2007 PROGRESS REPORT
ON COMMUNITY OUTCOMES, INDICATORS AND STRATEGIES
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**Note:** The table provides a comprehensive overview of the contents of the document, including sections on healthy people, young people succeeding, stable families, positive living for special populations, safe and supportive neighborhoods, and economic self-sufficiency. Each section is further detailed with specific outcomes and reports. The table also includes additional topics such as homeless solutions, community-based projects, and state duties. The format is designed to facilitate easy navigation through the document.
Thank you for taking time to review the 2007 Progress Report presented on behalf of the Montgomery County Family and Children First Council (FCFC). We are pleased to share this annual update, a snapshot of the Council’s efforts.

The Council, composed of community leaders, investigates, monitors, and advances selected attributes of a healthy community. We specifically monitor six outcomes by tracking changes in indicators reported in this document: Healthy People, Young People Succeeding, Stable Families, Positive Living for Special Populations, Safe and Supportive Neighborhoods (divided into two sub-teams), and Economic Self-Sufficiency.

The Outcome Teams, led by appointed Champions, worked diligently to gather details about strengths and weaknesses, gaps and needs, and possible strategies for building stronger outcomes. Check the inside back cover for a summary of the indicator data and the Outcome Teams’ work.

The 2007 Report also contains information about a number of other activities. You will read about the financial partnership between the FCFC, the Human Services Levy Council and the Montgomery County Commissioners to support local human services programs. You will read about this year’s co-recipients of the Brother Raymond L. Fitz, S.M. Award, chosen for their commitment to protecting and nurturing children and families. You will read about the FCFC’s support of Ohio’s Commitments to Child Well-Being. You will also read about the efforts that took place to begin implementing the work of the Homeless Solution Policy Board’s 10-Year Plan to End Chronic Homelessness and Reduce Overall Homelessness. In short, you will take away a wealth of usable data.

As you can see, the Council works hard to improve the health and well-being of all residents of Montgomery County. We also welcomed Ohio’s First Lady, Frances Strickland, to discuss our approach and how its framework can have broader impact. I have thoroughly enjoyed working with Council and Outcome Team members this year on behalf of all Montgomery County citizens. We can all look forward to their continued work on behalf of Montgomery County citizens to make our community a better place for all.

Sincerely,

Christine F. Olinsky, CFCS, AFC
Extension Educator, Family & Consumer Sciences
OSU Extension, Montgomery County
Chair, Montgomery County Family and Children First Council
The Family and Children First Council envisions Montgomery County as 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. Making this happen means improving the conditions, getting better results for our children, families and neighborhoods.

Over the years, the FCFC has deliberately chosen to focus on the goal of getting better results. It began in 1996 by describing its vision in terms of six desired community outcomes—Healthy People, Young People Succeeding, Stable Families, Positive Living for Special Populations, Safe and Supportive Neighborhoods, and Economic Self-Sufficiency.

Next, it committed itself to regular reports to the community on progress toward achieving these outcomes, beginning with *Turning the Curve* published in 1998. We have developed a standard set of concepts (see inset on opposite page) for presenting and understanding this information each year.
More recently the FCFC revised its structure in order to sharpen its focus on getting results. The six community outcomes are the core of this structure, as can be seen in the chart on the left. 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.

Last year we revised the structure of this Report to emphasize our commitment to better results and better outcomes, and we continue using that format this year. Each of the six outcomes 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 **outcomes** are conditions of well-being and, by their nature, are general and descriptive.

Because outcomes are not directly measurable, we have chosen some **indicators** that are. The reasoning is that if the indicators are moving in the desired direction from year to year, then we are making progress toward achieving the related outcome. To provide some context, we compare ourselves, whenever possible, to the other large counties in Ohio, to the state as a whole, and to the nation. We use arrows (upper right hand corner of each indicator page) 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.

For each indicator, we also give the **background**, highlight the **new data**, and explain the **short-term trend**. 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. Note that a one-year fluctuation is not necessarily permanent, and that a more meaningful measure of long-term success is whether the historical trend is in the desired direction.
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 continues to advance efforts in Montgomery County that promote comprehensive wellness for all residents. Initiatives begun by the Team in 2006 have progressed and related accomplishments are highlighted in this report.

ACCESS TO HEALTHCARE

In an effort to understand how Montgomery County residents access the necessary healthcare to obtain and maintain optimal health, the Family and Children First Council approved financing to engage consultants in developing a comprehensive scan of the community’s health environment. As a result, the Montgomery County Healthcare Safety Net Task Force was appointed in September 2006 by the Montgomery County Board of County Commissioners. The Task Force was charged with recommending an innovative vision and achievable set of strategies to improve and finance the healthcare safety net for vulnerable populations in Montgomery County.

The Task Force, comprised of 19 members representing government, business, community and hospital leaders, met over the course of 14 months to assess the safety net environment and recommend possible strategies for providing and financing healthcare services for vulnerable populations. With leadership from Mike Ervin, MD, and Kathy Hollingsworth, CEO of Innovative Interchange, the Task Force members were provided with vital information about Montgomery County, the current healthcare safety net structure and financing, and alternatives and lessons from other communities at the local, state, and national levels.
The Lewin Group of Washington, D.C. was retained to complete an environmental scan documenting the extent of uncompensated care in Montgomery County and to outline key factors facing the community. During their review, they looked at the county’s demographics, economic trends, health status, characteristics of its vulnerable populations, service delivery capacity, and safety net capacity and use. The scan included an analysis of public information, emergency department utilization and inpatient statistics, and results from 30 semi-structured interviews.

The Task Force examined coverage and service models from other parts of the country. With local initiatives in place and many state initiatives beginning, there has been a significant opportunity to learn from other communities. With knowledge of specific community plans, they also reviewed various resources from the Health Policy Institute of Ohio. The Montgomery County Healthcare Safety Net Task Force agreed to forward potential strategies to the Montgomery County Board of County Commissioners for further consideration.

An initial step in the process of creating a safety net for vulnerable populations consisted of developing Federally Qualified Health Centers (FQHCs) in Montgomery County. An FQHC is a type of provider defined by the Medicare and Medicaid statutes. It includes all organizations receiving grants under Section 330 of the Public Health Service Act which defines federal grant funding opportunities for organizations to provide care to underserved populations.

FQHCs must provide services for a minimum of 32 hours per week and have professional call coverage when the practice is closed, either directly or through an after-hours care system. These centers must use a sliding fee scale with discounts based on patient family size and income in accordance with federal poverty guidelines and must be open to all, regardless of ability to pay. Other benefits include:

- enhanced Medicare and Medicaid reimbursement;
- medical malpractice coverage through the Federal Tort Claims Act;
- eligibility to purchase prescription and non-prescription medications for outpatients at reduced cost through the 340B Drug Pricing Program;
- access to National Health Service Corps;
- access to the Vaccine for Children program; and
- eligibility for various other federal grants and programs.

The Community Health Centers of Greater Dayton (CHCGD) is a new non-profit organization that has been incorporated in order to establish an FQHC in the Dayton metropolitan area, the only metropolitan area in Ohio without an FQHC. Primary healthcare services will be delivered through three clinic sites which are being folded into CHCGD: East Dayton Health Center, Corwin Nixon Health Center, and Charles Drew Health Center. CHCGD has submitted a $650,000 grant application for Community Health Center funding from the Department of Health and Human Services. This will enable CHCGD to serve an additional 4,000 patients in the Dayton metropolitan area.

Early in 2008, the Task Force will present its finalized recommendations to the Family and Children First Council and the Montgomery County Board of County Commissioners.
LOW BIRTH WEIGHT REGISTRY
Babies born at low birth weight (LBW), defined as having a birth weight of less than 2,500 grams (5 lbs. 8 oz.), begin life with the cards stacked against them. These babies are at increased risk of serious health problems as newborns, including lasting disabilities such as mental retardation, learning problems, cerebral palsy, vision and hearing loss, and even death.

Since the FCFC began tracking the number of babies born at low birth weight, Montgomery County’s rate has been higher than those of both the state and the nation almost every year. (See page 7 for the most recent data.) To respond to this community issue, the Family and Children First Council approved funding for a two-year period to support the collaborative efforts of the Greater Dayton Area Hospital Association and Help Me Grow/Brighter Futures in the creation and development of a Low Birth Weight Registry. The Registry started operating in early 2007. Through this effort, interventions with the potential to reduce the incidence of babies born at low birth weight can be identified.

The Low Birth Weight Registry collects data on LBW infants born to Montgomery County residents. The goal is to collect data elements not captured on the birth certificate in order to analyze risk factors that contribute to low birth weight. Data are currently being collected on mothers who give birth at Miami Valley Hospital since the majority of Montgomery County low birth weight infants (63% in 2006) are born there.

In 2008, the Low Birth Weight Registry anticipates adding 6-8 infants per week to the database and will consider the feasibility of expanding to other birthing units in Montgomery County including Good Samaritan Hospital, Kettering Medical Center, and Southview Hospital. Other deliverables include developing a standard report card to present to the Regional Perinatal Data Use Consortium (Low Birth Weight Task Force) on a regular basis. Groups of stakeholders will also be convened to determine what data should be used for an even more comprehensive picture of the LBW issue.

OBESITY PREVENTION
According to F as in Fat: How Obesity Policies are Failing in America, 2005, Ohio ranked 13th highest in the U.S. in the rate of adult obesity at 24.4 percent. Even more shocking – the percentage of overweight children in the United States tripled between 1980 and 2002 (Ohio Department of Health – Division of Family and Community Health Services, 2005). Children between the ages of 2 and 18 years old are considered overweight if their body mass indexes (BMIs) are equal to or greater than the 95th percentile specific to their age and gender as developed by the Centers for Disease Control and Prevention.

Many researchers and clinicians are calling this trend an epidemic, noting the potentially devastating health consequences which include high blood pressure and increased levels of cholesterol, lipid, and insulin. Furthermore, overweight children have the potential to develop into lifelong afflictions by increasing their risk for developing major diseases, including type 2 diabetes, heart disease, stroke, and some forms of cancer. Montgomery County children are not immune to this epidemic. According to Healthy Ohioans: A Report on Body Mass Index of Ohio’s Third Graders 2004-2005, 24.9% of Montgomery County’s 3rd grade children are overweight, higher than the State’s average of 20.6%. Another 16.6% are at risk of becoming overweight, with a BMI between the 85th – 95th percentile (Ohio Department of Health, 2005).

To address this public health problem, the Healthy People Outcome Team set a goal in 2007 to establish a county-wide initiative focusing on preventing children from becoming overweight. This effort will gather information regarding current programs targeted at combating obesity, identify needs in the community, and develop a plan for a comprehensive prevention program. In 2008, funds will be sought to launch this critical effort, establish a committee that will focus its time and efforts on this issue, and initiate a strategic plan geared towards encouraging Montgomery County residents to adopt healthy lifestyles that will ultimately spare our children the health burdens stemming from obesity.
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 2006 values (provisional); in addition the values for 2004 and 2005 have been revised and are now final. As a result of the 2005 revisions, some of the county comparative ranks have changed.

SHORT-TERM TRENDS
The short-term trend from 2005 to 2006—8.7% to 8.9%—is not in the desired direction. The county comparative rank moved from 3rd to 4th, not in the desired direction.

OUTCOME HEALTHY PEOPLE
INDICATOR LOW BIRTH WEIGHT

1. Lorain 7.9
2. Butler 8.1
3. Franklin 8.9
4. Summit 8.9
5. Montgomery 9.1
6. Stark 9.1
7. Hamilton 9.8
8. Lucas 9.8
9. Mahoning 9.9
10. Cuyahoga 10.3

1. Butler 7.9
2. Lorain 8.4
3. Montgomery 8.7
4. Summit 8.8
5. Mahoning 8.9
6. Franklin 9.3
7. Stark 9.5
8. Lucas 9.7
9. Cuyahoga 10.0
10. Hamilton 10.1

Montgomery County 6.8 7.7 8.0 8.0 7.7 7.8 7.9 7.7 7.4 8.6 8.2 7.8 8.6 9.3 9.2 8.7 9.1 9.1 8.7 8.9
Ohio 6.6 6.9 7.0 7.1 7.5 7.4 7.5 7.5 7.6 7.6 7.7 7.7 8.0 7.9 8.1 8.3 8.4 8.5 8.7 8.8
United States 6.9 6.9 7.1 7.0 7.1 7.1 7.2 7.3 7.3 7.4 7.5 7.6 7.6 7.6 7.7 7.8 7.9 8.1 8.2 8.3

Most desirable ranking is number one.
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 new data in this Report are the 2005 and 2006 values as well as the 2004 value for the US.

SHORT-TERM TRENDS
The short-term trend for Montgomery County—from 82.7 in 2005 to 84.7 in 2006—is not in the desired direction. The comparative county ranking also did not move in the desired direction, from 7th in 2005 to 10th in 2006.

OUTCOME HEALTHY PEOPLE
INDICATOR PREMATURE MORTALITY

<table>
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<th>Year</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
<th>#5</th>
<th>#6</th>
<th>#7</th>
<th>#8</th>
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<td>Stark</td>
<td>61.3</td>
<td>Lorain</td>
<td>68.2</td>
<td>Summit</td>
<td>70.9</td>
<td>Butler</td>
<td>75.1</td>
<td>Franklin</td>
<td>77.0</td>
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<tr>
<td>2006</td>
<td>Montgomery</td>
<td>81.7</td>
<td>Hamilton</td>
<td>81.0</td>
<td>Cuyahoga</td>
<td>80.5</td>
<td>Lucas</td>
<td>78.5</td>
<td>Lucas</td>
<td>83.8</td>
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<tr>
<td>2004</td>
<td>Lucas</td>
<td>78.5</td>
<td>Stark</td>
<td>68.6</td>
<td>Butler</td>
<td>70.8</td>
<td>Cuyahoga</td>
<td>79.4</td>
<td>Franklin</td>
<td>81.4</td>
</tr>
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Most desirable ranking is number one.
BACKGROUND

This Indicator tracks the proportion of 24 – 35 month old children attending Health District clinics who have received at least 4 doses of Diphtheria, Tetanus and Pertussis vaccine, 3 doses of polio vaccine, 1 dose of Measles, Mumps and Rubella vaccine, 3 doses of Hepatitis B vaccine, and 3 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. Routine immunization has eradicated smallpox from the planet, nearly eliminated the polio virus worldwide, and dramatically reduced the occurrence of other preventable infectious diseases including measles, pertussis and rubella. In fact, 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 2007 is 83%.

SHORT-TERM TRENDS

The short-term trend from 2006 to 2007—85% to 83%—is not in the desired direction.
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.

The HealthLink Regional Health Information Organization (RHIO) is a Montgomery County collaborative working to monitor and improve access to health care for health uninsured and to better coordinate health and human services across provider organizations. Increasingly, providers in the community are documenting, through a secure Web-based health information exchange called HIEx™, demographic, eligibility and services utilization information. When community members request service, a Community Health Advocate contacts them to assist in accessing health care through available public sector resources. Individuals who are not eligible for means-tested or premium-based 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 2007 is 74.8%

SHORT-TERM TRENDS

The short-term trend—from 83.0% to 74.8%—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.
OBESITY PREVENTION

Eighty-five percent of American adults feel that obesity has become an epidemic in this country, according to a poll taken in July 2007.1 The facts support this belief. A quick look at Figures 1 and 2 reveals that, since the 1971-1974 time period:

- the percentage of adults considered overweight or obese has gone up 41% (from 47.7% to 67.1%);
- the percentage of adolescents considered overweight has almost tripled (from 6.1% to 17.4%); and
- the percentage of children considered overweight has more than quadrupled (from 4.0% to 18.8%).

A closer look at Figure 2 shows that the percentage of overweight (but not obese) adults has remained essentially constant for this time period with the growth being almost entirely due to those adults considered obese. That percentage has more than doubled, rising from 14.6% to 33.9%.

With these facts in mind, it is no wonder that America’s perception of an epidemic and its concern for children who are overweight are well-founded. After all, overweight children are at increased risk of having high cholesterol, liver abnormalities, diabetes, asthma, bone and joint problems, sleep problems, high blood pressure, early onset of puberty, psychological problems...the list seems endless.2 Knowing that overweight children also face the possibility of becoming overweight adults and suffering additional, chronic health problems—heart disease, stroke, certain types of cancer, arthritis— is enough to give energy to the county-wide initiative being launched. (See pg. 6.)

That initiative gains urgency when the local extent of the problem is considered. In the 2004-2005 school year, the Ohio Department of Health conducted a statewide survey of third-graders who, with their parents’ consent, had their heights and weights measured.3 The sample size was large enough to permit 14,451 valid body mass index calculations—enough to make statewide estimates and estimates for most of Ohio’s counties. The results are eye-opening – 24.9% of Montgomery County’s third-graders were determined to be overweight, compared to 20.6% of third-graders statewide. Altogether, 41.5% of the county’s third-graders were either overweight or at risk for becoming overweight, compared to 37.6% of the state’s third-graders.

What else did we learn about Ohio’s third-graders that might be useful locally?

- There was a slight but statistically insignificant difference between boys and girls in the prevalence of overweight.

- White, non-Hispanic third-graders had a slightly lower prevalence of overweight than black, non-Hispanic third-graders, and this difference was statistically significant.

- Third-graders who were eligible for the free and reduced price meal program were significantly more likely to be overweight or at risk of becoming overweight than third-graders who were not eligible.

The Ohio Department of Health plans to repeat this survey every five years, thus allowing local communities—including Montgomery County’s initiative—to track its efforts to fight this epidemic. Some other key findings from the national opinion survey mentioned above may be instructive as these efforts are organized:

- Despite the rising prevalence of obesity, most Americans have discussed issues like weight management and exercise with their health care provider and know how much physical activity is recommended.

- 51% say the primary responsibility comes from a combination of individuals and government, while 45% believe that the families and individuals are most responsible.

- 81% believe that the government should have some role in fighting this problem.

- Less than one-third think that children get enough physical activity during the school day, and only 42% think school lunches are nutritious enough.

- 60% favor a proposal to allow schools to do annually the BMI calculations that the Ohio Department of Health is planning to do every five years.

In conjunction with this public opinion survey, a separate survey was conducted in July 2007 involving state public health professionals across the country. Asked to name the barriers to fighting the epidemic of overweight and obesity in children and adults successfully, the ones that were deemed most significant included:

- lack of funding;

- lack of political leadership; and

- unhealthy settings in which children, adolescents and adults live day-to-day.


2 Health, United States 2006, National Center for Health Statistics, Hyattsville, MD: 2006


4 Overweight Among U.S. Children and Adolescents, National Center for Health Statistics Data Brief, 2002.
While surmounting the first two barriers may require sustained and focused effort at a state or national level, some aspects of the third barrier may be more amenable to local solutions. The phrase “unhealthy settings” captures a multitude of deficiencies – workplaces not being conducive to physical activity; people having limited access to safe, well-maintained parks and playgrounds; etc. – but one in particular may offer a starting point for a local response. It has to do with the eating habits and physical activity levels that children, especially the youngest ones, see modeled in their homes by their parents and older siblings.

Can parents be taught skills that better equip them to promote a healthy family lifestyle, especially in the areas of diet and physical activity? Some recent research suggests the answer is “yes.” Families with overweight children 6 – 9 years old were recruited via media publicity and school newsletters and screened for the willingness of at least one caregiver to attend a number of sessions at a local teaching hospital. One group of parents received parenting-skills training and a second group received the same training plus additional sessions focusing on lifestyle knowledge and skills – healthy eating, reading labels, managing appetite and snacks, modifying recipes, being physically active, etc. BMI scores and other health information for family members in both groups, as well as a third control group, were collected over the course of a year.

The results, briefly, were that children in families receiving both trainings showed the biggest drop in their BMI scores and in their waist circumferences. The positive effects were especially noticed in boys. The conclusion is that this may be an effective way to promote weight management for young children.

Individuals live in families and we have just seen that families (parents) can have an influence on their children’s weight. Families live in neighborhoods. Do neighborhoods have an influence on people’s weight? The answer to that intriguing question is also “yes.” Surveying thousands of people from 65 neighborhoods in Los Angeles, researchers found a significant relationship between collective efficacy – “the willingness of community members to look out for each other and intervene when trouble arises” – and BMI, being at risk of overweight, and being overweight. In their words, “future interventions to control weight by addressing the social environment at the community level (emphasis added) may be promising.”

Therefore, the overall efforts of the FCFC and others in the community to promote healthy families and thriving neighborhoods can properly be seen as important components in fighting the overweight and obesity epidemic in Montgomery County.

**GLOSSARY**

BMI or Body Mass Index is a mathematical formula showing the relationship between a person’s weight and height.

\[
BMI = \frac{(\text{Weight in pounds})}{(\text{Height in inches})^2} \times 703
\]

**Overweight** for adults refers to a BMI greater than or equal to 25. For children and adolescents it refers to a BMI at or above the gender- and age-specific 95th percentile points on growth charts prepared by the US Centers for Disease Control (CDC). Overweight is typically used for assessing trends for children and youth rather than obesity.

**Obese** for adults refers to a BMI greater than or equal to 30. Obese is generally not defined for children and adolescents.

**At risk for overweight** is a term used for children and adolescents and refers to a BMI at or above the gender- and age-specific 85th percentile on the CDC charts but below the 95th percentile.

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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 continued work on its four focus areas:

- early care and education;
- youth opportunities as they relate to economic development for business;
- middle school career development programming for area school districts; and
- monitoring progress of the Alternative Learning Opportunities Team’s (ALOT) recommendations.

EARLY CARE AND EDUCATION

Knowledgeable stakeholders—members of the YPS Team and members of a Design Committee—devoted more than two years to conduct research, consider viable options and develop an informed early care and education initiative to benefit children and families of Montgomery County.

Why early care and education (EC&E) is important. Research tells us 90% of a child’s brain is developed by the age of five. This growth is the foundation for all future learning and behavior. Studies show that when children enter school ready to learn, they are 20% more likely to graduate from high school, as well as more likely...
to go to college and more likely to obtain gainful employment.

School readiness involves the whole child: social, emotional, behavioral and physical development as well as academic development. It is now apparent that children who lack key experiences are much more likely to start kindergarten without the fundamental knowledge and skills necessary for school success. National, state and local research confirms that children who come to kindergarten with delays are less likely to succeed in school, despite subsequent intervention.

However, it has been shown that children from every economic background who attend high quality pre-kindergarten have improved learning and social skills.

Early education also makes economic sense. Studies by a variety of economists show long-term returns of up to $7 for every $1 invested.

Research findings about Montgomery County indicate that too many of our children are not ready to start kindergarten. One out of every four (25%) 5 year olds requires significant intervention in the classroom to help them reach a skill level considered age/grade appropriate. Another 42% may require some intervention.

In addition, the following gaps were found to exist:

- a general lack of awareness about the importance of quality early care and education;
- parents incorrectly assuming a center’s license is an indicator of the quality of care and education when in fact a license is primarily a health and safety indicator;
- low salaries and wages for child care and education providers;
- lack of mandatory quality standards for child care and education;
- lack of a strong and well-established early care and education infrastructure resulting in the inability to draw down public funds and receive beneficial pilot projects made available from the state for early learning; and
- insufficient availability of training and education for EC&E providers.

The vision of the Early Care and Education initiative is that all children in Montgomery County will be school-ready by the time they enter kindergarten. The initiative will result in the creation of an EC&E system and begins with the following goals:

- ensuring more early learning professionals are highly qualified;
- making high-quality early learning available to more children;
- supporting parents and families in promoting their children’s early social, emotional, behavioral, physical and academic development; and
- accessing state, federal and private funding to maintain a quality system of early care and education.

The EC&E Initiative will provide professional development and technical assistance to providers, ongoing coordination of resources and programming, and support for families to learn about and access quality care and education services. The Frank M. Tait Foundation awarded $50,000 for initiative leadership. The FCFC endorsed the EC&E initiative and provided $420,000 in initial funding made available from the Human Services Levy.

Return on Investment. The $420,000 FCFC investment will enable Montgomery County to access an additional $2.8 to $5 million annually in early learning funding at the state and federal levels by 2010. Over the long term, an EC&E system will position the county to obtain early learning funding from other sources, such as participation in state pilots, awards and grants.

Outlook. Stakeholder commitment is strong. Partners in the development of the initiative have begun involving additional stakeholders to implement a system of early care and education that will transform quality and access for children in our county. With funding from the FCFC, a program manager has been hired and is working diligently toward achievement of the initiative’s goals. Status reports will be made periodically to the FCFC throughout 2008.

ECONOMIC DEVELOPMENT
YOUTH OPPORTUNITIES

Montgomery County educational institutions and youth development organizations provide a rich and diverse mosaic of programs and opportunities serving thousands of participants and their families each year.

During 2007, the YPS Economic Development Communications Committee and
other community leaders developed a conceptual outline of an economic development-oriented Web site of youth development opportunities in Montgomery County. The Montgomery County Educational Service Center is aligning resources to create, launch and support this informative Web site which will enhance our county’s ability to attract and retain businesses. The new site will provide a concise economic development-oriented document that positively communicates the youth development opportunities for all ages readily available through the formal and informal organizations serving youth in the county.

**MIDDLE SCHOOL CAREER EXPLORATION PROGRAM**

The Young People Succeeding Outcome Team partnered with the South Metro Regional Chamber of Commerce Business Advisory Council to produce effective career exploration videos for use in Montgomery County schools. The videos, which include descriptions of numerous careers in demand and target middle school students, were distributed in August 2007 to all school districts in Montgomery County.

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

The Young People Succeeding Outcome Team accepted the task of monitoring progress of two programs as recommended by the FCFC’s Alternative Learning Opportunities Team (ALOT). The following sections briefly describe each program and its respective successes.

**FAST FORWARD CENTER**

The Fast Forward Center is the result of work by Montgomery County community volunteers who served on the Out-of-School Youth Task Force and the Family and Children First’s Alternative Learning Opportunities Team (ALOT). Both groups identified the critical need to have an entity responsible for recruiting out-of-school youth in Montgomery County to continue their education (dropout recovery).

The Fast Forward Center, administered by Sinclair Community College, performs the following functions:

- recovers out-of-school youth;
- assesses students’ reading and math skills;
- informs students and parents of educational options;
- participates in the development and funding of programs and schools;
- assesses effectiveness of programs and schools;
- partners with educational and community organizations; and
- presents information about Montgomery County’s dropout recovery success.

Since opening in April 2001, Fast Forward Center has assessed 3,500 students and referred them to alternative learning programs appropriate for their needs. Of those students, 351 have received a General Education Diploma (GED) and 1,347 have graduated from an alternative high school. The dropout rate has decreased significantly from 25% in 2000-2001 at the time Fast Forward Center opened to 14% in 2005-2006. This success means increased odds of young people being self-sufficient with less likelihood they will experience long-term poverty or involvement with the criminal justice system.

Thanks to John N. and Connie Taylor, 40 graduates from partner high schools will receive scholarships to Sinclair Community College each year through the Taylor Endowment Scholarship, implemented in 2007.

Recent awards and recognition received by Fast Forward Center include being named a “Model Program” in the field of career and technical education by the National Dropout Prevention Center and being featured prominently in a report published by the American Youth Policy Forum.

**MENTORING COLLABORATIVE**

The Montgomery County Mentoring Collaborative has been linking youth in our community with mentors since 2001. The Collaborative works to raise community awareness of the critical need for mentors, provides mentor training and background checks, and sponsors local mentoring events.

During 2007, the Mentoring Collaborative partnered with over 80 agencies to mentor 24,731 children. Another 3,311 children are still waiting for caring adults to mentor them.
According to 2006 data from the Centers for Disease Control and Prevention, the birth rate among teenagers ages 15 – 19 has risen in the United States for the first time since 1991. Teen pregnancy is associated with academic failure, lower economic status, and poor health outcomes for babies born to teen mothers.

The Family and Children First Council continues to understand the vital importance of supporting sustained efforts that promote the avoidance of pregnancy among teenagers. Through these efforts, TANF (Temporary Assistance to Needy Families) Wellness funds are utilized to prevent out-of-wedlock births among teenagers in Montgomery County. A committee of volunteers champions these efforts by reviewing trends, establishing priorities, determining contract awards for community providers, and monitoring progress. In 2007, teen pregnancy prevention efforts were provided by the following organizations: Abstinence Resource Centre, Catholic Social Services of the Miami Valley, Dayton Urban League, East End Community Services, Girl Scouts of Buckeye Trails Council, Planned Parenthood of Southwest Ohio Region, Unified Health Solutions, Wesley Community Center, and YWCA of Dayton.

By educating teenagers regarding the consequences of their actions, and instilling in them the value of pursuing life-long goals, youth are able to make informed decisions that impact the rest of their lives. In short, these community programs change lives. Consider the following story:

There was a family with four sisters, the two oldest of which had already become teen parents. This factor put the two younger sisters at a significantly higher risk to become teen parents themselves. In fact, according to the National Campaign to Prevent Teen Pregnancy, the younger siblings of teen parents are two to six times more likely to become pregnant as teens than younger siblings of teens who are not parents. Because of this risk, the two younger siblings enrolled and attended a Wellness-funded program. Their teenage years were riddled with family instability which negatively impacted their school work and culminated in one of them running away from home. Fortunately, she felt comfortable enough to share her problems with a staff person in the program. The staff mentored and assisted her with understanding her options and encouraged her to make good decisions even while facing obstacles. As a result of their participation in the program, both teens have had positive life outcomes: one secured employment as a camp counselor at a day camp, both stayed in school, and both have remained pregnancy-free.
OUTCOME  YOUNG PEOPLE SUCCEEDING

INDICATOR  KINDERGARTEN READINESS

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 6 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 3 bands that are designed to be indicators of the degree and type of intervention required. Students with scores in Band 1 (scores 0-13) are assessed as needing broad intense instruction. Students scoring in Band 2 (scores 14-23) are assessed as requiring targeted intervention and students in Band 3 (scores 24-29) are assessed as requiring enriched instruction. The 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 value for Montgomery County for 2006 was 33.9% and the value for Ohio was 36.9%.

SHORT-TERM TRENDS
A comparison between 2005 data and 2006 data for Montgomery County is not meaningful because not all districts participated in 2005.

*Dayton Public Schools data are not included because they did not conduct KRA-L tests in the Fall of 2005 when most districts statewide began administering them.
BACKGROUND
To be consistent with the federal No Child Left Behind legislation, Ohio has phased out its proficiency tests and replaced them with achievement and diagnostic tests. Before last year’s Report, we published the percentage of 4th-grade students passing all portions of the proficiency test. Starting with last year’s Report, we now publish as separate indicators the 3rd-grade math and reading achievement scores and have discontinued the 4th-grade indicator.

NEW DATA
The 2006-07 value for Montgomery County was 78.9% and the value for Ohio was 78.3%.

SHORT-TERM TRENDS
The short-term trend of the value—from 74.9% in 2005-06 to 78.9% in 2006-07—was in the desired direction. However, the county comparative ranking did not move in the desired direction between those years, dropping from 5th to 6th.

## OUTCOME  YOUNG PEOPLE SUCCEEDING

### INDICATOR  STUDENT ACHIEVEMENT—3RD-GRADe READING

### BACKGROUND

To be consistent with the federal No Child Left Behind legislation, Ohio has phased out its proficiency tests and replaced them with achievement and diagnostic tests. Before last year’s Report, we published the percentage of 4th-grade students passing all portions of the proficiency test. Starting with last year’s Report, we now publish as separate indicators the 3rd-grade math and reading achievement scores and have discontinued the 4th-grade indicator.

### NEW DATA

The 2006-07 value for Montgomery County was 78.9% and the value for Ohio was 78.3%.

### SHORT-TERM TRENDS

The short-term trend of the value—from 74.9% in 2005-06 to 78.9% in 2006-07—was in the desired direction. However, the county comparative ranking did not move in the desired direction between those years, dropping from 5th to 6th.

### Historical Trend

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2003-04</td>
<td>75.8%</td>
<td>78.2%</td>
</tr>
<tr>
<td>2004-05</td>
<td>77.5%</td>
<td>77.3%</td>
</tr>
<tr>
<td>2005-06</td>
<td>74.9%</td>
<td>75.1%</td>
</tr>
<tr>
<td>2006-07</td>
<td>78.9%</td>
<td>78.3%</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
BACKGROUND
To be consistent with the federal No Child Left Behind legislation, Ohio has phased out its proficiency tests and replaced them with achievement and diagnostic tests. Before last year’s Report, we published the percentage of 4th-grade students passing all portions of the proficiency test. Starting with last year’s Report, we now publish as separate indicators the 3rd-grade math and reading achievement scores and have discontinued the 4th-grade indicator.

NEW DATA
The 2006-07 value for Montgomery County was 83.2% and the value for Ohio was 84.5%.

SHORT-TERM TRENDS
The value moved in the desired direction from 2005-06 to 2006-07, from 74.3% to 83.2%. The county comparative rank did not move in the desired direction, dropping from 5th to 6th.

**PERCENTAGE OF 3RD-GRADE PUBLIC SCHOOL STUDENTS PASSING MATH ACHIEVEMENT TEST**

<table>
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<tr>
<th>Year</th>
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</thead>
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<td>2006-07</td>
<td>83.2%</td>
<td>84.5%</td>
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</tbody>
</table>

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

NEW DATA
In the 2006-07 school year, 62.3% of Montgomery County 10th graders passed all portions of the OGT exams. The percentage of students in the state of Ohio who passed all portions of the OGT exams in the 2006-07 school year was 64.1%.

SHORT-TERM TRENDS
The value did not move in the desired direction from 2005-06 to 2006-07, dropping from 63.8% to 62.3%. The county comparative ranking stayed the same, 8th.
**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 Dept. of Education to include summer graduates. The graduation rate for 2006-07 will not be released until June 2008.

**NEW DATA**
The 2005-06 graduation rate in Montgomery County was 87.6%. The graduation rate for the state as a whole was 86.1%.

**SHORT-TERM TRENDS**
The short-term trend from 2004-05 to 2005-06—from 88.4% to 87.6%—is not in the desired direction. The county comparative rank did not move in the desired direction, dropping from 3rd to 4th.

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**GRADUATION RATE**

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<td>76.3%</td>
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<td>86.2%</td>
<td>86.1%</td>
</tr>
</tbody>
</table>

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 2006-07 school year was 93.9% for Montgomery County schools, making this the first time in eight years that the rate did not rise. The comparative county rank is at ninth. The attendance rate in Ohio schools for the 2006-07 school year was 94.1%.

SHORT-TERM TRENDS
The short-term trend from 2005-06 to 2006-07—94.0% to 93.9%—is not in the desired direction. The comparative county rank remained the same, 9th.

Note: Data through 1997 – 98 were obtained through ODE Vital Statistics. Beginning in 1998 – 99, data came from ODE Information Management Services as gathered for the District Report Cards using a slightly different formula. (ODE Vital Statistics data are no longer available.)
BACKGROUND
The teen pregnancy value includes the number of teen births, fetal losses and terminations of pregnancy. The child of a teen mother has a greater risk of being premature and experiencing poverty, child abuse and, if female, premature childbearing.

NEW DATA
In this Report, 2005 and 2006 data are being published for the first time, as well as 2003 and 2004 data for Ohio and for the US. The value for Montgomery County for 2005 was 4.7% and for 2006 it was 4.6%. For the years 2003 – 2006, the respective values for Ohio were 4.1%, 4.0%, 4.0% and 4.0%; for the same years for the U.S., the values were 4.2%, 4.1%, 4.1% and 4.1%.

SHORT-TERM TRENDS
The short-term trend from 2005 to 2006—4.7% to 4.6%—is in the desired direction. The county comparative rank also moved in the desired direction, rising from 6th to 5th.

Teen Pregnancy = (Births + Abortions + Fetal Losses)

Most desirable ranking is number one.

<table>
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</thead>
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<tr>
<td>2006</td>
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</table>
Behind the Numbers

EARLY CARE AND EDUCATION

In 2007, the Family and Children First Council launched the Early Care and Education (EC&E) initiative. (See pages 13 and 14.) The vision of the EC&E initiative is that all children in Montgomery County will be school-ready by the time they enter kindergarten. The Council is supporting the initiative with $420,000 received from the Human Services Levy and the Frank M. Tait Foundation has contributed $50,000.

These investments made sense to the decision-makers because they realized that the EC&E initiative will enable Montgomery County to access up to $5 million annually from state and federal programs geared at early learning within three years—a tangible and quick return on investment.

But in a larger sense, is an investment in pre-kindergarten care and education worth it? Most people, speaking from their hearts, would say “Yes!” As we have seen, the people entrusted with making investment decisions—whether they be government officials planning for the expenditure of taxpayers’ dollars or private individuals in charge of foundations and corporations—need to answer with their heads.

Some researchers and analysts with very sharp pencils and well-used calculators have recently been taking a cold hard look at that very question. Fortunately, their heads agree with our hearts. You know we are entering a new era when you read that some researchers (officials with the Federal Reserve Bank of Minneapolis) have concluded “that there is serious underinvestment in early childhood education as a form of economic development.” (Emphasis added.)

Why all the excitement? And why now? The issue has even come up in some of the presidential primary campaigns. These policy briefs and research reports that advocate spending large amounts of public money on early childhood education fully acknowledge that we are in a time of “budget austerity” and “fiscal restraint.” Perhaps the key to getting to the bottom line of their thinking is, well… the bottom line. They may differ in the numbers but they agree that government spending on early care and education can actually return money to the government.

This “bottom line” thinking is just one ingredient in the formation of a kind of “perfect storm,” one that has showered increased attention on the wisdom of early childhood investments. As Dana Friedman has pointed out:

- There are now several long-term studies that have followed graduates of early learning programs through adulthood and documented significant savings in the area of remedial education, school drop outs, welfare and crime. The studies conclude that improvements to social and emotional well-being yield greater returns than a focus exclusively on cognitive gains.

- Neuroscientists armed with new technologies have created startling insights into how the brain works and what inputs are needed to optimize its development. These data, accompanied by colorful, computer-generated pictures of the brain, both stimulated and unstimulated, suggest economic savings from investments in early learning, particularly in the area of social and emotional development.

- Building on the longitudinal studies and brain research, economists have begun to quantify the economic importance of early care and education in both the short- and long-term. This pioneering work is due, in part, to a desire to create appropriate economic models for today’s service economy, where most workers provide services, versus a manufacturing economy, where most people work to produce goods. Early childhood programs are services that have been absent from current economic theories; however, they are now being used in the design of pioneering economic modeling.

In addition to traditional cost/benefit analyses, economic researchers have examined the short-, medium- and long-term impact of early care and education on human capital, the long-term effects that fiscal policies have on children, and the short-term economic development effects from EC&E programs. We can now ask, “What are some of the key findings from these different approaches?”

One of the most widely cited cost/benefit analyses was conducted on one of the most well-known early childhood programs, the High/Scope Perry Preschool Project in Ypsilanti, Michigan. 123 children who attended preschool for 2 1/2 hours per day, 5 days per week, for two school years, and who received a home visit from the teacher once per week, were followed to the age of 27. By comparing them to a control group that did not get such services, researchers found that for every dollar invested in the project, over $7 in benefits were returned, either to the participants or to society.
The economist and Nobel Laureate James Heckman champions the positive effects that early childhood investments have on human capital. The key to his approach is his insight that skills learned early in life are more useful to people over more years of their life than skills learned later, and that, in his words, “skills beget skills.” The more skills people have, the more able they become, and people who are more able acquire more skills. In short, “The returns to human capital investments are greatest for the young for two reasons: (a) skills beget skills, and (b) younger persons have a longer horizon over which to recoup the fruits of their investments.”

Other researchers have pondered the long-term effects of recent government fiscal policies, including tax cuts and increases in Medicare spending. They argue that these policies will “redistribute resources across generations by raising the fiscal burdens placed on future generations.” This provides a justification for investing in today’s children, who will be tomorrow’s taxpayers, so that they are equipped with the skills and the human capital needed to be productive.

Another group of researchers has been analyzing the effects that EC&E services have on the local and regional economy. For example, a 2004 study in the state of New York found that the child care industry was a $4.7 billion industry representing 750,000 working parents earning over $30 billion annually. These researchers state that “new theories of economic development emphasize investments in the social infrastructure and the quality of life as foundations for a new creative economy.”

The tools being used by these researchers have reached the point where detailed projections can be made. One of them, Robert Lynch, has suggested that a high quality pre-K program serving 3- and 4-year olds from the lowest quarter in the income distribution could pay for itself in Ohio in 4 years. (See Figure 1.)

We can see that a growing number of researchers, taking different approaches and coming from different directions, are reaching the same conclusion: investments in early childhood pay for themselves and make sense.

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**UNIVERSAL PROGRAM COSTS & BENEFITS IN OHIO**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>When the program would start paying for itself</td>
<td>8 years</td>
<td></td>
</tr>
<tr>
<td>Annual cost of fully phased-in program in 2008</td>
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<tr>
<td>Total benefits in 2050</td>
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</tr>
<tr>
<td>Costs in 2050</td>
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</tr>
<tr>
<td>Ratio of total benefits to costs in 2050</td>
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<td></td>
</tr>
<tr>
<td>When the program would begin to pay for itself in budget benefits alone</td>
<td>16 years</td>
<td></td>
</tr>
<tr>
<td>Budget benefits in 2050</td>
<td>$6.2 billion</td>
<td></td>
</tr>
<tr>
<td>Ratio of budget benefits alone to costs in 2050</td>
<td>2.14 to 1</td>
<td></td>
</tr>
<tr>
<td>Total increased compensation (wages &amp; benefits) in 2050</td>
<td>$14 billion</td>
<td></td>
</tr>
<tr>
<td>Savings to individuals from crime reduction in 2050</td>
<td>$5.2 billion</td>
<td></td>
</tr>
</tbody>
</table>

**TARGETED PROGRAM COSTS & BENEFITS IN OHIO**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>When the program would begin to pay for itself</td>
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<td></td>
</tr>
<tr>
<td>Annual cost of fully phased-in program in 2008</td>
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</tr>
<tr>
<td>Total benefits in 2050</td>
<td>$9.6 billion</td>
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</tr>
<tr>
<td>Costs in 2050</td>
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<td></td>
</tr>
<tr>
<td>Ratio of total benefits to costs in 2050</td>
<td>16.7 to 1</td>
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<tr>
<td>When the program would begin to pay for itself in budget benefits alone</td>
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</tr>
<tr>
<td>Budget benefits in 2050</td>
<td>$2.5 billion</td>
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</tr>
<tr>
<td>Ratio of budget benefits alone to costs in 2050</td>
<td>4.32 to 1</td>
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</tr>
<tr>
<td>Total increased compensation (wages &amp; benefits) in 2050</td>
<td>$4.7 billion</td>
<td></td>
</tr>
<tr>
<td>Savings to individuals from crime reduction in 2050</td>
<td>$2.4 billion</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 1.** Projected costs and benefits of high-quality pre-kindergarten programs and their positive impact over time on federal and state budgets, crime costs, and the earnings of pre-K participating children and adults. Universal refers to a voluntary, high-quality pre-K program serving all 3- and 4-year-old children; targeted refers to a similar program serving 3- and 4-year-olds from families in the lowest quarter of the income distribution.
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
Domestic violence remained a concern to the Stable Families Outcome Team during 2007. The Team continued monitoring the implementation of recommendations from the domestic violence safety assessment completed in 2006. Progress was made in the following areas:

- enhancing the Criminal Justice Information System (CJIS), which improved information sharing between law enforcement agencies, prosecutors, public defenders, courts, and coroner’s office;
- providing victims with information about community resources that will help them create a safety plan and address other needs;
- meeting the needs of child witnesses at scenes of domestic violence; and
- using interpreters with non-English speaking victims, victims with limited English proficiency, and victims with other communication barriers.

The Team will continue monitoring progress in these areas.
**OPPORTUNITIES FOR COLLABORATION**

The Stable Families Outcome Team engaged in many conversations about several issues of concern that negatively impact family stability. It was evident early on that many of these issues also related to the work of other Outcome Teams. Two areas in particular have presented opportunities for collaboration: poverty and substance abuse.

**Poverty** can increase children’s exposure to a wide array of problems including inferior housing, insufficient food, poor-quality diets, deficient health care, inadequate parenting, and poor-quality child care, and can result in delayed physical, cognitive, and socioemotional growth.1 The harm is particularly strong for children whose families are trapped in poverty for a long time.

In 2006 the Census Bureau estimated that 10.7% of Montgomery County’s families were living in poverty, up from 8.3% in 1999. Many members of the Team see the destructive and sometimes devastating impact of poverty firsthand in their work. Thus, adopting poverty and its impact on family stability was a natural course of action for the Team.

Rather than duplicate the efforts of others, the Team partnered with the Economic Self-Sufficiency Outcome Team (ESS) to address this issue. Three Stable Families Outcome Team members joined the Poverty Reduction Work Group of ESS. After conducting extensive research the Work Group recommended that the ESS Outcome Team focus on impoverished families with children and use a multi-generational approach to poverty reduction.

The Stable Families Outcome Team will continue its partnership in poverty reduction with ESS to develop a plan that will offer hope to families and make a positive impact in this area.

**Substance abuse** or addiction of one or more family members creates family instability in many ways.

The use of financial resources to pay for alcohol or other drugs can cause financial strain on a family. In many instances, the outcome is an inability to maintain safe housing or meet other basic needs. Employment may be threatened by poor performance resulting from substance abuse. The side effects of substance abuse will affect a person’s health (short-term and long-term) and could lead to increased medical expenses—another financial strain.

A significant consequence of substance abuse and addiction is that family relationships suffer and the risk of violence increases. The most profound impact can be on children. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services, one in four (25%) children under the age of 18 is living in a home where alcoholism or alcohol abuse is a fact of daily life. Countless others are exposed to illegal drug use in their families. The toll substance abuse takes on these children can be substantial. Children living in a home with substance abuse are at significantly greater risk for:

- mental illness or emotional problems, such as depression or anxiety;
- physical health problems; and
- learning problems, including difficulty with cognitive and verbal skills, conceptual reasoning and abstract thinking.

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Children whose parents abuse alcohol or drugs are almost three times more likely to be verbally, physically or sexually abused, and four times more likely than other children to be neglected.

Add together the impact of the above consequences and family members are caught in a whirlwind of turmoil from which there may be no escape for the most vulnerable members—children.

Representatives from the Stable Families Outcome Team will be joining representatives from other outcome teams and other community members on a task force, which will convene in 2008, to identify solutions to alcohol and other drug abuse.

**OTHER AREAS OF INTEREST**

**Family-centered services.** Family Group Decision Making (FGDM) is a family-driven, evidence-based model in which families have a primary decision-making role in planning for the health and well-being of vulnerable members. A key goal of this model is to expand a family’s support network during crises. While FGDM has its roots in child welfare and juvenile justice, it has a growing number of additional applications including education, children with special needs, the frail elderly and prisoner re-entry.

Recognizing the importance of family-driven services, the Stable Families Outcome Team endorsed the use of FGDM in Montgomery County’s child welfare and juvenile justice systems. To support this work, the Team requested partial funding of a training series to prepare workers in several agencies to utilize the model. The FCFC approved the $1,700 request, which was matched by contributions from Montgomery County Juvenile Court and the Children Services Division of Montgomery County Department of Job and Family Services. Subsequently, 50 professionals were introduced to the model and 30 of those went through an additional three-day intensive training session. These family workers will be implementing this model in their organizations to improve services and successes for families in Montgomery County.

**Fatherhood.** There is extensive information about the consequences of absent fathers and the impact of fathers’ involvement on the well-being of children and society. For starters, children whose fathers do not live with them are more likely to live in poverty. In addition, those children are also more likely to experience emotional problems, use alcohol or other drugs, or engage in delinquent behavior. A young person’s physical health is also impacted by the relationship with his/her father. The research is clear: fathers factor significantly in the lives of their children. There is simply no substitute for the love, involvement, and commitment of a responsible father.

Various fatherhood initiatives across the nation—some in Ohio—are providing resources to help fathers pay child support and maintain nurturing relationships with their children. Job training, job search assistance, and encouragement to continue their education help fathers improve their economic status and financial support of their children. Parent education and support specifically geared to non-residential fathers helps men provide the nurturing their children also need.

In Montgomery County, several organizations and other interested individuals are working to establish such an initiative. The Stable Families Outcome Team supports these efforts and looks forward to the emergence of innovative services for fathers that will result in greater stability and success for children.
BACKGROUND
Research suggests American children have only an 8% chance of growing up in poverty when their parents have a first child after age 20, finish high school, and get married. However, children of parents who do not meet these conditions have a 79% chance of being raised in poverty.

NEW DATA
Data for 2005 and 2006 are being published for the first time. The values for Montgomery County for those years were 42.0% and 42.5%. The values for Ohio were 45.0% and 45.9%.

SHORT-TERM TRENDS
The short-term trend from 2005 to 2006—from 42.0% to 42.5%—is in the desired direction. Montgomery County’s rank among the 10 urban counties remains unchanged at 8th place.

Behind the Numbers
Go to page 33 for more in-depth data analysis

Most desirable ranking is number one.

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

NEW DATA
In this year’s Report, we are publishing data for 2006 and 2007. For Montgomery County, there were 6.0 substantiated reports of child abuse and neglect per 1,000 children ages 0 – 17 in 2006 and 4.8 in 2007; the values for those years for Ohio were 6.2 and 5.7. Montgomery County’s rank among the 10 urban counties was 4th in both years. The data for this indicator are calculated using population figures. Both population data and child abuse data have been updated for the period covered by this Report. As a result, there are changes to some of the data published in prior Reports.

SHORT-TERM TRENDS
The short-term trend from 2006 to 2007—from 6.0 to 4.8—is in the desired direction. The county comparative rank remained the same, 4th.
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 means “the degree to which an individual or community could have reasonably done something that would have changed the circumstances that led to the child’s death.” From 2001 to 2004 the Review Board used the four categories provided by the state of Ohio: “Preventable,” “Somewhat Preventable,” “Not Preventable” or “Not Sure.” In its 2004 Report, the FCFC began reporting “Preventable” and “Somewhat Preventable” child deaths as determined by the Review Board as opposed to 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” and 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 2006 there were 70 deaths of children in Montgomery County. 24 were determined to be “Probably Preventable.”

SHORT-TERM TRENDS
The short-term trend from 2005 to 2006—from 19 to 24—is not 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 2007, there were eight domestic violence-related deaths in Montgomery County, the lowest amount for the period of this review.

SHORT-TERM TRENDS
The short-term trend from 2006 to 2007—18 to 8—is in the desired direction.

<table>
<thead>
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<th>Year</th>
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</thead>
<tbody>
<tr>
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<td>2006</td>
<td>18</td>
</tr>
<tr>
<td>2007</td>
<td>8</td>
</tr>
</tbody>
</table>

Note: Data include victims of all ages and genders. Information is not available from other counties.
The FCFC “Avoiding Poverty” indicator is based on research suggesting that American children have only an 8% chance of growing up in poverty when their parents have their first child after they reach the age of 20, finish high school, and get married. However, children of parents who do not meet these three conditions have a 79% chance of being raised in poverty. Using information from birth certificates, the FCFC is able to derive the percentage of first births where both parents completed high school, the parents are married before the child’s birth, and the mother is at least 20 years old. A high value for this indicator is good. It means that a high proportion of couples are starting their families with these conditions all being met, thus increasing the chances that their children will grow up without experiencing poverty.

While the value of this indicator increased slightly in 2006 (see page 29), the historical trend has been downward, i.e., not in the desired direction. In fact, according to this indicator, for almost a decade, the majority of first-born children of Montgomery County residents are starting their lives with an increased chance of growing up in poverty.

In this light, the 2006 poverty rate for Montgomery County children under 18 years old, 21.2%, can be considered a “snapshot” of a dynamic situation. Nationally, 81% of children in non-married households, and 63% of children whose head of household had less than a high school education, will experience poverty at some point during their first 17 years, giving the FCFC indicator some added perspective.

The possibility that children growing up in these circumstances will eventually have their own children who themselves are at increased risk of living in poverty cannot be ignored and, in fact, adds urgency to this discussion. Consider the data displayed in Figure 1. The probability that a newly started family will successfully avoid poverty (as defined by the FCFC’s indicator) goes down in neighborhoods with high proportions of female-headed families.

Successfully reversing the unfavorable trend of this indicator will mean that more young people will finish their education, delay childbearing, and be married when they do have children. While it is true, from an economic standpoint, that unmarried couples living together are generally better off than single-parent families, it is also true that they are “considerably worse off” than married-couple families.

The expansion of existing programs to help couples prepare for marriage or to strengthen existing marriages frequently gets mentioned as a possible remedy. As others have pointed out, it is not clear whether such programs can be effective when they get bigger and/or are targeted at more low-income couples. It is encouraging that the federal government is currently funding large-scale demonstration projects of three such programs. All of those interested in successfully helping young families to avoid poverty will be interested in the evaluation of these programs.

Figure 1. For each of Montgomery County’s 145 Census tracts the value of the FCFC indicator “Avoiding Poverty” is plotted against that tract’s percentage of single-parent (female) families. Neighborhoods with a high proportion of single-parent (female) families are ones where newly starting families are very likely to be poor.
OUTCOME TEAM ROSTER

Amy Luttrell  
Goodwill Easter Seals Miami Valley  
Co-Champion

Emmett C. Orr, MPA  
Wright State University  
School of Professional Psychology  
Co-Champion

Alan Cochrun  
Access Center for Independent Living

Mark Gerhardstein  
Montgomery County Board of Mental Retardation/Developmental Disabilities

Sharon Honnert  
Parent

Douglas McGarry  
Area Agency on Aging

Dennis Moore, Ed. D.  
SARDI-WSU School of Medicine

Joseph Szoke  
ADAMHS Board for Montgomery County

Joyce Young  
Ohio Rehabilitation Services Commission

STAFF:  
Diane Luteran, OFCF  
Donna Nettles, OFCF

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 Positive Living for Special Populations (PLSP) Outcome Team concentrated on the following items during 2007:

- a new task force to address alcohol and other drug abuse;
- legislative and regulatory advocacy;
- community education / awareness; and
- systems navigation.

New Task Force to Address Alcohol and Other Drug Abuse
The issue of untreated drug and alcohol dependency was identified by the PLSP Team as a top priority early in its work. Team members agreed that this issue requires a multi-team focus, since the effects of substance abuse impact all FCFC outcome areas. With PLSP input, a Family and Children First Council meeting in April 2007 was
devoted entirely to discussing the issue of substance abuse and its impact on our community. The PLSP Team was very pleased that a new initiative subsequently was approved by the FCFC Executive Committee. It will be implemented as a task force co-chaired by Montgomery County Commissioner Dan Foley and Jim Pancoast, President and CEO of Good Samaritan Hospital. The initiative will help assess how our community addresses substance abuse prevention and intervention needs in Montgomery County. The task force will be appointed by the Montgomery County Commissioners and will begin working in 2008 to tackle this important community issue.

### Legislative and Regulatory Advocacy

State and federal requirements dictate many of the choices that are available to special populations. During 2007, PLSP Team members actively monitored federal and state legislative initiatives, including the state biennial budget bill, which included Medicaid buy-in and mental health parity provisions. The Team also facilitated FCFC letters of support for Ohio’s Money Follows the Person application to the federal government, as well as Access to Better Care (ABC) state grant applications for mental health services. The PLSP Team will continue to monitor the progress of federal mental health parity legislation, an Ohio bill introduced in late 2007 that calls for parity coverage for addictions, and efforts to develop a more comprehensive state mental health parity law for all types of mental illness.

There were several positive legislative developments of interest in 2007:

- **Money Follows the Person initiative, now called HOME Choice (Helping Ohioans Move, Expanding Choice).** Ohio was one of 17 states chosen to receive a Money Follows the Person grant from the Federal Centers for Medicare and Medicaid. Ohio will receive $100 million in enhanced federal matching funds over five years to help relocate 2,200 seniors and persons with disabilities from institutions to the community and to rebalance funding for long-term care services and supports. PLSP members have been working on state planning committees for HOME Choice implementation.

- **Medicaid Buy-In.** The employment rate for persons with disabilities is less than half that of persons without disabilities. One disincentive has been that persons with disabilities have faced the prospect of having to choose between employment and their Medicaid coverage. That will change soon. The PLSP Team was very pleased that during 2007, Ohio joined 34 other states to expand Medicaid eligibility for working residents with disabilities. Ohio’s Medicaid buy-in law will allow workers with disabilities to be employed while also being allowed to buy in to Medicaid on a sliding scale, so that they can maintain needed health coverage. In the past, these workers could not have been covered by Medicaid because their incomes were too high. State implementation of Medicaid buy-in (originally scheduled for January 1, 2008) has been postponed to April 1, 2008.
Mental Health Parity. Parity refers to having the same health insurance coverage for mental illness as for physical illness. Lack of insurance for mental health services can impact needed treatment for special populations. In late 2006, Ohio joined 37 states when mental health parity (only for certain specified mental illnesses) became law. In 2007, mental health parity bills were introduced in Congress, as well as a parity bill introduced in Ohio to cover addictions.

Community Education/Awareness
The PLSP Team believes that prevention of delays and disabilities is a very cost-effective strategy. During 2007, the PLSP Team developed and implemented a campaign to help prevent fetal alcohol spectrum disorders. The Team also had dialogue with representatives from the medical, mental health, and early intervention communities as it investigated how our county can prevent developmental delays and disabilities in young children and help those who need early intervention assistance as soon as possible.

Fetal Alcohol Spectrum Disorders (FASD). In 2007, the PLSP Team received Human Services Levy funds through the FCFC to implement a county-wide FASD educational campaign, targeting women in Montgomery County of childbearing age. The campaign’s message was to avoid drinking while pregnant, as there is no safe time or level of alcohol that can be consumed. FASD is a lifelong condition that is 100% preventable if the mother does not drink during pregnancy.

Utilizing ads and video that were produced by NotASingleDrop.org, a local informational FASD prevention campaign ran during Fall 2007. TV and radio public service announcements, billboards, DVDs and print materials were developed and distributed throughout Montgomery County. Also, the faith community was encouraged to participate in a bell-ringing at 9:09 a.m. on September 9th, International Fetal Alcohol Awareness Day, to reinforce the message that not a single drop of alcohol should be consumed during the nine months of pregnancy. FASD prevention materials continue to be available for distribution in the community by calling Help Me Grow at 937-208-GROW(4769).

Heighten community awareness/access about early intervention for infants and toddlers. A child’s brain goes through incredible development during the first five years of life. Research shows that approximately 85% of this growth happens during the first three years of life. Parents, grandparents, caregivers, daycare workers, and other significant
people in a young child’s life help develop a young child’s brain through everyday activities.

The PLSP Team had dialogue in 2007 with local early intervention experts and representatives of the medical, mental health, and early intervention communities about how the PLSP Team can help educate the community regarding:

- the importance of developmental milestones for children under age 3 and
- whom to contact if there are concerns.

The PLSP Team will be refining this work in early 2008. The Team learned that communication concerns are the top presenting condition for early intervention. Parents and caregivers can help young children acquire the building blocks of speech. Social-emotional development of young children, including developing empathy, anger management, and impulse control, also are important contributors to school readiness and school success.

**Systems Navigation**

For some persons with disabilities, it is easy to find a service system to help them. For others, their needs may overlap service systems, or there is no obvious service system to help. Without a roadmap to the confusing maze of systems that may be able to assist special populations, persons in need of services (and their loved ones) require help in navigating systems serving special populations. Case managers and other professionals who work with special populations also need to be trained about services available. Working through the FCFC Agency Director’s Committee, a “No Wrong Door” Policy and a community resource guide was developed in 2007 to link people to the services they need. The PLSP Team will continue to work on this systems navigation issue in 2008.

**Veterans.** With the significant number of veterans returning to our community after deployment in war zones, the PLSP Team felt it important to have dialogue with staff of the Montgomery County Veterans Service Commission, as some veterans are returning with brain injuries or mental health needs, including post traumatic stress disorder. The Veterans Service Commission has now become a member of the FCFC Agency Director’s Committee, which will enhance coordination among systems in Montgomery County to help returning veterans.

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**Two Local Businesses Recognized for Promoting Positive Living for Special Populations**

Employment is a key ingredient to full participation in the community; however, persons with disabilities have a much lower rate of employment than the general population. (See “Behind the Numbers” on page 46.) As a way to recognize successful employment of people with disabilities in our community, the PLSP Team nominated the following businesses for a 2007 Better Business Bureau Eclipse Integrity Award. The PLSP Team congratulates 2007 nominees:

**McGregor Surmount Corp., Brookville** – McGregor has hired persons with disabilities since 2004. Currently, 22 workers assemble refrigerators at the McGregor plant, and 55 workers assemble additional parts for McGregor at MONCO Enterprises. The quality of the work has contributed to the company’s bottom line and has earned McGregor Surmount Corp. the Whirlpool Supplier of the Year award for two years.

**Kroger stores throughout Montgomery County** – Kroger sets a very visible example in our community by employing persons with disabilities at six of its stores. Kroger is welcoming to special populations, and these workers are treated with respect and fairness.
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 Help Me Grow is entirely voluntary. Services are based on the needs and desires of each family. Services include: providing information and referral to families; child find and outreach activities; conducting a home visit of newborn and mother; and service coordination, family support, and other ongoing services for children under age three at risk for, or with, a developmental delay or disability.

In 2007, 2,430 referrals to Help Me Grow were received, including 819 from potential clients, family members, or friends, and 724 from community screenings and hospitals. Help Me Grow nurses made 1,173 home visits to check on the health and physical status of mothers and their newborns (many were seen within the first two of weeks after the birth). As of December 31st, 1,372 Individualized Family Service Plans (IFSPs) were in place daily for young children and their families being served by ongoing Help Me Grow services.

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<th>CHILDREN RECEIVING ONGOING SERVICES (DAILY COUNT AS OF 12/31/07)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 12 months (includes prenatal)</td>
</tr>
<tr>
<td>AT RISK FOR DEVELOPMENTAL DELAY OR DISABILITY. <strong>TOTAL 690</strong></td>
</tr>
<tr>
<td>351</td>
</tr>
<tr>
<td>SUSPECTED/DIAGNOSED DELAY OR DISABILITY. <strong>TOTAL 682</strong></td>
</tr>
<tr>
<td>121</td>
</tr>
</tbody>
</table>

Source: Ohio Department of Health Early Track

**IN 2007, HELP ME GROW SERVICES WERE PROVIDED BY:**

**CENTRAL INTAKE, REFERRAL AND ONGOING SERVICES:**
Greater Dayton Area Hospital Association (GDAHA)—Help Me Grow—Brighter Futures

**NEWBORN HOME VISITS:**
GDAHA Brighter Futures
Fidelity Health Care
Kettering Medical Center—Precious Beginnings Home Care

**DEVELOPMENTAL EVALUATIONS:**
Montgomery County Board of MR/DD—PACE Program
HELP ME GROW SUCCESS STORIES

Success Stories – The work and impact of Help Me Grow is best explained through the stories of clients (names have been changed):

While completing the maternal portion of the newborn home visit, the Help Me Grow nurse, Tina, noted that the mother had a very low heart rate. Tina phoned the physician who recommended that the new mother come into the office immediately. The physician, finding the same results as Tina, promptly sent the mother to the hospital, where she was later admitted for a medical problem. The nurse’s excellent skills and judgment helped this new mother receive prompt care and avoid any negative outcomes.

Terri’s son, Justin, was born ten weeks premature. Terri had both postpartum depression and trouble bonding with her newborn. After Justin came home, the Help Me Grow Service Coordinator provided weekly visits and made referrals to Terri’s doctor to address postpartum depression and to YCATS (Young Children’s Assessment and Treatment Services) to help with bonding issues. Justin, now 11 months old, is thriving. He receives MRDD PACE (Parent and Child Enrichment Program) services as a result of a delay due to his premature birth. Terri has developed a loving and supportive bond with her child.

Jennifer, the Help Me Grow service coordinator, received a referral from The Children’s Medical Center for two year old Latisha, who has cochlear ear implants. While Latisha continued to receive services at The Children’s Medical Center, the service coordinator also linked the family with the Regional Infant Hearing Program and a speech therapist. In the months before the child turned age three, Jennifer also worked with the family and school district on transition to special education services. Latisha recently turned three and has made a successful transition to her school district. She is communicating at the level of a 4-year-old using her voice, sign language, and gestures. The family is very satisfied with their daughter’s progress and could not be happier with their journey through Help Me Grow and positive transition to their school district.

Tim and Sara’s son, Daniel, was diagnosed with autism. Karen, the Help Me Grow service coordinator, referred the family for infant mental health services. The mother participated in the sessions, but the father was uncomfortable about participating. Karen kept encouraging the father to attend one of the sessions until he finally did. After Tim saw Daniel’s interaction with the infant mental health counselor, Tim became more engaged with Daniel. He learned how to play with his son and became more comfortable showing affection. At the end of a session, Tim said he was happy that he had decided to go. He later taught his brothers and other male relatives what he had learned to successfully interact with Daniel.

Two year old Brianna was referred to Help Me Grow with feeding and communication problems (due to a severe speech delay) and aggressive behavior towards her family. Her service coordinator, Sonya, connected the family with YCATS, which worked with the family to manage Brianna’s behavior. Sonya also linked the family with Public Health's BCMH (Bureau for Children with Medical Handicaps) program, which helped the family with resources to pay some of the child’s medical bills, and to MRDD’s PACE program, which provided Brianna’s occupational, physical, and speech therapy services. Brianna now can eat some solid foods and is walking. The mother commented positively on the successful strategies she learned for working with Brianna. She also was very appreciative that some of the financial burden of medical costs was reduced through her family’s participation in Help Me Grow.
OUTCOME  POSITIVE LIVING FOR SPECIAL POPULATIONS

INDICATOR  NURSING HOME POPULATION

BACKGROUND
The ability of people who are 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 Montgomery County value for 2005 is 35.3. In this year’s Report we are including for the first time the Ohio values for 2001 (39.7), 2003 (38.4), and 2005 (38.9). The county comparative ranks are not available for 2003.

SHORT-TERM TRENDS
The short-term trend from 2003 to 2005—38.0 to 35.3—is in the desired direction. The county comparative rank also changed in the desired direction, from 6th to 2nd.

AVERAGE DAILY CENSUS (ADC) OF NURSING HOMES PER 1,000 COUNTY RESIDENTS AGES 60 AND OVER

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>40.0</td>
<td>39.2</td>
</tr>
<tr>
<td>2003</td>
<td>38.0</td>
<td>38.4</td>
</tr>
<tr>
<td>2005</td>
<td>35.3</td>
<td>38.9</td>
</tr>
</tbody>
</table>
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 SFY07 was 142. The value for SFY06 has been revised and is now 150.

SHORT-TERM TRENDS
The short-term trend from SFY06 to SFY07—150 to 142—is not in the desired direction.

SFY stands for “State Fiscal Year.” It runs from July 1 to June 30 and is named for the calendar year in which it ends.
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 SFY07 was 149.

SHORT-TERM TRENDS
The short-term trend from SFY06 to SFY07—133 to 149—is in the desired direction.

SFY stands for “State Fiscal Year.” It runs from July 1 to June 30 and is named for the calendar year in which it ends.
BACKGROUND
The Ohio Department of Mental Health implemented a statewide, standardized outcome measurement system for mental health clients in 2003. 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 indicated state fiscal 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 SFY07 was 64%.

SHORT-TERM TRENDS
The short-term trend from SFY06 to SFY07—63.5% to 64%—is in the desired direction.

SFY stands for “State Fiscal Year.” It runs from July 1 to June 30 and is named for the calendar year in which it ends.
BACKGROUND
The Ohio Department of Mental Health implemented a statewide, standardized outcome measurement system for mental health clients in 2003. 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 of questions that 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 indicated state fiscal 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 SFY07 was 69%.

SHORT-TERM TRENDS
The short-term trend from SFY06 to SFY07—66.5% to 69%—is in the desired direction.

SFY stands for "State Fiscal Year." It runs from July 1 to June 30 and is named for the calendar year in which it ends.
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 SFY07 was 37%. The number of clients who met their goals increased 12% (from 871 to 976) but the percentage remained the same due to an increase in the number of clients.

SHORT-TERM TRENDS
The short-term trend from SFY06 to SFY07—37% to 37%—remains flat.

*SFY stands for “State Fiscal Year.” It runs from July 1 to June 30 and is named for the calendar year in which it ends.*
The Family and Children First Council’s definition of people who are in “special populations” begins “People of any age with significant disabilities.” How many people are we talking about? The answer turns out to depend on who is doing the asking and how the question is asked. In fact, according to one analysis, there are over twenty different definitions that have been used by government and private agencies for various statistical purposes and to determine eligibility for different benefits and services. We shall soon see that in Montgomery County, home to about 542,000 people, the number with a disability is well over 44,000 but probably less than 100,000.

A good place for answers to questions that begin “how many people…” is usually the US Census Bureau. In both the national head count that it conducts every ten years and in the recently introduced annual American Community Survey, the Census Bureau uses a “functional limitation” definition of disability. Through a series of questions they determine whether a person has a sensory, physical, mental, self-care, go-outside-the-home and/or employment disability. 

According to the 2000 Census, almost one out of every five Montgomery County residents aged five or older had one (or more) of these disabilities. (The Montgomery County rate, 19.6%, was just above the national rate, 19.3%.) That translates into just over 100,000 people. However, after completion of the 2000 Census, the Census Bureau identified a problem with parts of its survey. One result is that the overall estimate of the population with disabilities, as reported in the 2000 Census, is probably too high.

The problematic parts of the Census survey had to do with go-outside-the-home disability and with employment disability. An analysis of the Census data for the remaining components of the survey, i.e., the sensory, physical, mental, and self-care components, revealed that just over 44,000 Montgomery County residents between the ages of 5 and 64 had one or more of those disabilities. Because this re-analysis (conducted after identifying the problems with the survey) did not include those 65 and older, we can reasonably conclude that there are well over 44,000 Montgomery County residents with disabilities. Whatever the actual number is, Montgomery County has a higher proportion of residents with a disability than most of Ohio’s other large counties. (See Figure 1.)

Females are slightly more likely than males to report a disability, and the prevalence of disability is higher among non-whites than it is among whites. Not surprisingly, the proportion of people with a disability increases with age. In Montgomery County in 2006 just under 8% of children aged 5 to 15 had a disability, while for those 65 and over the percentage was close to 38%. For those in-between, 16 to 64, the proportion was 15%.

The relative incidence of disability types also changes with age. (See Figure 2.) About 16% of disabled 5—15 year-olds report a physical disability while 90% report a mental disability. For those who are 16—64 years old and have at least one disability, the proportion with a mental disability falls to 43% while the proportion with a physical disability rises to 60%. For those 65 and over with at least one disability, the proportion with a physical disability is even higher—79%—while the proportion with a mental disability drops to 27%. Because the overall prevalence of disability is so high in the oldest age group, people 65 and over actually have the highest prevalence of mental disability, just over 10%.

Buried in the national statistics describing children with disabilities are some troubling facts:

Almost one-third of the more than 500,000 children living in foster care have disabilities, and the majority of those waiting to be adopted are children with disabilities.
Poor families are twice as likely to have a child with a disability and 50 percent more likely to have a child with a severe disability.

About 48% of all children with disabilities are members of families living in poverty or part of the working poor.

Around the world people are becoming increasingly aware that poverty and disability are linked in many ways. As the United Nations said to mark the International Day of Disabled Persons in 1996:

People living in poverty tend to become disabled because of aggravating factors, such as malnutrition, squalid housing, hazardous occupations, and heightened exposure to violence. Conversely, people with disabilities tend to be poorer or to become impoverished because they lack jobs or access to income, basic social and medical services, and rehabilitation. On top of this, the poor with disabilities are often exposed to the devastating effects of discrimination, exclusion, sheer prejudice or superstition, and the denial of participation and influence in society.

Addressed to a global audience, this message underscores the challenge in achieving locally the FCFC’s vision for people who are in special populations, namely, that they “have the opportunity to participate fully in every aspect of community life that they desire.” Stated simply, for too many members of special populations poverty is one more burden. In Montgomery County, 19.8% of people ages 5 and over who have a disability are living in poverty compared to 12.7% of those without – a 56% higher rate.

A hallmark of full participation in American society is employment. People with disabilities – by any measure – do not achieve full participation. According to a recent Harris Poll, 63% of adults with disabilities said they want a paying job. Yet in 2005, only 38.4% of Ohioans between the ages of 21 and 64 with a sensory, physical, mental or self-care disability were employed, compared to 78.1% of non-disabled Ohioans between those ages. The percentage of disabled adult Ohioans who are unemployed but actively looking for work (according to the criteria used by statisticians to determine labor force participation) may seem low – around 7% – but it is high enough to yield an unemployment rate that is over twice that of non-disabled Ohioans.

With this employment picture in mind it is not surprising that the median earnings in Ohio for people age 16 and over with a disability (in 2006 inflation adjusted dollars) was $16,669, less than 62% of the median earnings of the population with no disability, $27,224. Perhaps the challenge of attaining full participation is made more evident by taking a step back and looking at some recent history. Figure 3 displays data on mean household income and employment rates for three different years. 1989 and 2000 were peak years for their respective business cycles and 1992 marked a recession. Not only is the gap between workers with and without disabilities apparent, it actually grew wider from one economic peak to the next.

These observations have spawned a robust national debate about many aspects of this issue. We hope they also sharpen the local will to achieve the desired community outcome of positive living for special populations.

### Montgomery County Residents — Disabilities by Age (2006)

<table>
<thead>
<tr>
<th>Age</th>
<th>5 to 15</th>
<th>16 to 64</th>
<th>65 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of population reporting one or more disabilities</td>
<td>8%</td>
<td>15%</td>
<td>38%</td>
</tr>
</tbody>
</table>

% of those reporting a disability by age group:

- % with a mental disability: 90%, 43%, 27%
- % with a physical disability: 16%, 60%, 79%

**Figure 2.** The relative incidence of disability types changes with age. Person may report more than one disability.

### Mean Household Income

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Men without disabilities</td>
<td>$35,863</td>
<td>$33,968</td>
<td>$39,401</td>
<td>+ 9.4</td>
</tr>
<tr>
<td>Men with disabilities</td>
<td>$21,178</td>
<td>$19,774</td>
<td>$20,572</td>
<td>- 2.9</td>
</tr>
</tbody>
</table>

### Employment Rate

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Men without disabilities</td>
<td>96.1%</td>
<td>94.8%</td>
<td>95.2%</td>
<td>- 1.0</td>
</tr>
<tr>
<td>Men with disabilities</td>
<td>44.0%</td>
<td>41.6%</td>
<td>33.1%</td>
<td>- 28.4</td>
</tr>
</tbody>
</table>

**Figure 3.** Men with and without disabilities both suffered in the 1992 recession compared to the 1989 business cycle peak but they fared much differently between the 1989 peak and the 2000 peak. Mean household income is expressed in constant 2000 dollars. For percentage change the average of the two years is used as the base.
SAFE NEIGHBORHOODS OUTCOME TEAM ROSTER

The Hon. Jeffrey E. Froelich
Montgomery County
Common Pleas Court
Champion

Wanda Beamer
Dayton Municipal Court

Louis Q. Fries
Dayton Municipal Court

The Hon. Cynthia M. Heck
Vandalia Municipal Court

The Hon. Carl S. Henderson
Dayton Municipal Court

Jacquelyn Jackson
Dayton Municipal Court

Deirdre Logan, Esq.
City of Dayton, Department of Law

Leonard Oram
Vandalia Municipal Court

Terrance Sledge
Dayton Municipal Court/
Vandalia Municipal Court
10/07 to Present

Claudia Turrell, Esq.
Vandalia Municipal Court

STAFF:
Joe Spitler
Montgomery County
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

In 2006 the FCFC, acting on a recommendation from the Safe Neighborhoods Outcome Team, approved start-up funding for the first two years of operation of a Safe Neighborhoods Court. Project implementation began in October of that year. The first twelve months of the program are the subject of this report.

Background
Before making its recommendation the Outcome Team had examined misdemeanor arrest statistics in the county and found that a relatively small number of individuals (fifteen) were responsible for over 270 separate arrests in 2005. On average that was over five arrests per week throughout the year. This was clearly a drain on law enforcement and judicial resources as well as a chronic nuisance to the neighborhoods frequented by these people.

The goal of the Safe Neighborhoods Court is to improve the quality of life in these neighborhoods by focusing on the relatively small group of individuals responsible for most of the negative contacts. To achieve this goal a special court docket was established jointly by Dayton and Vandalia Municipal Courts. In addition, a Safe Neighborhoods Court Probation Officer has been hired to provide intensive supervision to these individuals.

It is important to note that the Court does not target any of these individuals for arrest and prosecution. Instead, once one of them is arrested and convicted, the Court works closely with these individuals to lessen their further involvement in the criminal justice system.
Statistics – First Twelve Months

Between October 2006 and October 2007 the Safe Neighborhoods Court screened 60 defendants. The screening process includes doing a background check, examining arrest records and mental health history, determining the person’s current life situation, and collecting information from the complainant(s). As a result of this screening, 21 defendants were considered not amenable or not appropriate for the Safe Neighborhoods Program. Of the remaining 39 defendants, 22 were revoked or terminated due to non-compliance during the program’s first twelve months. Of the remaining 17 defendants there were arrest warrants for two of them at the time that the data for this report were prepared. Three of the remaining 15 defendants successfully completed the Safe Neighborhoods Court program during the Court’s first twelve months and twelve were active at the end of that time.

The Heart of the Program: The Relationship Between the Probation Officer and the Defendants

It should be clear, from this recounting of its first twelve months, that the Safe Neighborhoods Program deals with a highly volatile population, one which requires constant monitoring and reassessment of the individual needs of each defendant in the program. On several occasions, the Probation Officer has been asked to be in more than one place and to handle more than one problem at the same time. Each defendant’s needs change daily, if not hourly.

In an excellent effort to meet the defendants’ needs and stabilize them, the Probation Officer has far exceeded what is expected of a probation officer and has incorporated vast social work skills into his daily routine.

As an example, the Probation Officer drove to Springfield, Ohio in order to help a defendant acquire his birth certificate. That led to a trip to the Social Security Administration to obtain a social security number, which enabled the defendant to acquire a State ID. This action, which consumed the better part of the day, allowed the defendant to open a bank account, necessary for direct deposit of his Social Security Check.

The Probation Officer has been able to improve communication between the Probation Office and outside agencies. He has also taken action to cut through red tape and roadblocks which inhibited the defendant from acquiring needed services. An example of such action can be seen by the way the Probation Officer handled the problem of a clogged drain. The defendant’s apartment was uninhabitable due to the stench coming out of his clogged kitchen drain. Despite the efforts of the case manager, who was assured the problem would be resolved, the drain remained clogged for several weeks. The Probation Officer went directly to the Dayton Metropolitan Housing Authority (DMHA) and the drain was fixed that same day.

The same defendant was admitted to Twin Valley Psychiatric Center so he could become stabilized on his medication. When it was time to release the defendant, his case manager and Twin Valley were under the impression he no longer had an apartment at DMHA. The Probation Officer was able to talk to DMHA and eliminate the confusion, thus assuring the defendant still had a place to live.

The above are a few examples of the Safe Neighborhoods Probation Officer’s extra involvement with the defendants. His other efforts include, but are not limited to, taking them shopping, redirecting their buying priorities, driving them to their treatment programs, and helping them access community resources.

The Outcome Team believes that the efforts made by the Safe Neighborhoods Probation Officer on behalf of the defendants have resulted in improving the quality of their life in small increments. He has afforded several of them the...
opportunity to acquire a State ID—something they had previously been unable to do. This small but important move has opened up new possibilities for each of the defendants.

The Probation Officer has demonstrated an exceptional ability to relate to the defendants. The level of trust between the Officer and the defendants has been witnessed on more than one occasion. For instance, when a defendant was admitted to Twin Valley, he refused to speak to anyone. When the Probation Officer arrived at Twin Valley to check on the defendant, he was told the first words the defendant spoke were to the Probation Officer. The Probation Officer was able to break through the defendant’s defenses and facilitate communication and cooperation between the defendant and the professional staff.

**Reducing Arrests and Jail Days**

An important aspect of the program was to help reduce jail overcrowding as much as possible. To this end the Outcome Team has found that the individuals who cooperated with the Program have demonstrated a definite decrease in new arrests and jail time.

As an example consider Joe (not his real name). In the nine months prior to entering the program he was arrested four times and served 47 days in jail. In the nine months after he entered, he had zero arrests and zero jail days. Although Joe’s may be an exceptional case, it does demonstrate that for some defendants the goal of no further arrests is obtainable. In fact, looking at a sample of over a dozen clients for the time period from January 1, 2006 to December 31, 2007 reveals that collectively they had 562 jail days before entering and after leaving the program and only 154 jail days while their cases were open, i.e., while they were in the Safe Neighborhoods Program.

In addition, while the Probation Officer is in the field he often comes across defendants who are at risk of getting into difficulties with the police. At these times he takes them home and takes them out of harm’s way. This in turn reduces police interaction, most likely preventing additional arrests, incarceration and jail days.

**Community Agencies**

The Probation Officer has also developed a positive relationship with the social service agencies that work with the defendants. Providing transportation to and from their facilities and to other agencies or to the hospital, to the library and/or to the grocery store can save the agencies’ case managers hours of case coverage. This has been greatly appreciated by agencies such as Day-Mont Behavioral Health Care, Nova House, Eastway and the Center for Alcoholism and Drug Addiction Services (CADAS).

**The Effect on Neighborhoods**

Dealing with a population with mental health issues and experiencing troubled times, the Safe Neighborhoods Probation Officer brings sporadic periods of stability to their lives and to the community. His efforts have been a deterrent, preventing the defendant from creating additional problems in the community. All individuals in the Safe Neighborhoods Program are part of the community; therefore, even the smallest stabilizing addition to their lives ultimately results in a positive overflow to
In December 2006, the Supportive and Engaged Neighborhoods Outcome Team made a number of recommendations to the FCFC. These recommendations were discussed in the 2006 Progress Report and included the following:

- that the FCFC begin building support for a collaborative effort that focuses on a small, manageable number of neighborhoods;
- 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;
- that 50% of the funds awarded through the Supported Services Fund be directed to agencies with projects that are part of one or more of the neighborhood initiatives;
- that other key partners 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.

In developing these recommendations the Team launched a community conversation that included neighborhood forums and meetings with key stakeholders in the community. In its December 2006 report to the FCFC, the Team pledged to continue that conversation.

In 2007, the Team kept the conversation going as it worked to develop consensus around the importance of building supportive and engaged neighborhoods.

After all, as the Team said in last year’s report, this work “is not easy and will not happen overnight.”

It also will not happen all at once in all neighborhoods. For that reason the Team was especially deliberate about building consensus around the recommendation to start with a small number of neighborhoods. This will make the initiative manageable and will give the FCFC and its partners the opportunity to learn by doing.

In these conversations the Team has emphasized its belief that neighborhoods with discernible assets, i.e., neighborhoods with a possibility of success, should be the initial focus. Especially attractive to the Team and to the FCFC are those neighborhoods that are home to one of the schools in Dayton’s Neighborhood School Centers project, Cleveland School, Edison School, Fairview School, Kiser School and—at construction is completed in 2008—Ruskin School.

In 2008, the conversation within the FCFC and with its partners will continue. The Supportive and Engaged Neighborhood Team will continue to raise two questions with the FCFC:

- “Since we are all convinced that we need all the desired community outcomes in our neighborhoods, especially the distressed neighborhoods, should we not develop several multi-outcome initiatives in specific neighborhoods?”; and
- “If so, should we not focus major discretionary expenditures of FCFC on these multi-outcome initiatives?”

SUPPORTIVE AND ENGAGED NEIGHBORHOODS OUTCOME TEAM ROSTER

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

David A. Cleavenger
City of Dayton

Gregory D. Johnson, PHM
Dayton Metropolitan Housing Authority

Marc R. Levy, MSW
United Way of the Greater Dayton Area

STAFF:
Robert L. Stoughton
University of Dayton Fitz Center, OFCF

SUPPORTIVE AND ENGAGED NEIGHBORHOODS OUTCOME TEAM REPORT
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 2005 was 4.9 per 1,000 population, ranking Montgomery County fifth among Ohio’s largest counties. In 2005, the value for violent crime was 3.5 for Ohio and 4.7 for the United States.

SHORT-TERM TRENDS
The short-term trend from 2004 to 2005—from 5.2 to 4.9—is in the desired direction. The change in the county comparative ranking—from 6th to 5th—is also in the desired direction.
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 2005 was 49.3 per 1,000 population, ranking Montgomery County eighth among Ohio’s largest counties. In 2005, the value for property crime was 36.6 for Ohio and 34.3 for the United States.

SHORT-TERM TRENDS
The short-term trend from 2004 to 2005—from 55.0 to 49.3—is in the desired direction. The county comparative ranking remained unchanged at 8th.

Most desirable ranking is number one.
Ins.data = Insufficient data.
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 28.5% in 2007 and for Ohio it was 29.7%.

SHORT-TERM TRENDS
The short-term trend from 2005 (the previous off-year election) to 2007—from 40.1% to 28.5%—is not in the desired direction. From 2006 to 2007 the county comparative rank did not move in the desired direction.

OUTCOME SAFE AND SUPPORTIVE NEIGHBORHOODS

INDICATOR VOTER PARTICIPATION

2005
1. Lorain 45.4
2. Mahoning 45.4
3. Lucas 42.9
4. Stark 41.5
5. Butler 40.2
6. Montgomery 40.1
7. Summit 39.0
8. Cuyahoga 36.1
9. Hamilton 35.9
10. Franklin 29.6

2006
1. Montgomery 58.4
2. Mahoning 55.9
3. Summit 55.1
4. Lorain 54.5
5. Stark 53.1
6. Hamilton 52.3
7. Butler 50.4
8. Franklin 50.3
9. Lucas 49.5
10. Cuyahoga 44.4

2007
1. Hamilton 34.1
2. Stark 33.5
3. Lorain 32.4
4. Mahoning 30.4
5. Summit 30.1
6. Lucas 29.7
7. Montgomery 28.5
8. Butler 27.0
9. Franklin 22.8
10. Cuyahoga 18.5

Most desirable ranking is number one.
Location. Location. Location. That’s what a real estate agent says when naming the three factors that determine the price of a house. “The same could be said about the three ‘factors’ that determine virtually any aspect of the good life and people’s access to it in metropolitan America. Place matters. Neighborhood counts. Access to decent housing, safe neighborhoods, good schools, useful contacts and other benefits is largely influenced by the community in which one is born, raised and currently resides.”

In metropolitan areas such as Dayton and Montgomery County, place is inextricably linked to race and poverty. Race is a defining characteristic of life in America. In last year’s Report, the Supportive and Engaged Neighborhoods Outcome Team showed how race has become concentrated in Montgomery County over the last few decades. Demographers have over a dozen ways to calculate measures of residential segregation. One of the most frequently used measures, the dissimilarity index, when applied to 2000 Census data, reveals that the Dayton Metropolitan Statistical Area (MSA) was the 25th most segregated MSA in the country out of 331.

Last year’s Report, using Census data from 1970 to 2000, also demonstrated how poverty has become concentrated in Dayton and Montgomery County. Since the 2000 Census, the poverty rate has actually edged up. (See Figure 1.) Alarmingly, Montgomery County’s rate has gone from being 9% lower than the national rate in 1999 (the year on which the 2000 Census poverty rates are based) to being 12% higher in 2006. (See Figure 2.)

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

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The Healthy People Outcome Team is responding to the fact that access to health resources varies among neighborhoods, as do various measures of people’s health. (See page 5.)

The Stable Families Outcome Team is responding to the fact that poverty—especially chronic poverty—can increase children’s exposure to a wide array of other problems. (See page 27.)

The Economic Self-Sufficiency Outcome Team is responding to the fact that ex-offenders are concentrated in neighborhoods already challenged with significant pockets of poverty and high unemployment. (See page 60.)

The FCFC indicator “Avoiding Poverty” is relevant to this discussion of place. This indicator is described elsewhere in this Report (see pages 29 and 33) but briefly a high value for this indicator is good. It means that a high proportion of couples are starting their families under conditions that increase the chances that their children will grow up without experiencing poverty. A look at Figure 3 reveals that this opportunity to give children a fighting chance to avoid poverty is not evenly distributed in our community, just like some of the other things we have considered.

At first glance the implication of this last observation is chilling. Can it really be the case that people born into poor neighborhoods will be forever poor? Are the contours of the geography of opportunity so severe that there is no escape?

Compelling arguments can be made that the answer to these questions does not have to be “Yes.” One line of reasoning, to summarize the thesis of Squires and Rubin, is that existing patterns of uneven metropolitan development are, to a large extent, linked to a complex and interconnected set of decisions – public policy decisions, private institutional and/or market decisions, and decisions made by individual citizens in their roles as homeowners/renters, consumers, employees, and so forth. As such, the potential to reverse those patterns exists if there is sufficient will to “sever the linkages among race, place and privilege.”

Another line of reasoning can be found in the synthesis done by the (late) research sociologist Ted Bradshaw. He summarizes several decades of theorizing about—and responding to—poverty with hopeful insights. He distills five theories regarding the causes of poverty:

1. individual deficiencies;
2. cultural belief systems that support subcultures in poverty;
3. political-economic distortions;
4. geographical disparities; and
5. cumulative and circumstantial origins.

While acknowledging that no single theory is sufficient to explain all cases of poverty, his analysis of the theory that poverty is caused by geographical disparities is relevant.
because it “directs community developers to look at places and the processes by which (neighborhoods or communities) can become self-sustaining. Interestingly, a few disadvantaged communities around the world are finding their way out of poverty and as such show that it can be done.”

To be successful in helping people achieve self-sufficiency a community development effort must be multi-faceted. This means comprehensive services with lots of support: education (“the most important local institution” in poor communities), employment development, access to healthcare and social services, and the opportunity to build personal networks and to participate in community programs that increase the ability of neighbors to rely on, to trust, and to care about each other.4

Ingredients of a comprehensive community building process include community visioning, leveraging assets, and building on existing strengths as a way to address the challenges of high poverty neighborhoods. This process is familiar to the FCFC and to its Outcome Teams and can be a source of hope as they tackle this challenge.

OUTCOME TEAM ROSTER

Commissioner Deborah A. Lieberman
Montgomery County Commission
Co-Champion

Willie Walker
The Dayton Urban League
Co-Champion

Erthale Barnes
Montgomery County Department of Job and Family Services

Catherine M. Brown
Talent Tree

Kathy Emery
City of Dayton

The Hon. Dennis J. Langer
Montgomery County Common Pleas Court

Jan Lepore-Jentleson
East End Community Services Corp.

Heath MacAlpine
Montgomery County Department of Job and Family Services

Lucius Plant
Montgomery County Department of Job and Family Services

The Hon. Walter H. Rice
United States District Court

Joseph Tuss
Montgomery County Community and Economic Development

Donald A. Vermillion
University of Dayton

Commissioner Nan Whaley
City of Dayton

Gary J. Williamson, Ph.D.
Job Center

STAFF:

Heath MacAlpine
Montgomery County Department of Job and Family Services

Joyce Gerren
Human Services Consultant

Beverly Pemberton
Montgomery County Department of Job and Family Services

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

A disturbing feature of economic conditions today is the number of employed people whose earnings are insufficient to lift them above the poverty line, let alone enable them to be considered self-sufficient. Others, such as those who are homeless and those being released from prison, face additional barriers to employment before they can even begin to achieve economic self-sufficiency. In response, the Economic Self-Sufficiency (ESS) Outcome Team formed three work groups, each with a diverse and knowledgeable membership, to tackle the following issues:

1) Poverty Reduction / Workforce Development;
2) Homeless Employment; and
3) Ex-Offender Re-entry Employment.

In 2007, each work group reviewed local and national statistics; identified factors contributing to poverty and unemployment, as well as barriers to economic self-sufficiency; researched local and national best practices; and consulted with national policy and program experts. As a result, the ESS Outcome Team completed work and offered recommendations to the Homeless Solutions Policy Board and facilitated the creation of a community-wide taskforce on ex-offender re-entry.

Based on findings and recommendations from the Poverty Reduction Work Group the ESS Outcome Team has adopted the following focus areas for 2008:

1. Focus on families with children living in poverty.
2. Develop a community-wide plan to reduce poverty that builds on best practices; connects existing local poverty reduction efforts; and establishes measurable goals and outcomes.
3. Emphasize, facilitate, reward and celebrate intergenerational education and skill building to increase math, literacy, life skills and vocational options for low income families.

4. Incorporate best practices including: place-based / neighborhood initiatives, incentives, structure, high expectations, support, and staff with the skills necessary to establish relationships with families and deliver results.

5. Provide a pool of sustainable resources for successful programs.

Poverty Reduction/Workforce Development Work Group Findings

This work group is building on other efforts in this community going back at least two decades. (See timeline on the following page.) They began by facing the stark reality that poverty is a growing problem. In 2006, the Census Bureau estimated that 10.7% of Montgomery County’s families were living in poverty, up from 8.3% in 1999. Poverty for families is more than twice as high in Dayton, where the rate rose from 18.2% in 1999 to 21.6% in 2006.

Where there are high rates of poverty, there are often high proportions of adults without a high school diploma or equivalency; of families which are headed by a single parent, predominantly female; of teenagers having babies; of poor housing and environmental conditions; and of people belonging to a racial or ethnic minority. In other words, privilege and opportunity are not evenly distributed and efforts to reduce poverty must acknowledge that place matters and that neighborhoods count.

Poverty reduction efforts must also incorporate a long-term approach, taking into account the tendency for poverty to pass from one generation to the next. The disturbing reality that children growing up in the conditions described above are more likely to do poorly in school means that THEIR chances as adults of obtaining high-quality employment – and thus of achieving economic self-sufficiency – are also diminished.

The work group also observed that the policies and guidelines surrounding the existing array of work and training supports—Food Stamps, Title XX child care, S-CHIP, and Medicaid, to name a few—often make it difficult for low-wage workers and their families to get and maintain these benefits. In addition, families can quickly “fall off the cliff” and lose benefits once their earnings increase. For example, once an Ohio family’s earnings reach even one dollar above 150% of poverty, their Title XX child care funding is completely eliminated. On top of these problems there are few, if any, financial incentives for low-wage working parents to fit additional education or training into their non-working hours.

The challenges outlined above exist in a job market that has been significantly restructured in recent years. Montgomery County lost 42% of its manufacturing jobs between 1970 and 2000. Since 2000, the Dayton region has lost another 25,000+ manufacturing jobs. These and other living wage (>$15 per hour + benefits) jobs have been replaced by jobs which are often part-time and which provide few or no benefits—retail sales persons, cashiers, waiters and waitresses, food preparers and servers, laborers and material movers.
Homeless Employment Work Group Findings and Recommendations

As part of the community’s Ten-Year Plan to End Chronic Homelessness and Reduce Overall Homelessness (see page 65) the local programs providing services to people who are homeless have begun working more closely together. This includes a wide array of employment and education resources.

The Homeless Employment Work Group learned from these local providers what national research has confirmed: homeless adults—when provided with a combination of stable housing, supportive services, and opportunities for education—can succeed in obtaining and maintaining employment.

The work group also learned that the barriers faced by these people are staggering. Saddled with poor employment histories, physical and behavioral health problems, stigma and discrimination, less than 9% of the 3,500 adults served by the local homeless provider network in 2005 had income from employment. Of the rest, about one-third had income from sources other than wages (e.g., public benefits) and two-thirds had $0 income.

Within the local housing and shelter network, transitional housing programs and programmatic shelters set high expectations and use an array of in-house and community resources to connect their residents to training and employment. However, accessing those resources can be challenging for homeless adults. In preparing recommendations to address this challenge, the work group looked across the country to communities where the workforce development system and the organizations providing services for homeless people are working collaboratively to provide a one-stop location for comprehensive service delivery. The Group also looked to housing and shelter providers that offer their residents a comprehensive range of supports, transitional jobs and placement in permanent employment.

Looking at the local community through the lens of such national best practice models, the work group concluded that

- interagency planning & programming is limited;
- few employment providers separately track their homeless clients;
- multiple assessments are conducted but rarely shared; and

homeless adults must visit multiple sites for employment and supportive services.

Based on these and other findings, the work group made the following recommendations to the Homeless Solutions Policy Board, which endorsed them in July, 2007:

1. Engage the community in supporting and providing a range of education, training and employment opportunities for homeless single adults, parents, older youth and young adults, including transitional jobs leading to permanent employment and self-sustaining social enterprise businesses.  
2. Connect employment to placement in stable housing for homeless singles moving into River Commons permanent supportive housing.  
3. Increase use and ease of access to one-stop employment services by homeless adults.  
4. Develop single point of entry, assessment & linkage to comprehensive services and a client-centered, outcome-driven funding strategy.  
5. Improve employment outcomes for residents of permanent supportive housing by increasing collaboration among employment and housing providers, and marketing the Medicaid Buy-In program to residents with disabilities, their families and the staff who work with them.  
6. Help formerly homeless adults maintain stable housing and manage their income by increasing their financial literacy and providing them access to affordable banking services.

Ex-Offender Re-entry Employment Work Group Findings and Recommendations

This work group found that, on average, 30 adults were released from Ohio prisons to Montgomery County each week during 2007. While ex-offenders now live in every community within Montgomery County, two-thirds of them are concentrated in neighborhoods already challenged with significant pockets of poverty and high unemployment.

Looking at the local community through the lens of such national best practice models, the work group decided that

- interagency planning & programming is limited; and

Ex-Offender Re-entry Employment Work Group made the following recommendations to the Homeless Solutions Policy Board, which endorsed them in July, 2007:

1. Engage the community in supporting and providing a range of education, training and employment opportunities for ex-offenders.  
2. Connect employment to placement in stable housing for ex-offenders moving into River Commons permanent supportive housing.  
3. Increase use and ease of access to one-stop employment services by ex-offenders.  
4. Develop single point of entry, assessment & linkage to comprehensive services and a client-centered, outcome-driven funding strategy.  
5. Improve employment outcomes for residents of permanent supportive housing by increasing collaboration among employment and housing providers, and marketing the Medicaid Buy-In program to residents with disabilities, their families and the staff who work with them.  
6. Help formerly homeless adults maintain stable housing and manage their income by increasing their financial literacy and providing them access to affordable banking services.

Dayton Foundation Self-Sufficiency Program  
New Futures/Youth and Family Collaborative  
Parity 2000 (became Parity, Inc. in 2000)  
The Job Center opens/Workforce Policy Board formed/Welfare Reform underway  
Out-of-school Youth Task Force  
Manpower Development Research Corporation Jobs-Plus Demonstration at DeSoto Bass Public Housing  
City of Dayton National League of Cities Workforce Initiative
The work group also learned that during the six months prior to incarceration, 42% of inmates from Montgomery County lacked a high school diploma or GED, 54% were unemployed, 75% abused drugs and 40% abused alcohol. Montgomery County’s high recidivism rate, 44% (the highest among Ohio’s six largest urban counties), is one costly result. In 2007, 69% of the county’s General Fund budget was spent on criminal justice services.

Research confirms what common sense predicts: ex-offenders who return with little or no family and community support, no income, poor job skills, untreated alcohol or drug abuse problems, and no stable place to live are much more likely to re-offend and return to prison. To make matters worse, overcrowding in Ohio’s prisons results in shorter lengths of stay so most prisoners do not receive needed medical, behavioral health or educational services while incarcerated.

Of special concern to the work group is that most return to the community with major barriers to employment, including:

- felony convictions and a sporadic work history;
- inadequate education, skills, and experience;
- lack of or limited community support systems;
- employers’ unwillingness or inability to hire ex-offenders;
- collateral sanctions that legally bar ex-offenders from holding specific jobs or vocational licenses;
- lack of civil legal assistance with child support arrearages, debts, suspended driver’s licenses, etc.

Although employment is a key component to successful re-entry, it is not a standalone strategy. Research has shown that the family, friends and community of the ex-offender can play an important role in helping to create a stable social environment that leads to successful reintegration. Reducing recidivism benefits the ex-offenders, their families, as well as the community by:

- enabling them to become productive tax paying citizens;
- reducing crime resulting in safer communities and safer schools; and
- reducing criminal justice costs.

Locally, there have been encouraging, but limited, community efforts to assist ex-offenders with employment opportunities. The work group feels that in order to have a greater impact on successful re-entry, the community must invest time and resources to deliver effective programs and services. Public and private resources must be woven together into an effective continuum of care that is outcome-driven and easy to access and navigate.

Therefore the Ex-Offender Re-Entry Work Group made the following recommendations to the FCFC which, in October, 2007, accepted them and approved $350,000 for their implementation:

1. Create a Community-Wide Re-entry Task Force to develop a comprehensive plan and Continuum of Care with specific goals and measurable outcomes.

2. Develop and implement a community outreach, engagement and advocacy campaign to create awareness of successful re-entry; generate acceptance of ex-offenders; and inspire community action.

3. Develop a partnership with the State to pilot programs that will prepare incarcerated residents for successful re-entry and productive employment.

4. Designate a Re-entry Employment Implementation Team to significantly increase funding for transitional jobs; engage employers as key partners; develop a real-time job bank for employing ex-offenders; and, develop a single point of entry, assessment and linkage to comprehensive employment and support services.

5. Strengthen the local re-entry Continuum of Care by utilizing existing information systems to track participants, and monitor services, progress and outcomes.

6. Seek multi-year funding to provide flexible, client-centered, services and supports that result in successful re-entry.

7. Build the organizational capacity of and coordination among existing community and faith-based re-entry programs.

8. Develop a re-entry housing plan with adequate funding to provide a range of transitional and permanent supportive housing options.
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 preliminary unemployment rate for Montgomery County for 2007 is 6.1%. The revised 2006 rate for Ohio is 5.5%, and the preliminary 2007 rates for Ohio and the US are 5.6% and 4.6% respectively. The data for many of the counties in the 2006 ranking table have been revised and some of the rankings have changed; Montgomery County’s unemployment rate and comparative ranking for 2006 did not change.

SHORT-TERM TRENDS
The short-term trend from 2006 to 2007—from 6.0% to 6.1%—is not in the desired direction. The county comparative rank did move in the desired direction, from 8th to 7th.

*2007 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 2007 value for Montgomery County was 4.34 and for Ohio it was 3.20. In 2007, Montgomery County was fifth in the county comparative ranking. For some of the counties the values for prior years have changed because of changes in the population estimates. The comparative rankings have not changed.

SHORT-TERM TRENDS

The short-term trend from 2006 to 2007—4.33 to 4.34—is (by the smallest of margins) not in the desired direction. The county comparative ranking—fifth—remained the same in 2007 as it was in 2006.

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>4.88</td>
<td>5.27</td>
</tr>
<tr>
<td>2001</td>
<td>4.56</td>
<td>4.21</td>
</tr>
<tr>
<td>2002</td>
<td>5.16</td>
<td>4.09</td>
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<tr>
<td>2006</td>
<td>4.33</td>
<td>3.40</td>
</tr>
<tr>
<td>2007</td>
<td>4.34</td>
<td>3.20</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.

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

** Population data for 2000-2006 are from the 2000 Census and Census Bureau projections. 2007 population data are derived from regression analysis of the 2000-2006 data.
BACKGROUND
Real Per Capita Effective Buying Income represents disposable income after taxes controlling for the impact on buying power of inflation. Starting with last year’s Report, this indicator has been changed from previous years when it was expressed in nominal terms with a CPI (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 2006 for Montgomery County was $20,481 and the rank in comparison to Ohio’s other large counties was sixth. In 2006, the value for Ohio was $20,213 and the value for the United States was $20,860.

SHORT-TERM TRENDS
The short-term trend from 2005 to 2006—from $20,969 to $20,481—was not in the desired direction. The county comparative rank remained the same, 6th.
The Homeless Solutions Community 10-Year Plan was adopted in June 2006. In the last eighteen months, significant progress has been made on meeting the goals of the Plan: there is new housing for homeless adults at River Commons; there is increased coordination and services at the gateway shelters; there is an increased focus on employment for homeless adults; and prevention programs are helping people at risk of homelessness. There is still much to do – increase the supply of supportive and affordable housing, continue to improve the gateway shelters to get people housed and employed quickly, and increase coordination with the other service providers in the community.

HOUSING
The chief finding of the Homeless Solutions Plan is that “Keeping people housed and rapidly rehousing those who become homeless is the primary answer to the problem of homelessness.”

SUPPORTIVE HOUSING
The Plan calls for the creation of 750 units of supportive housing—housing which includes services to those who live there—to be created over 10 years. The units shown in Figure 1 include rental subsidy and new housing opened for homeless people.

AFFORDABLE HOUSING
The Plan also calls for the addition of 1,800 units of affordable housing through new construction, rehabilitation of vacant units, and rental subsidies. This housing is for homeless people and families who do not need on-site services and to help people who are at risk of homelessness because their current housing costs are unaffordable. Little progress has been made on this recommendation since the Plan was adopted and units have been lost because of their poor condition. There are limited programs for funding affordable housing and finding sites

<table>
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<th></th>
<th>10-Year Goal</th>
<th>Units Added</th>
<th>Units Underway</th>
<th>Units Needed to Reach Goal</th>
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</thead>
<tbody>
<tr>
<td>Young Adults (18-24)</td>
<td>115</td>
<td>0</td>
<td>24</td>
<td>91</td>
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<tr>
<td>Single Adults (25+)</td>
<td>460</td>
<td>139*</td>
<td>124</td>
<td>197</td>
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<tr>
<td>Families</td>
<td>175</td>
<td>54</td>
<td>0</td>
<td>121</td>
</tr>
<tr>
<td>Total</td>
<td>750</td>
<td>193</td>
<td>148</td>
<td>409</td>
</tr>
</tbody>
</table>

* Of these, 59 units are at River Commons; as more homeless persons move in, the total will eventually rise to 100 units.

Figure 1. 2007 Supportive Housing Progress
outside areas of low-income concentration is a constant challenge. The Policy Board and the Affordable Housing Options Committee recognize the importance of addressing these issues and creating new ways to provide this needed housing resource.

**RIVER COMMONS PROVIDES A PERMANENT HOME FOR HOMELESS ADULTS**

Immediately providing more supportive housing for the homeless men and women at the community’s gateway shelters is a priority for the Homeless Solutions Policy Board. The Dayton Metropolitan Housing Authority had a building with smaller units and a high vacancy rate that they offered to make available for supportive public housing. The building, Helena Hi-Rise, needed work. Montgomery County, the City of Dayton and the Dayton Metropolitan Housing Authority contributed over $800,000 to make essential health and safety repairs as well as cosmetic common area improvements. Additional money was provided by the partners for security and on-site social services provided by The Other Place. The facility has been renamed River Commons.

Most homeless people only have their clothes and a few personal belongings; they have none of the household items needed to make a unit at River Commons a home. In the summer, the community was asked to donate basic furniture and household goods. The response was overwhelming. In addition to the more than $8,000 in cash that was given to buy mattresses, alarm clocks, and other essential items that needed to be new, thousands of other new and used items were donated – brooms, towels, lamps, dressers, microwaves, sheets, chairs, pillows, coffeepots, food...the list goes on and on.

In the first week of September, 61 formerly homeless men and women, many with no income, moved into River Commons. The new residents had been homeless an average of three times with their most recent episode lasting an average of five months. Most of the new residents needed assistance to pay their first month’s rent or security deposit. Three months later only four residents needed help with paying rent because many of them were working with the assistance of employment services provided by Goodwill Easter Seals Miami Valley.

**PREVENTION**

Preventing homelessness is far less expensive than providing shelter and new housing, and is less disruptive to people’s lives, particularly children’s lives. Those who are at risk of losing their housing need help to stay housed. In 2007, these prevention activities were put in place:

- a program to prevent eviction from public housing, funded by the Federal Emergency Management Agency and administered by the Community Action Partnership of the Greater Dayton Area;
- a program to prevent homelessness of ex-offenders returning to the community, funded by the Ohio Department of Corrections and operated by Miami Valley Housing Opportunities; and
- the YWCA of Dayton’s Family Homelessness Prevention Pilot Project funded by the Ohio Department of Development. This project will serve

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A new River Commons resident signs his lease before moving in.

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\(^1\) 57 single people and two couples moved into the 59 units referenced in Figure 1.
MULTI-SYSTEM RESPONSE

Homelessness can not be solved by the homeless system alone. The resources in the mainstream human services systems such as behavioral health, public assistance, child welfare, education, housing and criminal justice need to be involved in the solution. Access to mainstream resources has increased through the following activities:

- Placing a CrisisCare staff person at the Samaritan Healthcare Clinic to conduct behavioral health assessments for mental health and substance abuse issues. These assessments are coordinated with PATH (Project for Assistance in Transition from Homelessness) outreach workers who help ensure that homeless people keep their appointments.
- Placing a Montgomery County Department of Job and Family Services case worker at the St. Vincent Hotel to determine eligibility for public assistance, Food Stamps and Medicaid as soon as a homeless family enters the Hotel.

POVERTY REDUCTION

Homelessness and poverty are inextricably connected. Improving access to benefits and increasing employment for homeless persons are essential to getting them out of poverty and stabilized in housing. Since the Plan was adopted, these new programs have been established:
The SOAR (SSI/SSDI Outreach Access and Recovery) program to assist homeless people in applying for and receiving Social Security benefits for which they are eligible. Thirteen persons have been helped through this program since September 2006.

The LifeReady Transitional Jobs Program operated by the Dayton Urban League and funded by the City of Dayton will provide 25-30 transitional jobs for homeless adults. The program combines structure, skill development, supportive services, and assistance to find and retain unsubsidized employment following the transitional job experience.

In addition, the Montgomery County Department of Job and Family Services is exploring the development of a conveniently located One-Stop Employment Center using proven best practices for employing homeless people.

HOMELESS SOLUTIONS POLICY BOARD

The new Homeless Solutions Policy Board, made up of 28 community leaders from education, health care, government, foundations, faith institutions and other organizations, oversees implementation of the Plan’s policy and program recommendations. The Policy Board has been meeting regularly since November 2006.

Aligning the financial resources in the homeless assistance system with the Plan’s policy and program recommendations is essential to successful implementation. The Funders Collaborative (a committee of the Homeless Solutions Policy Board) oversees the prioritization, release, and review of resources including federal, state and local public funds.

Montgomery County responded to the 10-Year Plan’s alignment recommendation by combining Community Development Block Grant, Emergency Shelter Grant, HOME Investment Partnerships and Human Services Levy funds totaling over $2 million into a joint Request for Proposals for services to be delivered in 2008. This approach encouraged program innovation and operating efficiencies for providers and for Montgomery County.
HOMELESSNESS IN MONTGOMERY COUNTY IN 2006
The extent of homelessness in a community can be measured in two ways – over time and on a single night. 7,913 persons had contact with the homeless assistance system in Montgomery County at some point during 2006, compared to 6,337 persons in 2004. A point-in-time count on January 27, 2007 identified 605 persons living on the street or in an emergency shelter, compared to 581 persons during the 2005 point-in-time count.

Of the 7,913 people who had contact with the homeless assistance system in 2006:

- 4,664 were in outreach programs, emergency shelters, or transitional housing;
- 907 were in permanent supportive housing; and
- 2,342 were on waiting lists or received services but were not sheltered.

There are multiple reasons for the increase in numbers from 2004 to 2006, including an increase in people experiencing homelessness; increased capacity in the homeless system; and more agencies entering client data into the Homeless Management Information System (HMIS) in 2006. In order to understand better the shelter and housing needs in the community, the Homeless Solutions Policy Board is focusing its attention on the 4,664 persons who were on the street or in a shelter or transitional housing (See Figure 2).

<table>
<thead>
<tr>
<th>2,514 SINGLE ADULTS</th>
<th>1,959 PEOPLE IN 656 FAMILIES</th>
<th>191 UNACCOMPANIED MINORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MORE LIKELY TO BE:</strong></td>
<td><strong>MORE LIKELY TO BE HEADED BY:</strong></td>
<td><strong>MORE LIKELY TO BE:</strong></td>
</tr>
<tr>
<td>Male (72%)</td>
<td>Female (92%)</td>
<td>Female (55%)</td>
</tr>
<tr>
<td>Black (50%)</td>
<td>Black (68%)</td>
<td>Black (68%)</td>
</tr>
<tr>
<td>Between the ages of 25-50 (66%)</td>
<td>Between the ages of 25-50 (71%)</td>
<td>Between the ages of 15-17 (67%)</td>
</tr>
<tr>
<td>High school graduates (67%)</td>
<td>High school graduates (69%)</td>
<td></td>
</tr>
<tr>
<td>16% are veterans (21% of men, 2% of women)</td>
<td>Average family size is 3</td>
<td></td>
</tr>
<tr>
<td>53% were new to homelessness in 2006</td>
<td>52% were new to homelessness in 2006</td>
<td>74% were new to homelessness in 2006</td>
</tr>
</tbody>
</table>

Figure 2. Characteristics of people in outreach programs, emergency shelters or transitional housing in 2006. Source: Dayton-Montgomery County HMIS.
INTER AGENCY COLLABORATION

The Family and Children First Council recognizes that the health and human services system is complicated. As a result, a high level of service coordination between community organizations is critical if we are to have a positive impact on the individuals and families we serve. In addition, many of these people are burdened by a number of challenges, not just one particular problem. Serving them well often means that more than one agency or system needs to be involved. This teamwork approach establishes a process for each system to work toward a shared goal, thus creating cooperative relationships.

Recognizing the need for customer-focused collaborative efforts the Family and Children First Council is home to two inter-agency collaborative groups: the Agency Directors Committee and the Service Brokers Group. The organizations participating in these two groups provide a wide array of services and thus have direct contact with a broad cross-section of county residents. These two groups are the “bonding agents” that keep systems working together by providing venues for improving processes and maintaining awareness of current community issues and trends.

The Agency Directors Committee (ADC) consists of eighteen provider organizations all working toward a single goal – to bridge any existing gaps between their systems and to eliminate barriers to service. A unique example of this is the “No Wrong Door Policy” that was developed and implemented by the ADC in 2007. Because of the complexity of the social services system, many people are unable to navigate it and may feel rejected or frustrated in their efforts to obtain help. This may discourage people in need from pursuing the necessary assistance. “No wrong door” refers to a customer-friendly service system that welcomes people in need and assists them to get the services they need regardless of whom they contact first. The policy commits all participating agencies to assess consumers’ needs and provide direct services, referrals to other appropriate services, or both.

The ultimate goal is for individuals to gain access to necessary services that promote healthy people, stable families, and positive communities.

The Service Brokers Group is a unique interagency collaborative that emphasizes partnership and cooperative problem-solving. This group of individuals has access both to the decision-makers and to the consumers within their respective systems. Thus, they serve as the “connectors” that bind direct service with policy- and decision-making. Their monthly meetings are opportunities to report on organizational changes and the potential impact those changes may have on consumers. This awareness allows the Service Brokers to stay abreast of the ebb and flow of social services within Montgomery County.

Simply stated, the Service Brokers feel that it is not acceptable for individuals to fall through the cracks as a result of red tape. When a case with this potential is identified, the Service Brokers talk about the case and collectively find a solution. If an on-the-spot solution cannot be identified, they take the information back to their respective systems to resolve the issue within their organizations. This level of cooperation, fueled by the Service Brokers’ trust and candor, is crucial for ensuring that all Montgomery County residents are provided appropriate services in a timely manner.
AGENCY DIRECTORS COMMITTEE

Linda L. Kramer, Chair
  Daybreak
James D. Cole, Vice Chair
  Montgomery County Juvenile Court
Donna Audette
  YWCA of Dayton 1/07 – 2/07
Fred Baxter
  Ohio Department of Youth Services
James E. Dare
  Montgomery County Common Pleas Court
Mark E. Gerhardstein
  Montgomery County Board of MR/DD
James W. Gross
  Public Health-Dayton & Montgomery County
  10/07 – present
Carol J. Hinton
  YWCA of Dayton
  8/07 – present
Gregory D. Johnson
  Dayton Metropolitan Housing Authority
Tom Kelley
  Office of Family and Children First
Jim Knowles
  Montgomery County Veterans Service Commission
  11/07 – present
Cecilia M. Long
  Emergency Housing Coalition
  7/07 – present
Dr. Rebecca S. Lowry
  Dayton Public Schools
  10/07 – present
Amy K. Luttrell
  Goodwill Easter Seals
  Miami Valley
Heath MacAlpine
  Montgomery County Department of Job and Family Services
  1/07 – 3/07
Allene K. Mares
  Public Health Dayton & Montgomery County
  1/07-8/07
Douglas M. McGarry
  Area Agency on Aging
Christy Norvell
  Montgomery County Department of Job and Family Services
John E. North
  Unified Health Solutions
  1/07 – 11/07
Lori Seward
  Emergency Housing Coalition
  1/07 – 5/07
Donald H. Sheer, Jr.
  Montgomery County
  Educational Service Center
Joseph L. Szoke
  Alcohol, Drug Addiction and Mental Health Services Board for Montgomery County
Janice West
  Dayton Public Schools
  1/07 – 6/07

STAFF:
Andrea Burkett, OFCF
Catherine Rauch, OFCF

SERVICE BROKERS GROUP

Linda Allen
  Montgomery County Department of Job and Family Services
Wylie Bodie
  Dayton Metropolitan Housing Authority
  1/07 – 8/07
Jan DeVeny
  Public Health Dayton & Montgomery County
Cindy Fuhrmann
  Montgomery County Juvenile Court
Mary Kosik
  Dayton Metropolitan Housing Authority
  8/07- present
Larry Lewis
  Ohio Department of Youth Services
Kaye A. McCarthy
  Montgomery County Board of MR/DD
Zelene Minnich
  Montgomery County
  Educational Service Center
Sandra Speed
  Alcohol, Drug Addiction and Mental Health Services Board for Montgomery County
Melissa Sutter
  Montgomery County Common Pleas Court
  5/07 – present
Marianne Urban, RN, CS
  Dayton Public Schools
Kimberly K. Vogel, LSW, MRC
  Montgomery County Department of Job and Family Services, Children Services Division

STAFF:
Andrea Burkett, OFCF
Catherine Rauch, OFCF
CALENDAR ART CONTEST

The Ohio Children’s Trust Fund publishes a Family Well-Being calendar each year. This calendar emphasizes the importance of regular positive interactions between parents and children. It also offers suggestions each month for a variety of activities to strengthen family well-being throughout the year.

The calendar features artwork from winners of a coloring contest for fifth-graders run by the Family and Children First Councils throughout the state. Fifth grade students in Montgomery County were asked to create pictures depicting the annual theme, “Attention Adults: You are the Key to Preventing Child Abuse and Neglect.” A panel of judges chose one winner and three runners-up. Their art was displayed at the Town & Country Fine Arts Gallery where an awards ceremony was held in May.

Special Thanks
Special thanks to the Town & Country Fine Art Gallery for displaying the winning artwork from our 2007 Calendar Art Contest and hosting the award ceremony.

Winner
Maddie Boone
Immaculate Conception School

Runners Up
Morgan Kearney, Immaculate Conception School
Kain Bentley, Montgomery County Learning Center
Philip Connair, Immaculate Conception School

Maddie’s artwork is featured in the 2008 state-wide calendar for the month of May.

Congratulations to our winners!
Brother Raymond L. Fitz, S.M., Ph.D., former president of the University of Dayton and the first Chair of the Montgomery County Family and Children First Council (1996 – 1999), has spent a good part of his career working to improve the lives of families and children in the Dayton area. His enduring dedication, epitomized by superior leadership qualities and an unstoppable attitude, is nothing short of extraordinary.

Brother Ray does not stand alone in his commitment to protecting children. In fact, the Dayton community is fortunate to have many individuals who work tirelessly day-in and day-out to promote healthy and thriving families and children. Therefore, the Brother Raymond L. Fitz Award was created as a tribute to Brother Ray and to acknowledge those within our community who have devoted their time and efforts toward making a difference in the lives of Montgomery County families and children.

The 2007 recipients of the Brother Raymond L. Fitz, S.M., Ph.D. Award were Elba Alicia Pagan and Raymond Two Crows Wallen. They have been living examples of the essence of the Award for more than twelve years. As co-founders of the grassroots organization Ga-Li, this dynamic team strives to uphold the values of their mission. Ga-Li is translated from the Cherokee language meaning, “I am, you are, we are doing” – a guiding mission that emphasizes cooperation between communities and mutual respect between individuals.

Alicia and Ray entertain while they educate! Through an array of workshops, concerts, and hands-on interactive activities, Alicia and Ray utilize the arts as a venue for reaching the minds and hearts of people from a variety of ages, cultures, races, and faiths. Through their performances, they embrace and support the Searcig Institute’s 40 Developmental Assets, an evidence-based model that identifies both internal and external assets inherent in a young person’s success. This work strives to promote personal development while encouraging community connections across generations, neighborhoods, and cultures.

One of the signature tools that Alicia and Ray employ when engaging an audience is the fine art of storytelling that encourages others to promote a sense of community. These individuals have the capacity to blend traditional stories and lessons from many diverse cultures with present-day scenarios about youth who are addressing challenges, but none-the-less overcoming these struggles in order to make a difference. Alicia and Ray are cultural peace-makers and bridge-builders as they travel around the region sharing experiences that emphasize similarities and opportunities for collaboration and cooperation through the attributes of sharing, listening, and caring. They are relentless in their pursuit to teach young people, and admirably so, as they work to build and nurture community during every teachable lesson.
The Montgomery County Office of Family and Children First is a department employed by the Montgomery County Board of County Commissioners. The OFCF staff ensures effective health and human services planning through a variety of responsibilities. It provides professional staffing to the Montgomery County Family and Children First Council (FCFC), the Montgomery County Human Services Levy Council (HSLC), the Montgomery County Homeless Solutions Policy Board (HSPB), the Children’s Trust Fund Local Advisory Board (CTF) and other duties as assigned by the Montgomery County Commissioners. The total annual budget of the OFCF is approximately $153 million.

**FCFC**
The OFCF staff provides support for all responsibilities and duties of the FCFC, including the Council, Executive Committee, Outcome Teams, Outcome Team projects and special initiatives, Help Me Grow program, Agency Directors Committee, Service Brokers Group, Supported Services Awards process, Dayton Development Coalition Health and Human Services Review Panel and all other related committees and subcommittees. This also includes balancing the collaborative relationships among community agencies and providers. The current FCFC annual budget is approximately $6 million.

**HSLC**
The OFCF staff provides support for all responsibilities and duties of the HSLC. Montgomery County is one of only two counties in Ohio that use combined health and human services property tax levies to finance the local cost of services. This provides for a shared revenue source for all of our state-mandated agencies (ADAMHS, Children Services, MR/DD and Public Health Dayton and Montgomery County) plus other community service needs, including Juvenile Court Services, Senior Services, Indigent Hospital Services, and others. It is the collaborative funding approach of the levy that makes the partnerships possible in Montgomery County. The OFCF staff facilitates the volunteer-driven HSLC process that oversees the levy funding and determines the allocations to each of the levy agencies and programs. Community Review Teams work with the staff and agencies to make funding recommendations on behalf of the community through the HSLC to the County Commissioners, who have the final responsibility. The staff also maintains a liaison relationship with the agencies to ensure accountability and effective communication on programs, practices and policy. The current HSLC annual budget is approximately $136 million.

**HSPB**
The OFCF staff provides support for all responsibilities and duties of the HSPB. The HSPB was jointly established by the Montgomery County Board of County Commissioners, the Commissioners of the City of Dayton, and the United Way of the Greater Dayton Area as the body to implement the “10-Year Plan to Eliminate Chronic Homelessness and Reduce Overall Homelessness Throughout Montgomery County, Ohio”. The HSPB now formulates coordinated strategies to address housing and homeless issues and is bringing formerly separate resources together to ensure more effective use. The OFCF staff facilitates the volunteer-driven HSPB, its Committees, Subcommittees, projects and initiatives, works with providers, agencies, consultants and professionals in the field. The OFCF staff also coordinates the Homeless Management Information System (HMIS), Continuum of Care Grant process, HOME funds, CDBG funds, and others. The current HSPB annual budget is approximately $8 million.

**CTF**
Montgomery County receives and distributes state abuse and neglect prevention funding through a CTF local advisory board. The OFCF staff works with the CTF to ensure this process is conducted, funds are awarded, providers are monitored, and results are achieved. The current CTF annual budget is approximately $165,000.

**OTHERS**
The OFCF staff partners with the Department of Job and Family Services in the development of the county Prevention, Retention and Contingency (PRC) Plan and the allocation of Temporary Assistance for Needy Families (TANF) Funds. The OFCF staff also assists with staffing of special projects, initiatives or committees for the County Commissioners. The current annual TANF/PRC annual budget is approximately $3 million.
Supported Services
Montgomery County provides local funding for mandated and essential health, human, and social services through its combined Human Services Levy. This combined approach includes service contracts to local non-profit agencies to support the needs of families and children throughout the community.

The Montgomery County Board of County Commissioners has authorized a partnership between the Human Services Levy Council and the Executive Committee of the Family and Children First Council (FCFC) to provide oversight for the Supported Services Fund process. The funds are competitively bid and the resulting proposals are categorized based on the FCFC community outcome areas.

Each FCFC outcome team reviews proposals in its area and develops final priorities based on the input of the teams. The homeless services awards historically have been reviewed by the Economic Self-Sufficiency Outcome Team. Beginning with the 2008 allocation, the funds and decisions for homeless services will be a function of the Homeless Solutions Policy Board. In 2007, 75 proposals were received in response to the Supported Services Fund Request for Proposals and the 2007 Combined Request for Homeless and Housing Programs. Of these, 46 proposals received awards. The types of services funded are listed below by outcome area:

**Economic Self-Sufficiency:** Emergency Food Assistance, Literacy Services, Family Housing Assistance; Homeless Services: Emergency Shelter, Housing and Support Services for Youth and Adults, Day Shelter for the Homeless, Independent Living Programs for Youth, and Post-Shelter Case Management

**Healthy People:** Health Clinic Services for the Uninsured, Family Planning Services, Prescription Assistance, HIV/AIDS Prevention Education for Youth

**Positive Living for Special Populations:** Home-Delivered Meals, Support Services for Residents with HIV/AIDS, Attendant Care, Respite Care, Adult Daycare, and Art Programs for Adults with Disabilities

**Stable Families:** Crisis Intervention, Case Planning, Outreach and Support Services for Victims of Domestic Violence, Predatory Lending Prevention, Violence Prevention and Skill Development for Youth, Supervised Family Visitation, and Family Intervention for Youth

**Young People Succeeding:** Youth and Teen Development Skills, After School and School-Based Academic Enrichment and Mentoring Services

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.

The 2007 – 2008 review process resulted in the prioritization of four projects receiving recommendation for significant consideration:

**Grandview Hospital Foundation Inpatient Psychiatric Facility:** Replacement of 70 inpatient mental health crisis beds to respond to community needs. $2 million

**Community Blood Center/Community Tissue Services Data Centric RFID Technology and Warehousing:** Create and maintain national data warehousing of information to support electronic transfer of tissue grafting transplant needs. $3.3 million

**Mary Scott Nursing Center Facility Expansion and Renovation:** Addition and upgrade of campus including new unit for Alzheimer’s disease and other dementias. $500,000

**Dayton Metropolitan Housing Authority River Commons Supportive Housing:** Renovation of 100 existing units to provide public housing with on-site social services and case management for chronically homeless singles. $3 million
The statutory responsibilities of the Family and Children First Council (FCFC) are established in section 121.37 of the Ohio Revised Code. This statute sets forth the membership, duties and responsibilities of both the state cabinet council and local (county-level) councils.

The statute says the purpose of the county council is to streamline and coordinate existing governmental services for families seeking services for their children. It identifies methods to accomplish this goal, including:

- developing and implementing 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
- maintaining an accountability system to monitor the county council’s progress in achieving results for families and children.

The council is also responsible for the development of a county service coordination mechanism which addresses many procedures to coordinate services for families and establishes the council’s required dispute resolution process.

The county council encourages full and active participation of all of its members. The council is also responsible for monitoring and reporting the attendance of its members.

The work of the councils was furthered in 2006 through the passage of House Bill (HB) 289 which asked the councils to focus on Six Commitments to Child Well-Being:

- Expectant Parents and Newborns Thrive
- Infants and Toddlers Thrive
- Children Are Ready for School
- Children and Youth Succeed in School
- Children and Youth Engage in Healthy Behaviors
- Youth Successfully Transition into Adulthood

In Montgomery County these responsibilities and key community approaches are implemented by the council through the work of its Outcome Teams and the annual reporting on outcomes and indicators. Montgomery County’s initial HB 289 Plan was submitted in June 2007. The Montgomery County HB 289 Plan integrates the council’s local indicators with the state Commitments to achieve common priorities. This also emphasizes the leadership role of the Outcome Teams.

### How FCFC Indicators Support Ohio’s Commitments to Child Well-Being:

- **Expectant Parents and Newborns Thrive**
  - Low Birth Weight (HP)
  - Avoiding Poverty (SF)

- **Infants and Toddlers Thrive**
  - Childhood Immunizations (HP)
  - Preventable Child Deaths (SF)

- **Children Are Ready for School**
  - Kindergarten Readiness (YPS)
  - Substantiated Child Abuse (SF)
  - Preventable Child Abuse (SF)

- **Children and Youth Succeed in School**
  - Student Achievement – 3rd Grade (YPS)
  - Ohio Graduation Test – 10th Grade (YPS)
  - Public School Attendance (K – 12) (YPS)
  - Preventable Child Deaths (SF)
  - Level of Functioning of Mentally Ill Youth (PLSP)

- **Children and Youth Engage in Healthy Behaviors**
  - Teen Pregnancy (YPS)

- **Youth Successfully Transition into Adulthood**
  - Graduation Rate (YPS)
Ohio’s First Lady, Frances Strickland, chairs the Ohio Family and Children First Cabinet Council. In this role she works with the state department directors who are mandated under Ohio Revised Code Section 121.37 to streamline and coordinate public human services for families and children.

Mrs. Strickland’s commitment to understanding the needs and challenges at the county level is being demonstrated by her visits to each one of Ohio’s county councils in 2007 and 2008. Mrs. Strickland (Frances as she prefers to be called) visited the Montgomery County FCFC on October 17, 2007. She participated in a dialogue led by Chris Olinsky, Chair of the Montgomery County FCFC, and by the Champions, who framed the work they are leading through their Outcome Teams. She also received information from our Agency Directors’ Committee and Service Brokers Group.

The session was valuable for everyone. Our local council was very engaged in the discussion with Frances and truly appreciated her understanding of the challenges families experience and of the issues councils face in doing their work. She expressed her appreciation for her time in Montgomery County, praised our work, and stated that it demonstrates that we are on the right track.

Her visit included a site visit to the Sojourner Program, a partnership formed by the ADAMHS Board, Children Services, Dayton Metropolitan Housing Authority and Day-Mont Behavioral Health Care through funding provided by our local FCFC. Sojourner provides on-site substance abuse counseling and case management services intended to keep families unified by preventing out-of-home placements or—in cases where the mother has temporarily lost custody—to promote parent/child reunification. The First Lady was very engaged with the women in the program and encouraged their success.
2007 MONTGOMERY COUNTY FAMILY AND CHILDREN FIRST COUNCIL

Christine Olinsky*, Chair..........................................................OSU Extension, Montgomery County

Fred Baxter .................................................................................Ohio Dept. of Youth Services
Thomas G. Breitenbach ................................................................Premier Health Partners
Mary Burns..................................................................................Miami Valley Child Development Centers
Laurie Cornett Cross .................................................................Family Representative
Frank DePalma* ............................................................Montgomery County Educational Service Center
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
James Gross* ........................................................................ Public Health Dayton & Montgomery County
Robin Hecht ..........................................................................................Diversion Team/ICAT
Franz Hoge* ...........................................................................Human Services Levy Council Chair
Sharon Honnert* ...........................................................................Family Representative
Kathleen Hoyng* ...........................................................................Deloitte & Touche
Gregory D. Johnson, PHM .....................................................Dayton Metropolitan Housing Authority
David Kinsaul* .............................................................................The Children’s Medical Center
Christy Norvell* ...........................................................................Montgomery County Dept of Job and Family Services
Gary LeRoy, M.D.* ..............................................................................East Dayton Health Clinic
Marc R. Levy*, MSW .....................................................................United Way of 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
Douglas M. McGarry ........................................................................Area Agency on Aging
Rhine McLin*, Mayor, ....................................................................City of Dayton
John E. Moore* ..................................................................................Community Leader
John North* ...................................................................................UnifiedHealth Solutions, Inc.
Emmett Orr* ..................................................................................Wright State University
Jenni Roer* ..........................................................................................Tait Foundation
Frederick C. Smith, Honorary Member .........................................Huffy Foundation
Joseph L. Szoke* ...............................................................................ADAMHS Board for Montgomery County
Donald A. Vermillion ..................................................................University of Dayton Fitz Center
Dave Vore ..........................................................................................Montgomery County Sheriff
Willie Walker* ..................................................................................Dayton Urban League
Joyce Young....................................................................................Washington Township Board of Trustees

* 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):

TOM KELLEY
DIRECTOR

ANDREA BURKETT
PROGRAM COORDINATOR

ANGELA COE
MANAGEMENT ANALYST

XAVIER M. GULLATTE
PROGRAM COORDINATOR

ROBERTA E. LONGFELLOW
HOUSING ADMINISTRATOR

DIANE LUTERAN
MANAGER OF PLANNING & RESEARCH
HELP ME GROW PROJECT DIRECTOR

DONNA E. NETTLES
SECRETARY

GERALDINE D. PEGUES
MANAGER OF COMMUNITY PROGRAMMING

JOYCE PROBST MACALPINE
MANAGER OF HOUSING AND HOMELESS SOLUTIONS

CATHERINE A. RAUCH
PROGRAM COORDINATOR

KATHLEEN M. SHANAHAN
PROGRAM COORDINATOR

ROBERT L. STOUGHTON
RESEARCH ADMINISTRATOR

Additional assistance is provided by:

CAROLYN BASFORD (JANUARY – APRIL 2007)
CONSULTANT TO MONTGOMERY COUNTY EDUCATIONAL SERVICE CENTER

JANE L. DOCKERY
ASSOCIATE DIRECTOR – WRIGHT STATE UNIVERSITY CENTER FOR URBAN AND PUBLIC AFFAIRS

JOYCE KING GERREN
CONSULTANT TO MONTGOMERY COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

HEATH MACALPINE
ASSISTANT DIRECTOR – MONTGOMERY COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

BEVERLY PEMBERTON
ADMINISTRATIVE ASSISTANT – MONTGOMERY COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

JOE SPITLER
COORDINATOR – MONTGOMERY COUNTY CRIMINAL JUSTICE COUNCIL

RICHARD STOCK, PH.D.
DIRECTOR – UNIVERSITY OF DAYTON BUSINESS RESEARCH GROUP

JOHN THEOBALD
COUNTY COMMISSION ASSISTANT

PAMELA ZEHRING (MAY – DECEMBER 2007)
CONSULTANT TO MONTGOMERY COUNTY EDUCATIONAL SERVICE CENTER
Join us in congratulating several FCFC members who received honors and achieved milestones in 2007.

CHRISTINE OLINSKY
- Recipient of the Dean Don Felker Financial Management Award from the National Extension Association for Family and Consumer Sciences.
- Recipient of the Regional Award in Financial Management Education.
- Past-President of the Ohio Association of Extension Professionals.
- President of the Board of Catholic Social Services of the Miami Valley.

JOHN E. MOORE, SR.
- Recipient of the Dayton Urban League 60th Anniversary Diamond Award.

JENNIFER ROER
- Recipient of the 2007 Outstanding Alumni Award for Community Service from the Fisher College of Business at The Ohio State University.

JOYCE YOUNG
- Chair of the Ohio Rehabilitation Services Commission.

MARC LEVY
- Chair of the National Inclusion Council for United Way of America.

CONNIE LUCAS MELSON
- Recipient of the Charter ACE-E Award.
- Inclusion in the Metropolitan Who’s Who Registry.

In MEMORIAM
We note with sadness the passing of Council member Mary Pryor, M.D. during the past year. Her contributions and commitment to the children and families of Montgomery County will be greatly missed.

DATA SOURCES
ADAMHS Board for Montgomery County
Center for Healthy Communities
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
Public Health Dayton & Montgomery County
Scripps Gerontology Center, Miami University
U.S. Bureau of Labor Statistics
U.S. Census Bureau
U.S. Department of Justice, Federal Bureau of Investigation

The Ohio Department of Health specifically disclaims responsibility for any analyses, interpretations or conclusions from the data provided for the charts.
HOW ARE WE DOING?  The FCFC is currently tracking twenty-seven indicators—for fourteen of them the historical trend is in the desired direction, for seven of them the historical trend is flat, and for one of them it is too soon to know the trend.

WHAT ARE WE DOING?  Lots.  The indicators are grouped under six outcomes and the outcomes each have Teams that have been busy and productive in 2007.  Here, at a glance, are some highlights.

HEALTHY PEOPLE
Under the direction of the Montgomery County Healthcare Safety Net Task Force, the Community Health Centers of Greater Dayton was incorporated in order to establish a Federally Qualified Health Center in the Dayton metropolitan area.

The Low Birth Weight Registry started collecting data.
Efforts to combat the health burdens of obesity are underway.

YOUNG PEOPLE SUCCEEDING
An Early Care and Education initiative was launched to improve the school readiness of preschool-age children.

The Fast Forward Center, which opened in 2001, passed milestones of 3,500 students assessed, 350 receiving a GED, and 1,300 graduating from an alternative high school.

The Mentoring Collaborative partnered with more than 80 organizations to provide mentors for over 24,000 children.

STABLE FAMILIES
Team members joined the Poverty Reduction /Workforce Development Work Group of the Economic Self-Sufficiency Outcome Team in recognition of the devastating impact of poverty on families.

Team members joined with others to advocate the formation of a task force to address alcohol and other drug abuse.

The Team and its partners invested in family-driven service delivery by co-sponsoring training on Family Group Decision Making for several dozen local professionals.

POSITIVE LIVING FOR SPECIAL POPULATIONS
The Team was the catalyst for a special meeting of the FCFC on substance abuse that was instrumental in the decision to form a task force to be appointed by the County Commissioners to address alcohol and other drug abuse.

Team members participated on state planning committees for Ohio’s new Helping Ohioans Move, Expanding Choice or HOME Choice initiative, a five-year federal grant to help relocate seniors and persons with disabilities from institutions to the community using a “money follows the person” approach.

An aggressive multi-media campaign aimed at preventing Fetal Alcohol Spectrum Disorders (FASD) was launched.

SAFE AND SUPPORTIVE NEIGHBORHOODS
The Safe Neighborhoods Court successfully completed its first full year of operation.

The Supportive and Engaged Neighborhoods Outcome Team built consensus around some long-term recommendations, made at the end of 2006, framing the FCFC’s involvement in building supportive and engaged neighborhoods.

ECONOMIC SELF-SUFFICIENCY
The Homeless Solutions Policy Board adopted a series of recommendations from the Team regarding the education, training and employment of people who are homeless.

The FCFC approved recommendations from the Team regarding the reintegration of ex-offenders into the community with emphasis on their education, training and employment, and including approval of a Community-Wide Re-entry Task Force.

The Team chose families with children living in poverty to be its next focus area.

<table>
<thead>
<tr>
<th>SHORT-TERM TRENDS IN DESIRED DIRECTION</th>
<th>HISTORICAL TRENDS IN DESIRED DIRECTION</th>
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<tbody>
<tr>
<td>Healthy People</td>
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<td>Young People Succeeding</td>
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<td>ALL OUTCOMES</td>
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</table>

~ One indicator is too new to determine a trend                    * Plus one which is flat                       ** Plus two which are flat.                      *** Plus seven which are flat
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.