee and MCOER staff successfully hosted the “Ohio Reentry Best Practice Partnership Conference 2014 - Reentry Resource & Training Expo” at Sinclair Community College. MCOER local and statewide sponsors and supporters included The Ohio Association of Local Reentry Coalitions; Sinclair Community College; Montgomery County Job & Family Services (JFS); Regional Transit Authority (RTA); New Path Inc.; Circle of Vision Keepers; and the Ohio Department of Rehabilitation and Correction. MCOER collaborated with local and statewide community stakeholders to provide seven evidence-based practice workshops, an expert gender-specific Reentry Panel, and the Reentry Policy Board Employment Sub-Committee hosted Mock Interview sessions for MCOER workforce development participants. Over 200 attendees participated, along with 34 resource providers and various community volunteers.

In addition to special events, MCOER staff received numerous requests to engage in community-based events & initiatives:

- Ohio Department of Rehabilitation & Correction Reentry, Resource, & Job Fairs
- Kettering Daily Media Event sponsored by Miami Valley Fair Housing
- “Sinclair Talk” Alumni & Student Panel Discussion
- Wright State University Reentry Class Presentations
- Second Chance Thursdays at the Adult Parole Authority Bennett J. Cooper Reentry Complex
- Montgomery County Jail Chaplaincy Ministry – Restoration, Recovery & Reentry Conference
- Youthworks Training
- Montgomery County Juvenile Probation Evening Reporting Center Diversion Program
- Dayton Magazine Interview
- University of Dayton Behavioral Activation Project Partnership Development

Continued development of our volunteer recruitment effort resulted in 40 volunteer applicants during 2014. In December, the 1st MCOER Volunteer Appreciation Ceremony was held at the Reentry Training Center, spearheaded by new Volunteer Coordinator Robin Titus.

**Promoting Sustainability – Collaboration, Coordination & Cooperation**

**Offender Workforce Development** – During 2014, the MCOER staff continued to meet with various employers and workforce development partners to nurture new and existing relationships, identify employer hiring practices, and increase client job opportunities and referrals. MCOER staff and partners conducted eight Offender Workforce Development (OWD) Cycles – each cycle containing seven workshops. In addition to Dayton Rotarian mock interview support, several employers agreed to provide information sessions with OWD clients to promote job recruitment and interview support. Fifty percent of OWD graduates directly engaged in Pre-Hire Orientation with a major manufacturer through the MCOER connection. Offender Workforce Development class graduates attended two New Start Employment Fair events in March and October.

**Drug-Free Workplace Support** – Throughout the year, 430 reentry participants formally registered via the MCOER Intake Orientation process for their reentry programing needs. Of the 430 registrants, 232 participant volunteer drug screens were conducted by MCOER staff as a workforce development prerequisite: 194 or 83.6% showed no active drug use. Drug screens are conducted in cooperation with the Montgomery County Adult Probation Department, utilizing its optical drug screening capacity.

Reentry Training Center Ribbon cutting – September 2014

(left to right) Khadijah Ali, Reentry Policy Board Supportive Services Committee Co-Chair; Amy Piner, Program Coordinator, Office of Reentry; Jamie Gee, Manager, Office of Reentry; Reentry Policy Board Co-Chairs U.S. Judge Walter H. Rice and Commissioner Deborah Lieberman; Quinn Howard, Program Coordinator, Office of Reentry; and Robin Titus, Volunteer Coordinator, Office of Reentry

The Impact of Reduced Recidivism on Public Safety
2014 was a great year for Ex-Offender Reentry in Montgomery County. Over 80 certified Reentry partners worked together, through the Montgomery County Reentry Collaborative, to provide services to over 1,000 women and men with criminal convictions. Montgomery County’s recidivism rate continues to fall, and with decreasing budgets and increasingly positive outcomes, Montgomery County can truly be called a county that cares. More and more employers came forward to meet our prepared, drug-free and eager clients who are seeking sustainable and career-oriented employment opportunities. Through partnerships with the Dayton Rotary Club and others, more and more people are learning about Reentry and helping thousands of Ex-Officers successfully reintegrate into our community.

On behalf of the Reentry Policy Board, Co-Chairs Judge Walter Rice and Commissioner Deborah Lieberman, the Office of Reentry staff and clients and the citizens of Montgomery County, we want to acknowledge and thank the Dayton Rotary Club for its commitment to Reentry in Montgomery County as demonstrated by the creation of its “Restored Citizens Club for its commitment to Reentry in Montgomery County. Over 80 certified Reentry partners worked together, helping thousands of Ex-Offenders successfully reintegrate into our community. This ongoing public support of our effort will provide new opportunities for returning citizens throughout Montgomery County.

Dayton Chapter of The Links, Incorporated Celebrating 65 years of Service – September 2014
(left to right) Alice Strong-Simmons, The Links, Incorporated Central Area Director; Jamie Gee, Manager, Office of Reentry; Reentry Policy Board Co-Chairs Commissioner Deborah Lieberman and U.S. Judge Walter H. Rice; Joe Spitler, Criminal Justice Director; and Belinda Matthews Stenson, President of the Dayton Chapter of The Links, Incorporated
2014 Honors and Accomplishments

Brother Raymond L. Fitz, S.M., Ph.D.
Brother Raymond L. Fitz, S.M., Ph.D. the longest serving president in the history of the University of Dayton, was feted with the renaming of The College Park Center in his honor – now the Raymond L. Fitz Hall.

Vivienne Himmell
Vivienne Himmell is the first recipient of the John W. Pratt Legacy Award for her leadership, advocacy and commitment to community integration, given by Partners for Community Living.

Commissioner Deborah Lieberman
Commissioner Lieberman was selected by the Dayton Business Journal Editorial Board as the Regional Leader of the Year for 2014. Commissioner Lieberman was honored as one of the most influential women in the region, being named a Dayton Business Journal’s BizWomen Power 50 for 2014.

The Honorable Walter H. Rice
U.S. Judge Walter H. Rice received the Chief Justice Thomas J. Moyer Award in 2014 given by the Ohio State Bar Association.

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

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

Montgomery County Human Services Planning & Development Department
Tom Kelley, Director/Assistant County Administrator – Human Services
Jessica Abernathy, Administrative Secretary
Ed Brannon, Contract Monitor/Program Evaluator
Rhianna Crowe, Administrative Secretary
Kima Cunningham, Program Coordinator
Doris Edelmann, Program Coordinator
Matt Gemperline, Data Systems Coordinator, Housing and Homeless Solutions
Joyce King Gerren, Manager of Community Programming
Lisa Koppin, Contract Monitor/Program Evaluator
Jenny Lesniak, Program Coordinator, Housing and Homeless Solutions
Heath MacAlpine, Assistant Director, Planning (Beginning September 2014)
Joyce Probst MacAlpine, Assistant Director, Housing and Homeless Solutions (Through August 2014)
Geraldine Pegues, Assistant Director
Rita Phillips-Yancy, Management Analyst
Catherine A. Rauch, Program Coordinator
Kathleen M. Shanahan, Program Coordinator, Housing and Homeless Solutions
Robert L. Stoughton, Research Administrator – University of Dayton Fitz Center
Elley White, Administrative Secretary

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

Montgomery County Office of Ex–Offender Reentry – Welcome One-Stop Reentry Center (WORC)
Joe Spitler, Criminal Justice Director
Jamie Gee, Manager
Quinn Howard, Program Coordinator, Operations
Amy Piner, Program Coordinator, Administration
Robin Titus, Volunteer Coordinator

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

Wright State University
Beth Pratt, Research Assistant – Center for Urban and Public Affairs
Jennifer E. Subban, Ph.D., Center for Urban and Public Affairs
Josephine F. Wilson, D.D.S., Ph.D., Boonshoft School of Medicine – SARDI Program

Additional assistance provided by
Gayle Ingram, Clerk of Commission - Montgomery County Board of County Commissioners
Richard Stock, Ph.D., Director – University of Dayton Business Research Group
John Theobald, Commission Assistant for Deborah A. Lieberman
Beth Whelley, Senior Vice President, Fahlgren Mortine