2006 PROGRESS REPORT

ON COMMUNITY OUTCOMES, INDICATORS AND STRATEGIES

MONTGOMERY COUNTY FAMILY AND CHILDREN FIRST COUNCIL
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Dear Community Member,

I am pleased to present the 2006 Progress Report on behalf of the Montgomery County Family and Children First Council. The Report is the annual update of our community’s progress to improve the health and well-being of the families, children and adults of Montgomery County.

Since the beginning of our local council’s work, we have annually monitored the six outcomes we initiated to describe the attributes of a thriving and healthy community. Our success in achieving these outcomes has been measured through tracking the change in very specific, yet broad-based indicators adopted by our council. Last year, I reported to you that we reorganized the Council into Outcome Teams, each led by appointed Champions, to assess community strengths and weaknesses, identify gaps and needs, and develop potential solutions to advance each outcome area.

We have now completed our first year in this structure. I am convinced this was the correct decision. Our Champions and Teams accepted this challenge and performed incredibly. They invested their time to gather research, review data, consult with professionals, hear from stakeholders, develop findings and provide reports to the Council which included recommendations to help improve our community.

This year, our Report has been expanded to devote a chapter to each outcome area and includes more information than prior years. Each chapter includes the Outcome Team roster, a report on the work of each Outcome Team, our traditional Outcomes and Indicators update and a Behind the Numbers briefing. The concluding chapter will bring you up to date on the status of our Strategic Community Initiatives, the work of our Agency Directors Committee and Service Brokers, Ohio Family and Children First duties, other activities of the Council and individual honors and accomplishments of our Council members.

This is my final Report as chair of the Council. I am proud of the work we have undertaken. I want to personally thank all of our Council members and all of the other dedicated citizens of our community who volunteer their time and talents to make it a better place to live, work and grow.

Sincerely,

Ned J. Sifferlen, Ph.D.
President Emeritus, Sinclair Community College
Chair, Montgomery County Family and Children First Council
When the Montgomery County Family and Children First Council (FCFC) published *Turning the Curve* in 1998, we joined a small number of communities that had started using results-based accountability.

We were united by the conviction that describing in everyday language the results or outcomes that a community desires for its children and families, and then identifying a small number of meaningful, measurable indicators to track the community’s progress, is an excellent way to galvanize effective action and to hold ourselves accountable.

Since 1998, other communities have joined us. The movement has attracted the interest of academic researchers who report there are over 200 community indicator projects in the United States. Our own efforts have been singled out by Mark Friedman, one of the leading proponents of this approach, who chose the FCFC as an example to illustrate “Where Results Accountability Thinking Has Worked” in his recent book, *Trying Hard is Not Good Enough*.

2006 marks the first full year of operation of our Outcome Team structure which allows us to align our energy with our purpose: better results for children and families. The six community outcomes first embraced by the Council in 1998—Healthy People, Young People Succeeding, Stable Families, Positive Living for Special Populations, Safe and Supportive Neighborhoods, and Economic Self-Sufficiency—are the core of this structure.
The chart shows that five of the outcomes each have one team and, in order to recognize the dynamics of neighborhoods, the outcome called “Safe and Supportive Neighborhoods” has two teams.

The Outcome Team structure of the Council has also been translated into the structure of this Report. Each outcome now has its own chapter. By grouping reports from each Outcome Team together with updates on the indicator data and with additional material related to the outcome, we hope to give you a better understanding of the challenges facing our community and of our efforts to meet those challenges. The Report closes with a summary of the other activities of the Council, activities which in some way impact all of the community outcomes.

The basic concepts we are using, and our commitment to give you data in a clear, consistent format, have not changed.

OUTCOMES are conditions of well-being and, by their nature, are general and descriptive. As mentioned, we have embraced six. Each chapter that follows begins with a statement of our vision for that particular outcome.

Because of their general nature, outcomes do not lend themselves to measurement. Therefore, in order to quantify the achievement of the outcomes we have selected some measurable attributes of the community to use as INDICATORS. The reasoning is that if these indicators are moving in the desired direction from year to year, then we are making progress toward achieving that outcome. To make them more useful, we have, whenever possible, assembled data that not only reflect our own history but also enable us to compare ourselves to the other large counties in Ohio, to the state as a whole, and to the nation. Once again, we have placed arrows in the upper right hand corner of the indicator pages to let you know the desired direction and the historical trend of the data.

The desired direction tells you if we want the value of the indicator to go higher or lower.

The historical trend tells you, over time, the direction the value of the indicator has actually moved.

To understand the impact—If the historical trend arrow is shown moving in the same direction as the desired direction arrow, it means that the value of the indicator (and measured condition in our community) is improving. If the arrows are moving in opposite directions, it means the value of the indicator (and measured condition in our community) is getting worse. In a few cases, the historical trend arrow is shown level because there has been very little movement or because the value has fluctuated up and down with no significant change.

We continue to give you the background on each indicator, to highlight the new data, and to explain the short-term trend in the highlighted box on each indicator page. The short-term trend is considered in the “desired direction” if either the value or the rank for the preceding year has moved in the desired direction, or if the value has remained unchanged. A one-year fluctuation is not necessarily permanent. A more meaningful measure of long-term success might be whether the historical trend is in the desired direction.

For each outcome, we will once again look BEHIND THE NUMBERS. This means that we will provide you with in-depth analysis of the data related to some of the indicators. Each indicator has a story to tell and, as you will see, there is often more to the story when you look deeper into the statistics.
VISION

Everyone makes choices—for themselves or for those entrusted to their care—which promote better health. Everyone gets the information and support they need to avoid preventable health problems. Both physical and mental wellness are valued. Everyone has access to an adequate level of health care, including prenatal care, from birth through death.

HEALTHY PEOPLE OUTCOME TEAM REPORT

The Healthy People Outcome Team’s initial focus areas are preventing conditions that contribute to the birth of low birth weight babies, addressing childhood obesity through healthy lifestyle education, and gaining an understanding of how our community accesses health care.

Core Belief: Healthy people of all ages are the foundation of a thriving community.

LOW BIRTH WEIGHT (LBW) BABIES—Low birth weight is defined as a birth weight of less than 2,500 grams (5 lbs. 8 oz.).

“The birth weight of an infant is the single most important determinant of the chances of survival and healthy growth and development. Because birth weight is conditioned by the health and nutritional status of the mother, the proportion of infants born with LBW closely reflects the health status of the community into which they are born.” (Morbidity and Mortality Weekly Report, June 17, 1984).

The LBW indicator has been tracked for many years by FCFC. Montgomery County continues to have a higher percentage of low birth weight babies being born in our community compared to state or national statistics. At the request of the Healthy People Outcome Team, a presentation was made by the LBW Task Force on the current efforts within our community to address this health issue. The presentation included information on a pilot retrospective study conducted. This was a small study; therefore, the findings could not be generalized to the overall population, but it gave a glimpse of the benefits to having additional information available. Most research to date has focused on neonatal care and the survival of LBW infants. More effort should focus on prenatal factors and understanding the social, physiological and psychological behaviors that
impact risk factors. Further identification and understanding of modifiable factors is necessary in order to develop effective interventions to reduce the incidence of low birth weight babies.

**Recommendation for research into conditions that contribute to low birth weight babies:**

As a result of the presentation of the Low Birth Weight Registry project and additional statistical information reviewed, the LBW Registry project was recommended by the Healthy People Outcome Team to receive funding for two years from the FCFC. The recommendation was approved. The first year of the project (2007) will focus on the development of data collection tools, the retrospective data collection from the maternal/infant records, and any tweaking of data tools. The second year will continue the data collection, and add the monitoring of infant outcomes one-year post delivery. Community Partners for this project include Greater Dayton Area Hospital Association, Combined Health District, Wright State University, and Miami Valley Hospital. The goal of the Low Birth Weight Registry is to collect additional data elements and contributing risk factors to determine strategic prevention and interventions to decrease the incidence of low birth weight babies in our community.

**CHILDHOOD OBESITY**—Obesity is defined as an excessive accumulation of body fat. In children, overweight is defined as a body mass index (BMI) at or greater than the 95th percentile for the age and gender specific groupings. A child is considered to be at risk of being overweight if his or her BMI for their age falls between the 85th percentile and the 95th percentile.

“Childhood obesity poses a serious threat to our community, having an impact not only on the children, but also an impact on the health and stability of their families.”

Over the years, obesity has increased dramatically throughout the country. Obesity affects children across race, gender and socioeconomic status. It is estimated that from 2003-2004, approximately 12.5 million children nationally between the ages of 12 – 19 years (17.1%) were overweight. The Centers for Disease Control and Prevention reported in 2004 that Ohio had an obesity prevalence rate between 20 and 24 percent. Locally, there has not been a detailed study to examine the rates of obesity in our community. Therefore, we know that our community is not immune to this national epidemic.

To gather information on best practice efforts, current research, and other communities’ efforts, the Healthy People Outcome Team received presentations from a similar size community on their efforts to address obesity throughout their community. Team members shared their expertise and presentations were given by staff of partnering local universities. In the future, the Healthy People Outcome Team will be looking at ways to bring community partners together to address the issue of childhood obesity in our community.

**ACCESS TO HEALTH CARE**—The Team seeks to gain a better understanding of how our community is currently accessing health care.

“Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons…” (Healthy People 2010)

The Healthy People Outcome Team seeks additional information on the issues, barriers and difficulties our community faces in assuring that appropriate health care may be accessed in appropriate health care venues. The uninsured and underinsured require that a safety net of health care be in place. This safety net continues to be at increased risk because of loss of employment, rising health care costs, rising levels of indigent care, Medicaid and Medicare.
changes, job/industry changes in the community, and the increasing health care needs of vulnerable populations. A better understanding of the complexities that exist in this area is needed.

**Recommendation for a Healthcare Safety Net Task Force:**

A recommendation was made to the Family and Children First Council to request the Montgomery County Board of County Commissioners appoint a task force of community leaders, including health care professionals, to explore the above issues and develop recommendations to assist our community in a strategy of appropriate healthcare access. The Healthcare Safety Net Task Force was created in the fall of 2006.

As the Healthcare Safety Net Task Force began their work, it was determined that there was a need for external consultant services to develop background information, prepare an environmental scan of the current safety net of health care services and to assist the Task Force in developing appropriate structures to guide their work.

**Recommendation to support the Healthcare Safety Net Task Force efforts:**

To support the efforts of the Task Force, a recommendation was made to the FCFC to share in the financing of consulting services with other community partners. The recommendation was approved. The Combined Health District of Montgomery County and the Greater Dayton Area Hospital Association (GDAHA) will provide staff support for the Task Force and assist the consultants. The timeline for completion of the Healthcare Safety Net Task Force report is Spring 2007.

In 2007, Allene Mares, Health Commissioner for Montgomery County, will join Dr. Gary LeRoy as co-Champion of the Healthy People Outcome Team. The team will receive periodic updates on the current projects. Additionally, the team will identify additional focus areas and form strategic community partnerships to address health issues within our community.
BACKGROUND

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

NEW DATA

The new data for this Report include all of the 2005 values (provisional) and the 2004 values for Ohio and its 10 largest counties (provisional and, for Montgomery County, revised). The values for 2003 have been revised in some cases and are now final.

SHORT-TERM TRENDS

The short-term trend from 2004 to 2005—9.1% to 8.7% – is in the desired direction. The county comparative rank also moved in the desired direction, from 5th to 4th.

The chart below illustrates the number of births with weights less than 2,500 grams (5 lbs. 8 oz.) as a percent of total births for Montgomery County, Ohio, and the United States from 1987 to 2005. The data for 2004 and 2005 are provisional.
BACKGROUND
Premature mortality is measured by the Years of Potential Life Lost (YPLL) statistic. This statistic is calculated as the sum across individual deaths of the difference between age at the time of death and age 75 for each death. The method of calculation gives greater computational weight to deaths among younger persons and does not include deaths after 75 years of age. The Premature Mortality statistic reflects the preventability of early deaths through changes in lifestyle, reduction of substance abuse, behavior modification, accident prevention measures, and so forth. Smaller values are desired.

NEW DATA
The values for prior years have been recalculated to reflect an approach to calculating this statistic that uses the actual age at death rather than an average age per age group. The provisional value for Premature Mortality for 2004 is 81.7 for Montgomery County. The revised 2003 value is 84.0. Data for the United States as a whole are not yet available for 2004.

SHORT-TERM TRENDS
The short-term trend for Montgomery County—from 84.0 in 2003 to 81.7 in 2004—is in the desired direction. The comparative county ranking (9th) did not change from 2003 to 2004.

TOTAL YEARS OF POTENTIAL LIFE LOST FOR DEATHS OF PEOPLE UNDER 75 PER 1,000 PEOPLE UNDER 75

*2004 data are provisional.
BACKGROUND

This indicator tracks the proportion of 24 - 35 month old children attending Health District clinics who have received at least four doses of diptheria, tetanus and pertussis vaccine, three doses of polio vaccine, one dose of measles, mumps and rubella vaccine, three doses of hepatitis B vaccine, and three doses of Haemophilus influenzae type b conjugate vaccine. Because not all providers participate in a registry, it is difficult to assess the true up-to-date rate of children in a geographic area.

“The benefits of universal immunization have been demonstrated by the eradication of debilitating diseases. Vaccines have safely and effectively prevented more disease and death than any other medical intervention or treatment, including antibiotics. In the absence of widespread vaccination, epidemics of vaccine-preventable diseases would return. Millions of lives would be lost. Children would suffer needlessly, the incidence of infant and childhood deaths would rise dramatically, and we would reverse the tremendous progress already made in protecting children and communities from disabling and deadly diseases.

Vaccines have been shown to be safe and effective in preventing the transmission of serious infectious diseases. Routine immunization is the most effective way to protect children from harmful but preventable diseases and to thwart the reemergence of the deadly disease outbreaks of the past.”

(From a joint statement issued on April 6, 2000 by nine national nonprofit organizations that are deeply involved in immunization education.)

NEW DATA

The value for 2006 is 85%.

SHORT-TERM TRENDS

The short-term trend from 2005 to 2006—80.7% to 85%—is in the desired direction.

* Note that children who were 24 - 35 months old in 2001 were infants in 1999, a time when there was a lot of controversy and media coverage regarding thimerosal, a preservative in infant vaccines. Since then there has been a big increase in education regarding vaccine safety and thimerosal has been removed from many vaccines. In addition there has also been an increased emphasis on educating parents on the need for timely vaccinations.
BACKGROUND
For the purposes of this indicator, access to health care is defined as either having private health insurance OR having public coverage (Medicaid) OR applying for Medicaid OR having information about how to obtain access to free or subsidized clinics.

In Montgomery County, a collaborative called HealthLink Miami Valley (HLMV) is working to improve access to health care for the health uninsured and to better coordinate public sector safety net services. Thirty HLMV collaborative agencies refer health uninsured to the Center for Healthy Communities; Community Health Advocates (CHAs) then contact these individuals (primarily by telephone). CHAs interview cooperating parties and collect relevant demographic and service utilization information. This information is stored in a secure Web-based health information exchange called HIEx™. Improving access to health care involves using HIEx™ to generate completed Medicaid and PRC applications and to track the referral process. Individuals who are not eligible for such programs are referred to free and low-cost public and hospital clinics.

Although HIEx™ data represent only a sample of Montgomery County residents, HIEx™ is currently the only data source for an unduplicated count of citizens who use multiple safety net organizations. A conservative estimate of data currently housed in HIEx™ suggests that at least 24% of Montgomery County residents living at or below the poverty level are represented in this data set.

NEW DATA
The value for 2006 is 83.0%

SHORT-TERM TRENDS
The short-term trend—from 87.3% to 83.0%—is not in the desired direction.

*An unduplicated count is obtained of the number of clients served by HIEx™ agencies at some point during the year for whom one of the following is true: (1) they report having health insurance or (2) they are included in active Medicaid applications or (3) they are uninsured and referred for Medical Services (free or subsidized clinics). That count is then divided by the total number of clients served by HIEx™ agencies during the year and the result is expressed as a percentage. Data are available beginning with July, 2004.
Behind the Numbers

ACCESS TO HEALTH CARE

One of the indicators that the FCFC tracks is Access to Health Care. The current indicator is based on information in a database maintained by the Center for Healthy Communities at Wright State University. The indicator is defined as the percent of those who have had contact with a participating agency during the year who “(1) report having health insurance or (2) are included in active Medicaid applications or (3) are uninsured and referred for Medical Services (free or subsidized clinics).”

Current participating agencies include the Center for Healthy Communities, Montgomery County Department of Job and Family Services and Dayton Public Schools. While a substantial minority of Montgomery County residents below the poverty line (24%) has been entered in the database at some point, there is no mechanism in place that keeps information current for people entered. Going “behind the numbers” of this indicator provides an opportunity to examine the relationship between insurance and access to health care.

First, in order to gain a better understanding of this indicator, it is useful to start with its associated outcome, Healthy People. (See page 4.) By “Healthy People” the FCFC means four things:

- Everyone makes choices—for themselves or for those entrusted to their care—which promote better health.
- Everyone gets the information and support they need to avoid preventable health problems.
- Both physical and mental wellness are valued.
- Everyone has access to an adequate level of health care, including prenatal care, from birth through death.

The current indicator under discussion is designed to help measure that 4th aspect—“access.” More than a decade ago, the Institute of Medicine defined “access to health care” as “the timely use of personal health services to achieve the best possible outcomes.” There is substantial evidence that “timely use of personal health services” makes a difference in health outcomes.

Andrulius (1998) cites several quantitative studies that traced correlations between access and outcomes for breast cancer, asthma, hypertension, HIV/AIDS and incidence of low birth weight babies. A substantial body of more recent work documents the impact of increased access to care. In Alberta, Canada, poor and non-poor children were found to have similar rates of asthma-related emergency room visits under a system of universal health care that paid for both outpatient and hospital services.

In a broader study of all health outcomes, Seid et al. (2006) examined the impact on health-related quality of life as measured by a standard 22-item scale (PEDS4.0) of realized access to services among children enrolled in California’s expanded State Children’s Health Insurance Program (SCHIP). That study concluded that “realized access to care is associated with statistically significant and clinically meaningful changes in health-related quality of life in children enrolled” in California’s SCHIP.

Given that “Access to Health Care” matters in health outcomes, what are the barriers to access to health care? Researchers split the barriers into 3 groups: personal/family, structural and financial. Many studies have documented the importance of the financial aspects. Spillman (1992) documented substantially less use of non-emergency and in-patient care for uninsured children.

Several studies of CHIP expansion have documented the increases in access to care associated with increased public insurance for children. Szilagyi et al. (2006) conclude that “enrollment in New York’s SCHIP was associated with improvements in access to asthma care, quality of asthma care, and asthma-specific outcomes.” Damiano et al. (2003) examined the impact of Iowa’s SCHIP program using a pre-test post-test panel survey methodology. “Unmet need was significantly reduced among those needing services: medical care (27% before, 6% after), specialty care (40% before, 13% after), dental care (30% before, 10% after), vision care (46% before, 12% after), behavioral and emotional care (42% before, 18% after), and prescription medications (21% before, 8% after).”

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How many Montgomery County residents have financial barriers to health care? The best evidence comes from the massive Ohio Family Health Survey of 2004 which surveyed close to 40,000 Ohio households. Based on that survey, the Health Policy Institute estimates that approximately 60,000 Montgomery County residents had no insurance in 2004 (see Table above). The 'no insurance rate' among children (5.7%) is substantially less than among adults 18 to 64 (12.6%) because of the expansion of the CHIP program in the late 1990s. African-American children and adults have 'no insurance rates' twice as high as Caucasian children and adults.

Not all people without insurance have trouble accessing health care. Some households with sufficient income do choose to go without health insurance. Based on the overall Ohio distribution of adults with no insurance among income levels, approximately 36,000 adults in Montgomery County do not have the financial wherewithal to pay for routine health care.8

There are some free and subsidized health clinics in Montgomery County and there are efforts underway to increase access to needed prescriptions (Unified Health Solutions and Community Health Connections). There are, however, other barriers to accessing that free and subsidized care. Some of those barriers are structural. Research suggests that transportation issues make geographic proximity extremely important for neighborhood health centers. Missed appointments at neighborhood health centers were closely tied to how far away a health center was (Lasser et al., 2005). Some of those barriers are associated with personal/family characteristics. Functional health literacy is receiving increasing attention. A recent study documented much lower rates of adherence to prescribed medication regimes among low income populations.9 At the same time, institutional racism also plays a role. Research suggests the “minority patients seen in primary care settings report more difficulty getting an appointment and waiting longer during appointments.”10

At this point, two important strategic planning efforts are underway in Montgomery County that may impact access to health care. First, the Montgomery County Commissioners have appointed a task force to look directly at health care access with the goal of coordinating more closely the safety net system. Second, the Combined Health District has embarked on a strategic planning exercise which will also have implications for health care among the uninsured population. Both these planning exercises may result in substantial changes in how health care access is ensured for Montgomery County residents. In addition, both may suggest new indicators of health care access that should be utilized as those changes take place.

Source: Health Policy Institute of Ohio based on 2004 Ohio Family Health Survey

<table>
<thead>
<tr>
<th>ESTIMATE OF UNINSURED POPULATION IN MONTGOMERY COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children (0-17)</strong></td>
</tr>
<tr>
<td>Caucasian</td>
</tr>
<tr>
<td>4,287</td>
</tr>
<tr>
<td>4.5%</td>
</tr>
<tr>
<td><strong>Other</strong></td>
</tr>
<tr>
<td>129</td>
</tr>
<tr>
<td>5.3%</td>
</tr>
</tbody>
</table>

Source: Health Policy Institute of Ohio based on 2004 Ohio Family Health Survey

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2 Assuming that any household at 200% or less of the poverty line will have difficulty paying for health care.

3 Lasser et al. 2005 “Missed Appointment Rates in Primary Care: The Importance of Site of Care” Journal of Health Care for the Poor and Underserved 16 (2005): 475-486.

VISION

Children are well prepared for learning when they start school and receive support outside of the classroom for their efforts inside the classroom. Intellectual curiosity, skill development and achievement are valued. Young people receive mentoring, guidance and support as they develop the capacity to differentiate between positive and negative risk behaviors. Positive role models are plentiful, and others in the community talk to teenagers with candor and respect about the difficult choices they face. Students finish high school ready to compete successfully in the labor market and/or in continuing education and skills development.

YOUNG PEOPLE SUCCEEDING OUTCOME TEAM REPORT

The Young People Succeeding (YPS) Outcome Team worked for several months reviewing data, receiving presentations and assessing needs. Early in the discussions, the team decided to narrow its focus to four areas and established a subcommittee structure to further its work. The focus areas are:

- Early learning
- Youth opportunities as they relate to economic development for businesses
- Middle school career development programming for area school districts
- Continuing to monitor and review the progress being made in implementing the Alternative Learning Opportunities Team (ALOT) recommendations

From this work, the team developed a shared vision devoted to improving the early learning landscape for our community’s children.

EARLY LEARNING

For too many families, the concept of early child care has been confused with custodial care. Diversions, such as television or solitary activities, serve to replace the stimulation offered by appropriate adult intervention and interaction with peers. Many parents shy away from certified/licensed programs due to sheer cost. Additionally, parents may be confused about how to access early learning programs. Parents must possess a certain level of savvy to even know how to gain access on behalf of their children. Systems and funding streams tend to operate in silos, often making it necessary for parents to patch together a plan for their children as opposed to accessing a full array of available programs.
services from a single entity. Many parents who work non-traditional schedules are unable to obtain structured child care and learning environments for their children and instead make do with willing neighbors or other family members who aren’t trained for such an important role.

As the result of lack of information, lack of intersystem collaboration, poor funding or inadequate resources, a significant number of children are left out of programs designed to ready them for school success. Statistics bear out the fact that participation in structured early learning programs is a predeterminant of success later in school. Long before children enroll in school, indeed, as some experts argue, from the point of birth, children are capable of developing the skills necessary for adult success. Reading, math, and strong communication skills are essential tools for self-sufficiency. Young children are prepared to learn these skills at much earlier ages than the formal education system addresses.

Children who participate in true developmental learning programs at an early age routinely outperform their peers through the formal educational process. We must ignite a sense of urgency and a broad awareness of the need for youngsters to be engaged in early learning activities which set a baseline for measurable school, and eventual adult, success.

The team reviewed a variety of national and state (Ohio and others) data to validate the local information:

- Brain research
- Longitudinal studies
- Economic development studies
- School readiness indicators initiatives
- Accreditation, certification and licensure information
- Accountability

The team also reviewed Montgomery County demographics and data to understand the magnitude of the local issues and then identified many problems and barriers in Montgomery County. Several include:

- Preschool education ranks as a low educational priority.
- The community lacks an awareness of the importance of preschool education.
- Children are not adequately evaluated for school readiness until they enter kindergarten.
- There is a lack of accessibility (affordability, proximity, transportation, etc.) to early childhood programs.
- Providers are not attracting sufficient numbers of children into the Early Learning Initiative (ELI) programs. Many families are not taking advantage of state resources.
- Lack of funding exists to compensate licensed teachers; this negatively impacts school readiness of early learners.
- There is a lack of high-quality (research-based, ongoing, job-embedded) professional development for early learning providers in our community.

The team drew many conclusions from the data. Several include:

- Quality early learning experiences are a prerequisite for school readiness.
- A significant number of children in Montgomery County are not entering school ready to learn.
- Quality of early childhood programs varies greatly within the Dayton region.
- Parents are unaware of how to access information about preschool education programs. There is no “one-stop shop” or clearinghouse for information on early childhood care/learning.
- There is a need for systematic, high-quality professional development between and among early learning providers in Montgomery County.
- Investment in universal preschool readiness programs can generate economic returns for the community.
Early child care/early learning needs a system-wide approach that is supportive of all the participants. It is necessary to determine if three- and four-year-olds are arriving at school ready to learn. The team’s recommendations are:

- That a common definition of school readiness be determined for use in a survey.
- That an appropriate researcher(s) be contracted to conduct a survey of Montgomery County child care providers and analyze the results.
- That we determine what barriers exist to obtaining state resources (ELI) for families in Montgomery County.

To assure that the findings of research endeavors are translated into effective program practices, we recommend the following:

- That we deliver in Montgomery County a systematic professional development system that focuses on school readiness and early learning academic content standards. It needs to be developed for use by all regional early learning providers.
- That we create in Montgomery County a coherent intellectual leadership for early learning teacher development. That leadership needs to occur both through the collaborative work of all Dayton area higher education institutions and the creation of a Community Chair of Early Learning to be housed at either The University of Dayton or Wright State University.
- That we develop a pilot, exemplary early learning school readiness program for high-poverty young people.

**ECONOMIC DEVELOPMENT YOUTH OPPORTUNITIES**

Montgomery County educational institutions and youth development organizations provide a richly qualitative and diverse mosaic of programs and opportunities serving thousands of participants and their families each year. During 2005, area economic development personnel recognized a need for additional information on the youth development opportunities located in the county to support their communication with business leaders potentially interested in relocating their facilities to the county. The team agreed to develop a concise economic development oriented document that positively communicates the youth development opportunities readily available through the formal and informal educational systems and organizations serving youth in the county. The team will select key themes for the message and determine where the appropriate information exists to support the data collection requirements. After selecting appropriate themes, the team will present its revised recommendations.

**MIDDLE SCHOOL CAREER EXPLORATION PROGRAM**

Educators have reported that career exploration and awareness must happen long before the typical eighth–ninth grade emphasis. The South Metro Regional Chamber of Commerce Business Advisory Council, which had partnered with several south suburban school districts to produce effective career exploration videos targeting high school and middle school students in the early 2000s, began to explore revising the material for new media. This need was brought to the attention of the team, which is now providing leadership for the project. The revised materials will be distributed during the 2006-07 school year to all county and area schools that would like to have them.

**ALTERNATIVE LEARNING OPPORTUNITIES TEAM (ALOT) RECOMMENDATIONS**

The ALOT was formed in 1999 by the FCFC to support a portion of its strategic community initiatives process. The YPS Team agreed to monitor and report on the progress of four of the ten recommendations made in the ALOT report. Those recommendations are:

- Increase community collaboration and communication for at-risk youth
- Advocate for continuing and sustaining the Mentoring Collaborative
- Encourage and support the Sinclair Fast Forward Center
- Work with higher education to prepare new teachers/retain current teachers

**CONTINUED RESEARCH**

The team has continued to meet with professionals and to travel to see best practice models in early learning. A research study was recently completed to acquire information to identify important gaps that are hindering children from showing up ready for school. The results of this study will be used to further the work of the team toward implementing improved early learning strategies in Montgomery County.
Sarah Bayne—Agape for Youth
Sarah Bayne has been a mentor with Agape for Youth for the past three years through the Fostering Friendship Ministry at Cedarville University. She has acted not only as a one-to-one mentor with three different youth in foster care, but also has served as a mentor to other mentors on her ministry team.

George Kellar—Miamisburg City Schools
George Kellar has been a mentor with Miamisburg City Schools for the past two years, where he has worked with a young man named Charles. George has had a remarkable influence on Charles. He has taken time to expose Charles to a number of new experiences. He works diligently to see that Charles understands appropriate behavior in all situations. George Kellar has exemplified all outstanding qualities needed to be a mentor.

Terrell Flucas—Omega Community Development Corp.
Terrell Flucas has been a valuable asset to Omega’s Rites of Passage program that serves 45 male students. His 30 years of service as a counselor with the probation department allows him to share the positive and negative with the young men.

Dr. Helen Grove—Westminster Presbyterian Church After-School Program
Dr. Helen Grove is the Dean of the Extended Learning and Human Services Division at Sinclair Community College. She has been volunteering for five years at Westminster Presbyterian Church’s after-school program for children from Van Cleve School. In spite of her demanding job at Sinclair, she somehow manages to find the time to tutor and mentor consistently.

Bettina Long—Jefferson Township Local School District
When Bettina Long was approached to become a mentor, she willingly said “yes!” She has been very excited and energetic about her involvement since the inception of the mentoring program at Jefferson Township Local School District. She has been a devoted mentor to two young ladies who are in the ninth grade. They feel that they are so much better now that she has been working with them.

Dr. Norris Brown—Superintendent of Jefferson Township Local Schools
Dr. Norris Brown is the Superintendent of Jefferson Township Local Schools. Dr. Brown is a person who is a true professional. He is a genuine mentor and has taken time out of his busy schedule to mentor a young man at Jefferson High School. He has given 110% of himself for the betterment of the students, school and community.

Carol Davis—Camp Fire
Carol Davis, known as “The Science Lady,” truly embodies the term “mentor.” She has provided over 60 hours of service as a tutor and group mentor for over 100 youth 5 to 14 years of age attending Camp Fire’s after-school program at the Community Family Center in Huber Heights. She has opened the children’s eyes to the wonders of science and given them the confidence to say, “I can do this.”

2006 Outstanding Mentor Award Winners

(MENTORING COLLABORATIVE)
During 2006, the Montgomery County Mentoring Collaborative worked with 77 partner agencies. A total of 22,341 children in Montgomery County were mentored by caring adults, and 3,401 children still are waiting for mentors.

YOUTH RECEIVING MENTORING SERVICES

- Children waiting
- Children mentored

2001 2002 2003 2004 2005 2006
500 2,500 3,082 3,479 3,876 3,432
18,008 18,995 3,476 21,565 3,401

(L to R) Top row: George Kellar, Terrell Flucas, Dr. Helen Grove, Dr. Norris Brown;
Bottom row: Carol Davis, Bettina Long, Sarah Bayne
Since April 2001, the Sinclair Fast Forward Center has been re-engaging students who otherwise would have been dropouts (and further at-risk for self-sufficiency), as well as working with our community on creating alternative learning options for these youth.

Fast Forward continues to be cited as a national best practice.

Since May 2002, almost 3,300 youth have received reading, math, and behavioral assessments through Fast Forward. During 2006, 2,456 students were enrolled in 14 educational alternatives throughout Montgomery County. In 2006, our community celebrated achieving the milestone of having 1,000 high school graduates from the Montgomery County Out of School Youth initiative, with 1,058 students having earned their high school diploma and 283 students having earned a GED since Fast Forward’s inception.

The www.SchoolIsWorthIt.org website was developed as part of the Alternative Learning Opportunity Team’s (ALOT) truancy prevention awareness campaign. To date, this site has received 26,600 visits and over 152,700 hits.

The Mentoring Collaborative and the Fast Forward Center represent two of the four recommendations from the ALOT Report that the YPS Outcome Team has agreed to monitor. Both will be vehicles for helping the Outcome Team pursue another of the recommendations from the ALOT Report, to increase community collaboration and communication for at-risk youth. The team’s work in these areas will help it stay abreast of current programming for at-risk youth and the evolving needs of the teaching profession, thus enabling it to pursue the remaining recommendation from the ALOT Report, to work with higher education to prepare new teachers/retain current teachers.

The Family and Children First Council has emphasized the importance of preventing teen pregnancy since 1997. As with national teen pregnancy statistics, teen pregnancy in Montgomery County has declined in recent years.

For several years, funds have been granted to local organizations to provide education and other preventive services to girls and boys ages 10 through 19. The following nonprofit social service agencies provided those services in 2006:

- Abstinence Resource Center
- Catholic Social Services of the Miami Valley
- Dayton Urban League
- East End Community Services Corp.
- Girl Scouts of Buckeye Trails
- Planned Parenthood Southwest Ohio Region
- Wesley Community Center
- YWCA of Dayton

While educating young people about the consequences of their actions is important, it is just as critical that they have opportunities to develop and practice skills to avoid risk-taking behaviors. Young people served during 2006 had this to say about those opportunities:

- “I now understand how to say no to risky situations.”
- “When someone asks me to do drugs or smoke, I know I can say No.”
- “I like myself better because I have learned to say No.”
- “I understand now how hard it would be to raise a baby.”
BACKGROUND
The Kindergarten Readiness Assessment – Literacy (KRA-L) “measures skill areas important to becoming a successful reader.” The State of Ohio believes the results will help districts and teachers do three things: 1) understand children’s school entry-level literacy skills; 2) shape appropriate instruction; and 3) find children who may need further assessment. Ohio now requires districts to administer KRA-L to all incoming kindergarten students during the first six weeks of school. Districts are not allowed to use the results to keep a child from entering kindergarten.

The KRA-L is scored on a 29-point scale. Students taking the KRA-L are placed in three 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 state emphasizes the diagnostic nature of the KRA-L and the idea that the Bands are not cut-offs for instructional purposes.

NEW DATA
The first statewide administration of the KRA-L was in the Fall of 2005. In Montgomery County, a total of 4,604 Kindergarten students from 15 public school districts and 10 community schools took the KRA-L. (Dayton Public Schools did not conduct this test in the Fall of 2005.) 36.7% were in Band 3, 43.3% were in Band 2 and 20.0% were in Band 1. Montgomery County’s results closely mirror those for the State as a whole (36.3% in Band 3).

SHORT-TERM TRENDS
This is the first time we are reporting these data.

*Dayton Public Schools data are not included because they did not conduct KRA-L tests in the Fall of 2005.
BACKGROUND
To be consistent with the federal No Child Left Behind legislation, Ohio has been phasing out its proficiency tests and replacing them with a new set of achievement and diagnostic tests. In prior years, we reported the percentage of 4th-grade students passing all portions of the proficiency test. At the 4th-grade level, there are only two years of reading achievement scores and one year of math achievement scores, while at the 3rd-grade level we now have sufficient data to report three years of reading achievement scores and two years of math achievement scores. Therefore, we are introducing as separate indicators the 3rd-grade reading and math achievement scores and discontinuing the 4th-grade indicator.

NEW DATA
This is the first time we are reporting on these indicators.

SHORT-TERM TRENDS
For reading, the short-term trend of the value—from 77.5% in 2004-05 to 74.9% in 2005-06—was not in the desired direction; however, the county comparative ranking did move in the desired direction between those years, from 6th to 5th. For math, both the value and the county comparative rank moved in the desired direction from 2004-05 to 2005-06, from 69.1% and 6th to 74.3% and 5th.

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Most desirable ranking is number one.
BACKGROUND

Beginning with the class of 2007, students will be required to pass all five areas of the Ohio Graduation Test (OGT), as well as meet all local and state curricular requirements, in order to receive a high school diploma. Members of the class of 2007 took the OGT for the first time in March 2005. Students will 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 to those students who score below proficient on the OGT. This requirement includes students with disabilities. In the 2003-04 school year, only reading and math exams were administered. Beginning in the 2004-05 school year, all five areas were administered (reading, math, writing, science, and social studies).

NEW DATA

In the 2005-06 school year, 63.8% of Montgomery County 10th graders passed all portions of the OGT exams. Montgomery County ranked eighth among urban Ohio counties. The percentage of students in the state of Ohio who passed all portions of the OGT exams in the 2005-06 school year was 65.3%.

SHORT-TERM TRENDS

Both the value and the comparative ranking did not move in the desired direction from 2004-05 to 2005-06.
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.

NEW DATA
The 2004-05 graduation rate in Montgomery County was 88.4%. The graduation rate for the state as a whole was 86.2%. Montgomery County ranks 3rd highest among the 10 urban counties in graduation rates. Some of the values reported for prior years are slightly revised based on updated information from the Ohio Department of Education. Data for 2005-06 will not be released until June 2007.

SHORT-TERM TRENDS
The short-term trend from 2003-04 to 2004-05—from 87.7% to 88.4% – is in the desired direction. The county comparative rank remains 3rd.

OUTCOME  YOUNG PEOPLE SUCCEEDING
INDICATOR  GRADUATION RATE

Behind the Numbers
Go to pages 24-25 for more in-depth analysis

Most desirable ranking is number one.
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 attendance rate for the 2005-06 school year was 94.0% for Montgomery County schools, an increase from 93.7% in the 2004-05 school year. The comparative county rank is at ninth. The attendance rate in Ohio schools for the 2005-2006 school year was 94.6%.

SHORT-TERM TRENDS
The short-term trend from 2004-05 to 2005-06—93.7% to 94.0% – is in the desired direction. The comparative county ranking also moved in the desired direction, from 10th to 9th.

Note: FY92-98 data were obtained through ODE Vital Statistics. Beginning in 1999 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.)
OUTCOME  YOUNG PEOPLE SUCCEEDING

INDICATOR  TEEN PREGNANCY

BACKGROUND
The teen pregnancy value includes the number of teen births, fetal losses and terminations of pregnancy. Teen mothers are more likely to drop out of school, remain unmarried, and live in poverty. Their children are more likely to be born at low birth weight, grow up poor, live in single-parent households, and be neglected or abused.

NEW DATA
The values for 1997 and subsequent years published in prior Reports have been revised. The provisional value for Montgomery County for 2004 is 4.7%. 2005 data are not yet available from the Ohio Department of Health.

SHORT-TERM TRENDS
The short-term trend from 2003 to 2004—4.6% to 4.7% – is not in the desired direction. The county comparative rank did not move in the desired direction, changing from 5th to 6th.

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

Teen Pregnancy = (Births + Abortions + Fetal Losses)
* 2004 data are provisional.
Behind the Numbers

GRADUATION RATE

One of the indicators that the FCFC tracks is the high school graduation rate for the county. The indicator is designed to help measure the number of young people acquiring the educational skills they need to compete for jobs in a modern economy. Montgomery County has had some success in increasing its high school graduation rate. Here we examine the indicator and potential changes in it in some detail.

To explore what lies behind the numbers, it is useful to start with its associated outcome, Young People Succeeding. (See page 13.) By “Young People Succeeding,” the FCFC means four things:

- Children are well prepared for learning when they start school and receive support outside of the classroom for their efforts inside the classroom. Intellectual curiosity, skill development and achievement are valued.
- Young people receive mentoring, guidance and support as they develop the capacity to differentiate between positive and negative risk behaviors.
- Positive role models are plentiful, and others in the community talk to teenagers with candor and respect about the difficult choices they face.
- Students finish high school ready to compete successfully in the labor market and/or in continuing education and skills development.

The current indicator under discussion is designed to help measure part of that fourth aspect – “students finish high school...” The FCFC is interested both in students finishing high school and in their acquisition of the skills and attitudes required to go into the labor market or go on to further schooling. Over the last six years, the graduation rate in Montgomery County has made a remarkable climb. In 1999-2000, the graduation rate in Montgomery County was more than six percentage points below Ohio’s (74% vs. 80.9%). In 2004-05, Montgomery County’s rate was two percentage points above Ohio’s (88.4% vs 86.2%) and had climbed 14.4 percentage points. Measured in the current fashion, one would assume that just under 12% of students in public high schools in Montgomery County drop out before graduation. This achievement is closely tied to efforts of the Out of School Youth Task Force and the work of the Sinclair Fast Forward Center.

The progress associated with these efforts is real, but, unfortunately, the graduation rate as currently measured still has substantial flaws that educators and policy makers in Ohio and the United States are well aware of and pushing to shortly correct. The current method in Ohio is based on a method approved by the National Center for Educational Statistics. It involves a count backwards from the current year’s crop of graduates (regardless of when they started high school).

FOR EXAMPLE, FOR SCHOOL YEAR 2004-05 THE GRADUATION RATE =

\[
\frac{\text{[(Students who graduate during School Year 2004-05) + (summer school 2005 graduates)]}}{\text{[(Students who graduate during School Year 2004-05) + (summer school 2005 graduates) + (Students who dropped out of 12th grade in school year 2004-05) + (Students who dropped out of 11th grade in school year 2003-04) + (Students who dropped out of 10th grade in school year 2002-03) + (Students who dropped out of 9th grade in school year 2001-02)]}}
\]

If all true dropouts were captured in school records, the only problem would be counting completions of people who did not graduate in a four-year time horizon. The larger problem, however, is that the counts of dropouts are notoriously bad because schools have difficulty knowing what happens to a student who simply doesn’t show up at the start of the next school year and have no incentive to report accurately number of dropouts. Ohio intends to correct this problem (potentially for next year) by using individual student information to calculate a more accurate cohort measure for the denominator.

How much difference is there between graduation rates as reported and true graduation rates? Several recent research pieces have estimated graduation rates at the state level based on methods that more closely approximate the idea that graduation rates should measure what percent of a cohort of students that start in 9th grade in a particular year graduate four years later. The Tables on the next page show for the State of Ohio the state-reported graduation rate in particular years relative to the rate calculated using measures regarded as superior in one fashion or another. Those rates are described on the following page.
The AFGR and ACR rates suggest the state-reported rate for Ohio overstates the graduation rate by between five and six percentage points while the CPI suggests a dramatically greater over-statement. For Ohio, AFGR and ACR measures are probably superior. The CPI is using all 9th grade students in the denominator when calculating the 9th- to 10th-grade promotion rate when many of those 9th-graders are not first-time 9th-graders. Next year, when Ohio attempts a correction to approximate an appropriate historic cohort, one would expect reported graduation rates for Ohio to fall by five to seven percentage points, suggesting that Ohio’s true high school graduation rate may be closer to 79% to 81%.

A similar calculation using a version of the AFGR for Montgomery County is shown below. It suggests slightly less improvement than is currently observed for Montgomery County and a wider gap between state reported rates for the county and the estimated AFGR graduation rates.

Beyond the differences in calculated graduation rates, there are two other substantive issues with graduation rates worth noting.

First, graduation rates, however reported, differ dramatically by ethnic identity. Under current state-reported graduation rates, only 7.8% of white non-Hispanics failed to graduate while 21.7% of black non-Hispanics failed to graduate. The differences between these two groups is likely to increase when more realistic cohort measures are introduced because the differences between the measures are likely to be more substantial for inner city districts than for suburban districts.

Second, graduation rates by themselves do not capture the idea that high school graduates will be ready to go on to college or compete successfully in the labor market on graduation. Ohio is trying to measure skills acquisition by using the Ohio Graduation Test (OGT). (See page 20.) However, there are substantial concerns that students experiencing failure on the OGT will become discouraged and leave school at an earlier point than they otherwise would have. Appropriate strategies for retaining and providing alternative education for such students are gaining ground in Montgomery County. At the state level, public policy must be revised to reward counties and districts that do work with these students.

VISION
The community respects and supports families, recognizing that family composition in a diverse society is varied. Family members have healthy relationships with each other. Families nurture their members and provide a sense of well-being and safety. Family members work together and feel that they also belong to something larger than themselves.

STABLE FAMILIES OUTCOME TEAM REPORT

Core Belief: A community’s stability is dependent upon that of its key building blocks—its families.

Initial Focus Areas:

**FAMILY VIOLENCE:** Violence of any kind perpetrated by one family member against another is harmful to the entire family. The Stable Families Outcome Team has made prevention of spouse/partner abuse, child abuse, and elder abuse a primary focus of its work. Team members believe families should utilize peaceful conflict resolution and adults must take responsibility for resolving problems before they reach crisis proportion.

**STRENGTHENING FAMILIES:** Families often face challenges. The most resilient families are those with a multitude of strengths to draw from, including support from individuals and organizations outside the family. The Stable Families Outcome Team believes families can build their own strengths but formal and informal community support is essential.

Employers, civic leaders and faith leaders can create an environment for families to succeed by making it acceptable for families to ask for help when they need it. Doing so can prevent crises that threaten individual and family well-being as well as employee performance and student achievement.
COMMUNITY DOMESTIC VIOLENCE SAFETY ASSESSMENT

At the request of the Stable Families Outcome Team, the Family & Children First Council funded a community domestic violence safety assessment. This assessment of law enforcement responses to domestic violence emergencies was conducted March through October 2006. The assessment focused on two questions: How does the 911/police response to domestic violence cases enhance or detract from victim safety and batterer accountability? What can be done better?

Three law enforcement agencies volunteered to participate: Dayton Police Department, Montgomery County Sheriff’s Office, and Trotwood Police Department. Representatives from these agencies participated in the process but they were not responsible for assessing their own organizations. The assessment team included community agency representatives and victim advocates who were paired with law enforcement representatives. The team made firsthand observations, conducted focus groups, and reviewed 911 tapes and domestic violence incident reports.

Key Findings and Recommendations

Thirty-nine recommendations were made as a result of the assessment. While resources (staffing and finances) may not allow for all recommendations to be implemented, there are some that are not costly or difficult to put into place:

**Issue: Steps that Can Encourage Victims to Get Safe**

**FINDINGS:**
- Many officers are unaware of the services provided by victim advocates.
- Victims are more likely to be receptive to safety planning and other assistance immediately after an abusive event.
- Victims should have immediate access to safety planning when a suspect is at large.
- Some victims do not have access to a telephone.

**RECOMMENDATIONS:**
- Officers should receive training that covers local resources for victims and how to make referrals.
- Officers should encourage victims to call the Domestic Violence (DV) Hotline or the Montgomery County Sheriff’s Office victim advocate.
- Officers should provide emergency cell phones that victims may use to call 911 or the DV Hotline.

**Issue: Victims with Communication Barriers are at Greater Risk**

**FINDINGS:**
- Most officers are not equipped to communicate with:
  - Non-English speaking victims
  - Victims with limited English proficiency (LEP)
  - Victims with other communication barriers

**RECOMMENDATIONS:**
- Officers should be provided with access to an easily accessible interpreter service and should receive training in using the interpreter service.
- The Montgomery County Criminal Justice Council’s Committee on Domestic Violence should develop a protocol on best practices to be used when the victim and/or the abuser are non-English speaking, have limited English proficiency or are deaf.

STRENGTHENING FAMILIES

The Stable Families Outcome Team has defined family as adults and children living together who see themselves as family members even if they are not biologically related. The team recognizes the numerous problems facing families of all structures and backgrounds. While poverty is a challenge too many families struggle with,
it alone does not make a family unstable. Family stability is less about economic standing and more about relationships among members.

Many problems can be avoided if adults take steps to prepare for their roles as life partners and parents. To help create stable families, team members believe communities should provide formal and informal support to adults preparing for these roles.

In an effort to organize specific strengths and characteristics of stable families, outcome team members utilized the categories found in the Search Institute’s 40 Developmental Assets for Youth Framework.* The following are the eight categories along with examples of associated strengths.

Positive Identity
- Adults and children exhibit confidence.

Positive Values
- Families instill in their members: caring, equality and social justice, integrity, honesty, responsibility, and restraint. Adults model positive and healthy behaviors.

Support
- Uniqueness and difference is encouraged and appreciated rather than judged negatively.

Empowerment
- Conflict is negotiated rather than avoided or escalated into aggression; peaceful conflict resolution is utilized.

Social Competencies
- Adults manage and communicate about family finances.

Boundaries & Expectations
- Adults are responsible for handling their own feelings; children are not expected to take care of adults.

Constructive Use of Time
- Parents learn how to interact with children and spend time with them.

Commitment to Learning
- Adults read to children.
- Parents recognize their limitations and are able to get help when needed.

Other Priorities:
Stable Families Outcome Team members know the dire need for increased availability of mental health and chemical dependency services. Jails and prisons are full of people with mental illness and/or chemical dependency. Crimes, including family violence, are often committed because of untreated mental health issues or addiction to alcohol or other drugs. Mental illness and the illness of addiction are powerful forces negatively impacting family stability in Montgomery County. These must be addressed for the future well-being of all involved.

*www.search-institute.org
BACKGROUND
Research suggests that American children of parents who have their first child after they reach the age of 20, finish high school and get married have only an 8% chance of growing up in poverty. However, children of parents who do not meet these three conditions have a 79% chance of being raised in poverty.

NEW DATA
For 2004, the revised provisional value for Montgomery County was 43.2%. The provisional value for Ohio for 2004 was 48.9%. Montgomery County was ranked 9th among the 10 urban counties.

SHORT-TERM TRENDS
The short-term trend—from 44.6% to 43.2%—is not in the desired direction. Montgomery County’s rank among the 10 urban counties remains unchanged at 9th place.

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

![Graph showing percent of first births where both parents completed high school, parents are married, and mother is at least 20 years old for Montgomery County and Ohio from 1990 to 2004.]

Note: Since the educational status of many fathers is unknown, the above percentages may not be accurate. * 2004 data are provisional.
BACKGROUND
These data reflect the number of referrals to children's services agencies in which abuse is substantiated. Keep in mind that these reports may include multiple children per report. Note that during the period 1998 – 2001, many counties used risk assessment-based risk levels instead of traditional (substantiated, indicated, unsubstantiated) dispositions for intra-familial cases.

NEW DATA
In 2005, there were 6.2 substantiated reports of child abuse and neglect per 1,000 children ages 0 – 17. This is a decrease from the 6.5 per 1,000 reported in 2004. Montgomery County’s rank among the 10 urban counties increased to 4th in 2005 from 6th in 2004. The data for this indicator are calculated using population figures. Both population data and child abuse data have been updated for the period 2000 to 2005. As a result, there are changes to some of the data published for those years in prior Reports.

SHORT-TERM TRENDS
The short-term trend from 2004 to 2005—from 6.5 to 6.2—is in the desired direction. The county comparative rank also changed in the desired direction, from 6th to 4th.

![Graph showing number of substantiated reports of child abuse and neglect per 1,000 children ages 0 - 17 from 1990 to 2005. The most desirable ranking is number one.](image-url)
BACKGROUND
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, is “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.” In its 2004 Report, the FCFC began reporting “Preventable” and “Somewhat Preventable” child deaths as determined by the Review Board instead of just “Child Deaths” as we had done in previous years.

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.” Now we are reporting the number of child deaths for which the Review Board’s answer is “Yes, probably;” we will track this in sequence with the “Preventable” number for 2001 through 2004. As a result of these changes, we will no longer be reporting on “Somewhat Preventable” deaths; a total of two deaths were determined by the Review Board to be in this category for the years 2001 through 2004. This indicator is intended to focus attention on the vulnerability of our children and the effectiveness of our efforts to keep them safe.

NEW DATA
In 2005, there were 67 deaths of children in Montgomery County. Of the 65 whose review was completed in time for this Report, 19 were determined to be “Probably Preventable.”

SHORT-TERM TRENDS
The short-term trend from 2004 to 2005—from 22 to 19—is in the desired direction.
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.

NEW DATA
In 2005, there were 10 domestic violence-related deaths in Montgomery County and in 2006 there were 18.

SHORT-TERM TRENDS
The short-term trend from 2005 to 2006—10 to 18— is not in the desired direction.

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

One of the indicators that the FCFC tracks is Domestic Violence Deaths. The indicator has two aspects to it. The first is simple. The language is straightforward. “The Family and Children First Council has zero tolerance for domestic violence-related homicides.” Domestic Violence Deaths are not the “canary in the coal mine” warning of danger and death. They are death. The FCFC stance is part of a wider acknowledgement that the continuation of domestic violence is based on social norms that tolerate the behavior. Assertions of zero tolerance for all forms of domestic violence help to set a new social norm and force attention on how to change those norms.

At the same time, domestic violence deaths are the canary in the coal mine because for every domestic violence death, there are many more families in which “coercive behaviors—verbal insults, emotional abuse, financial deprivation, threats, and/or sexual and physical violence” are used to exercise power over other people in the family. Such families are not stable. By “Stable Families,” the FCFC means four things:

- The community respects and supports families, recognizing that family composition in a diverse society is varied.
- Family members have healthy relationships with each other.
- Families nurture their members and provide a sense of well-being and safety.
- Family members work together and feel that they also belong to something larger than themselves.

Domestic Violence Deaths is an indicator for the second (healthy relations) and third (safety) aspects. As such, it has not had much to say over the last few years. The numbers seemed to suggest a slight decrease in domestic violence deaths in the early 2000s relative to the 1990s, even ignoring the large value for 1992 when 23 domestic violence deaths occurred. (See Table above and page 32.) From 1993-1999, there was an average of 12.7 domestic violence deaths per year, while from 2000 to 2005, the average was just 10.7 domestic violence deaths per year. Then in 2006, there were 18 domestic violence deaths, the highest number since 1992. It is worth looking at what is behind the numbers.

A recent review of domestic violence prevention efforts (Sartin et al., 2006) summarized the review by noting:

“Perhaps the most important suggestion for future research is the need to study domestic violence as a part of the family violence picture. As one looks over the literature on domestic violence, it is impossible to miss the broad overlap between research on domestic violence and research on child abuse…Further, there appears to be much overlap with studies on general violence and even some overlap with research on juvenile delinquency.”

---

The domestic violence death statistics used in Montgomery County already incorporate this broader view of domestic violence. The table below provides a detailed accounting of the relationship of the offender to the victim in domestic violence deaths in Montgomery County for 2003-06. “Intimate partner violence (IPV) death” is used to describe specifically deaths resulting from violence by spouses, ex-spouses, and current or former boyfriends or girlfriends. Such deaths have remained almost constant over the last four years. There were six in 2003, 2004 and 2005, and five in 2006. “Other domestic violence deaths” (deaths which cross generational lines and include parents, children and more distant relations) is the category associated with the 2006 increase. In 2005, there were four such deaths while in 2006 there were 13. The increase was in deaths caused by daughters and sons.

<table>
<thead>
<tr>
<th>Relation of Offender to Victim</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2003-06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimate Partner Violence Deaths</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>Spouse</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Boyfriend/ex-boyfriend</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Girlfriend/ex-girlfriend</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Other Domestic Violence Deaths</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>13</td>
<td>25</td>
</tr>
<tr>
<td>Parent/Step-parent</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Brother/Sister</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Step-son</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Daughter</td>
<td></td>
<td></td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Son</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Cousin/Nephew</td>
<td>1</td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Total Family/Domestic Violence Deaths</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>18</td>
<td>48</td>
</tr>
<tr>
<td>Male Victims</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>Female Victims</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>10</td>
<td>31</td>
</tr>
<tr>
<td>Total Homicides (Including Domestic Violence)</td>
<td>43</td>
<td>58</td>
<td>47</td>
<td>63</td>
<td>211</td>
</tr>
<tr>
<td>Domestic Violence Deaths as % of Homicides</td>
<td>26%</td>
<td>16%</td>
<td>21%</td>
<td>29%</td>
<td>23%</td>
</tr>
</tbody>
</table>
While domestic violence deaths are an important indicator in their own right, there are clear inadequacies in using them to measure whether domestic/family violence or, more narrowly, intimate partner violence is increasing or decreasing. The problem is similar to the issue the FBI faces when reporting violent crime. Homicides are a very small part of violent crime and exhibit greater variability than the broader index. One would expect the same to be true for domestic violence.

As part of a broader community effort to reduce domestic violence by holding offenders accountable, additional broader measures of domestic violence must be developed. Unfortunately, offense data is not useful for that purpose because accountability efforts that help increase the efficiency of police and legal response may well result in an increase in reported domestic violence. Offense data is unreliable as well because current social norms result in more police involvement on domestic violence in low-income communities than in middle- and upper-income communities. Confidential survey methodologies that are similar to victimization surveys might be the most reliable indicators but are difficult to conduct. Over the past year, hospitals have been required to develop new emergency room protocols to screen for domestic violence. With standardization, the aggregate information from those protocols might be the most useful source of information on the extent of domestic violence in the community.

The CDC defines “Intimate partner violence” as “actual or threatened physical or sexual violence, or psychological/emotional abuse by a spouse, ex-spouse, boyfriend/girlfriend, ex-boyfriend/ex-girlfriend, or date.”
DEFINITION OF SPECIAL POPULATIONS
People of any age with significant disabilities who need assistance with basic daily living skills to live in the most appropriate, least restrictive community setting possible and avoid inappropriate institutionalization. This group includes people who are frail and elderly; adults with severe and persistent mental illness; children with severe emotional disabilities; persons with alcohol and other drug dependency; persons with mental retardation and developmental disabilities; and others who cannot perform basic life functions without assistance.

VISION
With support from the community, special populations have the opportunity to participate in every aspect of community living that they desire. People with significant disabilities live, learn, work and participate in typical accessible community settings. The community respects and protects their rights and includes them as contributing members.

POSITIVE LIVING FOR SPECIAL POPULATIONS (PLSP) OUTCOME TEAM REPORT
The designation “special populations” is a broad one, touching most families in some way and encompassing people of all ages with all kinds of disabling conditions. Many people have more than one disability and may be served by more than one system, while some people are not served by any system. The need for a Positive Living for Special Populations (PLSP) Outcome Team results from the natural tendency of the other FCFC outcome teams to focus on community issues that affect the broader population, rather than the often numerous people in the community who have these special needs.

During 2006, the Positive Living for Special Populations Outcome Team first revised the PLSP definition to more clearly identify the groups comprising “special populations.” It then identified the major issues affecting special populations, and developed several areas of focus for work by the PLSP Outcome Team, as well as identifying two community issues which require a multi-team focus. This work culminated in an Interim Progress Report to the FCFC in November, with presentations being made by the PLSP Outcome Team Champions in December.
Major Issues That Affect Special Populations

With one in five persons in Ohio having some level of disability and one in ten persons having a severe disability (2000 U.S. Census), there are thousands of individuals in Montgomery County of all ages who need assistance in order to live as independently as possible and to participate in every aspect of community living that they desire.

As it narrowed its focus in 2006, the PLSP Outcome Team continually was challenged with the many competing needs of special populations in the community. Examples of these unmet needs include:

- Substance abuse treatment needed to improve family stability and self sufficiency
- Senior citizens who are frail and elderly who need supportive services to live in their homes or other community setting
- Aging parents who currently are caring for their children with mental retardation and developmental disabilities
- Few services for certain persons, or no system at all serving them, including persons with brain injury, spinal cord injury, mild mental retardation/learning disabilities (outside of the MRDD system), and other physical or sensory disabilities
- Persons with disabilities who would like to work but cannot risk losing their Medicaid insurance benefits, which are vital to their health and well-being

The PLSP Team found that public systems already pay billions of dollars statewide to help meet the physical, mental, medical, housing, caregiving, and other supportive needs of special populations. However, federal and state laws, rules, regulations, and funding requirements often limit choices for special populations and are biased toward institutional settings (e.g., nursing homes and other long term care facilities), even though most persons in special populations (but not all) can live successfully in the community. When people wish to leave institutional settings, money often does not follow them to the community setting. Also problematic is that most funds for special populations are spent on intervention and treatment and not on prevention. For example, addressing developmental delays and disabilities through early intervention when a child is very young can help the child be more successful in school and in life. Another example: Instead of housing the 80% of people in jail for felonies who have been using illegal drugs or abusing alcohol regularly, that money could be used at the front end for prevention efforts, or to provide early treatment before substance abuse wrecks lives.

It also became evident to the PLSP Team that people within special populations and their family members and caregivers need help in navigating service systems. The PLSP Team heard that individuals can spend countless hours trying to find help, many unsuccessfully. Case management coordination also is important, as many people may have more than one case manager. For those who do not readily fit into a service system, there is no one to assist them to locate the few services that exist to meet their needs. The PLSP Outcome Team found that “the system” really is many systems with no roadmap.

PLSP OutcomE TEAM AREAS OF FOCUS

Legislative and regulatory advocacy. Since state and federal requirements dictate choices available, advocacy on behalf of special populations is of particular importance. The PLSP Team’s initial efforts will be focused on:

- Supporting Ohio’s application to the Federal Centers for Medicare and Medicaid for a “Money Follows the Person” grant. Ohio is applying for a share of $1.75 billion available to help relocate persons from institutions to the community. Based on the PLSP Team’s advocacy, the FCFC submitted a letter supporting the state’s application to the federal government and requested our participation on the state steering
committee for the grant. It is important that this federal initiative ultimately does not become an additional demand on our already strained local resources.

- Medicaid Buy-In. Persons with disabilities are much more likely to be unemployed and living in poverty. The PLSP Team is advocating that Ohio join 34 states which have adopted “Medicaid Buy-in” legislation. A Medicaid Buy-in law in Ohio would eliminate the need for Ohioans with disabilities to have to choose between a job and losing their Medicaid insurance benefits, which are critical to their health and well-being. (Increased income makes them ineligible for Medicaid.) Having workers buy into Medicaid on a sliding scale will allow more people to achieve self-sufficiency and become taxpayers.

- Mental Health Parity. Lack of insurance for mental health services can impact needed treatment for special populations. The PLSP Team supported requiring the same health insurance coverage for mental illness, as is provided for physical illness (often referred to as “parity”). The PLSP Team was pleased that Ohio just joined 37 states when it passed mental health parity legislation at the end of 2006. The Outcome Team will continue to monitor this issue because Ohio’s legislation is less comprehensive than that of many other states.

- Consumer Choice. Safety and choice are essential to the well-being of special populations. The PLSP Team will advocate consumer choice in all areas of service to allow persons to choose the service, the service provider(s), and the settings in which services are provided. This includes advocacy for quality community supports that consumers and their families can rely on. The PLSP Team also will follow Ohio’s progress in implementing the recommendations of the Ohio Commission to Reform Medicaid and will, at appropriate times, request FCFC to take a position on selected issues to advance these reforms.

Community Education. Too often, special populations are marginalized and do not participate in community life. As both a cause and effect of this fact, many people have no understanding of people who have a disability, including their desire and potential to work, live independently, enjoy the same recreational activities that others do, and add value to the community. The PLSP Team is beginning a process of better educating our community about special populations, including:

- Media partnerships to bring stories of individuals within “special populations” to the general public on a more frequent basis. Bringing more frequent human interest stories on special populations to the media will add to the public’s understanding and acceptance of people with disabilities as “people first”, not defined by their disability.

- Heighten community awareness/access to services available for infants/toddlers. Since the benefits of prevention and early intervention have the most impact early in life and the first three years of life is a time of incredible brain development, the PLSP Team will strive to educate the community regarding the importance of developmental milestones for children under age three and whom to contact for help if there are concerns.

System Navigation. People need help in navigating systems serving special populations, as “the system” is really a confusing maze of systems with no roadmap. The PLSP Outcome Team will:

- Investigate best practices and ways of simplifying the language and navigation of the multiple systems that exist for special populations;

- Offer its assistance to improve information on local services for special populations listed on the web portal The Beehive (operated by the Washington, D.C. non-profit One Economy Corporation); and

- Promote increased coordination among systems, including cross-training of case managers on resources available for special populations. This will better serve consumers and their families.
COMMUNITY ISSUES WHICH REQUIRE A MULTI-TEAM FOCUS

There were two particular issues identified during the PLSP Team’s work which impact several FCFC outcome areas. Successfully addressing affordable housing and substance abuse will require broader community participation beyond the PLSP Outcome Team.

Affordable Housing
Affordable subsidized housing is a major barrier to community relocation of special populations from institutional settings. Other housing needs include: supportive housing for people with mental illness and/or mental retardation and developmental disabilities; housing available to people with substance abuse; and housing that is accessible to people with physical disabilities. Our community also has recognized through the Community 10-Year Plan for Ending Chronic Homelessness and Reducing Overall Homelessness that mental illness and substance abuse are significant factors contributing to homelessness. Given these overlapping community needs, the PLSP Outcome Team recommended a linkage with the Homeless Solutions Policy Board (through a PLSP Team member and FCFC staff working with that Board) so that housing efforts in our community can be coordinated.

Drug and Alcohol Dependency/Treatment
The limited availability of treatment for drug and alcohol dependency is exacerbating problems within all six FCFC outcome areas, in addition to the Homeless Solutions work. The PLSP Outcome Team, acting alone, cannot resolve this problem, but the combined efforts of Montgomery County’s leadership should be able to make an impact in identifying possible solutions. Our community already is paying for untreated substance abuse, both with dollars and with broken lives. People who request treatment should be able to get that treatment without a lengthy wait. Due to the magnitude of the impact that unchecked substance abuse has on Montgomery County, the PLSP Team recommended that the FCFC adopt drug and alcohol dependency and treatment as a special multi-outcome area of focus.

2007
In January 2007, Emmett Orr will replace Dick DeLon as Co-Champion, and will work with Amy Luttrell on this outcome area. In 2007, the Positive Living for Special Populations Outcome Team will work on developing and implementing a work plan for the areas of focus identified in its November 2006 Interim Progress Report. This will include:

- Legislative advocacy by the FCFC involving issues affecting special populations
- Convening a work group with appropriate expertise to develop community education activities, including media partnerships
- Developing a proposal to submit to the FCFC for funding for community education and awareness activities, including promoting the abilities of persons with disabilities, as well as promoting awareness of and linkages to early intervention for children under age 3
- Developing a systems navigation proposal to submit to the FCFC for funding to help persons served by more than one system, or for people who are not currently served by any system
- Working in conjunction with others on the multi-systems issues of affordable housing and drug and alcohol dependency/treatment
Help Me Grow is a state and federally funded early intervention initiative for eligible Montgomery County children under age three and their families. Services focus on infant and toddler health and development to give children the best possible start in life. The program is guided by the Ohio Department of Health and locally administered by the Montgomery County FCFC through local providers. Participation in the program is entirely voluntary. Services include finding children through community screenings, community events, and outreach to the medical community; providing information and referral to families; conducting a home visit of newborn and mother; and ongoing services and service coordination for families of children at risk for, or with, a confirmed developmental delay or disability.

In 2006, 2,498 referrals to Help Me Grow were received, including over 730 from potential clients, family members, or friends, and 756 from community screenings and hospitals. Help Me Grow nurses made 1,258 home visits to check on the health and physical status of mothers and their newborns (most visited within the first two weeks of birth). In addition, on any given day, 1,313 Individualized Family Service Plans (ISFPs) were in place for children at risk for, or with, developmental delays/disabilities. The State of Ohio reviewed the Montgomery County Help Me Grow Program in June 2006 against 83 measures. Montgomery County received the highest rating of any urban county (95%), which demonstrates the high quality of services provided locally in our community.

<table>
<thead>
<tr>
<th>CHILDREN RECEIVING ONGOING SERVICES (DAILY COUNT AS OF 12/31/06)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 12 months (includes prenatal)</td>
</tr>
<tr>
<td>-----------------------------------</td>
</tr>
<tr>
<td>AT RISK FOR DEVELOPMENTAL DELAY OR DISABILITY. TOTAL 715</td>
</tr>
<tr>
<td>421</td>
</tr>
<tr>
<td>SUSPECTED/DIAGNOSED DELAY OR DISABILITY. TOTAL 598</td>
</tr>
<tr>
<td>112</td>
</tr>
</tbody>
</table>

Source: Ohio Department of Health Early Track
HELP ME GROW SUCCESS STORIES

The work and impact of Help Me Grow is best explained through the stories of clients. Names have been changed.

Newborn Home Visits

During a newborn home visit, Help Me Grow nurse Maria noticed an irregular heart sound when examining the newborn and reported this to the family’s physician. The physician had the mother, Tamika, bring her daughter to his office. The newborn then was sent to Children’s Medical Center for an additional evaluation, where a heart defect was discovered. Destiny had surgery and is doing well.

Family Support

Help Me Grow family support specialist Chris received a call from a Combined Health District nurse about Shana, a parent who lost a son with Down syndrome in her 23rd week of pregnancy. The family support specialist, who has a son with Down syndrome, took action when she found out that Shana had no financial resources for a headstone for the baby’s grave. The family support specialist found a company to donate a headstone and she approached the Miami Valley Down Syndrome Association to pay for the engraving. Shana cried when Chris called her with the news. During the conversation, Chris found out that Shana also has a two-year-old daughter with a congenital condition involving her jaw and a cleft palate. Breanne immediately was referred to Help Me Grow Ongoing Services. Shana was grateful that the family support specialist asked about her two-year-old daughter. She had been preoccupied with bed rest during her pregnancy, and then she suffered depression over the baby’s death. The Help Me Grow family support specialist also attended the family’s first service coordination visit.

Ongoing Services

Brandon was introduced to Help Me Grow through a referral from the developmental clinic at Children’s Medical Center. He was being tested for Pervasive Developmental Disorder (PDD), a behavioral disorder involving speech, communication, social interaction, and repetitive compulsive behavior. His mother, Emily, was overwhelmed with the information and all of the demands and said it seemed as if she had been given a box of puzzle pieces to sort through. Kathy, the Help Me Grow service coordinator, was able to provide the family with the tools and information needed to organize and understand the reports given to them and to develop a plan for services. The puzzle was beginning to come together into a clear picture. The family now is connected with MRDD PACE services, an infant mental health specialist, and a Help Me Grow parent mentor. The service coordinator facilitated meetings with all parties involved, including Brandon’s daycare center. Brandon’s mom said for the first time since Brandon’s diagnosis, she was beginning to feel a sense of hope.

Poverty, domestic violence, and severe depression resulting from years of sexual abuse by a family member permeated Tiffany’s life. Tiffany’s Help Me Grow service coordinator, Allison, has become a mentor to the young mother. Tiffany has turned the corner in all areas of her life. She feels proud of herself and plays with daughter, Nicole, every day after school. Tiffany smiles and laughs when she plays with her, and it’s clear that Nicole loves her mommy. The service coordinator referred Tiffany to a GED program that has a daycare for her daughter. Tiffany plans to finish her GED, move to a new apartment, and wants to become a nurse. Nicole is developing at an age-appropriate level.

Parents Selena and Victor were referred to Help Me Grow when their son, Emanuel, was 32 months old. Emanuel had limited words and other concerns. After an evaluation of his needs, the evaluation team recommended a speech evaluation, consultation with a vision specialist, and referral to the developmental physician at the developmental clinic. Robin, the family’s Help Me Grow service coordinator, also referred Emanuel to the MRDD PACE program for parent and child enrichment. The child has a speech delay, a prescription for glasses, and an appointment with the developmental clinic. Despite entering Help Me Grow only four months before their child’s 3rd birthday, Selena and Victor are pleased with the resources and connections that have been made to prepare Emanuel for a successful transition and school experience at age three.
BACKGROUND
The ability of the elderly 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 population ages 60 and over, 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 next survey analysis will be available in 2007 and this indicator will be updated in next year’s Report. County comparison data are not available for 2003.

SHORT-TERM TRENDS
The short-term trend from 2001 to 2003—40.0 to 38.0—is in the desired direction.

<table>
<thead>
<tr>
<th></th>
<th>ADC per 1,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Summit</td>
</tr>
<tr>
<td>2</td>
<td>Lorain</td>
</tr>
<tr>
<td>3</td>
<td>Cuyahoga</td>
</tr>
<tr>
<td>4</td>
<td>Franklin</td>
</tr>
<tr>
<td>5</td>
<td>Butler</td>
</tr>
<tr>
<td>6</td>
<td>Montgomery</td>
</tr>
<tr>
<td>7</td>
<td>Lucas</td>
</tr>
<tr>
<td>8</td>
<td>Mahoning</td>
</tr>
<tr>
<td>9</td>
<td>Stark</td>
</tr>
<tr>
<td>10</td>
<td>Hamilton</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
BACKGROUND
The results that people with developmental disabilities want in their lives include the opportunity to participate in the life of the community. Going to work is a significant part of that experience in our society. This indicator tracks the average number of clients of the Montgomery County Board of Mental Retardation and Developmental Disabilities who are individually employed in typical workplaces in each half of the indicated state fiscal year (July 1 to June 30 and named for the calendar year in which it ends).

NEW DATA
The value for SFY06 was 144.

SHORT-TERM TRENDS
The short-term trend from SFY05 to SFY06—155 to 144—is not in the desired direction.
OUTCOME  
POSITIVE LIVING FOR SPECIAL POPULATIONS

INDICATOR  
PEOPLE WITH DEVELOPMENTAL DISABILITIES WORKING IN ENCLAVES

BACKGROUND
The results that people with developmental disabilities want in their lives include the opportunity to participate in the life of the community. Going to work is a significant part of that experience in our society. This indicator tracks the average number of clients of the Montgomery County Board of Mental Retardation and Developmental Disabilities who are employed in enclaves in each half of the indicated state fiscal year (July 1 to June 30 and named for the calendar year in which it ends). Enclave employment is competitive employment obtained through MONCO. MONCO is responsible for securing contracts with business, industry and government for subcontract work in the Board of MR/DD’s Adult Services Centers, including one vocational center. MONCO also provides job placement, on-the-job training and follow-along services.

NEW DATA
The value for SFY06 was 133.

SHORT-TERM TRENDS
The short-term trend from SFY05 to SFY06—113 to 133—is in the desired direction.
BACKGROUND
The Ohio Department of Mental Health recently implemented a statewide, standardized outcome measurement system for mental health clients. Currently, all Montgomery County ADAMHS Board-funded mental health treatment providers are participating in the Ohio Mental Health Consumer Outcomes System. Mental health consumers are asked how satisfied they are with various aspects of their lives (such as relationships, financial status, meaningful activity, and safety and health) at intake and then at least once per year while they are receiving services. This indicator tracks the proportion of those clients with Severe and Persistent Mental Illness who, during the report year, reported an overall improvement in their quality of life 12 months after intake. (The state fiscal year runs from July 1 to June 30 and is named for the calendar year in which it ends).

NEW DATA
The value for SFY06 was 63.5%.

SHORT-TERM TRENDS
The short-term trend from SFY05 to SFY06—68% to 63.5%—is not in the desired direction.
BACKGROUND
The Ohio Department of Mental Health recently implemented a statewide, standardized outcome measurement system for mental health clients. Currently, all Montgomery County ADAMHS Board-funded mental health treatment providers are participating in the Ohio Mental Health Consumer Outcomes System. Youth who are receiving mental health services are asked a number of questions, including one set which gauges how their “problems might get in the way of your ability to do everyday activities.” (These activities include getting along with friends and family, taking care of personal health and grooming, participating in school and recreational activities, etc.) This indicator tracks the proportion of those youth who, during the report year, reported an overall improvement in their level of functioning after six months of treatment. (The state fiscal year runs from July 1 to June 30 and is named for the calendar year in which it ends).

NEW DATA
The value for SFY06 was 66.5%.

SHORT-TERM TRENDS
The short-term trend from SFY05 to SFY06—66% to 66.5%—is in the desired direction.
BACKGROUND
When a treatment case is closed, the client's disposition at discharge is recorded by the treatment provider's staff. In general, there are three main categories of disposition at discharge: goals met (successful completion of treatment); client rejects or fails to return for treatment; and referral to another treatment program. A referral to another treatment program is not seen as a success or failure. Rather, it is seen as a continuation of care. Thus, the measure to determine the percentage of clients that successfully completed treatment uses only those cases that were closed because of “Goals Met” or “Client Rejects or Fails to Return.” (The state fiscal year runs from July 1 to June 30 and is named for the calendar year in which it ends).

NEW DATA
The value for SFY06 was 37%.

SHORT-TERM TRENDS
The short-term trend from SFY05 to SFY06—37% to 37%—is flat.
One of the indicators that the FCFC tracks is the percentage of mentally ill youth who report improved functioning after six months of treatment. As you can see on page 46, the trend has consistently been in the desired direction since the 2002-03 reporting period, the first year for which data are available. Going "behind the numbers" of this indicator provides an opportunity to see why it is an important one and to explore some of the issues that it raises in a larger context.

First, in order to gain a better understanding of this indicator, it is useful to start with its associated outcome, Positive Living for Special Populations. (See page 36.) By “Special Populations,” the FCFC means people of any age with significant disabilities who need assistance with basic daily living skills to live in the most appropriate, least restrictive community setting possible and avoid inappropriate institutionalization. This includes, of course, children with mental illness.

By “Positive Living,” the FCFC means that, with support from the community, special populations have the opportunity to participate in every aspect of community living that they desire. Full achievement of this outcome would mean that people with significant disabilities are living, learning, working and participating in typical, accessible community settings and that the community respects and protects their rights and includes them as contributing members.

While embracing a community outcome that recognizes the special challenges faced by these populations, the FCFC emphasizes that the ideals of the other community outcomes—health, safety, security, stability and success—fully apply to the members of special populations.

How could it be otherwise? According to the 2000 Census, one in five Americans has some level of disability and one in ten has a severe disability. Therefore, not to seek the participation of special populations in “every aspect of community living that they desire” would be unfair to over 110,000 Montgomery County residents with some level of disability and almost 56,000 County residents with severe disability, based on the national proportions.

Perhaps no one feels this tension between being in a “special population” and being in the mainstream more keenly than do children and adolescents with mental illness. Being isolated from—or stigmatized by—his or her peers can be devastating for anyone, but especially for a young person. Childhood and adolescence are times when important skills in interpersonal relationships are acquired. When untreated, mental health disorders in children and adolescents can lead to school failure, family conflicts, drug abuse, violence, and even suicide. Untreated mental health disorders can be very costly to families, communities, and the health care system.

It is heartening, then, that this indicator has been steadily moving in the desired direction. Determining its value every year begins with asking youth who are receiving mental health services a number of questions. One set of questions gauges how their “problems might get in the way of your ability to do everyday activities.”

Note that these activities include getting along with friends and family, taking care of personal health and grooming, participating in school and recreational activities, and so forth.

In other words, to the extent that a young person can do—or resume—such everyday activities, he or she is on the way to recovery. He or she is also less likely to be one of the “over 58% of children with mental illness (who) do not graduate from high school.”

But just how prevalent IS mental illness among Montgomery County’s youth? Analysis of data presented to the Family and Children First Council suggests that Montgomery County has the highest rate among the eight largest counties in Ohio and that its rate is almost twice as large as the overall rate for Ohio. (Fig. 1.)

While these data are alarming, they must be viewed with some caution. Determining prevalence rates for mental illness is notoriously difficult. The data discussed above are based on reports to the Ohio Department of Mental Health from publicly funded providers of mental health services. Differences across the state in surveillance and reporting mechanisms have to be considered, as well as all of the cases in which the child is receiving private treatment. Whatever the ultimate explanation for Montgomery County’s high rate compared to the other large counties and to the rest of the state, these prevalence data clearly deserve further examination. They also emphasize the important role that prevention can play.
Mental illnesses are biologically based brain disorders; they are not related to “character” or intelligence and they cannot be overcome through “will power.” They can strike at any age. While there is no doubt that great advances have been made, especially in the last two decades or so, in the development of programs with proven effectiveness at preventing mental disorders in school-age children, what about younger children? Prevention researchers are increasingly aware that the initiation of mental illness, or of processes that can lead to mental illness, can happen even during infancy or early childhood. As a result, they are strongly recommending that a mental health perspective be integrated into early childhood, early intervention, child care, and home-visiting programs that provide services to families with young children. Therefore, by going “behind the numbers” of this indicator, we see that while its positive trend is certainly good news, it is not the whole story. We have identified an issue (an apparent high rate of prevalence) that raises a warning flag, and the discussion has led us to the importance of prevention, especially at an early age. The FCFC looks forward to continuing this community conversation.

<table>
<thead>
<tr>
<th>PREVALENCE OF MENTAL HEALTH DISORDERS</th>
<th>Ohio</th>
<th>Montgomery County</th>
<th>Hamilton County</th>
<th>Stark County</th>
<th>Other 5 Largest Counties</th>
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<tr>
<td>ADJUSTMENT DISORDERS</td>
<td>8,274</td>
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<td>802</td>
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<td>6,161</td>
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<td>PERVERSIVE DEVELOPMENT DISORDERS</td>
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<td>77</td>
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<td>17</td>
<td>119</td>
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<td>SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS</td>
<td>419</td>
<td>48</td>
<td>131</td>
<td>13</td>
<td>153</td>
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<tr>
<td>TOTAL (MAY INCLUDE DUPLICATIONS)</td>
<td>96,954</td>
<td>8,896</td>
<td>11,975</td>
<td>5,031</td>
<td>34,161</td>
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<tr>
<td>TOTAL AS % OF POPULATION</td>
<td>4.23%</td>
<td>8.20%</td>
<td>6.89%</td>
<td>6.73%</td>
<td>4.55%</td>
</tr>
</tbody>
</table>

Fig 1 Prevalence of mental health disorders in Ohio’s children ages 5 – 18 for the year 2005. Montgomery County has the highest rate and the counties with the second- and third-highest rates are shown. The remaining five largest counties (Butler, Cuyahoga, Franklin, Lucas and Summit) are aggregated for simplicity.
SAFE NEIGHBORHOODS
OUTCOME TEAM ROSTER

The Hon. Jeffrey Froelich
Montgomery County
Common Pleas Court
Champion

Lou Fries
Dayton Municipal Court

Clayton M. Genth
Dayton Municipal Court/
Vandalia Municipal Court

The Hon. Cynthia Heck
Vandalia Municipal Court

The Hon. Carl Henderson
Dayton Municipal Court

Jacquelyn Jackson
Dayton Municipal Court

Deirdre Logan
City of Dayton, Department of Law

Leonard Oram
Vandalia Municipal Court

Claudia Turrell
Vandalia Municipal Court

STAFF:
Joe Spitler
Criminal Justice Council

VISION
People live in safe, affordable housing. They have access to positive educational and cultural experiences. Recreational centers are conveniently located and staff serve as positive role models, especially for the children. All aspects of the environment—e.g., air, water, soil—are safe and healthy. The community values the unique attributes of each neighborhood, whether rural or urban.

SAFE NEIGHBORHOODS OUTCOME TEAM REPORT

Statement
Safe neighborhoods are an integral part of the quality of life in the Miami Valley.

The reality of safety and security in the neighborhoods does not center solely around felony offenses. Fortunately, statistically, felony crimes are not that prevalent; however, misdemeanor and “lifestyle” offenses continue to directly impact the quality of neighborhood life. These are offenses such as disorderly conduct, trespass, loitering, public intoxication, and minor drug possession.

Research indicates that in many instances the low level misdemeanor offenses being committed and jeopardizing the quality of life in specific communities are perpetrated by the same individuals. This same research tells us that the approaches taken in the past to deal with these issues have been ineffective.

Findings
Examination of misdemeanor arrest statistics indicates 15 individuals accounted for 272 separate arrests during CY 2005. A number of variables have to be considered when determining the amount of time involved in making a physical arrest of an individual and the completion of the associated paperwork. The average time is estimated at 45 minutes to 1.5 hours per arrest. In addition, according to Dayton Police and Sheriff’s records, these same individuals were encountered by officers and deputies in many situations where an arrest did not occur. We cannot begin to estimate the time utilized by the jail staff and the courts to deal with these same individuals.

Recommendation
Establishment of a special court docket, known as the Safe Neighborhoods Court (SNC), and the hiring of a probation officer (SNCPO) to provide intensive supervision to a select number of individuals. These individuals would be identified through jail record information.
The goal of the Safe Neighborhoods Court is to improve the quality of life in the neighborhood by interaction with the relatively small group of individuals who are responsible for most of the negative contacts in the neighborhood. The Court cannot and would not target any individuals for arrest and prosecution, but rather, once individuals are arrested and convicted, will work closely with these individuals to lessen their further involvement in the criminal justice system.

When Dayton Police or the Montgomery County Sheriff (in the Northridge area of Harrison Township) makes an arrest and books the defendant into the Montgomery County jail, if the defendant is one of the individuals who has been identified as a candidate for the SNC, the jail’s computer system will “flag” this individual and the SNC probation officer will be contacted. If the defendant is already on probation, the probation officer will find out the facts of the alleged offense and potentially contact the judge to decide whether the individual should remain in custody or be released.

The Dayton and Vandalia Municipal Courts have agreed to establish an “SNC Docket” for individuals who have been identified as needing special intervention. The defendant will appear before the judge at the next court session. If the defendant pleads not guilty, the case will proceed as any other case. If the defendant pleads or is found guilty, the SNCPO will immediately meet with the defendant and establish a probation plan. The judge will order the defendant back into court regularly to report on his or her progress. The SNCPO will have constant contact with the defendant and the court.

“Traditional courts” have used the misdemeanor criminal sanction to punish the offender and to deter future antisocial conduct. Statistical and anecdotal reporting by anyone who has been involved with the system demonstrates the minimal success of such theories. Another goal of a sanction is rehabilitation, but the reality is that the number of offenders and the multiple problems of the offenders do not allow serious rehabilitation. Vandalia Municipal Court, which covers Harrison Township, has one probation officer assigned to supervise 2,400 offenders. Dayton Municipal Court’s ratio is 120 offenders per probation officer. Initially, the SNCPO will work with no more than 15 individuals, and these are people who have been identified as already demonstrating a propensity to re-offend at the misdemeanor level in the neighborhoods. As we learn from experience, this number may increase or decrease, but the key is to develop relationships among the judge, the probation officer, and the defendant. The probation officer will be a combined law enforcement officer, social worker, treatment professional and perhaps, nursemaid. The judge is the arbiter, parent figure, and mentor, the neighborhood and its quality of life are the beneficiaries.

**THE SAFE NEIGHBORHOODS COURT WILL:**
- improve the quality of life and the safety of the neighborhood;
- reduce the jail population by diverting offenders from the criminal justice system;
- free up police time to pursue and investigate violent offenders;
- initiate lifestyle and behavioral changes of offenders thus reducing future crime and enhancing the quality of life in the neighborhoods while equipping an individual to function in our community;
- determine alternative strategies;
- coordinate efforts and share information with other Outcome Teams.

**Funding Approval**
This project, as with most new projects, will require a certain amount of start-up time. Depending on the qualifications of the probation officer hired for this project, a certain amount of training may be required. Therefore, a funding allocation was requested and approved for a two-year period. Project implementation began in October of 2006.
SUPPORTIVE AND ENGAGED NEIGHBORHOODS OUTCOME TEAM ROSTER

Brother Raymond L. Fitz, S.M., Ph. D.  
University of Dayton Fitz Center  
Champion

David Cleavenger  
City of Dayton

Greg Johnson  
Dayton Metropolitan Housing Authority

Marc Levy  
United Way of the Greater Dayton Area

STAFF:
Robert L. Stoughton  
University of Dayton Fitz Center, Office of Family and Children First

NEIGHBORHOOD OUTCOMES

YOUNG PEOPLE SUCCEEDING

- Children and young people are valued.
- Children are well prepared for learning when they start school.
- Young people finish high school ready for higher education or ready to compete in the labor market.
- Young people receive mentoring in the family and the neighborhood to distinguish right from wrong.

STRONG FAMILIES

- Families are able to nurture their members and provide a sense of well-being.
- Family members collaborate and parents and children communicate positively.
- Families are able to address conflicts.
- Parents are responsible for the physical, social, and moral education of their children.
- Parents spend high-quality time with their children.

ECONOMIC SELF-SUFFICIENCY

- One or more members of the family has access to employment that provides a living wage and benefits.
- Barriers to employment are minimized.
- The building of assets, such as home ownership, is encouraged.

HEALTHY PEOPLE

- Everyone has access to an affordable level of health care.
- Child health care needs are provided.
- Information and support needed to avoid preventable health problems are provided.

NEIGHBORHOOD SAFETY

- People feel safe in their homes and walking around the neighborhood.
- There are no visible signs of crime in the neighborhood.
- The neighborhood is perceived as safe by those outside the neighborhood.

AFFORDABLE HOUSING/ATTRACTIVE NEIGHBORHOODS

- People have access to safe and affordable housing.
- Neighborhoods are attractively designed—street grids, livable scale, landscaping, etc.
- Positive educational and cultural experiences are available.
- Recreation centers for children and adults are present.

NEIGHBORHOOD SERVICES AND AMENITIES

- Neighborhood shopping is available—convenience, hardware, dry cleaning, etc.
- Public services—police, fire, trash collection, road repair, etc. – are perceived as good.
- Community programs and faith communities provide family strengthening services.
- Senior citizen programs and services are available.

NEIGHBORHOOD LEADERSHIP

- Leaders are organizing the neighborhood to identify and solve problems and work toward goals.
- Leaders are building social capital, e.g., there is increasing trust and a willingness to set standards for the neighborhood.
- Leaders are social entrepreneurs.
- Faith-based communities care about the neighborhood and are willing to invest time and resources.
Introduction
During 2006, the Supportive and Engaged Neighborhoods Outcome Team conducted a community conversation on building supportive and engaged neighborhoods in Montgomery County. The conversation started among the members of the team and grew during the year to include four neighborhood forums (two in Dayton and one each in Kettering and Harrison Township), a meeting with the Chairs of Dayton’s Priority Boards, and a meeting with the Political and Social Action Committee of the Interdenominational Ministerial Alliance. What the team heard during these conversations helped shape this report. The year ended with some recommendations from the team to the FCFC and a commitment to continue the conversation.

A Working Definition
The team started by formulating a working definition of a “supportive and engaged neighborhood:”

- A supportive neighborhood is a neighborhood in which children succeed and families thrive.
- An engaged neighborhood is a neighborhood where multiple roles of leadership exist that are capable of mobilizing the neighborhood to solve problems, set goals, and implement initiatives so that children succeed and families thrive.

A Historical Overview of Neighborhoods in Montgomery County
The team identified several long-term trends that are affecting neighborhoods in Dayton and Montgomery County. One set of trends has to do with “urban sprawl” and its consequences. As a result, there has been a major movement of population out of the center city area. In the wake of this population shift, both poverty and racial minorities have become concentrated in the center city neighborhoods. (Figs. 1 and 2.)

In Montgomery County, the number of Census tracts (marked by thin lines) with high poverty rates (above 20%, green) and extremely high poverty rates (40% and above, blue) has increased dramatically since 1970. The area covered by these affected tracts has spread within the county but includes much of Dayton (marked by a thicker outline).
Another set of trends involves the ongoing transformation of our national economy. The decline in manufacturing over the last several decades has hit the Dayton region particularly hard. The “knowledge economy” that is replacing it makes significant educational demands on workers, and a high school education plus higher education are increasingly essential.

Poverty, especially extreme poverty, exacts a heavy toll on neighborhoods by doing the following:
- Reducing private sector activity
- Raising prices for low-income households
- Limiting job networks and employment ambitions
- Inhibiting educational opportunity
- Stimulating higher levels of crime
- Contributing to poor physical and mental health
- Hindering wealth-building
- Burdening local government services and fiscal capacities
- Creating political and societal divisions

Young people in high-poverty neighborhoods are much more likely to drop out of school, to give birth as teenagers, to be killed by gunfire, to suffer reportable abuse and neglect, and to be placed in foster care than their counterparts in affluent neighborhoods.

The working conclusion of the team is that there is a strong pattern of injustice in the greater Dayton community. The high concentrations of poverty and race in the center city create conditions where many children and families in these neighborhoods are constrained from participating in the economic, social, and cultural mainstream of our city and the nation.

**The Supportive and Engaged Neighborhood**

The many strengths and assets of persons and families within a distressed neighborhood provide a starting point for reversing this process of disinvestment and for rebuilding the neighborhood. Rebuilding the neighborhood involves building a rich network of relationships within the neighborhood and with partners outside the neighborhood.

In its work, the team identified several models that can be considered “best practices,” including initiatives of the Annie E. Casey Foundation, the Developmental Assets framework of the Search Institute, and the work of the Coalition for Community Schools.

Collectively, these models reinforce the notion that children succeed when families thrive and that families thrive when neighborhoods are supportive and engaged; Fig. 3 illustrates one of the models. From the many organizations which have used the Search Institute framework comes some good advice:
USE MULTIPLE INTERVENTIONS: Increasing the number of developmental assets across settings in a neighborhood is what matters most, not increasing specific strengths or combinations of strengths in any single setting.

START EARLY: Building development assets can have an impact at the time of intervention as well as later.

WORK FROM A NEIGHBORHOOD PERSPECTIVE: Neighborhood-wide efforts to build development assets are as important as those at the organization, family, and individual levels.

An additional “best practice” that the team considered is the FCFC’s own use of outcomes and indicators. A working set of neighborhood outcomes, based on the FCFC community outcomes, is summarized on page 52.

Recommendations
Building supportive and engaged neighborhoods is not easy and will not happen overnight. It will take the sustained commitment of many agencies, organizations, institutions and citizens.

The team recommends that the FCFC begin by building the support of its key partners for a collaborative effort that focuses on a small, manageable number of neighborhoods. The partners, including the Human Services Levy Council, the Board of County Commissioners, the United Way of the Greater Dayton Area, the Dayton City Commission, Dayton Public Schools, and others, should be asked to align their resources and energies to help these neighborhoods become supportive and engaged.

Distressed neighborhoods with discernable assets, i.e., neighborhoods with a possibility of success, should be the focus. As a result this effort can build upon current initiatives and strengths – Neighborhood School Centers, Strong Kids for Strong Communities, physical and economic redevelopment efforts, active neighborhood organizations, etc. The selection of neighborhoods should be phased in over time and should be done with a ten-year commitment from the partners and rigorous accountability for investments.

The team also recommends that the FCFC integrate the work of the other Outcome Teams around neighborhoods and develop a “Theory of Action” for building supportive and engaged neighborhoods. An outside consultant can be engaged to help the FCFC and its Outcome Teams accomplish this. In this effort, the FCFC should build on its own use of community outcomes and indicators by crafting a common set of outcomes describing a supportive and engaged neighborhood. Then neighborhood-based indicators can be developed. As the integrated FCFC response evolves, it should be sensitive to the challenges of specific neighborhoods.

The team further recommends that 50% of the funds awarded through the Human Services Levy Supported Services Fund be directed to agencies with projects that are part of one or more of the neighborhood initiatives. This will allow the funded projects to align their efforts toward a common set of outcomes and to use a common set of indicators for evaluation. The team recommends that other key partners in the collaborative also make a commitment of discretionary funds to the neighborhoods, and that the first initiative to build a supportive and engaged neighborhood should begin in the fall of 2008.

1See http://www.aecf.org/initiatives/mc/ and http://www.aecf.org/rci/
2See http://www.search-institute.org/assets/
3See http://www.communityschools.org/mtdhomepage.html.
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.

NEW DATA
The violent crime rate for Montgomery County in 2004 was 5.2 per 1,000 population, ranking Montgomery County sixth among Ohio’s largest counties. In 2004, the value for violent crime was 3.6 for Ohio and 4.6 for the United States.

SHORT-TERM TRENDS
The short-term trend from 2003 to 2004—from 4.3 to 5.2—is not in the desired direction. The change in the county comparative ranking—from 4th to 6th—is not in the desired direction.

Outcomes

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<tr>
<th>Year</th>
<th>County</th>
<th>Violent Crime Rate</th>
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<tbody>
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<tr>
<td></td>
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<tr>
<td></td>
<td>Butler</td>
<td>4.0</td>
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<tr>
<td></td>
<td>Stark</td>
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<td></td>
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<tr>
<td></td>
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</tr>
<tr>
<td></td>
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<td>7.5</td>
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Most desirable ranking is number one. Ins.data = Insufficient data.
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.

NEW DATA
The property crime rate for Montgomery County in 2004 was 55.0 per 1,000 population, ranking Montgomery County eighth among Ohio’s largest counties. In 2004, the value for property crime was 37.2 for Ohio and 35.1 for the United States.

SHORT-TERM TRENDS
The short-term trend from 2003 to 2004—from 46.8 to 55.0—is not in the desired direction. The change in the county comparative ranking—from 6th to 8th—is not in the desired direction.
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 was 58.4% in 2006 and for Ohio it was 53.2%.

SHORT-TERM TRENDS
The short-term trend from 2002 (the previous mid-term election) to 2006—from 50.0% to 58.4% — is in the desired direction. From 2005 to 2006 the county comparative rank also moved in the desired direction.

Behind the Numbers
Go to pages 59-61 for more in-depth analysis

<table>
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<tr>
<th>Year</th>
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<td>3. Lucas 73.9</td>
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<td>10. Franklin 63.1</td>
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</tbody>
</table>

Most desirable ranking is number one.
One of the community outcomes embraced by the FCFC is the desire to live in “Safe and Supportive Neighborhoods.” Under this outcome, the FCFC tracks three indicators: Violent Crime, Property Crime and Voter Participation. While it is encouraging that the trend for all three has generally been in the desired direction (pages 56-58), the FCFC recognizes that the effort to achieve this outcome is far from over. For some neighborhoods in particular, the path toward becoming safe and supportive may be especially difficult because of pre-existing, troubling conditions. Neighborhoods are complicated things and no two are alike. Each has its own set of strengths and its own set of challenges. Exploring the nature and extent of these strengths and challenges is one way to go “behind the numbers.” In doing so, we will examine some of those “pre-existing, troubling conditions” that ultimately do have an influence on the neighborhood indicators being tracked by the FCFC.

Poverty is central to a thorough discussion of neighborhood conditions. As measured and reported by the Census Bureau, poverty is usually considered in terms of the individual or of the family. The fact that people who experience poverty tend to live near each other leads to a concentration of poverty in certain neighborhoods and gives poverty a spatial dimension. While the areas in Montgomery County with high and extremely high poverty became larger between 1970 and 2000, they remained concentrated in and near Dayton. (See maps on page 53.)

Concentrated poverty means that other troubling conditions that are associated with poverty—low educational attainment, poor health, and dismal outcomes for children growing up in these neighborhoods, to name a few—are also concentrated. While this fact may be well understood in a general sense, it is striking to see what this means for Montgomery County’s neighborhoods. For example, the birth rate for teenagers (12 – 17 years old) can be determined for each Census tract and plotted against the corresponding poverty rate (Fig. 1). Similarly, student achievement data and high school graduation rates for each school district in Montgomery County can be plotted against the corresponding median income (Figs. 2 and 3). In all three cases, the correlation between the amount
of income and the quality of the results is – literally – visible.

Simply put, poverty is the logical starting point for measuring neighborhood distress. A useful tool for further analysis can be derived from the work of John Kasarda who chose the following four measures, in addition to poverty:

1. **Joblessness**—proportion of males 16 years old and over who are not working regularly where “working regularly” is defined as having a full or part time job for more than 26 weeks (in a year).

2. **Female-headed families**—proportion of families with children under age 18 that are headed by a woman (spouse absent).

3. **Welfare receipt**—proportion of families receiving public assistance income.

4. **Teenage school dropout**—proportion of persons aged 16 to 19 not enrolled in school and not high school graduates.

All of these can be measured with Census data. Because Census tracts are often used as proxies for neighborhoods, it is possible and useful to extend this list in order to get a more complete picture of neighborhood conditions. (Fig. 4.)

**Factors Leading to Increased Distress**

<table>
<thead>
<tr>
<th>High Rates Of</th>
<th>Low Rates Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty, Joblessness, Female-headed Families, Public Assistance, Teenage School Dropout, Childhood Poverty, Youth Inactivity (16 – 19 years old, not a graduate, not in school, not working, not in the military)</td>
<td>Median Housing Value, Owner-occupied Housing, High School Graduation, Bachelor’s Degree Attainment</td>
</tr>
</tbody>
</table>

For each of these measures, between 16 and 28 different Census tracts are excessively higher (or lower) than Montgomery County’s average. (Fig. 5.) These results support the belief that, while the neighborhoods with the most measures of distress are concentrated in the core of the county, neighborhoods beyond this core are not immune from troubling conditions.

In fact, 66 of the county’s 145 Census tracts (or 45% of the county’s tracts) are identified by at least one of the 11 measures that were examined. Fig. 6 lists the jurisdictions (names and boundaries per 2000 Census) that contain these troubled tracts; they comprise most of the jurisdictions within Montgomery County.

This approach to data analysis is but one of many possible ways to discuss and categorize neighborhoods. The current result – that most of the jurisdictions within Montgomery County contain Census tracts with troubling conditions—is not meant to imply that those few jurisdictions which are not identified by this approach are somehow exempt from all problems. For example, the Census tract where residents have the highest median income also has residents (over 4%) living in poverty. Similarly, Census tracts with the highest rates of attainment of (at least) a bachelor’s degree are also home to hundreds of adults who never finished high school. While these tracts may have much lower rates of conditions such as poverty or non-completion of high school, the burden on individual residents remains high.
Therefore, it may be more useful to think of distress as occurring along a continuum, with some neighborhoods and their residents clearly experiencing more and some less, than to think of distress as either present or absent. Seen in this light, all neighborhoods experience distress.

We began by saying that the path toward becoming safe and supportive may be especially difficult for some neighborhoods because of pre-existing, troubling conditions. By looking “behind the numbers” we can see that the magnitude of those troubling conditions does indeed vary across the county but that, at some level, all neighborhoods experience distress. The nature of these conditions also means that all of the FCFC’s Outcome Teams have a role to play in helping Montgomery County’s neighborhoods become safe and supportive.


\footnote{We used the same criterion that Kasarda used: more than one standard deviation away from the mean.}

Fig. 5 66 of Montgomery County’s 145 Census tracts are affected by at least one of the 11 measures that were examined. Tracts that are the most affected are concentrated in the core of the county, but neighborhoods in many jurisdictions are not immune.

<table>
<thead>
<tr>
<th>Tract</th>
<th>Total</th>
<th>P</th>
<th>J</th>
<th>F</th>
<th>W</th>
<th>T</th>
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<th>Y</th>
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<tr>
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<td>3</td>
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</tbody>
</table>

\begin{tabular}{|l|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline
P & Poverty & $\geq 25.91\%$ \\
J & Joblessness & $\geq 48.1\%$ \\
F & Single-parent (Female) family & $\geq 49.68\%$ \\
W & Public Assistance (Welfare) & $\geq 7.24\%$ \\
T & Teen Dropout & $\geq 22.64\%$ \\
C & Childhood Poverty & $\geq 35.19\%$ \\
Y & Youth Inactivity & $\geq 16.48\%$ \\
M & Median Housing Value & $\leq 54,800$ \\
O & Owner-occupied Housing & $\leq 42.8\%$ \\
H & High School Graduation & $\leq 70.6\%$ \\
B & Bachelor’s Degree & $\leq 6.3\%$ \\
\hline
\end{tabular}

Fig. 6 Neighborhoods affected by one or more of the 11 troubling conditions can be found within most of Montgomery County’s jurisdictions. This table shows, for each jurisdiction, the number and identity of the troubling conditions affecting at least one Census tract within that jurisdiction. The conditions are listed below along with the values that meet the criteria used to determine a troubling condition.
OUTCOME TEAM ROSTER

Commissioner Deborah A. Lieberman
Montgomery County Board of County Commissioners
Co-Champion (12/06 - Present)

Willie F. Walker
Dayton Urban League
Co-Champion (09/05 - Present)

Donald A. Vermillion
University of Dayton Fitz Center
Co-Champion (06/06 - 12/06)

Roy Chew, Ph.D.
Montgomery County Workforce Policy Board
Co-Champion (09/05 - 06/06)

Erthale Barnes
Montgomery County Department of Job & Family Services

Catherine M. Brown
Talent Tree, Inc.

Kathleen J. Emery
City of Dayton Department of Community Development

The Honorable Dennis J. Langer
Montgomery County Common Pleas Court

Jan Lepore-Jentleson
East End Community Service Corp.

The Honorable Walter H. Rice
United States District Court

Joseph P. Tuss
Montgomery County Community & Economic Development

Gary J. Williamson, Ph.D.
The Montgomery County Job Center

STAFF:

Heath MacAlpine
Montgomery County Department of Job & Family Services

Beverly Pemberton
Montgomery County Department of Job & Family Services

Joyce Gerren
Consultant

VISION

Residents have access to employment that provides a living wage and benefits. Barriers to employment, including transportation and day care issues, are minimized. Adequate opportunities for lifelong learning help prepare the workforce for the realities of 21st-century jobs. Educational, vocational training, and worker retraining services are readily available to support the needs of residents and employers.

ECONOMIC SELF-SUFFICIENCY OUTCOME TEAM REPORT

The Economic Self-Sufficiency (ESS) Outcome Team was initiated with dual reporting responsibilities to the Family and Children First Council (FCFC) and the Montgomery County Workforce Policy Board (WFPB). This shared reporting ensures active communication between the FCFC and WFPB to address common themes.

FCFC/WFPB SHARED GOVERNANCE STRUCTURE

The ESS team is charged with investigating needs/barriers, developing strategies and recommending solutions to promote economic self-sufficiency for individuals and families in Montgomery County. The ESS Team’s role was determined as follows:

- Review human services issues presented to the Workforce Policy Board and provide recommendations of appropriate actions to be taken;
- Identify human services issues related to economic self-sufficiency and bring them to the attention of the Workforce Policy Board and FCFC;
- Improve community conditions by addressing identified human services needs through: conducting research, assessing needs, measuring gaps, developing solutions, establishing priorities, and recommending actions; and
- Advise and/or make appropriate recommendations to the Workforce Policy Board and FCFC.
Supports for the Unemployed and Underemployed

Obvious barriers to economic self-sufficiency include unemployment, underemployment and the role that insufficient supportive services (child care, transportation, education and training, and others) have in promoting poverty. The ESS Team began by working with local and national economic self-sufficiency professionals to identify and research “best practices” and strategies to address these issues. The team received presentations on the Targeted Community-Based Collaborative (TCBC) and on the Work Advancement and Support Center (WASC) Demonstration Project operated by Manpower Demonstration Research Corp. in Dayton. Both programs (TCBC and WASC) are designed to promote economic self-sufficiency for families in Montgomery County.

TARGETED COMMUNITY-BASED COLLABORATIVE (TCBC)

Recognizing that conventional approaches used in the past for reaching the “hard to serve” had been overwhelmingly unsuccessful, the Montgomery Department of Job and Family Services (MCDJFS) was committed to designing and implementing new strategies and interventions. The Targeted Community-Based Collaborative (TCBC) Program was created in 2000 to address this weakness. TCBC is comprised of community and faith-based organizations operating in Montgomery County’s poor neighborhoods where they already have a long-term committed relationship with residents. The TCBC grassroots approach addresses the challenges of adult unemployment and underemployment, poor school attendance and academic performance of youth, family violence, substance abuse, out-of-wedlock births, crime, and the lack of a network of support. These providers offer a myriad of services directed toward youth and adults achieving their productive potential. Some of the services include, but are not limited to:

- Job search and placement assistance/referrals;
- Family crisis intervention;
- Referral services for substance abuse and family violence treatment/counseling;
- Education & training referrals;
- Truancy intervention/counseling;
- Youth and family mentoring programs;
- Tutoring and academic coaching and cultural enrichment; and
- Community resource education and community service networking.

Now in its seventh year, TCBC has served an estimated 10,000 clients. Today, there are more than 30 TCBC providers and partners serving families in Montgomery County at risk of poverty. The TCBC Program received the National Association of County Officials Achievement Award for 2002 and was highlighted as a significant partner in the U.S. Department of Labor One-Stop Innovators and Youth Council Award.

WORK ADVANCEMENT AND SUPPORT CENTER (WASC)

Although a considerable body of research shows that what works in helping people who are not employed move into work, far less evidence exists on effective strategies for helping those who are already working stay in jobs and move up the career ladder. The highly recognized research firm Manpower Demonstration Research Corp. (MDRC) developed the Work Advancement and
Support Center (WASC) demonstration project. The purpose is to identify effective strategies to enable low-wage workers and reemployed dislocated workers (those who, because of industry restructuring, now work in significantly lower-paying jobs than they previously did) to stabilize their employment, find better-paying jobs, and prepare for positions that require higher skills. This project will also assist employers.

WASC programs are being established in One-Stop Career Centers which have been used primarily to help unemployed people find jobs. Services will be provided by teams consisting of staff of Workforce Investment Act (WIA) agencies and staff of welfare agencies that administer support programs.

MDRC chose two sites to participate in the demonstration: Dayton, Ohio, and San Diego, California. Dayton was selected because the Montgomery County Job Center is recognized as the top One Stop/Job Center in the country and is noted as a “Best Practice” model.

Dayton has been particularly hard hit by cutbacks in the automotive and other industries and is losing employers. It faces the challenge of moving low-wage workers, many of whom are dislocated, into high-demand, better-paying fields.

WASC combines two strategies that have not been rigorously tested together on a large scale:

- job retention and advancement services aimed at both meeting employer needs and enabling low-wage workers to find better-paying jobs; and
- simplified access to financial supports for working people, including child care subsidies, the Earned Income Tax Credit (EITC), food stamps, and health insurance.

In pursuing their employment-related goals, the WASC programs will be flexible in their strategies, guiding some workers to education and training and coaching, and others to resolve job problems or seek promotions and raises. The programs will also work directly with local employers to identify second- and third-level job openings (positions above entry level, requiring additional training and skills) to facilitate on-the-job training, to secure advancement opportunities for WASC participants. Where feasible, WASC assistance will be delivered at the worksite, not just at the One-Stop. Strategies to promote the second goal, simplified access to financial work supports, include implementing administrative changes that make it easier to apply for and maintain work supports and educating workers about how these supports can raise their household income.

The Dayton site has been successful in engaging employers and recruiting participants in this demonstration. The most far-reaching components of the Dayton site have been MCDJFS’ agreement with the ODJFS, which allowed flexibility in the delivery of supportive services, i.e., financial incentives and supports and WIA waivers to increase the Individual Training Account for the targeted population. It is too early in the demonstration to determine study results. Early indications show work supports provided to eligible participants are indicators for job retention and advancement.

Recommended Supports for the Unemployed and Underemployed:

Analysis of the work underway with these programs resulted in three recommendations as the ESS team continues to work closely with the FCFC and WFPB:

- Review the work of the TCBC and WASC programs;
- Monitor the outcomes of the TCBC and WASC programs and provide feedback; and
- Educate the FCFC and WFPB on the results of the TCBC and WASC programs.

Supports for Prisoner Re-entry

Another community issue that came to the attention of the ESS team was prisoner re-entry. This issue impacts the lives of many children and families throughout the community. In 2001, almost 24,000 prisoners were released from Ohio prisons back into communities. Lack of housing, education, employment, substance abuse and mental health services and health care create lack of stability. Family reunification and social stigma are all potential obstacles that formerly incarcerated persons (FIP) face upon release. A re-arrest rate of 67.5% within three years of release, and a re-conviction rate of 46.9% for the same period, indicates that FIPs are being released without the necessary skills, treatment, and support services in place to achieve successful re-entry.
The team received assistance of noted local and national professionals on this topic. On November 9, 2006, the ESS Team hosted a “Symposium on Prisoner Re-entry and its Impact on Montgomery County.” The principal presenter was Dan Bloom, Director of Welfare and Barriers to Employment Policy Area for Manpower Demonstration Research Corp. (MDRC). Mr. Bloom is also the author of a working paper entitled: “Employment-Focused Programs for Ex-Prisoners: What Have We Learned, What Are We Learning, and Where Should We Go from Here?” Mr. Bloom was joined in a panel discussion with the following local prisoner re-entry leaders and service professionals:

- Judge Walter Rice Chief Judge, U.S. District Court, Southern District of Ohio
- Cecelia Long Executive Director, Mercy Manor
- Craig Powell Executive Director, PowerNet of Dayton
- Paul Ringer Montgomery County Adult Probation Dept.
- Rev. Tommy Stewart Executive Director, Dayton Northwest Weed and Seed
- Brigid Slaton Regional Administrator, Ohio Dept. of Rehabilitation & Corrections

The symposium was an effective approach to begin facilitating community dialogue concerning these issues.

**Recommendations for Supports for Prisoner Re-entry**

Analysis of the feedback from over 75 symposium attendees resulted in two recommendations:

- Continue to conduct symposium meetings to enable sharing of information and exploration of strategies to overcome barriers to employment and economic self-sufficiency for the population re-entering the community from prison; and
- Identify and research (national and local) projects using “best practice” models, which have shown proven success in developing strategies and solutions to removing barriers to unemployment/underemployment and economic self-sufficiency for the population re-entering the community from prison.

The initial work of the Economic Self-Sufficiency Team confirms the need to continue working to close the gap between economic jeopardy and economic self-sufficiency. The Children’s Defense Fund of Ohio reports that Ohio has nearly 400,000 children younger than the age of 18 living below the poverty line. This includes over 21,000 in Montgomery County. The research indicates that the well-being of children and family economic security go hand in hand. Children in poverty or at risk of poverty are more likely to experience a range of negative outcomes: low academic achievement, health problems, early pregnancy, homelessness, lower high school graduation rates and poor employment outcomes. In an effort to reduce these negative outcomes and create stable families and strong economic communities, the Economic Self-Sufficiency Team will continue to:

- Identify and research the needs and barriers to economic self-sufficiency, and
- Advise and/or make appropriate recommendations to the Workforce Policy Board and FCFC

The Economic Self-Sufficiency Team will provide a formal report to the FCFC in early 2007 which will summarize its initial work, findings and recommendations concerning its selected areas of focus to reduce barriers to economic self-sufficiency and improve the quality of life for children and families in Montgomery County.
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 transportation, child care and work skills.

NEW DATA
The unemployment rate for Montgomery County for 2005 is 6.4% and the preliminary rate for 2006 is 6.0%. The 2005 rates for Ohio and for the United States are 5.9% and 5.1% respectively, and the preliminary 2006 rates are 5.3% and 4.6% respectively.

SHORT-TERM TRENDS
The short-term trend from 2005 to 2006—from 6.4% to 6.0%—is in the desired direction. The county comparative rank remained the same, 8th.

* 2006 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.

NEW DATA
The 2006 value for Montgomery County was 4.33 and for Ohio it was 3.40. In 2006, Montgomery County was fifth in the county comparative ranking.

SHORT-TERM TRENDS
The short-term trend from 2005 to 2006—5.08 to 4.33—is in the desired direction. The county comparative ranking—fifth—remained the same in 2006 as it was in 2005.

* 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 2000-2005 are from the 2000 Census and Census Bureau projections; 2006 population data are derived from regression analysis of the 2000-2005 data.
BACKGROUND
Real Per Capita Effective Buying Income represents disposable income after taxes, controlling for the impact on buying power of inflation. This indicator has been changed from previous years when it was expressed in nominal terms with a Consumer Price Index trend line imposed. The graph in real dollars illustrates more easily the impact of job loss since 2001.

NEW DATA
The value for Real Per Capita Effective Buying Income in 2005 for Montgomery County was $20,392 and the rank in comparison to Ohio’s other large counties was sixth. In 2005, the value for Ohio was $20,037 and the value for the United States was $20,407.

SHORT-TERM TRENDS
The short-term trend from 2004 to 2005—from $20,498 to $20,392—was not in the desired direction. The county comparative rank remained the same, 6th.

Behind the Numbers
Go to pages 69-70 for more in-depth analysis

Most desirable ranking is number one.
One of the indicators that the FCFC tracks is per capita Effective Buying Income (EBI). The indicator is designed to measure discretionary income per capita after taxes and other non-tax payments have been made. When adjusted for inflation, it provides a longitudinal measure of whether, on average, the economic resources of Montgomery County residents are increasing or decreasing and how Montgomery County residents are doing relative to the rest of the country and Ohio. As the indicator shows (page 68), Montgomery County residents benefited economically from the overall expansion of the late 1990s. Real per capita EBI rose from $20,000 in 1996 to $21,600 in 1999. However, the onset of the recession in 2001 precipitated a decline from which Montgomery County has not substantially recovered. Further, that decline and stagnation have resulted in Montgomery County’s per capita effective buying income falling relative to that for the United States as a whole. In 1999, Montgomery County’s per capita EBI was 5.5% above that for the United States. By 2003 it was 1.4% below that for the United States.

To explore what lies behind the numbers, it is useful to start with its associated outcome, Economic Self-Sufficiency. (See page 62.) By “Economic Self-Sufficiency” the FCFC means four things:

- Residents have access to employment that provides a living wage and benefits.
- Barriers to employment, including transportation and day care issues, are minimized.
- Adequate opportunities for lifelong learning help prepare the workforce for the realities of 21st-century jobs.
- Educational, vocational training, and worker retraining services are readily available to support the needs of residents and employers.

The current indicator under discussion is designed to help measure that first aspect – “access to employment that provides a living wage and benefits.” The last five years have put substantial pressure on some families’ ability to find such employment. Most Montgomery County residents (93%) find their work in the Dayton Metropolitan Statistical Area (Montgomery, Greene, Miami and Preble Counties).

Overall employment and its structure have changed dramatically in the last five years in the Metropolitan Area. In November 2000, overall employment peaked at 441,800. In November, 2006 it was 31,900 jobs lower at 409,900. More than two-thirds of that decline was associated with lost manufacturing jobs. In November 2000 there were 80,500 manufacturing jobs in the metropolitan area. In November 2006, there were 56,700 manufacturing jobs, a loss of 23,800.

The chart below compares changes in total and manufacturing employment for the Dayton Metropolitan area to that for the United States and Ohio for the period from November 2000 to November 2006, with the November 2000 value set at 100

1 Journey to Work data, 2000 Census.
2 All employment and weekly earnings values from the U.S. Bureau of Labor Statistics.
for each employment series. Dayton’s total employment index is at 92.8 in November, 2006, a decline of 7.2%. By contrast, the total employment index for the United States was at 102.8 (up 2.8%) and Ohio was at 96.9 (down 3.1%). The decline in manufacturing in Dayton has been more severe than the decline in manufacturing in the rest of the country. For the United States as a whole, manufacturing declined 17.6% from November, 2000 to November, 2006 (Index at 82.4 in November, 2006). In the Dayton MSA, the decline was 29.6% (Index at 70.4 in November, 2006).

Unemployment in the Dayton metropolitan area had been 3.9% in 2000, rose to 6.1% by 2005 and was still at 5.6% in November 2006. The job loss and attendant rise in the unemployment rate help to explain the substantial increase in public assistance groups per 1,000 documented from 2001 to 2003 and the relative persistence at a higher level (page 67).

The EBI obscures part of the economic self-sufficiency issue because it is an average. Job loss and unemployment have occurred differentially for lower skilled workers. The decline and then relative stagnation in the EBI is associated with greater hardship for lower skilled/less educated workers than for higher skilled/more educated workers. The concentration of lost jobs in manufacturing leads to substantially greater hardship precisely because those jobs paid wages that were higher than average. In the Dayton Metropolitan Area in November 2006, average weekly earnings in manufacturing were $805 while in Financial Activities and Health Care and Social Assistance (growing sources of employment) they were $600 and $442 respectively (see Table below). The loss of manufacturing employment makes it more difficult for lower skilled workers to provide for their families.

<table>
<thead>
<tr>
<th>Average Weekly Earnings (November 2006) in Particular Sectors</th>
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<tbody>
<tr>
<td><strong>Manufacturing</strong></td>
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<td><strong>Retail</strong></td>
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<tr>
<td><strong>Financial Activities</strong></td>
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<tr>
<td><strong>Health Care &amp; Social Assistance</strong></td>
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The challenge for Montgomery County is three-fold:
- Increase the total job base in the metropolitan area.
- Increase the number of jobs that can pay low-skill workers a decent wage.
- Increase the skills of low-wage workers.
A team was organized to support the **Promoting School Readiness and Fourth Grade Success SCi** led by Thomas G. Breitenbach, President and CEO of Premier Health Partners. The team's research led to the belief that the early years of a child’s social, physical, emotional and cognitive development are the most critical in developing a foundation for achievement. Some of the philosophies of this team were adopted by the Young People Succeeding Outcome Team. The SCI included investment in two pilot programs:

**Easy Steps to Grow Great Kids**—This public awareness campaign was designed to educate parents, caregivers and the community on the needs of young children to foster improved child development, thus increasing school readiness. This campaign created advice and tips for early childhood development which were distributed county-wide to families, schools, hospitals, and social service agencies. The program included distribution of over a million educational brochures plus television and radio commercials, outdoor billboard advertising and special events. The FCFC invested resources in the Easy Steps campaign for seven years. These materials may be integrated into other aspects of the outcome team work.

**Parents as Teachers (PAT)**—This program was designed to use certified trainers to teach parents to be their child’s first teacher. It operated in several Montgomery County school districts. The FCFC invested resources in the PAT program for seven years. This training may be integrated into other programming to promote early learning.

A team was organized to support the **Promoting Alternative Learning Opportunities SCi** led by John E. Moore, Sr., local community leader and organizer. The Team’s work led to increased support for improved educational and training options for youth and helped connect youth to caring adults in the community.

The team was an active partner in the initiative to start Sinclair Community College’s Fast Forward Center, which has focused on re-engaging dropouts and providing educational alternatives. In 2006, the Fast Forward Center graduated its 1,000th re-engaged dropout. Over five years, the county-wide graduation rate increased from 74% to 87%. The Team also developed a truancy prevention public awareness campaign which helped increase focus by other community partners.

The team developed the Montgomery County Mentoring Collaborative, which is operated by the Montgomery County Educational Services Center and currently provides mentoring support services and mentors to over 22,000 students. The Mentoring Collaborative was adopted by the Young People Succeeding Outcome Team in 2006.

A team was organized to support the **Preventing Family Violence SCi** led by Montgomery County Commissioner Vicki D. Pegg. The team’s focus led to the formation of new partnerships for the purpose of developing tools to improve information and strengthen the collaborative use of data in the fight against domestic violence and other crimes.

The team led the early effort to begin the development of the Family Violence Database to increase the availability of domestic violence history information among law enforcement, prosecutors, courts, and support services to better protect and assist victims. This system evolved into Montgomery County’s Criminal Justice System, which has regional benefits. Many approaches of the team have been adopted by the Stable Families Outcome Team.
The Montgomery County Family and Children First Council (FCFC) acknowledges that the community’s human services system has gaps and barriers that can make it difficult for young people and families. For this reason, the FCFC’s structure includes the Agency Directors Committee and the Service Broker Group, which meet monthly to keep the challenging process of inter-agency collaboration moving forward in Montgomery County.

The Agency Directors Committee has defined itself as “directors of Montgomery County human service agencies who come together for the single purpose of promoting the well-being of Montgomery County residents.” Executives from both public and private organizations strive to eliminate barriers so Montgomery County residents have access to needed services that will lead to and maintain self-sufficiency. Committee activities include:

- Responding to major community issues relating to health and human services;
- Promoting collaborative relationships among agencies;
- Advocating (“taking a stand”) for policies and practices that benefit the community; and
- Recommending to FCFC policies and solutions to issues.

The Agency Directors Committee recommends strategies for community improvement, advises the FCFC Executive Committee on implementation methods, creates structures for sharing resources, and identifies and develops collaborative initiatives between and among agencies that respond to community need.

The Service Brokers Group consists of human service professionals whose knowledge of the employing organization (system), network of relationships, and can-do attitude enable them to cut through the red tape to access a needed array of services from several agencies for their multi-need clients. Service Brokers have the authority to intervene when problems arise with the referral process or service delivery within their respective agencies and ensure that appropriate follow-up services occur. These professionals assist in the identification of gaps in and barriers to services within the community’s youth service network.

Each Service Broker puts a name, face and phone number on “the system,” which enables other workers to have reliable access to current information and resources. They have also raised and tackled tough issues such as school truancy, adolescent sex offenders, kinship caregiving, and information-sharing between public agencies. Service Brokers have accumulated a reservoir of trust and candor they leverage to achieve impressive results. Individually and collectively they have helped thousands of families access needed services and resources.
The Montgomery County Child Fatality Review Board was established in 1996 with the mission to prevent future child deaths by identifying and documenting risk factors for child deaths and by supporting the development of interventions and services designed to reduce those factors. Since then, the Ohio Department of Health has required every county to have a Review Board for the same purpose.

The now-mandated Child Fatality Review Board is chaired by Montgomery County Health Commissioner Allene Mares. The Review Board’s committees are the Child Death Review Committee, the Safe Sleep Committee, and the Suicide Prevention Coalition. The significant number of preventable deaths among children aged birth through 17 are the focus of strategies implemented by these committees.

In 2006, the Safe Sleep Committee continued its efforts to educate the community about the risks associated with unsafe infant sleep practices. Also during this time, the Suicide Prevention Coalition was awarded a $10,000 grant from the Ohio Department of Mental Health for community education activities about the risk factors and warning signs of suicide.

The Family & Children First Council provides a community forum for distribution of the Child Fatality Review Board’s biennial report. The Office of Family & Children First is represented on the Review Board’s committees.

**Note:** Additional information on preventable child deaths in Montgomery County can be found on page 31.
CALENDAR ART CONTEST

The Ohio Children’s Trust Fund publishes a special calendar for families each year. This calendar emphasizes the importance of regular positive interactions between parents and children and offers a variety of suggested activities to strengthen family well-being throughout the year. Families are encouraged to share, to learn, to play and to grow together. Artwork featured in the calendar represents the winners of a statewide coloring contest for 5th graders run by Family and Children First Councils.

Montgomery County Family and Children First Council believes that one way to promote Young People Succeeding is to recognize our young people for their accomplishments. Fifth grade students from throughout the county were asked to create artwork to depict the things people can do in their everyday lives to prevent child abuse and neglect using the theme “Attention Adults: You are the Key to Preventing Child Abuse & Neglect.” Our panel of judges chose one winner and three runners-up. An artwork display and Awards Ceremony was held at the Town & Country Fine Arts Gallery in May.

Winner
Heather Rautio,
St. Anthony Elementary School

Runners Up
Ahjenae Cathey, Hickorydale Elementary School
Marissa Sue Butrum, Horace Mann Elementary School
Georgie Ravelli, Immaculate Conception School

Heather’s artwork is featured in the 2007 statewide calendar for the month of September.

Congratulations to our winners!!
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 2006 Brother Raymond L. Fitz, S.M., Ph.D. Award is Robert Neal, Jr. Robert Neal, Jr. has been nurturing and mentoring children and youth of all ages in the Miami Valley for more than 25 years—first as a teacher at Miami Valley Child Development Centers and then in Catholic schools throughout the area. Later in the 1990s, Robert continued his dedication to making a difference in the lives of children as a minister of music for Christ Cathedral in Clayton, and finally since 2000 at Daybreak as an Outreach and Prevention Specialist.

He began his career as a professional rhythm & blues singer and entertainer traveling in Europe, Japan, Hawaii and the USA. But his love for children compelled him in 1980 to enter the field of teaching, where he could realize his dream to work with troubled teens in his own town. The combination of his love for teens and his ability to capture an audience with a commanding presence and melodic voice made him a highly effective role model and a powerful force for inspiration and hope.

In 2000, Robert began his current work with Daybreak as Outreach and Prevention Specialist. He was instrumental in implementing the Power Club curriculum, a 10-week anger management program for high-risk youth that empowers youth to take command of their own lives through responsibility and healthy choices. The program is conducted in Montgomery County schools, community teen centers, Juvenile Court, neighborhood centers and churches. It focuses on helping youth make better choices with a specific emphasis on developing non-violent conflict resolution skills. The club also educates youth about peer, dating and family violence.

Each year, Robert touches the lives of literally hundreds of Miami Valley youth whose troubles threaten to derail their future. These youth are on the verge of incarceration, school suspension or expulsion and those whose personal and family lives are filled with chaos, violence, poverty, mental illness, drug addiction or other hazardous barriers. By reaching out to “troubled” youth day in and day out, Robert Neal has unselfishly dedicated himself to a unique niche in our community.

“Robert takes all the skill he has gathered from his years of travel and education and then weaves in his personal touches of tolerance, acceptance, love and understanding. He doesn’t see the edgy exterior that is projected every day as a defense against the angst of life; he chooses to see the strength and the will to survive and then show the youth how to use that to a better advantage.”

* 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.
FUNDING ACTIVITIES AND REVIEW

Supported Services
The Montgomery County Human Services Levy (HSL) is the local funding source for mandated and essential health and human services for the community. The Human Services Levy Council is appointed by the Montgomery County Board of County Commissioners to provide oversight for these funds. The HSL includes program awards to nonprofit agencies throughout the county. These awards are termed “Supported Services Fund Awards.” Each year, these funds are competitively bid and resulting proposals are reviewed and prioritized.

The Human Services Levy Council entered into a partnership with the Family and Children First Council (FCFC) Executive Committee to provide oversight for the recommendations of the community-based nonprofit Supported Services program awards. This is an effective method of receiving input to establish community level outcome-based priorities and ensure that the awards are in concert with the expertise of FCFC’s Outcome Teams charged with moving strategic actions forward.

With the completion of proposal review and consideration by the FCFC Outcome Teams and a subcommittee charged with overall priority integration, the recommendations are prepared and submitted to the FCFC Executive Committee for approval. These recommendations are then reviewed and approved by the Human Services Levy Council, and ultimately the Montgomery County Board of County Commissioners for final contracting.

Dayton Development Coalition Review Process
The Montgomery County FCFC serves as the review panel for local health and human services projects that are seeking to be included in the federal budget process. This work is done at the request of the Dayton Development Coalition as the lead development coordinator for the region. The FCFC’s involvement ensures that broad community input is considered in establishing the local prioritization of the health and human services requests each year. The review panel process is available for requests from organizations in Clark, Greene, Miami and Montgomery Counties. The legislative districts covered are the 3rd congressional district, which includes most of Montgomery County; the 8th congressional district, which includes the remainder of Montgomery County and all of Miami County; and the 7th congressional district, which includes Clark and Greene Counties. The completed health and human services priorities are presented to the Dayton Development Coalition for integration with all other priority areas of the community, including defense, economic development, government services, higher education, quality of life and transportation. The final consolidated report is presented to key legislators and officials annually via a fly-in to Washington, D.C.
FAMILY AND CHILDREN FIRST COUNCIL STATE DUTIES

The statutory responsibilities of the Family and Children First Council are established in section 121.37 of the Ohio Revised Code. This statute sets forth the membership and the Council’s duties and responsibilities, including those of the state cabinet Council and those of the local (county-level) Council.

The statute states that the purpose of the county Council is to streamline and coordinate existing governmental services for families seeking services for their children, and identifies methods to accomplish this goal, including:

- 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; and
- Maintenance of an accountability system to monitor the county Council’s progress in achieving results for families and children.

In Montgomery County, much of this is implemented by the Council through the work of the Outcome Teams and the Outcomes/Indicators reporting.

In August 2006, HB 289 became effective, which added specific new responsibilities for the Council, including:

- An interagency process to establish local indicators and monitor the county’s progress toward increasing child well-being in the county
- An interagency process to identify local priorities to increase child well-being
- An annual plan that identifies the county’s interagency efforts to increase child well-being in the county
- An annual report on the status of efforts by the county to increase child well-being

The Council has implemented activities which will incorporate this work into the Outcome Teams and the Outcomes/Indicators reporting as well.

The Council is also responsible for the development of a county service coordination mechanism. This mechanism was developed by the Council and was most recently updated in April 2006. The mechanism addresses many processes/procedures to coordinate services for families. The mechanism also includes the method to address family service planning and establishes the Council’s required dispute resolution process.

The county Council encourages full/active participation of all of its members. The Council is also responsible for member attendance monitoring and reporting.
2006 MONTGOMERY COUNTY FAMILY AND CHILDREN FIRST COUNCIL

Ned J. Sifferlen, Ph.D., Chair* ................................................................. Sinclair Community College
Dixie J. Allen* ................................................................................................. Montgomery County Commissioner
Donna Audette* ............................................................................................. YWCA of Dayton
Fred Baxter ........................................................................................................... Ohio Department of Youth Services
William H. Bines ............................................................................................... Combined Health District of Montgomery County
Thomas G. Breitenbach .................................................................................. Premier Health Partners
Joyce Sutton Cameron ....................................................................................... Family Representative
Roy Chew, Ph.D.* ............................................................................................ Workforce Policy Board
Richard DeLon* ................................................................................................. Community Leader
Judy Dodge* ...................................................................................................... Montgomery County Commissioner
Brother Raymond L. Fitz, S.M., Ph.D.* .............................................................. University of Dayton Fitz Center
Mark Gerhardstein ............................................................................................ Montgomery County Board of MR/DD
Laurence P. Harkness* ...................................................................................... Community Leader
Robin Hecht ..................................................................................................... Diversion Team/ICAT
Franz Hoge* .................................................................................................... Human Services Levy Council
Sharon Honnert* ............................................................................................... Family Representative
Kathleen K. Hoyng* ........................................................................................ Deloitte & Touche
Gregory D. Johnson ........................................................................................ Dayton Metropolitan Housing Authority
Helen E. Jones-Kelley, J.D.* ........................................................................ Montgomery County Department of Job & Family Services
David Kinsaul* ............................................................................................... The Children's Medical Center
Gary LeRoy, M.D.* ............................................................................................ East Dayton Health Clinic
Sherrie Lookner ................................................................................................ Miami Valley Child Development Centers
Marc Levy* ....................................................................................................... United Way of the Greater Dayton Area
Deborah A. Lieberman* ................................................................................ Montgomery County Commissioner
Connie Lucas-Melson* ..................................................................................... Family Representative
Amy Luttrell* .................................................................................................... Goodwill Easter Seals Miami Valley
Percy Mack, Ph.D.* .......................................................................................... Dayton Public Schools
Allene Mares ........................................................................................................ Combined Health District of Montgomery County
Douglas M. McGarry ........................................................................................ Area Agency on Aging
Rhine McLin* .................................................................................................... Mayor, City of Dayton
John E. Moore, Sr.* ........................................................................................ Community Leader
John North ......................................................................................................... Unified Health Solutions, Inc.
Vicki D. Pegg* .................................................................................................... Montgomery County Commissioner
Christine Olinsky* ............................................................................................. OSU Extension, Montgomery County
Mary D. Pryor, M.D. .......................................................................................... Oakwood Health Commissioner
Frederick C. Smith (Honorary Member) ............................................................ Huffy Foundation
Joseph L. Szoke* ............................................................................................... ADAMHS Board for Montgomery County
Donald R. Thompson, Ph.D.* ......................................................................... Montgomery County Educational Service Center
Betty Toney ........................................................................................................ Miami Valley Child Development Centers
Donald A. Vermillion ........................................................................................ University of Dayton Fitz Center
Dave Vore ........................................................................................................... Montgomery County Sheriff
Willie Walker* ................................................................................................... Dayton Urban League
Joyce C. Young .................................................................................................. Community Leader

* Executive Committee members
OFCF STAFF AND ADDITIONAL SUPPORT

Staff support for the Family and Children First Council is provided by the Office of Family and Children First (OFCF):

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   Management Analyst

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   Program Coordinator

GAYLE L. INGRAM
   Community Liaison

ROBERTA E. LONGFELLOW
   Housing Administrator

DIANE LUTERAN
   Manager of Planning and Research
   Help Me Grow Project Director

JOYCE PROBST MACALPINE
   Manager of Housing and Homeless Solutions

DONNA NETTLES
   Secretary

GERALDINE D. PEGUES
   Manager of Community Programming

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   Department of Job & Family Services

JOE SPITLER
   Coordinator—Montgomery County
   Criminal Justice Council

RICHARD STOCK, Ph.D.
   Director—University of Dayton
   Business Research Group
Join us in congratulating several FCFC members who received honors and achieved milestones in 2006.

**MONTGOMERY COUNTY FAMILY AND CHILDREN FIRST COUNCIL**
- Parity Inc. presented the Council a plaque reading “In appreciation for Your Continuing and Generous Support of the Mentoring & Youth in Government Programs”

**DONNA AUDETTE**
- Recognition by the Ohio Civil Rights Commission for work on eliminating racism and empowering women

**BRO. RAYMOND L. FITZ, S.M., Ph.D.**
- Received Honorary degree “Doctor of Humane Letters” from the College of Mount St. Joseph in Cincinnati, OH

**ROBIN HECHT**
- Appreciation award from the American Red Cross Emergency Housing Program for outstanding support

**HELEN E. JONES-KELLEY, J.D.**
- Appointed to Governor’s Cabinet as Director of Ohio Department of Job and Family Services
- Recipient of the YWCA’s Woman of Influence Lifetime Achievement Award

**MARC LEVY**
- Chair of the 2006 Regional Great Lakes Conference for the United Ways of the Midwest
- Co-Chair of the 2006 National Inclusion Roundtable for the United Way of America

**GARY LEROY, M.D.**
- Recipient of the NCCJ Humanitarian Award
- Recipient of the President’s Award—Mary Scott Nursing Center

**JOHN E. MOORE, SR.**
- Recipient of the Wesley Center 40th Anniversary Achievement Award
- Recipient of the Dayton Intergovernmental Equal Employment Opportunity Council “Founders Award”
- Recipient of the Dayton Business Journal “Regional Leadership Award”
PERCY A. MACK, Ph.D.

- Served as chair for Dayton’s Dr. Martin Luther King, Jr. Annual Celebration for the years 2005 and 2006
- Named 2006 Technology Leader/Administrator of the Year finalist by eTech Ohio and the Buckeye Association of School Administrators
- Recipient of the 2006 Congressional TEC Champion Leadership Award which recognized leaders who have embraced pioneering paradigms that eliminate conditions of impoverishment and that create opportunity for rich teaching and learning environments needed in the 21st century
- Recipient of the 2006 Joseph E. Hill Superintendent of the Year Award at the National Alliance of Black School Educators Conference.

CHRISTINE OLINSKY

- Received the Marilyn R. Spiegel Award for Excellence in Family and Consumer Sciences at the 2005 Ohio State University Extension Annual Awards Luncheon
- 2006 President of the Ohio Extension Agents Association

DATA SOURCES

ADAMHS Board for Montgomery County
Center for Healthy Communities
Combined Health District of Montgomery County
Demographics U.S.A. – County Edition
Federal Election Commission
Guttmacher Institute
Montgomery County Board of Elections
Montgomery County Board of MR/DD
Montgomery County Child Fatality Review Board
Montgomery County Office of Family and Children First
Montgomery County Prosecutor’s Office
National Center for Health Statistics
Ohio Department of Education
Ohio Department of Health
Ohio Department of Job & Family Services
Ohio Secretary of State
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.

NED J. SIFFERLEN, Ph.D.

- Recipient of the Citizen Legion of Honor award for 2006
Our **VISION** is that 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.

The **MISSION** of the Montgomery County Family and Children First Council is 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.