2009 Progress Report
on Community Outcomes, Indicators and Strategies

Healthy People
Young People Succeeding
Stable Families
Positive Living for Special Populations
Safe and Supportive Neighborhoods
Economic Self-Sufficiency

Montgomery County Family and Children First Council
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December 2009

As Chair of the Montgomery County Family and Children First Council (FCFC), I’m pleased to present our 2009 Progress Report. Our Council invests in this report on behalf of the community to monitor our progress as we strive to improve the health and well-being of the families, children and adults of Montgomery County.

Our Council has organized its work around six Outcomes which serve as attributes of a thriving and healthy community. We measure how successful we are at achieving these outcomes through the movement of specifically selected indicators. We track the movement of these indicators over time to develop Montgomery County trends, and where possible also compare to state and national data, as well as information from the ten largest counties in Ohio. As you review the 2009 Progress Report, you will find the indicator data organized within sections for each Outcome. Each Outcome section also includes a report from the Outcome Team on its 2009 activities and initiatives and an analysis of what’s “Behind the Numbers.” The 2009 Progress Report includes additional information about our FCFC’s local and state activities, its partnerships and our membership.

This is the 11th annual report provided to the community. I encourage you to refer to our 2008 Progress Report for more in-depth information on the work that occurred in the Council's earlier years. The 2008 Progress Report is located at www.fcfc.montco.org or contact the Office of Family and Children First at 937-225-4695 to receive a copy by mail.

We feel fortunate that FCFC has received the support of so many community partners since its beginning. This unique level of community based decision-making and collaboration has permitted us to accomplish many things. Our progress is due, in part, to our willingness to have community conversations on important issues. On page 5 you will find an invitation to contribute to these conversations; we look forward to hearing from you.

I want to thank all of our Council members, additional Outcome Team members and everyone who volunteers their time and knowledge to make our community a better place to live, work and grow.

Sincerely,

Christine F. Olinsky, CFCS, AFC
Miami Valley Area Leader and Extension Educator, Family & Consumer Sciences
OSU Extension, Montgomery County
Chair, Montgomery County Family and Children First Council
This report is part of an ongoing community conversation about our efforts to promote the well-being of Montgomery County’s children, families, and adults and to make Montgomery County a better place to live. On pages 4-5 we explain that we start by asking two questions – “Where do we want to be?” and “Where are we?” – and then we connect those two questions with a third one, “What will it take to get there?”

Here are our answers to those questions.

**Where do we want to be?**
Our answer is in our set of Vision Statements, one for the FCFC (on the back cover) and one for each of the six desired community outcomes. (See the first page of each section of the report devoted to an outcome.)

**Where are we?**
Our answers are in the indicator data. The FCFC is currently tracking 27 indicators – for thirteen of them the historical trend is in the desired direction and for six of them the historical trend is flat. (See the indicator data throughout the report, and the summary at the bottom of page 3.)

**What will it take to get there?**
Our answers come from our Outcome Teams and from other Task Forces and committees. (See inside back cover.) They have all been busy and productive in 2009. To the right, at a glance, are some highlights.

### THE FCFC AT A GLANCE

**Healthy People**
In 2009, the Health Care Safety Net Task Force’s first recommendation was achieved through the designation of Community Health Centers of Greater Dayton as a Federally Qualified Health Center. (See page 6.)

The Low Birth Weight Registry has conducted 686 interviews with mothers of LBW infants to identify factors contributing to the birth of LBW babies. (See page 7.)

GetUp Montgomery County, a healthy lifestyle initiative, adopted “5-2-1-Almost None” as the central message to share with the community in efforts to decrease childhood obesity rates in Montgomery County. (See page 8.)

**Young People Succeeding**
In its second year, ReadySetSoar – Montgomery County’s early care and education initiative – saw gains in quality of early childhood settings. (See page 14.)

The work of the Mentoring Collaborative has led to significant increases in the number of children being mentored and decreases in the number of children waiting for a mentor. (See page 16.)

FastForward Center and its partners have guided almost 2,000 dropouts to completion of a high school diploma in the last eight years. (See page 17.)

**Stable Families**
A committee addressing the issues of elder abuse, neglect and exploitation completed development of the Elder Abuse Interagency Investigative Guidelines to be used by law enforcement, Adult Protective Services, the Long-Term Care Ombudsman, and the County Prosecutor’s Office. (See page 26.)

The importance of fatherhood and the need to aid some fathers in maintaining support of and contact with their children were explored at length by the Stable Families Outcome Team and will be a major focal point for 2010. (See page 28.)

The Stable Families Outcome Team continued its partnerships with other Teams to address issues critical to our community, such as comprehensive neighborhood development and substance abuse and addiction (See page 28).
Positive Living for Special Populations
Through the advocacy of the PLSP Team and the FCFC, Montgomery County applied for and was awarded a $600,000 three-year federal grant from the U.S. Department of Justice to address violence against women in Montgomery County who have disabilities. (See page 34.)

After PLSP Team discussions on affordable, accessible housing, a PLSP-led panel met with local members of the American Institute of Architects to discuss accessibility and visitability issues. (See page 35.)

The Montgomery County Fetal Alcohol Spectrum Disorders (FASD) Task Force raised local awareness about the detrimental effects of prenatal exposure to alcohol. Nationally known experts shared their expertise with almost 500 individuals in the medical, teaching, and social service communities, as well as with parents and caregivers. (See page 36.)

Safe and Supportive Neighborhoods
At year’s end the Comprehensive Neighborhood Initiative Design Team forwarded to the Executive Committee proposals which the Team had requested from the Dayton Urban League and from East End Community Services; the agencies have designed programs intended to boost the school readiness of children in the Edison and Ruskin neighborhoods. (See page 49.)

The Safe Neighborhoods Outcome Team, with the help of a number of community partners, has continued working on a data-driven pilot project to identify and serve youth considered to be “at risk” because their parents or siblings are already involved in the criminal justice system. (See page 53.)

Economic Self-Sufficiency
The Economic Self-Sufficiency Outcome Team continues to focus on transitional and “green” job programs and on building community partnerships in order to develop pathways to economic self-sufficiency for low-income adults and children in Montgomery County. (See page 58.)

The Team provided support for the case management and job development/job coaching component of “Dayton Works Plus,” a transitional jobs pilot program in the deconstruction industry. (See page 59.)

The Montgomery County Ex-Offender Reentry Task Force has received recommendations from all of its work groups and is in the process of sharing those with the community. (See page 61.)

### SHORT-TERM TRENDS IN DESIRED DIRECTION

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<td>1/4*</td>
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<td>6/7</td>
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<tr>
<td>Stable Families</td>
<td>0/4</td>
<td>0/4**</td>
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<td>Positive Living for Special Populations</td>
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<td>Economic Self-Sufficiency</td>
<td>1/3</td>
<td>0/3</td>
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<td><strong>All Outcomes</strong></td>
<td><strong>14/27</strong></td>
<td><strong>13/27</strong>*</td>
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*Note: The short-term trend is considered in the “desired direction” if either the value or the rank has moved in the desired direction, or if the value has remained unchanged.

*Plus one which is flat
**Plus three which are flat
***Plus six which are flat
What Are We Talking About When We Say “Results-Based Accountability?”

Ever since the publication of Turning the Curve, our first annual report, the Family and Children First Council has been interested in promoting community conversations. One of the ways we have done this is by adopting an approach called “Results-Based Accountability” or “RBA” for short.

What exactly is RBA? And how does it promote these community conversations?

What Is Results-Based Accountability?

Results-Based Accountability is a way for the community to talk about some of the important issues that affect its overall quality of life. It flows logically from the questions we posed in Turning the Curve: “Where are we?” and “Where do we want to be?”

Let’s begin where RBA begins – with the end conditions of well-being which we want for children, adults, families and communities. In plain English, these “end conditions of well-being” are the results that we want. In other words, they are the answer to the question “Where do we want to be?”

The results we want for the people of Montgomery County are captured in the desired community outcomes articulated by the FCFC: Healthy People, Young People Succeeding, Stable Families, Positive Living for Special Populations, Safe and Supportive Neighborhoods, and Economic Self-Sufficiency.

But it’s not enough just to say that we want our people to be healthy or our neighborhoods to be safe and supportive. We need to describe how we would recognize these conditions in our day-to-day lives in the community. What would we see, hear, feel, observe?

To answer these questions the FCFC has written a Vision Statement for each of the desired community outcomes. For example, if the outcome of “young people succeeding” were fully achieved, then we would find that:

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

The next step in the RBA process is to identify some key elements that can actually be measured, pieces of data that tell us whether these conditions exist or not. Some of the data that the FCFC tracks and publishes – we call them “indicators” – include the percentage of babies born with a low birthweight, the percentage of 3rd graders passing their achievement tests, the unemployment rate and crime rates.

Therefore, each of the FCFC’s annual reports is an updated answer to the other question we posed in Turning the Curve, “Where are we?”
RESULTS-BASED ACCOUNTABILITY

How Does Results-Based Accountability Promote Community Conversations?

Between the two questions “Where are we?” and “Where do we want to be?” lies the toughest question, “What will it take to get there?” Asking this question is an essential part of RBA. Answering it is at the heart of the community conversations which the FCFC has been promoting.

The FCFC’s contributions to these community conversations include the following:

• trendlines for each indicator
• comparisons between local trends and state and national trends
• some analyses of the stories behind the trendlines
• the engagement of potential partners in the effort to achieve better results
• the identification of what has (or has not) worked well in similar efforts in other communities
• (perhaps the most important contribution) the building of consensus for action

These conversations – attempts to answer the “What will it take to get there?” question – take place among the members of the FCFC’s various Teams and Task Forces. What they have been talking about in 2009 and what they have learned, decided, recommended and achieved can be found on the other pages of this report.

But their meetings are not the only places that these conversations can happen, and are not the only places that they should happen.

We are indebted to Mark Friedman of the Fiscal Policy Studies Institute for introducing us to RBA in 1996. This description is based on his work. To learn more visit www.resultaccountability.com or www.raguide.org or www.resultleadership.org.

An Invitation to Contribute to These Community Conversations

These conversations can occur in many different settings. After all, community conversations should involve the community. So we want to know what you think about what you read in this report. Ask us a question about the data. Let us know about a program you’ve heard about that is successfully making things better in another community. Whether you’re a concerned parent, a community volunteer, or an agency director, tell us how you have used information from these reports in the past, or what other types of information would be useful in the future. You can reach us at communityconversations@fcfc.montco.org.

And thanks for helping us figure out “what it will take to get there.”
HEALTHY PEOPLE

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 healthcare, 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. In 2009, the Outcome Team was co-championed by Jim Gross, Health Commissioner, and by Dr. Gary LeRoy, Associate Dean of Students at Wright State University. Initiatives discussed in the 2008 Report – the Healthcare Safety Net Task Force, the Low Birth Weight Registry, and Childhood Obesity Prevention – have continued and their progress and accomplishments in 2009 are discussed below.

Healthcare Safety Net Task Force
The Healthcare Safety Net Task Force completed its work and delivered its recommendations to the Montgomery County Board of County Commissioners in 2008. The background on their findings and recommendations may be reviewed in detail on pages 8 – 10 of the 2008 Progress Report at www.fcfc.montco.org.

In 2009, a work group primarily made up of cross-agency staff and senior leadership began to assess the ability to implement the Task Force recommendations. Several were identified and moved forward during 2009:

• Strengthen and consolidate access to primary care – Community Health Centers of Greater Dayton received designation as a Federally Qualified Health Center (FQHC) in 2009. This designation also came with a start up grant. The FQHC’s are now operating and receiving enhanced Medicaid reimbursement; they are developing a plan for expansion to serve more patients.

• Enhance outreach strategies to encourage eligible people to enroll in Medicaid – The Montgomery County Department of Job and Family Services actively promoted this plan in 2009. This resulted in expanded partnerships throughout the community with Ohio Benefits Bank locations and service providers.

• Investigate implementation of a community-wide electronic linkage between healthcare providers – Public Health – Dayton and Montgomery County and the Greater Dayton Area Hospital Association (GDAHA) are leading this effort. In 2009 the area hospitals began a project to enhance quality around shared information.

• Provide insurance coverage for vulnerable populations under a managed care model – During 2009 Public Health – Dayton & Montgomery County and the Office of Family and Children First worked with CareSource to negotiate a coverage plan for a subset of the uninsured population in Montgomery County. This coverage is intended to promote a medical home and divert unnecessary emergency room visits.

This implementation will continue in 2010.
HEALTHY PEOPLE

Low Birth Weight Registry
A low birth weight (LBW) baby is defined as a baby with a birth weight of less than 2,500 grams (5 lbs. 8 oz.). LBW is of public health importance because of the strong relationship between birth weight and infant mortality and morbidity. LBW babies are at increased risk of serious health problems, including developmental disabilities, cerebral palsy, vision and hearing loss, and increased incidence of illness and death. LBW has been on the rise nationally and locally for many years.

To respond to this community issue, the Family and Children First Council approved funding to support the collaborative efforts of the Greater Dayton Area Hospital Association and Help Me Grow – Brighter Futures in the creation and development of the Low Birth Weight (LBW) Registry. This report continues the description and data reporting of the LBW Registry project described in the 2008 Montgomery County Family and Children First Council Progress Report. Data are now available from 18 months of data collection, in which a total of 686 interviews of mothers of LBW infants were completed. The following statistics were identified as potential contributing factors:

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<th>Risk Factor</th>
<th>LBW Registry %</th>
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<td>Unmarried mother</td>
<td>61.5%</td>
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<tr>
<td>Unintended pregnancy</td>
<td>65.2%</td>
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<tr>
<td>Medicaid (at delivery)</td>
<td>56.1%</td>
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<tr>
<td>Smoked throughout entire pregnancy</td>
<td>28.1%</td>
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<tr>
<td>Consumed alcohol during pregnancy</td>
<td>13.4%</td>
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<tr>
<td>Used drugs during pregnancy</td>
<td>13.3%</td>
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<tr>
<td>STD/GYN/Urinary infection during pregnancy</td>
<td>52.0%</td>
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<tr>
<td>No preconception vitamin use</td>
<td>65.9%</td>
</tr>
<tr>
<td>Inadequate (none, late, or poor) prenatal care</td>
<td>15.7%</td>
</tr>
<tr>
<td>Food insufficiency over last 12 months</td>
<td>7.0%</td>
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The LBW Registry has enrolled approximately 100 control mothers – mothers of non-LBW infants. These data are in the early stages of analysis and will be compared to the data from the mothers of LBW infants in order to better assess risk factors.

The incidence of risk factors observed at 18 months was nearly identical to those reported in the 2008 Report with the notable exception that the percent of individuals with food insufficiency increased in each six month interval from October 2008 at 5.9%, 6.7% in the second six months, and 8.5% in the third six months; this is likely a reflection of the economic recession. Integrating the other risk factors has led to an examination of the methods to quantify the stress induced in these mothers by multiple lifestyle observations. Chronic stress is a risk factor for poor health outcomes including preterm birth and low birth weight.

Please see the following publication for additional information and references:

County-Wide Childhood Obesity Prevention Initiative
Childhood obesity has reached epidemic proportions in the United States, and Montgomery County is not immune. Experts estimate that 31.9% of children and adolescents aged 2 through 19 years are overweight or obese (Journal of American Medicine, 2008, High Body Mass Index for Age Among US Children and Adolescents). Millions of these children face a higher risk of developing obesity-related disorders such as diabetes and heart disease.

Please see the following publication for additional information and references:

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Please see the following publication for additional information and references:
In 2009, GetUp Montgomery County achieved the following milestones:

• Hired a project manager
• Selected a message and developed creative “5-2-1-Almost None” logo
• Conducted a baseline survey on perceptions and behaviors
• Held a Partner Rally with nearly 100 partners in attendance
• Developed and launched a Web site (www.getupmc.org) with nearly 200 reference documents
• Developed and distributed partner materials
• Began using social media networks to garner input to instigate culture change
• Conducted a New Year’s event with Boonshoft Museum of Discovery, encouraging families to pledge to “A Year of Healthy Living with 5-2-1-Almost None”
• Launched an awareness campaign to introduce “5-2-1-Almost None” to the general public

Most importantly, 85 partner organizations have agreed to participate and are ready to GetUp! GetUp Montgomery County will continue this important work in 2010. To learn more and find out how you can GetUp, go to www.getupmc.org.
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 the county and state values for 2008. In addition, the 2007 value for the U.S. is now available but the 2008 value for the U.S. is not yet available. All of these new values are considered final.

Short-Term Trends
The short-term trend from 2007 to 2008 – from 8.7% to 8.7% – is flat. The county comparative rank, 4th, remains unchanged.
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 2006 and 2007 values for Ohio have been revised and the 2006 value for the U.S. is now available. The county values for 2007 have also been revised, including the county comparative ranking. The U.S. value for 2007 and all the values for 2008 are not yet available.

Short-Term Trends
The short-term trend from 2006 to 2007 – from 84.6 to 83.4 – is in the desired direction. The comparative county rank also moved in the desired direction, from 10th to 9th.
**Outcome:** Healthy People  
**Indicator:** Childhood Immunizations

**Background**
This indicator tracks the proportion of 24 – 35 month old children attending Health District clinics who are up-to-date with their immunizations. For 2008 and earlier that meant they had received at least 4 doses of Diptheria, 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. In 2009 the criteria were updated to include 1 dose of Varicella 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 2009 is 85%.

**Short-Term Trends**
The short-term trend from 2008 to 2009 – from 91% to 85% – is not in the desired direction; the addition of one more vaccine to the up-to-date criteria is the probable explanation.

*Note that children who were 24 – 35 months old in 2001 were infants in 1999, a time when there was a lot of controversy and media coverage regarding thimerosal, a preservative in infant vaccines. Since then there has been a big increase in education regarding vaccine safety and thimerosal has been removed from many vaccines. The general increase in the rate for the last several years probably reflects the fact that there has also been an increased emphasis on educating parents on the need for timely vaccinations.*
Background
For the purposes of this indicator, access to healthcare 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 healthcare 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 healthcare 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 2009 is 35.5%.

Short-Term Trends
The short-term trend from 2008 to 2009 – from 60.2% to 35.5% – is not in the desired direction. It is worth noting that the overall number of clients served dropped by almost 50% in 2009 because fewer Community Health Advocates are available to provide service but that this does not explain the drop in this indicator. It does appear that significantly fewer of the clients do, in fact, report having access to healthcare as defined here.

*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.
HEALTHY PEOPLE

Behind the Numbers

Low Birth Weight

“Low Birth Weight” is one of the indicators that the FCFC tracks under the Healthy People Outcome. While this indicator has fluctuated over the past two decades (see page 9), the historical trend for Montgomery County (as well as for the state and the nation) is not in the desired direction.

Due to concerns about this trend a local Low Birth Weight Registry was launched in 2007. An update on the registry’s findings can be found on page 7 as part of the Healthy People Outcome Team Report. Here we want to look at why this indicator is so important.

According to the March of Dimes, babies born with a low birth weight – defined as less than 2,500 grams or 5 lbs. 8 oz. – are at increased risk for a host of medical problems as newborns, including:

- Respiratory distress syndrome
- Bleeding in the brain
- Patent ductus arteriosus (a heart problem)
- Necrotizing enterocolitis (an intestinal problem)

In addition, these babies have a mortality rate in their first month of life that is “up to 12 times” higher than the rate observed for babies whose birth weight is more appropriate for their gestational age.

By themselves, these concerns about infant morbidity and mortality are sufficient to make low birth weight an indicator of interest. However, the negative health outcomes associated with a low birth weight are not restricted to the period of infancy. Adults who were born with a low birth weight have been shown to be at higher risk for hypertension, stroke, type II diabetes, coronary heart disease, and death due to cardiovascular disease. A clear illustration of this latter risk is shown in Figure 1, based on an analysis of detailed longitudinal health records available in one area of Great Britain.

All of these data show that a low birth weight is correlated with future health problems, but they do not show that having a low birth weight causes these problems. Because of this, low birth weight is sometimes considered a “marker,” something identifying people who have experienced an adverse influence which slowed their growth and which can then be related to future health information.

Attempts to understand this initial adverse influence have focused on “fetal programming” which can be described as follows:

Malnutrition and other adverse environmental exposures during development alter gene expression and program the body’s structures and functions for life. Adverse exposures also result in slow growth and small body size.

In other words, something is happening during development that causes both a low birth weight and subsequent health problems. The Low Birth Weight Registry may provide some valuable insights that can lead to effective interventions.

Figure 1. People born weighing less than 5.5 pounds have the highest risk of dying from coronary heart disease when they are adults. The “standardized mortality ratio” is a way to compare these rates; for example, the death rate for people born weighing between 8.5 and 9.5 pounds is only 55% of the death rate for people born weighing less than 5.5 pounds. (Source: Barker, D.J.P., 1997)

Death Rates from Coronary Heart Disease Among 15,726 People by Birth Weight

<table>
<thead>
<tr>
<th>Birth Weight in Pounds</th>
<th>Standardized Mortality Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;6.5</td>
<td>100</td>
</tr>
<tr>
<td>-6.5</td>
<td>81</td>
</tr>
<tr>
<td>-7.5</td>
<td>80</td>
</tr>
<tr>
<td>-8.5</td>
<td>74</td>
</tr>
<tr>
<td>-9.5</td>
<td>69</td>
</tr>
<tr>
<td>&gt;9.5</td>
<td>65</td>
</tr>
</tbody>
</table>

8 Barker, D.J.P. “Preventing Chronic Disease,” Keynote address delivered to 15th Annual Maternal and Child Health Epidemiology Conference, Tampa FL, December 9, 2009.
Outcome Team Roster

Frank DePalma
Montgomery County Educational Service Center
Co-Champion

Jenni Roer
The Frank M. Tait Foundation
Co-Champion

Susan R. Bodary
EDvention, through August

Dr. John A. Boggess
Miami Valley Career Technology Center

Frieda Brigner
Dayton Ohio Habitat for Humanity

Gayle Bullard
Montgomery County Department of Job and Family Services, Children Services Division

Joyce Sutton Cameron
HighRise Services

Michael Carter
Sinclair Fast Forward Center

Vicki Giambrone
Children’s Medical Center

Tim Kambitsch
Dayton Metro Library

Karen Lampe
Early Care & Education Consultant

Dr. Thomas Lasley II
University of Dayton

Robyn Lightcap
ReadySetSoar

Dr. Rebecca Lowery
Dayton Public Schools, through June

John Moore, Sr.
Community Volunteer

Bob Pawlak
Goodwill Easter Seals Miami Valley

Margy Stevens
Montgomery County Educational Service Center

Tammy Vaughn
4C for Children – Miami Valley

Donald A. Vermillion
University of Dayton Fitz Center

STAFF:
Catherine A. Rauch
OFCF
Pamela Zehring
Montgomery County Educational Service Center

YOUNG PEOPLE SUCCEEDING

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 has focused the majority of its attention over the last four years on improving the quality of early care and education in Montgomery County. A child’s early years are a time of remarkable growth with ninety percent (90%) of brain development taking place by age five. Young children develop self-confidence and social, emotional, and decision-making skills, the foundation needed for success in school and throughout their adult years.

ReadySetSoar was launched in the second half of 2007 with initial funding from the Montgomery County Family and Children First Council (FCFC) and The Frank M. Tait Foundation. Originally known as the Montgomery County Early Care and Education Initiative, the vision behind ReadySetSoar is that every child in the Miami Valley will be school ready by the time they enter kindergarten.

FCFC continued funding this initiative in its second year. Funds were used for a newly-hired full-time Director and for technical support to assist early care centers in achieving a star rating under Ohio’s Step Up To Quality system. Technical assistance was provided by 4C for Children – Miami Valley (4C), the region’s resource and referral provider for early care and education. Funding from FCFC increased 4C’s ability to reach providers by sixty percent (60%) in 2009.

ReadySetSoar’s second year of work has resulted in gains in the following goal areas:
- Higher quality in early childhood settings
- Stronger connections and infrastructure
- Increased advocacy
- Heightened community awareness
Quality
Eleven focus sites, which were identified through an open request for participation at the end of 2007, received individually tailored technical assistance, grants of up to $16,000, and a one-time quality achievement award of $4,000 to aid in their pursuit of a star rating through the State of Ohio’s Step Up To Quality rating system. As of December 2009, nine of the eleven have earned a star rating; the other two are eagerly awaiting a site visit that will determine their rating:

- A&D Daycare and Learning Center (Jefferson Township) – awaiting a site visit
- All Kids: An Easter Seals Child Development Center (Dayton) – earned 1 star
- Childtime Learning Center (Centerville) – earned 1 star
- Clara’s Heart Child Care Center (Trotwood) – awaiting a site visit
- Dayton Christian Center (Dayton) – earned 1 star
- Kinder Care Learning Center (Huber Heights) – earned 1 star
- Miami Valley Family Care Center (Dayton) – earned 3 stars
- The Nurturing Nest (Butler Township) – earned 1 star
- The Point YMCA Early Childhood Center (Butler Township) – earned 2 stars
- Seven Dwarfs Childcare Center (Miamisburg) – earned 1 star
- YWCA Childcare (Downtown) – earned 2 stars

To continue the Step Up to Quality progress, a new Mentoring Group program was initiated under the leadership of Mini University, Inc. As needed, technical assistance is provided by 4C. The goal of the mentoring groups is to guide 30 participating centers to a star rating by June 2010. In addition to higher quality, accomplishing this goal will mean an estimated $300,000 in Quality Achievement Awards from the State of Ohio.

Connections and Infrastructure
With guidance from an Advisory Cabinet that met monthly, the full-time Director of ReadySetSoar built strategic partnerships with various organizations also involved in serving young children and their families. In addition, connections with providers were increased by doubling the number of providers on an early care and education provider listserv.

Advocacy
ReadySetSoar increased the advocacy efforts of the community during a difficult state budget process. Specifically, ReadySetSoar facilitated strategy sessions with Early Learning Initiative child care providers, and contacted directors of all 220 ODJFS licensed early childhood programs to explain proposed changes and encourage directors to call and write legislators. The efforts of early childhood leaders in Montgomery County combined with those of leaders around the state ensured a few “wins” for early care and education during a very difficult budget time.

Community Awareness
For the second year, ReadySetSoar collaborated with the Boonshoft Museum of Discovery and Five Rivers MetroParks on “Voyages on the Parkway” – a family event offering fun, hands-on educational activities. In addition, connections with the business community and dialogue with pediatricians have begun in the past year. A community-wide communication plan was designed; a funding award from The Frank M. Tait Foundation will be used to implement the first phases of the communication plan in 2010.

Relationships have been formed between early childhood professionals and K-12 school leaders. These relationships are critical to allow the Miami Valley Region to develop common definitions and measurements for kindergarten readiness. A Kindergarten Readiness Summit will be held in the first quarter of 2010, and this effort will move the community forward as gaps are identified, community-wide priorities are established, and new programs are implemented to help every child be prepared for a successful start to kindergarten.
The Young People Succeeding Outcome Team historically has monitored progress of two programs implemented as a result of prior FCFC initiatives. The following sections briefly describe each program and their respective successes.

The Mentoring Collaborative of Montgomery County has been networking with agencies providing mentoring services for youth since 2001. The Collaborative works to raise community awareness of the critical need for mentors, provides agency training, mentor training, mentee training and background checks as well as sponsoring local mentoring events.

In 2008, the Collaborative began providing Agency Certification Training in partnership with MENTOR/National Mentoring Partnership. The Collaborative provides a full resource center with tips, advice and the most current best-practice information to help partner agencies create successful experiences for their mentors and mentees. The Collaborative includes partner agencies that provide mentoring services to youth through non-traditional methods; these partners are Associate Partners.

The Mentoring Collaborative added nine new mentoring programs in 2009 increasing the total of partner agencies to 60 (49 Certified Partners, 11 Associate Partners). Together these organizations serve approximately 24,968 youth; yet another 2,156 children are waiting for caring adults to mentor them.

Each year during its Mentor of the Year Awards Luncheon the Collaborative recognizes individuals who have displayed extraordinary commitment assisting young people in achieving their full potential. The 2009 Outstanding Mentor Award recipients (listed below) were also recognized by the Montgomery County Board of County Commissioners.

- Robert Boyd, Juvenile Court Reclaiming Futures
- Cindy Goff, Miamisburg Schools Mentor Program
- Larry Jenkins, ACE-E
- Richard Moore, Unified Health Solutions
- Angela Potter-Taylor, Jefferson Jr./Sr. High School Mentor Program
- Jennifer Schrader, Life Resource Centre
- Sweetie Seals, Wesley Community Center
- Kelli Wynn, Community Action Partnership of the Greater Dayton Area

To become a mentor or for additional information about The Mentoring Collaborative, call 937-236-9965 or go to www.mentoringcollaborative.org.
Teen Pregnancy Prevention
Teen pregnancy and childbearing remain issues for many young people in Montgomery County.

Pregnancy occurred among just under five (4.7) out of every 100 teens ages 15-17 during 2008. This rate has generally remained steady since 2003. (See page 24.) Slightly less than half of these pregnancies resulted in fetal losses or terminations with the remainder ending in live births.

Studies indicate that teen childbearing often results in life-long consequences. The conditions of teen parents – individual, social, and economic – are remarkably different from those of teens who do not become pregnant. For instance, teen parents are far more likely to live in poverty.

The most recent data available from the Ohio Department of Health indicate there were 280 births to teens ages 15 to 17 in Montgomery County during 2008. The rate of teen births for this age group in Montgomery County has increased slightly from 24.3 per 1,000 girls of the same age in 2007 to 25.5 per 1,000 girls in 2008. However, these rates still remain higher than the state’s rate of 19.7 per 1,000 in 2007 and 2008. Alarmingly, the teen birth rate of African American teens continues to exceed that of Caucasian teens as it has since 2000.

For example, for every Caucasian teen giving birth in 2008, 2.6 African American teens gave birth (17.6/1,000 versus 45.7/1,000, respectively).

Teen pregnancy prevention services have received funding through the Office of Family and Children First since 1998. The following organizations received such funding for the delivery of teen pregnancy prevention services in Montgomery County during 2009: Catholic Social Services of the Miami Valley, Dayton Urban League, East End Community Services, Girl Scouts of Western Ohio (formerly Buckeye Trails Council), Unified Health Solutions, and YWCA of Dayton.

The ultimate goal of teen pregnancy prevention services is to teach young people to think critically about the consequences of their actions and to take personal responsibility for themselves and their futures. Adolescents participating in these programs learn to value obtaining their education and rejecting early sexual behavior and teen pregnancy as options for themselves.

Due to numerous state budget cuts made to resources for local services, teen pregnancy prevention services are no longer funded through a separate pool of money from Montgomery County. Providers have sought funding from other sources, yet some services have had to be reduced because of funding challenges.
**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 2008 was 34.9% and the value for Ohio for 2008 was 40.8%.

**Short-Term Trends**
The short-term trend from 2007 to 2008 – from 33.1% to 34.9% – is in the desired direction. The county comparative rank remains unchanged, 10th.

*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.*
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 the 2006 Report, we published the percentage of 4th-grade students passing all portions of the proficiency test. Starting with the 2006 Report we began publishing as separate indicators the 3rd-grade math and reading achievement scores and have discontinued the 4th-grade indicator.

New Data  
The value for Montgomery County for 2008-09 is 77.1% and the value for Ohio for 2008-09 is 77.4%.

Short-Term Trends  
The short-term trend from 2007-08 to 2008-09 – from 77.0% to 77.1% – is in the desired direction. The county comparative rank remains 6th.
**Outcome:** Young People Succeeding

**Indicator:** Student Achievement – 3rd-Grade Math

**Background**
To be consistent with the federal No Child Left Behind legislation, Ohio has phased out its proficiency tests and replaced them with achievement and diagnostic tests. Before the 2006 Report, we published the percentage of 4th-grade students passing all portions of the proficiency test. Starting with the 2006 Report, we began publishing as separate indicators the 3rd-grade math and reading achievement scores and have discontinued the 4th-grade indicator.

**New Data**
The value for Montgomery County for 2008-09 was 79.6% and the value for Ohio for 2008-09 was 81.3%.

**Short-Term Trends**
The short-term trend from 2007-08 to 2008-09 – from 76.8% to 79.6% – is in the desired direction. The county comparative rank also improved, moving from 6th to 5th.

### Historical Trend

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-05</td>
<td>69.1%</td>
<td>70.4%</td>
</tr>
<tr>
<td>2005-06</td>
<td>74.3%</td>
<td>74.9%</td>
</tr>
<tr>
<td>2006-07</td>
<td>83.2%</td>
<td>84.5%</td>
</tr>
<tr>
<td>2007-08</td>
<td>76.8%</td>
<td>79.3%</td>
</tr>
<tr>
<td>2008-09</td>
<td>79.6%</td>
<td>81.3%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-07</td>
<td>83.2</td>
<td>83.6</td>
</tr>
<tr>
<td>2007-08</td>
<td>83.0</td>
<td>81.3</td>
</tr>
<tr>
<td>2008-09</td>
<td>79.2</td>
<td>78.0</td>
</tr>
</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
The value for Montgomery County for 2008-09 is 67.6% and the value for Ohio is 68.4%.

Short-Term Trends
The short-term trend from 2007-08 to 2008-09 – from 62.2% to 67.6% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 8th to 7th.
**Outcome:** Young People Succeeding  
**Indicator:** Graduation Rate

**Background**  
The graduation rate of all students receiving instruction in a Montgomery County school district is considered for this indicator. It is a lagged rate, always one year behind, allowing the Ohio Department of Education to include summer graduates. The graduation rate for 2008-09 will not be released until June 2010.

**New Data**  
The value for Montgomery County for 2007-08 is 86.9% and the value for Ohio for 2006-07 is 84.6%.

**Short-Term Trends**  
The short-term trend from 2006-07 to 2007-08 – from 88.2% to 86.9% – is not in the desired direction. The county comparative rank did move in the desired direction, from 3rd to 2nd.

---

**GRADUATION RATE**  
- Montgomery County  
- Ohio

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
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<tbody>
<tr>
<td>1997-98</td>
<td>75.0%</td>
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<tr>
<td>1998-99</td>
<td>76.3%</td>
<td>81.4%</td>
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<td>1999-00</td>
<td>74.0%</td>
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<tr>
<td>2000-01</td>
<td>77.0%</td>
<td>81.2%</td>
</tr>
<tr>
<td>2001-02</td>
<td>83.3%</td>
<td>82.8%</td>
</tr>
<tr>
<td>2002-03</td>
<td>84.9%</td>
<td>83.9%</td>
</tr>
<tr>
<td>2003-04</td>
<td>87.7%</td>
<td>85.9%</td>
</tr>
<tr>
<td>2004-05</td>
<td>88.4%</td>
<td>86.2%</td>
</tr>
<tr>
<td>2005-06</td>
<td>87.6%</td>
<td>86.1%</td>
</tr>
<tr>
<td>2006-07</td>
<td>88.2%</td>
<td>86.9%</td>
</tr>
<tr>
<td>2007-08</td>
<td>86.9%</td>
<td>84.6%</td>
</tr>
</tbody>
</table>

Note: n/a is not available.
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 value for Montgomery County for 2008-09 is 94.4% and the value for Ohio for 2008-09 is 94.3%.

Short-Term Trends
The short-term trend from 2007-08 to 2008-09 – from 93.9% to 94.4% – is in the desired direction. The county comparative rank also moved in the desired direction, from 9th to 8th.

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

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

New Data
The value for Montgomery County for 2008 is 4.7% and the value for Ohio for 2008 is 3.9%. Some of the values for other counties have been revised for 2006, as well as the county comparative ranking for that year, but Montgomery County’s value and rank did not change. In addition, the 2004 value for Ohio is being revised, as well as all of the U.S. data reported here.

Short-Term Trends
The short-term trend from 2007 to 2008 – from 4.7% to 4.7% – is flat. The county comparative rank did not move in the desired direction, changing from 7th to 8th.

Teen Pregnancy = (Births + Abortions + Fetal Losses)
Kindergarten Readiness: Can Thirty Million Words Close the Gap?

If you put “thirty,” “million,” “words,” “Hart,” and “Risley” into an internet search engine you’ll find over 50,000 links. If the average number of words on each of those Web pages is 600, that suggests at least 30,000,000 words may have already been written about the famous study by Betty Hart and Todd Risley.¹

Why such an explosion of interest? Perhaps Hart and Risley captured the urgency in the title of their follow-up report, “The Early Catastrophe: The 30 Million Word Gap by Age 3.”² The researchers had been testing ways to intervene in the lives of young children in order to prevent the negative effects of poverty on academic growth. They grew increasingly frustrated as their results, initially promising, failed to be sustained as the children grew.

Hart and Risley were particularly interested in the children’s acquisition of everyday language. They were constantly struck by the discrepancy between the high rate of vocabulary growth among the children of fellow professors and the low rate among children from an inner city, poor neighborhood. Hart and Risley wondered whether what the children were exposed to at home affected vocabulary size.

They decided to examine what was happening in the early lives of these children. Was there something measurably different going on in upper socioeconomic class families compared to lower socioeconomic class families? The researchers recorded and analyzed hours of conversation in different homes for 2½ years, starting when the children were seven to nine months old and ending when they were three years old.

Hart and Risley were – to use their own description – “astonished” at some of the differences in vocabulary across income groups. (See Figure 1.) Based on the average number of words that children in each income group were hearing per hour as they approached three years of age, Hart and Risley predicted how many words each will have heard by the time he or she was four years old. (See Figure 2.)

In addition to observing the quantity of language, Hart and Risley made judgments on the quality of language, e.g., sentence structure, the use of questions and affirmations, etc. This aspect of their work has led to criticism of a cultural bias by implying that the quality of language in the home of a poor family is inherently inferior,³ and has led to thoughtful debate among developmental linguists.

Nevertheless, the quantitative aspect of Hart and Risley’s work – the “30 million word gap” – remains a significant finding that symbolizes for many how important it is to stimulate young brains. Early childhood professionals speak frequently of the rapid brain growth that occurs before a child enters kindergarten and of the importance of exposing children to enriching and stimulating environments during this time. Efforts to boost children’s vocabularies are a vital part of helping them get ready for kindergarten.

Figure 1. Parents and children in a higher socioeconomic class use, on average, twice as many words per hour as parents and children in a lower socioeconomic class. Word use by parents is the average during the period when the child was 13 – 36 months old; word use by children is the average when the child was 33 – 36 months old. Source: Hart and Risley (2003).

Figure 2. By the time children in a higher socioeconomic class are four years old they will have had 30 million more words addressed to them than children from a lower socioeconomic class. Source: Hart and Risley (2003).

Outcome Team Roster

Christy Norvell
Montgomery County Department of Job & Family Services
Co-Champion
Claire Renzetti, Ph.D.
University of Dayton, Began March
Co-Champion
Fred Baxter
Ohio Department of Youth Services, through September
Ken Betz
Coroner’s Office/Regional Crime Laboratory
Elaine Jelly
Catholic Social Services of the Miami Valley, Through June
Paul Jones
Battelle & Battelle, LLP, Began August
Jan Lepore-Jentleson
East End Community Services, through January
Connie Lucas-Melson
Community Volunteer
Jim McCarthy
Miami Valley Fair Housing Center
Patricia Meadows
The National Conference for Community and Justice of Greater Dayton, Through May
Bonnie Parish
Family Service Association
Rev. Dr. William Brodis Schooler
Dayton Baptist Pastors and Ministers Union of Greater Dayton
Joe Spitler
Montgomery County Criminal Justice Council
Dr. Robert C. Walker
Wesley Community Center

STAFF:
Catherine A. Rauch
OFCF
Sandra Barnum
OFCF
Natasha Glenn
OFCF

STABLE FAMILIES

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
The Stable Families Outcome Team has continued to focus attention on various forms of family violence as well as indicators of family well-being. During 2009, significant energy went into the issue of elder abuse, neglect and exploitation in Montgomery County.

Elder Abuse, Neglect and Exploitation
Adult Protective Services (APS) in each county is mandated by Ohio law to act in a short-term capacity to stabilize situations deemed harmful or threatening to adults 60 years of age or older. Cases fall within the following categories:

• Abuse – sexual, physical and mental maltreatment by another person
• Neglect – other person not providing appropriate care
• Self-Neglect – most cases are medical and caused by diminished capacity to care for oneself
• Exploitation – unlawful use of financial resources by another

In Montgomery County during 2009, APS investigated a total of 1,404 referrals which were categorized as follows:

• Abuse 11%
• Neglect by another 17%
• Self-Neglect 61%
• Exploitation 11%
It is estimated that only ten percent (10%) of elder abuse, neglect and exploitation situations are reported for investigation. Even when it is available to them, not all people want help or involvement from APS. Adults have the right to refuse services and that can result in little or no action being taken, for example if the elderly person fears retaliation.

As the number of older adults increases, so will the number of elderly experiencing abuse or neglect. Greater community awareness is needed about the signs of elder abuse and neglect, especially self-neglect, in order for early detection and intervention to occur in Montgomery County.

In 2009, the Family and Community Violence Committee of the Stable Families Outcome Team was renamed the Committee on Elder Abuse, Neglect and Exploitation (the Committee). It also became an ad hoc committee of the Montgomery County Frail Elderly Services Advisory Council, which is responsible for ensuring appropriate services and support are made available to frail elderly citizens through the Human Services Levy.

The Committee was comprised of representatives from the following organizations:

- Area Agency on Aging, PSA 2
- Artemis Center for Alternatives to Domestic Violence
- Association of Police Chiefs
- Family Service Association
- Long-Term Care Ombudsman
- National Conference for Community and Justice
- Senior Resource Connection
- Wright State University Boonshoft School of Medicine
- Wright State University School of Professional Psychology

And the following Montgomery County agencies and departments:

- Board of Developmental Disabilities Services
- Criminal Justice Council
- Coroner’s Office / Regional Crime Laboratory
- Department of Job & Family Services, Adult Protective Services
- Office of Family and Children First
- Probate Court
- Prosecutor’s Office
- Sheriff’s Office

Members worked diligently during the year and in December completed the task of developing the Elder Abuse Interagency Investigative Guidelines. This document describes the role each professional discipline plays in the investigation and, when appropriate, prosecution of elder maltreatment. The guidelines will be used primarily by organizations that investigate referrals for intervention (law enforcement, Adult Protective Services, the Long-Term Care Ombudsman, and Prosecutor’s Office).

Other work to address elder abuse, neglect and exploitation in Montgomery County is being planned by the Senior Services Division (part of the Montgomery County Department of Job and Family Services), which works closely with the Montgomery County Frail Elderly Services Advisory Council. For instance, with a grant from the National Center on Elder Abuse a multi-disciplinary team is being created to focus efforts on elder abuse detection, intervention, and prevention strategies through collaboration and partnerships. In addition, an Elder Abuse Symposium will take place on January 28, 2010, to educate community organizations about this growing concern and explain how to report suspected elder abuse.
Fatherhood

The Stable Families Outcome Team has been concerned about the insufficient supports for fathers, most notably those financially disenfranchised and/or those without visitation or custody. These concerns are based on extensive information about the consequences of absent fathers and the impact of fathers' involvement on the well-being of children. The evidence clearly indicates that fathers factor significantly in the development and future success of their children.

During 2009, the Team reviewed research about various fatherhood support programs and reviewed current resources in the community. A major focus of the Team’s 2010 agenda is identifying whether and in what form a pilot program or expansion of current services would benefit fathers in Montgomery County. The Team has begun discussions with planners of the Comprehensive Neighborhood Initiative to determine if involved residents would utilize such services.

Collaboration on Issues Affecting Multiple Outcome Areas

Comprehensive Neighborhood Initiative. This initiative is a pilot project to work in an integrated manner on all of the FCFC desired community outcomes in two or three specific distressed neighborhoods. Two members of the Stable Families Team have been part of the initial planning process. For more on the Comprehensive Neighborhood Initiative, see the Supportive and Engaged Neighborhoods section on page 49.

Alcohol and Drug Abuse Task Force. For more than a year, the Stable Families Team has had a representative participating on the Task Force along with representatives from other Outcome Teams and community partners. Task Force members have been engaged in integrating information from varied sources, identifying shared concerns and establishing overall priorities. See page 37 for more on the Task Force.
**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.

In the 2008 Report we clarified the definition of this indicator (see the title above the graph, below), explained that data for some prior years had been recalculated as a result, and noted that recalculated data for the year 2003 are not available.

**New Data**

The 2008 value for Montgomery County is 38.4% and for Ohio it is 43.8%. The county and state values for 2007 have been revised. As a result, some of the counties (but not Montgomery) have changed their rank for 2007.

**Short-Term Trends**

The short-term trend from 2007 to 2008 – from 39.1% to 38.4% – is not in the desired direction. The county comparative rank remains unchanged, 9th.
**Background**

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

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

**New Data**

The values for Montgomery County for 2007 and 2008 have been revised, as has the value for Ohio for 2008. (See discussion in the Background section, above.) Values for some of the other counties have also been revised for 2007 and 2008; as a result, there was one change in the county comparative rankings but it did not involve Montgomery County. The preliminary value for Montgomery County for 2009 is 5.7 and for Ohio it is 5.2.

**Short-Term Trends**

The short-term trend from 2008 to 2009 – from 5.1 to 5.7 – is not in the desired direction. The county comparative ranking remains unchanged, 6th.

*2009 data are preliminary. See the discussion in the Background section, above.*

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

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<tr>
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<th>2000</th>
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<tr>
<td>Montgomery Co.</td>
<td>6.7</td>
<td>5.8</td>
<td>4.9</td>
<td>5.0</td>
<td>4.5</td>
<td>5.3</td>
<td>6.2</td>
<td>6.1</td>
<td>6.0</td>
<td>5.4</td>
</tr>
<tr>
<td>Ohio</td>
<td>5.5</td>
<td>6.4</td>
<td>7.1</td>
<td>6.5</td>
<td>3.9</td>
<td>3.2</td>
<td>3.2</td>
<td>6.1</td>
<td>7.0</td>
<td>6.5</td>
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Most desirable ranking is number one.
Background
This indicator is intended to focus attention on the vulnerability of our children and the effectiveness of our efforts to keep them safe. Since 2001, the Montgomery County Child Fatality Review Board has been determining whether each death it reviews is preventable. The definition of preventability as set forth in the Ohio Administrative Code means “the degree to which an individual or community could have reasonably done something that would have changed the circumstances that led to the child’s death.” From 2001 to 2004, the Review Board used the four categories provided by the state of Ohio: “Preventable,” “Somewhat Preventable,” “Not Preventable” or “Not Sure.” 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. Neither of these deaths is included in the chart and table below.

New Data
In 2008, there were 78 deaths of children in Montgomery County. All of them had been reviewed when this report was being prepared and 27 were determined to be “Probably Preventable.” Additional reviews of deaths which occurred in prior years have now been completed. As a result, the number of deaths determined to be “Probably Preventable” in 2001 has increased from 30 to 31, the number in 2003 has increased from 29 to 30, the number in 2005 has increased from 20 to 26, and the number in 2007 has increased from 23 to 24.

Short-Term Trends
The short-term trend from 2007 to 2008 – from 24 to 27 – 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 2009 there were ten deaths due to domestic violence in Montgomery County.

Short-Term Trends
The short-term trend from 2008 to 2009 – from 5 to 10 – is not in the desired direction.

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

**Long-Term Consequences of Child Abuse**

"Substantiated Child Abuse" is one of the indicators that the FCFC tracks under the Stable Families Outcome. While this indicator has fluctuated over the past two decades (see page 30), the historical trend for Montgomery County can be considered flat.

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

Researchers have also been taking an overall look at the lives of adults who were victimized as children. A recently released study by David Zielinski is an example. Using data from an extensive national survey of adults between the ages of 18 and 54, he determined whether the respondents had ever been sexually abused, physically abused, and/or severely neglected as children. He also determined a number of characteristics about their current socioeconomic status, including whether they were unemployed, living below the poverty level, and eligible for Medicaid.

The results were dramatic. Adults who were victimized as children have an increased likelihood of being unemployed and/or in poverty and/or eligible for Medicaid. As Figure 1 illustrates, this propensity rises substantially for adults who suffered more than one type of maltreatment as a child.

With these results in mind, he considered some prior research identifying a low socioeconomic status with an increased risk for perpetrating child abuse and neglect. For example, one set of researchers analyzing child abuse and economic data from all 50 states and the District of Columbia, determined that increases in the proportion of families with incomes below 75% of the poverty line are related to increases in many measures of maltreatment.

Reducing and eliminating child abuse are, of course, highly desired goals. Based on his analysis, Zielinski suggests that “the relationship between maltreatment and socioeconomic well-being ... may represent an important mechanism in the intergenerational cycle of violence” and calls for more research on these potential linkages.

Responding to Zielinski, a fellow researcher issues the same call and singles out the important role that resiliency can play in breaking this intergenerational cycle. It is important to note that the connection between being a child victim of abuse and an adult perpetrator of abuse is not automatic.

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**Figure 1.** Each bar represents the percentage of victims or non-victims who are in the indicated socioeconomic condition. Because adult victims of childhood maltreatment are at increased risk for having a low socioeconomic status, there could be increased societal costs in addition to the personal toll that abuse takes on each victim. Examples of such costs include expenditures by the government for unemployment and public assistance benefits, and a loss of revenue from income taxes. Source: Zielinski, D.S. (2009).

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5. According to the 2000 Census, 70% of the people in poverty have incomes in this range; this represents 9% of the total population.
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 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
In 2009, the Positive Living for Special Populations (PLSP) Outcome Team continued its focus on priority issues affecting special populations, particularly preventing violence against persons with disabilities and affordable, accessible housing. The Team also received updates on the work of its subcommittee, the Fetal Alcohol Spectrum Disorders (FASD) Task Force, including the impressive FASD community educational efforts tied to Sept. 9, 2009 (9/9/09), reinforcing the message that women should not drink a single drop of alcohol during the nine months of pregnancy (page 36).

Violence Against Women with Disabilities
Women with disabilities are subject to more prolonged violence than women who are not disabled. Through the advocacy of the PLSP Team and the FCFC, Montgomery County applied for and received a $600,000 three year federal grant from the U.S. Dept. of Justice, Office of Violence Against Women. Partners include Montgomery County, Access Center for Independent Living, Artemis Center, Deaf Community Resource Center, Goodwill Easter Seals, Montgomery County Board of Developmental Disabilities Services, and WSU-SARDI.

Starting October 2009, the partners began work on ensuring access to victim services in our community for women with disabilities so that they will be less vulnerable to and more protected against violence and abuse. Policies and procedures will be put in place and staff trained so that domestic violence and sexual assault against women with disabilities will be recognized and handled appropriately, including making referrals for needed counseling and/or shelter. Special thanks go to PLSP Team member Dennis Moore, who brought this funding opportunity to the Team’s attention.
Affordable Accessible Housing
Finding affordable, accessible housing is a big obstacle for special populations. During 2009, the PLSP Team held panel discussions with representatives of ODJFS, local housing organizations, and others. Affordable, accessible housing was examined from the perspective of landlords, tenants, realtors, homeowners, architects, governmental jurisdictions, and funders. Speakers also told of progress in Montgomery County, complaint patterns, and remaining challenges. In October, 2009, housing and disability panelists led by PLSP member Jeff Vernooy were the featured speakers at the local American Institute of Architects meeting. Their discussion of how accessibility and visitability can be incorporated in new construction and renovations in our community was well received by the local architects.

Collaboration on Issues Affecting Multiple Outcome Areas
Continuing its commitment to collaborate on issues impacting multiple outcome areas, PLSP Team members or their representatives participated during 2009 on the Montgomery County Frail Elderly Advisory Committee’s Elder Abuse, Neglect, and Exploitation Subcommittee and on YPS’ Youth Transition Work Group. This Work Group focused on transitioning youth with disabilities from school to work. PLSP members or their representatives also participated on the Alcohol and Drug Abuse Task Force and its Subcommittees. The Alcohol and Drug Abuse Task Force was established by the County Commissioners in response to the PLSP Team identifying substance abuse as an overlying issue impacting all FCFC outcome areas (see page 37).

What is VISITABILITY?
Features creating easy access for residents and visitors alike, e.g.:
- No-step entrance
- A bathroom that can be used by a person using a walker or wheelchair
- Doors and hallways that allow easy travel to the common area in a home
(Source: visitabilitypa.com)
FASD Task Force Roster

Beatrice Harris, MS, RN
Public Health – Dayton & Montgomery County
Chair

Jane Dockery, MBA, CUPA
Wright State University
Vice Chair

Ruth Addison, MS, LPCC
Samaritan Behavioral Health, Inc. – CrisisCare

Pam Albers, RN, MS
Montgomery County Help Me Grow – Brighter Futures

Susan Caperna
Parent Representative

Rev. Dr. Leroy Cothran
United Missionary Baptist Church

Dr. Christopher S. Croom, MD
Perinatal Partners, LLC/Department of OB/GYN, Boonshoft School of Medicine, Wright State University

Barbara Jacobs, RD, LD, MA
Public Health – Dayton & Montgomery County

Jane Lingo, RN
Holy Family Pregnancy Center

Su-Ann Newport, RN, MS, CNS, LICDC
ADAMHS Board for Montgomery County

Sara J. Paton, Ph.D.
Public Health – Dayton & Montgomery County/Wright State University

Barbara Persons
Planned Parenthood of Southwest Ohio, 5/09 – 8/09

Tim Pfister
Montgomery County Board of Developmental Disabilities

Michelle Schlarmann, MSN, RNC, WHNP, MC
Planned Parenthood of Southwest Ohio Region, through January

Tracey Waller, MBA, RD, LD, IBCLC
Public Health – Dayton & Montgomery County

STAFF:
Andrea Hoff, OCPS II, OFCF
Sandy Barnum, OFCF
Donna Nettles, OFCF

Montgomery County FASD Task Force
Fetal Alcohol Spectrum Disorders (FASD) are the leading known preventable causes of mental retardation, impacting approximately 70 to 80 babies born in Montgomery County every year. FASD covers a wide spectrum of disorders that can occur in an individual who was prenatally exposed to alcohol. When a pregnant woman drinks, the alcohol crosses the placenta into the fetal blood system, affecting the developing tissues and organs. The damage is irreversible leading to life-long consequences including physical deformities and cognitive deficiencies.

Thus, the Montgomery County FASD Task Force believes that pregnant women, including women who may become pregnant, should not drink a single drop of alcohol throughout their pregnancy.

September 9, 2009 was International FASD Awareness Day. The date – 9/9/09 – signifies the nine months a woman should not drink alcohol while pregnant. In recognition of this date, the Montgomery County FASD Task Force coordinated a week-long observance to raise awareness of Fetal Alcohol Spectrum Disorders. Presentations were made that provided information about FASD – its causes, effects on the developing brain, behavioral characteristics, and prevention strategies. Nationally known experts in the FASD field shared their expertise with the medical, teaching, and social service communities, as well as with parents and caregivers. Six events occurred between September 9th and 11th and highlighted the following speakers:

- Dr. Luther Robinson – Director of Dysmorphology and Clinical Genetics in the Division of Genetics of the Children’s Hospital of Buffalo at Kaleida Health. Dr. Robinson is an internationally known expert on FASD, conducting studies on fetal alcohol syndrome in the United States, Russia, Europe, and South Africa, and was a member of the first National Task Force on Fetal Alcohol Syndrome/Fetal Alcohol Effects.
- Kathy Paxton – Director of Behavioral Health Initiatives at the Ohio State University, Center for Learning Excellence. She has spent almost two decades in the FASD field.
- Sister Suzette Fisher – Co-founder of Double ARC, the only diagnostic FASD clinic in the state of Ohio.

Approximately 500 people attended these events and were educated on the detrimental effects of prenatal exposure to alcohol. Over 95% of participants said the presentations advanced their knowledge and most described the changes they would make, in their practice and in their lives, to work toward prevention.

The Montgomery County FASD Task Force also developed a community-wide strategic plan in 2009. The plan was based on the “Five Points of Intervention: A Policy and Practice Framework” developed specifically for the issue of substance-exposed infants by the National Center on Substance Abuse and Child Welfare. This plan establishes objectives and strategies at each of the critical points along the FASD continuum: 1) pre-pregnancy and public awareness, 2) prenatal screening and support, 3) screening at birth, 4) services to infants, and 5) services to parents. Implementation of this plan could begin as early as 2010.

On September 9, 2009 Dr. Luther Robinson spoke to 150 healthcare professionals at Miami Valley Hospital as a part of Montgomery County’s FASD Awareness Week activities.
### Task Force Roster

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<td>Dan Foley</td>
<td>Commissioner Montgomery County, Co-Chair</td>
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<td>Jim Pancoast</td>
<td>President, Premier Health Partners, Co-Chair</td>
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<td>David Ames</td>
<td>Consumer/ADAMHS Board for Montgomery County</td>
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<td>Bryan Bucklew</td>
<td>Greater Dayton Area Hospital Association</td>
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<td>Honorable Anthony Capizzi</td>
<td>Montgomery County Juvenile Court, Repeat Offenders Subcommittee Co-Chair</td>
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Montgomery County Alcohol and Drug Abuse Task Force Report

Alcohol and other drug (AOD) addiction is a destructive brain disease that often overcomes a person’s ability to live a happy and productive life. Even before an individual is addicted, use and ultimately abuse behaviors frequently lead to a series of unhealthy decisions that are oftentimes accompanied by considerable consequences. These decisions eventually lead to serious problems with money, relationships, careers, jobs, family, and health. Legal ramifications and criminal justice involvement commonly ensue as a result of the abuse and addiction. Consequently, AOD abuse and addiction is EVERYONE’S problem as it infringes on every niche of every community.

Furthermore, finding solutions to preventing and treating AOD abuse and addiction is just as complex as the disease itself. Discovering effective community solutions requires the collective depth and breadth of knowledge found among a variety of people all working towards a common goal – combating the burdensome, and oftentimes grave, consequences that result from AOD abuse and addiction.

The Family and Children First Council recognized that our community desperately needed improved AOD prevention, assessment and treatment services. Therefore, at the request of the FCFC, the Montgomery County Board of County Commissioners established the Montgomery County Alcohol and Drug Abuse Task Force (herein referred to as the AOD Task Force) in April 2008. The Task Force is co-chaired by Montgomery County Commissioner Dan Foley and by the President of Premier Health Partners, Jim Pancoast. The Task Force and its subcommittees consist of 106 of Montgomery County’s key community stakeholders and prevention and treatment providers. This group of dedicated and knowledgeable professionals has been charged with assessing the public and private AOD systems and identifying recommended paths for change using a cross-systems approach.

From April 2008 to May 2009, the Task Force members were engaged in a series of community discussions that laid the groundwork for moving the community towards solutions. Presentations were made by local and state experts, researchers, and providers that shed light on both the impact of AOD problems as well as provided accurate and up-to-date data to be used as the work of the Task Force progressed. This information was utilized to develop a plan for moving forward – to cease talking about the community’s problems and to begin developing tangible and realistic community solutions.

The Task Force then engaged Dave Ramey of Strategic Leadership Associates to assist it in moving to the next phase of its work. In May and June 2009, the Task Force members and providers participated in a SWOT analysis in order to assess the Strengths, Weaknesses, Opportunities, and Threats of the alcohol and drug abuse/addiction systems in Montgomery County as a whole. The responses provided during this process were used to determine a set of strategic goals, objectives, and proposed initiatives for the future improvement of the AOD services and systems in Montgomery County. From this work, five goal areas were established. Subcommittees assigned to each of the five goal areas were given the charge of developing a set of recommendations related to their area:

- **Realign Services to Improve Montgomery County’s Capacity to Provide Detox Services** – Engage the public system, hospitals, and the jails in creating a response system for providing detox services in the community by realigning current services. The subcommittee assigned to this goal area was referred to as the DETOX SUBCOMMITTEE.

- **Develop a Comprehensive, Coordinated, County-Wide Prevention and Community Education System** – Based on the evidence-based practices of other communities, develop a comprehensive, coordinated, county-wide prevention and community education system that promotes the prevention of alcohol and other drug abuse and addiction by enhancing partnerships to educate, advocate, and support locally-based, community mobilization with shared efforts on state and federal funding, advocacy, training, and stigma reduction. The subcommittee assigned to this goal area was referred to as the PREVENTION SUBCOMMITTEE.
• Bridge the Gaps Across Assessment, Treatment, and Aftercare/Recovery Services – Engage private providers and payers, universities, and the public system in creating seamless transitions across assessment, treatment, aftercare and recovery services with a common set of metrics to track client progress. The subcommittee assigned to this goal area was referred to as the **BRIDGING THE GAPS SUBCOMMITTEE**.

• Improve the Processes for the Collection and Sharing of Data on Individuals and Populations – Engage the assessing and treating organizations, as well as the Greater Dayton Area Hospital Association (GDAHA) and the universities, in improving the processes for the collection and sharing of data on individuals and populations that are engaged in AOD services. The subcommittee assigned to this goal area was referred to as the **DATA SHARING SUBCOMMITTEE**.

• Strengthen Intervention and Resources for Repeat Offenders – Engage the courts and the criminal justice system in strengthening intervention and resources for repeat criminal justice offenders. The subcommittee assigned to this goal area was referred to as the **REPEAT OFFENDERS SUBCOMMITTEE**.

Each subcommittee consisted of members from the AOD Task Force as well as other key community leaders and service providers necessary to complete its work. Subcommittees met from June 2009 through November 2009.

In December 2009, the full Task Force heard presentations from each of the subcommittees about their recommendations. Continued discussions will take place in 2010 with the anticipation that the Final Report of the Montgomery County AOD Task Force will be completed by Spring 2010.
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 in 2009 included: 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 2009, Help Me Grow Central Intake & Referral received 2,327 referrals, including 977 from hospitals and the medical community, 675 from primary caregivers and family members, and 407 from the Children Services Division of the Department of Job and Family Services. Help Me Grow nurses made 632 home visits to check on the health and physical status of mothers and their newborns (the Ohio Department of Health ended this program component June 30, 2009). As of December 31st, 1,224 Individualized Family Service Plans (IFSPs) were in place daily for young children and their families being served by ongoing Help Me Grow services.

This has been a very challenging year to all counties due to a significant cut in Help Me Grow funds statewide. Help Me Grow staff have continued to provide excellent services to children and their families while meeting federal and state compliance standards. Help Me Grow – Brighter Futures staff met 100% compliance for all categories in records that the Ohio Department of Health selected for review in the fall of 2009. Locally we also achieved a 100% rating for timely receipt of services which are listed on family plans.

Help Me Grow

HELP ME GROW CENTRAL INTAKE & REFERRAL
937-208-GROW (4769)

Division of the Department of Job and Family Services.
Help Me Grow nurses made 632 home visits to check on the health and physical status of mothers and their newborns. Help Me Grow staff have continued to provide excellent services to children and their families while meeting federal and state compliance standards. Help Me Grow – Brighter Futures staff met 100% compliance for all categories in records that the Ohio Department of Health selected for review in the fall of 2009. Locally we also achieved a 100% rating for timely receipt of services which are listed on family plans.

CHILDREN RECEIVING ONGOING HMG SERVICES
(DAILY COUNT AS OF 12/31/09)

<table>
<thead>
<tr>
<th>Under 12 months (includes prenatal)</th>
<th>12 – 23 months</th>
<th>24 – 35 months</th>
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<tbody>
<tr>
<td><strong>AT RISK FOR DEVELOPMENTAL DELAY OR DISABILITY. TOTAL 489</strong></td>
<td>276</td>
<td>130</td>
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<tr>
<td><strong>SUSPECTED/DIAGNOSED DELAY OR DISABILITY. TOTAL 735</strong></td>
<td>111</td>
<td>228</td>
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Source: Ohio Department of Health Early Track
Help Me Grow (HMG) Success Stories
The work and impact of Help Me Grow is best explained through the stories of clients (names have been changed):

Newborn Home Visits
Carol, a Help Me Grow nurse, provided a newborn home visit to Brittney and her newborn triplets. While Carol was returning to her car from the visit, Brittney suddenly came out of the house screaming for the nurse’s help. One of the babies had suddenly stopped breathing. The nurse ran into the house, confirmed that Faith was non-responsive, and immediately started CPR while the ambulance was called. This newborn, as well as another one of the triplets, was found to have an apnea condition, and appropriate treatment was begun. Brittney was extremely grateful for the Help Me Grow nurse’s intervention that helped save her child’s life.

Ongoing Services
Pregnant at age 17, LaToya felt frightened and confused. She was at first skeptical about the Help Me Grow – Brighter Futures program. After meeting Sharon, her service coordinator, and having a few home visits, LaToya liked the service so much she even started recommending the program to others. When she had to have an emergency C-section and her newborn son, Jayden, went into respiratory arrest, LaToya appreciated Sharon coming to the hospital to support her during that scary time. LaToya said, “My service coordinator has taught me how to take care of my son, including things that young moms don’t know like basic care of a baby, nursing a baby, how much to feed a baby, safety, and parenting in general.” Sharon also encouraged LaToya to graduate from high school and obtain her LPN license. LaToya plans to return to school for a BA in Nursing, looks forward to home ownership, and credits her Help Me Grow Service Coordinator with being a great mentor.

Rosa and Chris moved to Ohio with their toddler, Aaron, who had been diagnosed with cerebral palsy and entered the Help Me Grow program. With the help of physical, occupational and speech therapy arranged for by their service coordinator, Sheila, their son has made a lot of progress. He’s beginning to walk and can’t stop talking and singing. Aaron’s parents are very proud of all of the hard work their child does every day. Rosa and Chris also appreciate the dedication and excellent job of their service coordinator in getting Aaron the treatments and therapy that he needs.

Both of Luke and Meghan’s children have experienced developmental delays and have been served by the Help Me Grow program and the County Board of Developmental Disabilities Services’ PACE program. When they lost their rental unit, the family ended up at a local shelter. Their Help Me Grow service coordinator, Jennifer, kept up visits with the family and assisted them with resources for housing and employment. She also encouraged Meghan to complete her GED and Meghan has begun to take classes. The family has obtained housing and childcare. Meghan also has been actively participating in the family meetings offered by Help Me Grow’s family support specialist. The family highly values the Help Me Grow services they are receiving and make it a priority to keep their children in the program, even while going through very difficult times.

In 2009, 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 (1/1/09-6/30/09)
Fidelity Health Care
GDAHA – Brighter Futures
Kettering Medical Center – Precious Beginnings Home Care

DEVELOPMENTAL EVALUATIONS
Montgomery County Board of Developmental Disabilities Services PACE Program
**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 value for Montgomery County for 2007 (the most recent year for which the survey analysis is available) is 36.6 and the value for Ohio is 38.9.

**Short-Term Trends**  
The short-term trend from 2005 to 2007 – from 35.3 to 36.6 – is not in the desired direction. The county comparative rank also did not move in the desired direction, changing from 2nd to 4th.

**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>
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<tbody>
<tr>
<td>2001</td>
<td>40.0</td>
<td>39.7</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>
<tr>
<td>2007</td>
<td>36.6</td>
<td>38.9</td>
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The county comparative ranks are not available for 2003.

2001  
1. Summit 33.6  
2. Lorain 38.0  
3. Cuyahoga 38.4  
4. Franklin 38.7  
5. Butler 39.5  
6. Montgomery 40.0  
7. Lucas 41.3  
8. Mahoning 42.3  
9. Stark 46.0  
10. Hamilton 47.9

2005  
1. Summit 34.4  
2. Montgomery 35.3  
3. Franklin 36.1  
4. Lorain 36.4  
5. Lucas 36.8  
6. Butler 39.0  
7. Cuyahoga 39.1  
8. Stark 43.3  
9. Mahoning 44.5  
10. Hamilton 46.2

2007  
1. Franklin 34.1  
2. Montgomery 36.6  
3. Lucas 39.8  
4. Butler 38.8  
5. Lorain 39.8  
6. Cuyahoga 40.9  
7. Mahoning 41.5  
8. Hamilton 44.0  
9. Stark 45.0

Most desirable ranking is number one.
### Background
People with developmental disabilities want 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 Developmental Disabilities Services 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 SFY09 is 130.

### Short-Term Trends
The short-term trend from SFY08 to SFY09 – 142 to 130 – is not in the desired direction.

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**Outcome:** Positive Living for Special Populations  
**Indicator:** People with Developmental Disabilities Competitively Employed

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**Average Number of Adult Consumers Competitively Employed During a Six-Month Period**

<table>
<thead>
<tr>
<th>SFY Year</th>
<th>Number of Adults</th>
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<tr>
<td>SFY02</td>
<td>191</td>
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<tr>
<td>SFY03</td>
<td>166</td>
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<tr>
<td>SFY04</td>
<td>168</td>
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<tr>
<td>SFY05</td>
<td>155</td>
</tr>
<tr>
<td>SFY06</td>
<td>150</td>
</tr>
<tr>
<td>SFY07</td>
<td>142</td>
</tr>
<tr>
<td>SFY08</td>
<td>142</td>
</tr>
<tr>
<td>SFY09</td>
<td>130</td>
</tr>
</tbody>
</table>

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.
**Outcome:** Positive Living for Special Populations  
**Indicator:** People with Developmental Disabilities Working in Enclaves

**Background**
People with developmental disabilities want 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 Developmental Disabilities Services 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 DDS’ 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 SFY09 is 141.

**Short-Term Trends**
The short-term trend from SFY08 to SFY09 – 149 to 141 – 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.*
**Outcome:** Positive Living for Special Populations  
**Indicator:** Day-to-Day Living for Mentally Ill Adults

**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 SFY09 is 66%.

**Short-Term Trends**  
The short-term trend from SFY08 to SFY09 – from 68% to 66% – is not in the desired direction.

---

**PERCENTAGE OF ADULTS WITH SEVERE AND PERSISTENT MENTAL ILLNESS WHO REPORT IMPROVEMENT IN THEIR QUALITY OF LIFE ONE YEAR AFTER TREATMENT BEGAN**

- **Montgomery County**
  - SFY03: 70.0%
  - SFY04: 62.0%
  - SFY05: 68.0%
  - SFY06: 63.5%
  - SFY07: 64.0%
  - SFY08: 68.0%
  - SFY09: 66.0%

*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 SFY09 is 62%.

Short-Term Trends
The short-term trend from SFY08 to SFY09 – from 68.5% to 62% – is not in the desired direction.
Outcome: Positive Living for Special Populations
Indicator: Successful Substance Abuse Treatment

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 SFY09 is 38%.

Short-Term Trends
The short-term trend from SFY08 to SFY09 – from 34% to 38% – 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.
Behind the Numbers

Disabilities and Employment

One word that can be used to summarize the Vision of the Positive Living for Special Populations Outcome Team (see sidebar) is “inclusion.” Because employment is a key barometer of inclusion, three of the six indicators currently being tracked under this outcome are related to employment. “People with Developmental Disabilities Competitively Employed” (page 43) and “People with Developmental Disabilities Working in Enclaves” (page 44) are directly related, while “Day-to-day Living for Mentally Ill Adults” (page 45) is indirectly related. The historical trends for these indicators – one is in the desired direction, one is not, and the third is flat – suggest that we are far from achieving this outcome.

While these three indicators capture meaningful information, it is clear that they are restricted to the clients and consumers of specific systems. Therefore, the Outcome Team has for some time been seeking broader measures of inclusion and employment for people with disabilities.

A logical starting place is the US Bureau of Labor Statistics (BLS), the principal federal source for data and information about the workforce. Unfortunately, the BLS has not included disability status in its reports on the employment status of the U.S. population … until recently. In 2009, pursuant to an Executive Order “to measure the employment status of persons with disabilities in aggregate on a timely basis,” the BLS began releasing monthly data for people with disabilities. One of the statistics it reports is called the employment-population (e-p) ratio; the e-p ratio represents the proportion of the civilian noninstitutional population that is employed. According to the BLS, some analysts prefer this measure over the unemployment rate as a measure of economic activity and the economy’s performance. For our purposes it is an excellent starting point for examining inclusion. The employment-population ratio for people with a disability in the United States in 2009 was 19.2%; for those without a disability it was 64.5%.

The large gap is due to a lower labor force participation rate and a higher unemployment rate for persons with a disability. In 2009, pursuant to an Executive Order “to measure the employment status of persons with disabilities in aggregate on a timely basis,” the BLS began releasing monthly data for people with disabilities. One of the

Table 1. These measures of employment status show a wide disparity between persons with and without a disability. (Source: See footnote 2.)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Persons with a disability</th>
<th>Persons with no disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor force participation rate</td>
<td>22.4%</td>
<td>70.9%</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>14.5%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

While employment is not a realistic goal for some people with a disability, the differences in all of these rates illustrate the need for continued efforts to achieve inclusion. The Outcome Team will be examining these new data as it seeks broader indicators.

Figure 1. In the United States a person with no disability was over 3 times more likely to be employed in 2009 than a person with a disability. (64.5 / 19.2 = 3.4) (Source: See footnote 2.)

PLSP 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.

Notes:

1. Exec. Order 13078, 63 Fed. Reg. 13111 (March 18, 1998). The ten year interval between the Order and its implementation is worth noting, and is due in part to their efforts to determine the best way to determine disability status during their surveys.

2. All the BLS data cited herein are the averages of monthly data for 2009 and are not seasonally adjusted. For 2009, the monthly reports are entitled “Employment status of the civilian noninstitutional population by sex, age, and disability status, not seasonally adjusted.” These reports come from the Current Population Survey which uses a set of six questions to learn about people who have physical, mental, or emotional conditions that cause serious difficulty with their daily activities. A response of “yes” to any one of the questions indicates that the person in question has a disability. More information can be found at http://www.bls.gov/cps/cpsdisability.htm.

3. A labor force participant is someone who is employed or who is unemployed but available for work and looking for work; people who are discouraged and/or have given up looking for work are not included.
SAFE AND SUPPORTIVE NEIGHBORHOODS

**Comprehensive Neighborhood Initiative Design Team Roster**

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

Mary Burns
Miami Valley Child Development Centers, Inc., starting July

Katherine L. Cauley, Ph.D.
Center for Healthy Communities

Allen Elijah
United Way of the Greater Dayton Area, starting July

Kathy Emery
City of Dayton

John Gower
City of Dayton

James W. Gross
Public Health – Dayton & Montgomery County

Elaine Jelly
Catholic Social Services of the Miami Valley, through March

Gregory D. Johnson, PHM
Dayton Metropolitan Housing Authority

Tanisha Jumper
United Way of the Greater Dayton Area

Tim Kambitsch
Dayton Metro Library

Jan Lepore-Jentleson
East End Community Services

Robyn Lightcap
ReadySetSoar

Rebecca S. Lowry, Ph.D.
Dayton Public Schools, through March

Jane McGee-Rafal
Dayton Public Schools, starting October

Sheldon Mitchell
Dayton Urban League, starting July

Bonnie Parish, LISW, LPCC
Family Service Association

Laura Roesch
Catholic Social Services of the Miami Valley, starting July

Bill Spears, Ph.D.
Wright State University

Joe Spitter
Montgomery County
Criminal Justice Council

Joseph Szoke
ADAMHS Board for Montgomery County

St. Benedict the Moor

John Theobald
Montgomery County

Marianne Urban, RN, BSN, MS
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Donald A. Vermillion
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Fitz Center

Commissioner Nan Whaley
City of Dayton

Rev. Carlton Williams, M. Div.
Wright State University

**STAFF:**
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Community Development Consultant

Roberta Weaver, Ed.D.
University of Dayton

Robert L. Stoughton
University of Dayton
Fitz Center, OFCF

**SUPPORTIVE AND ENGAGED NEIGHBORHOODS**

**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.

**Comprehensive Neighborhood Initiative Design Team Report**

**Background**

Following a series of neighborhood forums and other community conversations between 2006 and 2008, it became clear to the Supportive and Engaged Neighborhoods Outcome Team that an initiative which worked in an integrated manner to achieve all of the FCFC desired community outcomes was needed.
SAFE AND SUPPORTIVE NEIGHBORHOODS

As a result the Team made a three-part proposal to the FCFC Executive Committee in the fall of 2008. This proposal was detailed in the 2008 Progress Report and is summarized below:

1. The FCFC should begin the Comprehensive Neighborhood Initiative (CNI) to target two or three specific distressed neighborhoods and to transform these neighborhoods into neighborhoods of choice and connection in which families thrive and young people succeed.

2. The CNI should have five important characteristics:
   - **Focused** – targeting neighborhoods where the community outcomes and indicators point to a lower quality of life
   - **Comprehensive** – endeavoring to include all of the FCFC outcomes
   - **Collaborative** – engaging collaboratively the county, city, DPS, not-for-profit agencies, neighborhood associations, community foundations, faith-based communities, higher education, etc.
   - **Sustainable** – reallocating resources and securing new resources to sustain the effort for at least 10 years
   - **Accountable** – demonstrating to constituencies that CNI interventions are making steady progress in promoting the success of our children and families

3. The CNI should be integrated with the work of the Neighborhood School Centers (NSC).

In response the Executive Committee appointed the CNI Design Team which began meeting in late 2008 and completed its task in 2009. Their efforts can be summarized in two stages.

**Stage I: Laying the Groundwork**

Early in its work the CNI Design Team decided to make its initial focus a “School Readiness and Pre-K to 2nd Grade Learning Initiative.” This focus was chosen because it complements and reinforces a stated priority of Dr. Kurt Stanic, Superintendent of Dayton Public Schools, to develop a strong and system-wide Pre-K to 2nd Grade program.

The Team also familiarized itself with local assets such as the Neighborhood School Centers Program and neighborhood-based early childhood resources, and with some best practices from other communities such as the Harlem Children’s Zone from New York City and the SPARK program from Canton, Ohio. The Team achieved consensus on a Theory of Change (see Figure 1) to guide a neighborhood-based approach to improving school readiness. Finally, the Design Team considered a number of criteria in making a decision about which of the NSC neighborhoods to choose for the CNI, including:

- Support and willingness to work with DPS
- Significant population of families within 1.5 miles of the NSC
- The NSC is highly functioning with good cooperation between the principal and the NSC site coordinator
- High-capacity institutions at work in the neighborhood
- A fairly high degree of recognized citizen leadership
- The capacity for cooperation among and between groups, i.e., the ability to build consensus
- A widespread feeling among these groups that “it’s time for change”
- Other funders are willing or have already invested in the neighborhood
- Poverty rate (2000 Census)
- Average number of births per year (1995 – 2005)

---

1 The Neighborhood School Centers project began when Dayton Public Schools asked the Dayton Foundation for help in attracting community resources for a handful of its newly built schools. With public and private funding from a number of sources, the project started in the 2006-07 school year (after a planning year in 2005-06) and has three goals: 1. Young people in these schools are succeeding. 2. The NSC is the top educational choice in the neighborhood. 3. The NSC is a welcoming, supportive, and convenient hub for positive educational and cultural experiences and opportunities for community involvement. Currently there are five NSCs: Cleveland, Edison, Fairview, Kiser and Ruskin.
Using these criteria, the Design Team decided to target one NSC on the east side of Dayton (Ruskin) and one on the west side of Dayton (Edison). The geographic targets are the neighborhoods within a one-and-a-half mile radius of each of these schools. The NSC agency partner for Ruskin is East End Community Services and for Edison it is the Dayton Urban League.

**Stage II: Organizing and Engagement**

Each partner agency was awarded a contract for $15,000 to conduct “organizing and engagement” activities in the targeted neighborhoods. During this stage the agencies engaged at least 100 families. Based on what was learned about the strengths, hopes and challenges of the residents and of the neighborhoods, they prepared a set of recommendations for the Design Team to consider, developed a budget and identified partners.

Briefly, the Dayton Urban League and East End Community Services are proposing to collaborate on the “Taking Off To Success” or T.O.T.S. program in the Edison and Ruskin neighborhoods respectively. The program will be structured on the Harlem Children’s Zone, a New York City-based nonprofit that has developed a holistic approach to intergenerational poverty and whose positive results have gained national attention. The T.O.T.S. program will serve 100 families of pre-school children in each neighborhood and will include a combination of structured group sessions, home visits, and a variety of support services. Outreach and recruitment of parents will build upon the work that each agency performed during the “Organizing and Engagement” phase of the CNI when each agency was asked to engage the neighborhoods’ residents and to build relationships with them. The curriculum will build upon the Parents as Teachers Born to Learn® program and the TouchPoint™ program developed by T. Berry Brazelton, M.D. Opportunities for leadership development and peer support among the young parents will be provided. Each agency has identified a number of other agencies and programs that currently provide services to children birth through five and will seek to coordinate and collaborate with them rather than duplicate efforts.

**Figure 1.** This model depicts some of the key factors – including those of concern to all of the FCFC Outcome Teams – that can influence school readiness.
SAFE AND SUPPORTIVE NEIGHBORHOODS

Next Steps for the Current Phase of the CNI

In December, 2009 the Design Team forwarded these proposals to the FCFC Executive Committee with the recommendation that they be implemented. Drawing on its Theory of Change, the Team provided the following goal statement for this phase of the CNI:

Children in the neighborhoods of Edison Neighborhood School Center and Ruskin Neighborhood School Center are kindergarten ready, attend school regularly, are proficient in third grade reading and math, and have fewer untreated health conditions and developmental delays.

The Design Team also recommended that the Executive Committee approve an Assessment and Evaluation Program. The purpose of the Assessment and Evaluation Program will be to determine whether the outcomes in terms of kindergarten readiness are accomplished by the two partnership programs and what elements of the partnership programs made contributions to these outcomes. The resources of ReadySetSoar will be used to help identify and develop appropriate tools for measuring progress on kindergarten readiness. The agency partners, Dayton Urban League and East End Community Services, will monitor the engagement and participation of neighborhood residents in their program activities. Data from the agencies, data from the kindergarten readiness measures, and “on-the-ground” observations will be used to produce a comprehensive assessment and evaluation of the CNI. The Executive Committee will discuss these recommendations early in 2010 with implementation anticipated in the summer of 2010.

The Future of the CNI

The current phase of the CNI – the School Readiness and PreK-2nd Grade Learning Initiative – has focused on the early years of a “young people succeeding pipeline” (see Figure 2) covering ages 0 to 7 in the target neighborhoods. The next logical extension of this idea is work on the total “young people succeeding pipeline” in these neighborhoods and to extend the concern for young people succeeding up to age 17.

The CNI is exploring the question “What would it take to mobilize a neighborhood and align a community around supporting the whole young people succeeding pipeline?” The early success and failures with the School Readiness and PreK-2nd Grade Learning Initiative will help the community understand the magnitude of this very challenging question.

Community Stakeholders

Figure 2. The CNI Neighborhood Development Model shows how families, neighborhoods and the larger community can align in support of the “Young People Succeeding Pipeline.”

Community Stakeholders

County Government

Safe, Supportive and Engaged Neighborhoods

City Government

Neighborhood Associations

Responsive Neighborhood School Center

Stable Families

Human Services

Hospitals

Colleges and Universities

Stable Families

Not-For-Profit Agencies

Corporations

Human Services

Foundations

School Readiness

Prepared for Higher Education & Employment

Value Added Learning
Throughout 2009, the Safe Neighborhoods Outcome Team, along with the Supportive and Engaged Neighborhoods Outcome Team and the Juvenile Court, have continued work that began in 2008 as a data driven pilot project to identify “at risk” youth. These youth are identified by the fact that either their parents or their siblings are already involved in the criminal justice system.

This project is assisted by Montgomery County’s Department of Data Integration and Analysis which imports information from the Dayton Public Schools, Job and Family Services, Children Services Division, the Common Pleas Court’s Adult Probation Department, Juvenile Court’s Adult and Juvenile Probation Departments and Start Right Program, the Community Initiative to Reduce Gun Violence and the Sheriff’s Regional Dispatch Center and in-custody jail information.

Ruskin Elementary School is serving as the pilot school for this project. Data from the school are compared by address to each of the other data components and, based on matching addresses from the other data, potentially at risk youth can be identified.

Staff members from East End Community Services are working within the school to assist in arranging for at risk youth to participate voluntarily in after school programs. Staff from the Southeast Dayton Weed and Seed Program is working in the community to assist these individuals at the neighborhood and family level. Efforts are currently underway to identify resources that may be needed to support this undertaking.

Due to the program being in its incipient stage no program results are yet available.
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 value for Montgomery County for 2007 is 4.9. The 2007 value for Ohio is 3.4 and for the United States it is 4.7.

Short-Term Trends
The short-term trend from 2006 to 2007 – from 5.4 to 4.9 – is in the desired direction. The county comparative rank remains unchanged, 6th.
**Outcome:**

Safe and Supportive Neighborhoods

**Indicator:**

Property Crime

**Background**

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

**New Data**

The value for Montgomery County for 2007 is 44.8. For 2007 the value for Ohio is 34.6 and for the United States it is 32.6.

**Short-Term Trends**

The short-term trend from 2006 to 2007 – from 49.2 to 44.8 – is in the desired direction. The county comparative rank did not move in the desired direction, changing from 7th to 8th.
Background
The level of civic engagement within a neighborhood is often cited as a barometer of neighborhood strength. One measure of civic engagement is the voting rate.

New Data
The value for Montgomery County for 2009 is 39.0% and the value for Ohio is 44.6%.

Short-Term Trends
The short-term trend from 2007 (the previous off-year election) to 2009 – from 28.5% to 39.0% – is in the desired direction. The county comparative rank did not move in the desired direction, changing from 4th in 2008 to 6th in 2009.
The Suburbanization of Poverty

Past reports in this series have included discussions about place and poverty, about the fact that opportunity in our society has an uneven geographic distribution, and about the importance of recognizing the strengths of each neighborhood, especially those that are sometimes too easily characterized as distressed.¹

The introduction of the annual American Community Survey in 2005 has given researchers a new tool for analyzing trends in the population and their impact on these issues. This has proven especially timely because of changes in the nation’s economy in the past decade. 2000, the year of the last decennial Census, turns out to have been a peak year, followed by a recession in the early years of the new century. The economy grew from 2005 to 2007, but then entered a very steep recession.

Researchers at the Brookings Institution have recently examined how these changes have affected the number and distribution of poor Americans.² In brief, the number of poor people in America has grown by 5.2 million, an increase of 15.4% from 2000 to 2008, a rate that is almost double the overall population growth rate (8.1%) over that period.

Just under 89% of this increase has happened in the suburbs, small metropolitan areas and non-metropolitan areas of the country, i.e., outside of the nation’s largest cities, with the suburbs experiencing the fastest growth. In fact, there are now 1.5 million more poor people living in America’s suburbs than in its primary cities, meaning that the suburbs have now become home for the largest proportion of poor people – a “tipping point” in the words of the report.

The Brookings researchers included the Dayton Metropolitan Area for which, of course, Dayton is the primary city. The remaining parts of the Metropolitan Area – the rest of Montgomery County and all of Greene, Miami and Preble Counties – are classified as suburbs in their analysis. They found that the Dayton area had already reached this tipping point by 2000, when just over 56% of the region’s poor people lived in the suburbs. (See Figure 1.)

All of these data use the official federal poverty thresholds which are updated annually but which use guidelines developed in the 1960’s. Based on the current cost structures in our society for things such as food, housing, transportation and healthcare, the Brookings researchers also looked at an alternate definition of “low income”, twice the federal poverty line.

Using this broader definition, 68,958 individuals in Dayton – or 51.7 percent of the population – were considered “low income” in 2008, compared to 170,170 (25.3 percent) in the suburbs. (See Figure 2.)

By any measure, poverty is growing in our region, both in the numbers of people involved and in the number of neighborhoods that are affected.

Figure 1. In 2008, 38,936 people in Dayton lived below the poverty level ($21,834 for a family of four), compared to 63,771 poor in the surrounding suburbs. This represents a less than 9% increase for the city compared to 2000, and over a 36% increase for the suburbs.

Figure 2. The broader definition (200% of the poverty line) includes people who are often described as “struggling to make ends meet.” This measure leads to a 177% increase in the proportion of Dayton residents who are considered “low income” (51.7 / 29.2 = 1.77) but a 266% increase for suburban residents (25.3 / 9.5 = 2.66).


ECONOMIC SELF-SUFFICIENCY

Vision
Residents must 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.

Current Economic Challenges Facing Montgomery County
The most significant challenges facing families are growing unemployment and poverty. Dayton and Montgomery County have been losing manufacturing jobs for decades and the recent economic downturn has brought more job losses. Unemployment rates for both Dayton and Montgomery County increased in October, 2009 after two months of declines, according to data released November, 2009 by the Ohio Department of Job and Family Services. The Dayton rate for October was 12.4%, up from 12% in September, while the Montgomery County rate increased to 11.4% from 11%.

County Business Patterns data indicate that there were 424,339 employees in 2000 and by 2006 the number had fallen to 360,892 – a decrease of 63,447 employees. The effect of the loss of manufacturing jobs is even more severe since Dayton has a workforce where significant numbers do not currently have the skills to compete in a global economy. According to the American Community Survey data from 2005-2007, 78% of Dayton residents have a high school education or greater and only 14.7% have a bachelor’s degree. This compares to United States data of 84% with high school or greater and 27% with a bachelor’s degree.

ECONOMIC SELF-SUFFICIENCY

Outcome Team Roster

Commissioner Deborah A. Lieberman
Montgomery County Board of Commissioners
Co-Champion
Sheldon Mitchell
Dayton Urban League
Co-Champion
Erthale Barnes
Montgomery County Department of Job and Family Services
Catherine M. Brown
C. M. Brown, Inc.
Tim Donnellan
Community Action Partnership
Kathleen J. Emery
Community Affairs – Department of Community Development
Honorable Dennis J. Langer
Montgomery County
Common Pleas Court
Jan Lepore-Jentleson
East End Community Service Corporation
Commissioner Dean Lovelace
City of Dayton
Lucious Plant
Montgomery County Department of Job and Family Services
Honorable Walter H. Rice
United States District Court
Joe Stan
Goodwill Easter Seals Miami Valley
Joseph Tuss
Montgomery County Community and Economic Development
Donald A. Vermillion
Public Projects – University of Dayton Fitz Center
Commissioner Nan Whaley
City of Dayton
Gary J. Williamson, Ph.D.
The Job Center
Heath MacAlpine
Montgomery County Department of Job and Family Services
STAFF:
Joyce Gerren
Human Services Consultant
Beverly Pemberton
Montgomery County Department of Job and Family Services
John Theobald
Montgomery County Commission Assistant

For a look behind the numbers, go to pages 57 and 67.
In addition to having a disproportionate rate of poverty, Montgomery County was the third highest county in Ohio in foreclosure filings in 2008 with a rate of 9.65 per 1,000 persons. Unemployment and subprime loans, along with other factors, have fueled the foreclosure crisis.

ESS Outcome Team’s Work in 2009

During 2009 the ESS Team continued to focus its efforts on identifying and creating opportunities to develop pathways to economic self-sufficiency for low income adults and children in Montgomery County. The ESS Team began investigations into alternative and nontraditional types of employment opportunities for this population in 2008. The first was the importance of putting the necessary public, non-profit and private resources together to develop and sustain pathways to living wage jobs for low skilled, low income adults, including ex-offenders returning to Montgomery County. The second, led by East End Community Services Corporation, was the development of a framework for a comprehensive, sustainable, multi-year investment involving multiple partners to break the cycle of generational poverty in one or more low income neighborhoods. A critical area of need for low income adults with multiple barriers to employment in Montgomery County is transitional jobs. Transitional jobs provide structure, literacy, life skills training and work experience, while enabling participants to build good work habits and a sense of responsibility and accomplishment. They also enable the participants to earn much needed income during the 3-6 month transition to a permanent job. For-profit or non-profit community-based businesses can provide semi-skilled jobs paying livable wages that can also improve neighborhoods by removing unsound obsolete housing, retrofitting sound structures with energy efficient materials, landscaping, community gardens and/or cleaning up environmental hazards, etc.

This framework bore fruit with the development of a transitional jobs pilot program called “Dayton Works Plus” which was funded by the City of Dayton to provide job training and livable wages for participants. The ESS Team requested and was granted funding from FCFC to support the case management and job development/job coaching component of the program.
Dayton Works Plus and Deconstruction
Dayton Works Plus is a partnership formed by East End Community Services, PowerNet of Dayton and Architectural Reclamation Company also known as ARC (a private architectural reclamation business). The goals of Dayton Works Plus are to employ and train (hard to place) entry level workers, including returning ex-offenders and those who are chronically unemployed with multiple barriers, for on-going jobs; to divert materials from the landfills and promote green practices; and to create spin-off businesses (furniture, sheds, picnic tables, outbuilding construction) with recycled materials. Eventually they hope to establish related businesses including landscaping, asbestos and lead abatement, weatherization, etc. that will add employment opportunities in our community. The City of Dayton has a plan to demolish 1,000 homes over the next 16 months that are vacant and deteriorated. Of these 1,000 homes, 40 homes will be set aside for deconstruction and the removal of reusable building materials through Dayton Works Plus. St. Vincent de Paul is also a partner in the process and oversees sales of the deconstructed materials.

The crews of workers will be trained on OSHA rules and regulations as well as soft skills training before being trained to perform deconstruction. The salvaged materials are transported to the Community Store of St. Vincent de Paul which is the new Deconstruction Depot. Workers are also trained in customer relations, marketing of deconstruction materials both in the store and with potential bulk customers, inventory management, e-commerce, basic photography and updating web pages to reflect inventory for sale. Workers are provided with on-going case management and other support services to enhance job retention and career mobility. Dayton Works Plus offers a career ladder for workers into team leader and supervisor positions as well as training in other occupations.

PowerNet of Dayton will provide job development/job coaching services for workers hired through the deconstruction project. The job developer/coach responsibilities include recruiting, screening and selecting workers for the deconstruction project. In addition, PowerNet will provide case management services, handle human resource matters, and provide job coaching support to the workers. The job coaching activities will also include providing the prospective employees with job skills to assist them with becoming "job ready."

Why Transitional Jobs/Dayton Works Plus and Deconstruction?
Currently, there are no other firms that are engaged in deconstruction of vacant homes. Two of the existing private general contractors that have performed limited reclamation work are part of the collaboration with Dayton Works Plus. There are only two companies within Montgomery County serving as demolition contractors. One of the contractors has their own construction and demolition (C&D) certified landfill and does not perform deconstruction. The other firm performs demolition, uses other landfills and does not perform deconstruction.

The ESS Outcome Team believes that deconstruction is a new model that will provide long-term opportunities for the development of transitional jobs. The cities of Dayton and Kettering and Montgomery County have a combined/pending application for additional NSP funding to support deconstruction.
Ex-Offender Reentry
Task Force Roster

Task Force Co-Chairs
Commissioner Deborah A. Lieberman
Montgomery County Board of Commissioners
Honorable Walter H. Rice
U.S. District Court

Children and Families Work Group
Co-Chairs
Gayle Bullard
Montgomery County Job and Family Services – Children Services Division
Rev. Robert Bishop
Dayton Christian Center

Continuum of Care Work Group
Co-Chairs
Dr. John Boggess
Miami Valley Career Technology Center
Christy Norvell
Montgomery County Department of Job and Family Services

Employment Work Group Co-Chairs
Cheryl Bennett
Federal Public Defender
Heath MacAlpine
Montgomery County Department of Job and Family Services

Housing Work Group Co-Chairs
Greg Johnson
Dayton Metropolitan Housing Authority
Chief Quincy Pope, Sr.
Trotwood Police Department

Legal Issues/Advocacy Work Group
Co-Chairs
Honorable Connie S. Price
Montgomery County Court of Common Pleas
John White
Dayton Circles Campaign

Pre/Post Release Service Work Group
Co-Chairs
Brigid Slaton
Adult Parole Authority
Angela Lee
Ohio Department of Rehabilitation and Correction

Technical Work Group Co-Chairs
Joe Spitler
Criminal Justice Council
Amy Wiedeman
Assistant County Administrator

Faith Based Caucus Chair
Rev. Jesse Watson

Ex-Offender Caucus Chair
Tamico Pulliam

Law Enforcement Caucus Chairs
Mathias H. Heck, Jr.
Montgomery County Prosecutor
Chief John Sedlak
Miamisburg Police Department

STAFF:
Joyce Gerren
Human Services Consultant
Gayle Ingram
Clerk of Commission – Board of County Commissioners
John Theobald
Montgomery County Commission Assistant

Montgomery County Community-Wide
Ex-Offender Reentry Task Force Report

The vision of the Montgomery County Ex-Offender Reentry Task Force is to reduce recidivism in Montgomery County by 50% in five years, to remove artificial barriers to reentry and to improve the opportunities of ex-offenders to successfully reintegrate into the community.

After nearly two years, dozens of meetings and hundreds of hours of work and research – including examining numerous best practice models across the country and forging key partnerships – the work of the Task Force is almost complete. The Task Force’s “Five Year Strategic Plan” is expected to be published in early 2010. One of the primary recommendations is the creation of a permanent Reentry Policy Board to direct the reentry effort in Montgomery County. The most significant goal of The Plan is to reduce recidivism by 50% in five years.

While this goal might seem lofty, it is doable. The Task Force recognizes that it needs the support of the people and businesses in the community in order for the initiative to be successful.

In December, 2008 the Ohio General Assembly passed House Bill 130 which offers a framework for long-term investment in the state’s economy by addressing legal and other barriers to employment for persons released from prison. A key component of the bill is the removal of non-relevant prohibitions or collateral sanctions to employment. The legislation states that a felony conviction does not by itself constitute grounds for denying employment. Additional barriers exist and there is much work to do to remove some of the remaining collateral sanctions.
In mid-2009, due in large part to the efforts of the Ohio Department of Rehabilitation and Correction (ODRC), The Montgomery County Community-Wide Ex-Offender Reentry Task Force began an effort to set up regular communications with our counterparts in Lucas County. Although Montgomery and Lucas Counties approach reentry differently, both counties are of similar size and at similar points in their reentry efforts. Montgomery County participants found interesting Lucas County’s efforts in providing legal clinics for individuals with felony records. The clinics are held in cooperation with their Legal Aid Society. Recently, Legal Aid in Ohio had experienced some merger of offices and efforts. To our great advantage, Legal Aid of Western Ohio, Inc., was one of the merged areas and, as a result, now serves both the Toledo and Dayton regions. This allows Montgomery County to access the experience and resources of Lucas County’s successful model of legal clinics for ex-offenders. Legal Aid presented the Montgomery County Task Force with a proposal to conduct three legal clinics as a demonstration project.

The Task Force approved the request and partnered with Legal Aid to fund the initial effort. In the Fall of 2009, three Ex-Offender Reentry Legal Clinics were held at the Old Courthouse in downtown Dayton. This location was chosen in part due to its easy accessibility by public transportation and ability to provide private areas for consultations. The goal of the clinics is to provide legal guidance or assistance to returning citizens in the areas of warrant identification, expungement, child support modification, driver’s license reinstatement and housing.

Earlier in 2009, Montgomery and Lucas Counties partnered with ODRC on a Federal Second Chance Act mentoring grant application, which was not funded. However, ODRC so believed in this demonstration model, which would evaluate one-on-one mentoring as practiced in Lucas County and group mentoring as utilized in Montgomery County, that it funded the demonstration project with their Alien Assistance Grant Program.

Montgomery County Mentoring Demonstration Project

Montgomery County chose The National Circles Campaign (Circles) and Think Tank, Inc., to carry out the demonstration project. The Circles Campaign is a community engagement, high-impact strategy for building relationships across class, race and cultural lines. A Circle consists of a person who is voluntarily participating in a long-term mentoring relationship with persons from a different economic class, race and/or culture.

Once the returning citizen elects to participate in Circles, leadership training inside the prison will begin within 90 days of the date of release, consisting of a curriculum named “Getting Ahead in a Just Getting By World.” The 15-module curriculum assesses individual resources, connects the individuals to available resources in the community, and assists him or her in developing a long-term plan for successful reentry which will be implemented upon returning home.

For the last 45 days before release, the returning citizen will be attending leadership training twice a week and meeting weekly with his or her primary Ally, a member of the mentoring team, who develops the relationships, facilitates the relationship building with other Allies, and coordinates the efforts of the Circle. This intensive schedule will equip the inmate with the necessary relationships, resources and objective reasoning skills so vital for successful integration in the community.

Upon release, the returning citizen will begin working with the Primary Ally and 2-4 additional Allies to build relationships with the community and implement the reentry plan. The returning citizen will also be working with a Circles Coach and a probation officer, as well as attending weekly community meetings. The Allies will be challenging stereotypes and biases, regarding ex-offenders, as well as becoming advocates for ex-offenders in the community.

ECONOMIC SELF-SUFFICIENCY
Progress of Task Force
By the end of July 2009, all seven work groups completed recommendations and presented them to the full Task Force for input. The seven work groups are as follows:
- Children & Families Work Group
- Continuum of Care Work Group
- Employment Work Group
- Housing Work Group
- Legal Issues/Advocacy Work Group
- Pre/Post Release Services Work Group
- Technical Work Group

- The Writing Team is currently drafting a comprehensive plan that sets achievable goals and recommendations for successfully rehabilitating and reintegrating ex-offenders within Montgomery County.
- A Reentry Marketing and Education campaign is being developed, with videos and written materials produced for later presentations to the community, in order to achieve community acceptance of the necessity of successful reentry.
- An Implementation Team is designing the Montgomery County Office of Reentry to take the recommendations in the Plan and turn them into reality.
- The Task Force partnered with its Reentry Faith Based Caucus to support a Faith Based Reentry Conference in October, 2009.
- The Task Force made a volunteer site visit to the Clark County, Nevada, Office of Reentry in October, 2009.

- The Task Force submitted three grant applications in 2009 to assist in funding:
  - Department of Justice- Prisoner Reentry Demonstration Grant – Second Chance Act. Collaborated with the Ohio Department of Rehabilitation and Correction (ODRC) and Lucas County Reentry Task Force for an offender reentry mentoring program.
  - Edward Byrne Memorial JAG Program. Collaborated with Goodwill/Easter Seals to develop and implement a model ex-offender Specialized Employment Center (SEC) to increase the employment rate and decrease the recidivism rate of ex-offenders within Montgomery County.
  - Environmental Protection Agency (USEPA) Climate Showcase Communities grant. Montgomery County proposed to incorporate a unique approach to ex-offender employment and entrepreneurship through locally grown and distributed food in its TransPlant Project.

- The Task Force is currently preparing two additional grant applications to fund the implementation of this initiative:
  - Substance Abuse and Mental Health Services Administration (SAMHSA): to initiate mental health and drug and alcohol abuse treatment for ex-offenders in Montgomery County. Wright State University is the lead agency in the grant application.
  - The Ohio Office of Criminal Justice Services (OCJS): to implement a program to support the recommendations of the reentry strategic plan. The application will assist the startup of the Montgomery County reentry effort.

During 2009, the Task Force was busy forging relationships with the Ohio Department of Rehabilitation and Correction, the U.S. Departments of Labor, Justice and Commerce, Legal Aid of Southwest Ohio, and many others, to support the goals and objectives of the reentry initiative and to secure public and business buy-in of the Task Force recommendations.

In 2010, the Reentry Task Force will publish its final report, create a permanent policy board, hire staff, and begin the task of implementing the report’s recommendations, with the goal of reducing recidivism in Montgomery County by 50% within five years.
**Outcome:** Economic Self-Sufficiency  
**Indicator:** Unemployment

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

**New Data**
The preliminary value for Montgomery County for 2009 is 11.6%; the preliminary value for 2008 in last year's report, 7.4%, is now final and remains at 7.4%. The preliminary value for Ohio for 2009 is 10.3%; the revised value for 2008 is 6.5%. The preliminary value for the United States for 2009 is 9.3%; the preliminary value for 2008 in last year's report, 5.8%, is now final and remains at 5.8%. The values for 2008 have also been revised for a number of counties; as a result the county comparative ranking for that year has changed.

**Short-Term Trends**
The short-term trend from 2008 to 2009 – from 7.4% to 11.6% – is not in the desired direction. The county comparative rank did move in the desired direction, changing from 9th to 8th.

*2009 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 2009 value for Montgomery County is 6.62 and for Ohio it is 4.54. Because the calculation of the values for this indicator uses population estimates prepared by the Census Bureau, some of the county and state values for prior years have been revised slightly based on new population estimates released since the last report. None of the county comparative rankings have been revised.

Short-Term Trends
The short-term trend from 2008 to 2009 – from 5.06 to 6.62 – is not in the desired direction. The county comparative rank remains unchanged, 6th.
**Outcome:** Economic Self-Sufficiency

**Indicator:** Per Capita Effective Buying Income

**Background**
Real Per Capita Effective Buying Income represents disposable income after taxes controlling for the impact on buying power of inflation. Starting with the 2006 Report, this indicator has been changed from previous years when it was expressed in nominal terms with a CPI (Consumer Price Index) trendline imposed. By expressing this indicator in real dollars the graph illustrates more easily the impact of job loss since 2001.

**New Data**
The value for Montgomery County for 2008 is $19,666. The value for Ohio is $19,764 and the value for the United States is $20,938.

**Short-Term Trends**
The short-term trend from 2007 to 2008 – from $19,886 to $19,666 – is not in the desired direction. The county comparative rank remained unchanged, 6th.

---

**REAL PER CAPITA EFFECTIVE BUYING INCOME (IN 2009 CONSTANT DOLLARS)**

- **Montgomery County**
  - 1997: $22,009
  - 1998: $22,736
  - 1999: $23,041
  - 2000: $22,985
  - 2001: $23,200
  - 2002: $21,807
  - 2003: $21,445
  - 2004: $21,820
  - 2005: $21,708
  - 2006: $21,203
  - 2007: $19,886
  - 2008: $19,666

- **Ohio**
  - 1997: $20,493
  - 1998: $21,099
  - 1999: $21,516
  - 2000: $21,604
  - 2001: $21,967
  - 2002: $20,844
  - 2003: $21,098
  - 2004: $21,283
  - 2005: $21,329
  - 2006: $20,925
  - 2007: $20,145
  - 2008: $19,764

- **United States**
  - 1997: $20,788
  - 1998: $21,425
  - 1999: $21,831
  - 2000: $22,037
  - 2001: $22,368
  - 2002: $22,047
  - 2003: $21,755
  - 2004: $21,903
  - 2005: $21,723
  - 2006: $21,595
  - 2007: $21,447
  - 2008: $20,938

Most desirable ranking is number one.
Disabilities and Poverty

Under the Economic Self-Sufficiency (ESS) Outcome the FCFC is tracking three indicators. For two of them, “Unemployment” and “Per Capita Effective Buying Income”, the historical trend is not in the desired direction; for the third one, “People Receiving Public Assistance”, the historical trend is flat. Clearly, there is much to do in order to turn the curve on these indicators.

To help make that happen the ESS Outcome Team has been focusing on promoting self-sufficiency for low income adults and children with a special emphasis on those who are in poverty or at risk of poverty. (See their report, pages 58 - 60.) Elsewhere in this report we took a look “behind the numbers” at the employment status of people with disabilities. (See page 48.) Here we continue that examination, keeping in mind the recent observation that “taking disability into account is essential to reducing income poverty and expanding economic inclusion.”

According to one report from the Census Bureau, about 1 in every 7 Montgomery County residents has a disability, slightly more than the rates for Ohio and the nation. Of the people who have a disability, over 1 in 5 is considered to be in poverty.

But when we look at some additional data we find out that the rates of disability and poverty may actually be higher. For example, a different national survey conducted by the Census Bureau, one which uses what has been called “the most extensive set of questions on disability,” has determined that 18.7% of the population has some level of disability instead of the 12.1% shown in Table 1. In addition, using an alternate measure of poverty (based on median adjusted disposable income and adjusted for price differences), the U.S. has a higher poverty rate for people with disabilities (> 45%) than the 20.6% shown in Table 1. (See Figure 1.)

What these figures suggest is that the proportion of people who have a disability may be more than 50% greater than the national rate in Table 1, and that the poverty rate for people who have a disability may be more than twice as large as the national rate in Table 1. Additional analysis of these sets of data reveals the following:

- Almost half of working-age adults who experience poverty for at least a 12-month period have one or more disabilities.
- Nearly two-thirds of working-age adults who experience consistent poverty – more than 36 months of poverty during a 48-month period – have one or more disabilities.

By continuing to look “behind the numbers” we can see that any serious effort to reduce poverty must take people with disabilities into account.

<table>
<thead>
<tr>
<th></th>
<th>Percent of people with a disability</th>
<th>Percent of people with a disability who are in poverty</th>
<th>Percent of people without a disability who are in poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery County</td>
<td>14.6%</td>
<td>22.0%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Ohio</td>
<td>13.1%</td>
<td>21.8%</td>
<td>10.0%</td>
</tr>
<tr>
<td>U.S.</td>
<td>12.1%</td>
<td>20.6%</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

Table 1. The poverty rate for people with a disability is approximately twice as high as the poverty rate for people without a disability. See the text for a discussion of data suggesting even higher rates. Note: these data are for people 16 years old and older. (Source: American Community Survey)

5 18.7 / 12.1 = 1.55; 45 / 20.6 = 2.18
6 Fremstad, op. cit.
7 Source: These data are derived from Figure A2.6 in Sickness, Disability and Work: Keeping on Track in the Economic Downturn – Background Paper, Organisation for Economic Co-operation and Development, 2009

Source: These data are derived from Figure A2.6 in Sickness, Disability and Work: Keeping on Track in the Economic Downturn – Background Paper, Organisation for Economic Co-operation and Development, 2009

For a look at more data and discussion, go to pages 29, 48, 57, 58 and 64-66.
HOMELESS SOLUTIONS

The Homeless Solutions Community 10-Year Plan was adopted in 2006. In the three years since then, more than 300 units of permanent supportive housing have been created, the number of people who are chronically homeless has declined substantially, and progress has been made in connecting the homeless system to other resources and systems in the community. The economic challenges of the past year have put many more people at risk of homelessness and have increased the number of single adults and families seeking shelter. In 2009 there were two major achievements under the Homeless Solutions Plan – the opening of the Gettysburg Gateway for Men and the launch of the $4 million Homelessness Prevention and Rapid Rehousing Program.

Gettysburg Gateway for Men
The Gettysburg Gateway for Men, a new 24-hour gateway shelter facility for homeless single men, located on the grounds of the former Dayton Rehabilitation Center, opened in November, 2009. It took three years of work to identify an appropriate site, secure rehab funding, and complete extensive renovations. With the opening of the Gateway for Men, the current St. Vincent Hotel on Apple Street has become the Gateway for Women and Families, providing much needed additional space for these homeless households. These facilities fulfill the Homeless Solutions Plan recommendation to transform the gateway shelter facilities and services to serve homeless individuals and families more effectively.
The shelter is operated through a collaborative partnership between St. Vincent de Paul, responsible for providing all the basic shelter services (including food, sleeping areas, and personal hygiene) and for maintaining the building, and The Other Place, responsible for case management and programming. The facility has smaller sleeping areas and some individual rooms which means homeless men will no longer have to be in one large dormitory room and can have a little privacy. The five acre grounds surrounding the building have room for recreation and for growing food and flowers.

But, as important as safe, decent shelter is, it is not the solution for homelessness. Housing is the solution. The goal for the homeless men at Gettysburg is to move to stable housing as quickly as possible. To accomplish this, the men will receive comprehensive housing-focused case management and programming that will engage them in a variety of activities directly related to securing housing. With these on-site services, homeless men will be connected to employment and the public benefits and resources that address the reasons they became homeless. With the assistance of their case managers, homeless men will secure the income and support they need to find and maintain housing.

While the building was undergoing renovations, the partners developing Gettysburg met with representatives from the surrounding neighborhoods about the plans for the facility and what to expect once it was open. A Good Neighbor Agreement was developed as a result of these meetings. The participants agreed to form a Community Advisory Committee that will meet regularly to discuss the project and to address any problems that arise. One important part of the Gettysburg Good Neighbor Agreement is that St. Vincent de Paul and The Other Place agreed to publicize any employment opportunities at the shelter to residents of the surrounding neighborhood to give them a chance at a job in one of the partner organizations.

HPRP
Preventing homelessness is one of the four key principles of the Homeless Solutions Plan. Until 2009, the only new prevention initiative had been the Family Homelessness Prevention Pilot Project operated by the YWCA and funded by the State of Ohio. The American Recovery and Reinvestment Act created the Homelessness Prevention and Rapid Rehousing Program (HPRP) to reduce homelessness caused by the recession and other factors. Altogether, the City of Dayton and Montgomery County have received $4 million for the program; these funds will only be available for three years. HPRP is designed to provide one-time or temporary housing assistance to households who would be homeless without this assistance and who have a likelihood of being stable in housing after HPRP assistance ends. HPRP can also rapidly rehouse people who are already homeless and in shelter or on the street by helping to locate suitable housing, paying for initial costs to move in and providing temporary rental assistance.

Expected outcomes for HPRP include reducing the number of households who enter the homeless system, reducing the length of time households spend in shelter, and increasing long-term housing stability. Program targeting and processes will be changed as needed to achieve these outcomes.

Since HPRP started in mid-October 2009, demand for the program has been very strong. In the first 2½ months thousands of people have asked about the program and 240 households have received almost $275,000 in assistance for rent, utilities and arrears.
**Community Initiative to Reduce Gun Violence**

The Community Initiative to Reduce Gun Violence (CIRGV) is a multi-jurisdictional, multi-agency effort intended to reduce gun violence and associated homicides quickly and effectively, with sustained reductions over time. This initiative is a focused deterrence strategy, modeled after the 1990’s Boston Gun Project, and using the 2007 Cincinnati Initiative to Reduce Gun Violence Best Practices as a guide, with variations tailored to meet our local community.

The City of Dayton Police Department, Montgomery County Sheriff’s Office, and the City of Trotwood Police Department are collaborating with state and federal law enforcement agencies, social service providers, and the community to present a clear message that *gun violence must stop*. The “gun violence must stop” message, targeted toward group member involved violent offenders, is disseminated by call-in sessions and via direct contact from street advocates.

Offenders are presented with a clear message that gun violence will no longer be tolerated in this community. If gun violence occurs, a coordinated effort by law enforcement agencies will use all available lawful means to address the gun violence, focusing on all members of the group. Offenders are also offered alternatives. Because of FCFC support those individuals seeking to leave a violent lifestyle are provided streamlined social services, training, education, and employment opportunities.

In addition to case management and streamlined services, Street Advocates (funded from other public and private sources and employed by the Omega Community Development Corporation) are the first point of contact. They work with case managers from the Dayton Urban League and the Wesley Community Center to help serve clients, connect with and navigate services. This includes assessing their needs, developing a life change plan, and encouraging them to stay the course for changing their lifestyle. It is very difficult to connect individuals who are living a violent lifestyle with the services they need to assist them to become productive citizens.

Homicide victims and violent gun offenders are disproportionately members of high-risk, low-income communities. For this message to be translated into real life changes, services must be implemented that address the needs of this often overlooked group. Traditional services and outreach are not designed in a way that this population responds to well. Reorganization of outreach services has been necessary for this project to be truly effective. Rethinking and deploying alternative outreach and support of this high-risk, violent population has required both community members and law enforcement organizations to forge new paradigms.

This focused deterrence methodology is impossible to implement successfully without full partnership among law enforcement, service providers, and the community. CIRGV partnerships would not be possible without the generous support of the Family and Children First Council. While working together in the planning and implementation of CIRGV, law enforcement, human service providers, and community members have grown to understand this important concept and the symbiotic balance that is needed to achieve public safety.

**Outcomes**

The early results of CIRGV are exciting. Nearly 10% of individuals identified as group or gang involved have engaged in some form of services and are beginning focused actions to leave the violent lifestyle. They are working with social service agencies and the community toward individual life improvement plans, building capacity to contribute actively to community rather than destroy community. Group related homicides have decreased and other violent gun crime, like aggravated assault, is down over 19% as well. CIRGV will continue to measure success by the reduction of gun violence, but the truest measure of success is the increased community capacity and spirit of optimism that is breathing new life into neighborhoods. Individuals and neighborhood organizations are joining with churches and synagogues, schools and civic groups, to carry the message that gun violence must stop and to seek new partnerships that address factors that contribute to, or aggravate the tolerance of, a violent environment.

**Staff Support Provided By:**

- Kathy Emery
  City of Dayton
- Rebecca Gaytko
  City of Dayton Police Department
- Joyce Gerren
  Human Services Consultant
- Geraldine Pegues
  OFCF
COMMUNITY-BASED PROJECTS

Brother Raymond L. Fitz, S.M., Ph.D. Award

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

The recipient of the 2009 Brother Raymond L. Fitz, S.M., Ph.D. Award was Doris Edelmann. For over 20 years, Doris has been a stand-out employee with the Children Services Division of the Montgomery County Department of Job and Family Services. Working in the “trenches” is a part of her daily routine. Doris has been courted time and time again for promotions. However, she consistently declines any offer that would take her away from direct client contact. Even in her most recent role as a Coordinator, Doris continues to maintain and manage a caseload while also handling administrative duties.

For Doris, achieving positive results for children and their families is a 24/7 commitment. She views her work life the same as she views her personal life – she is always on duty.

A significant number of youngsters have gone on to earn academic and athletic scholarships thanks to Doris’ support and encouragement. Many youngsters are realizing their college dreams thanks to the skills and confidence instilled in them by Doris Edelmann.

Montgomery County Department of Job and Family Services – Children Services Division has a national reputation for programs that support young people who emancipate from agency supervision. The county is noted for having one of the highest rates of young people who go on to higher learning from foster care. That reputation has a lot to do with Doris. She takes the agency’s “parental” role seriously by making sure these young people have the skills and tools they need for independent living.

Doris organized the Children Services’ youngsters into a Board which now forms the basis for the State of Ohio’s Youth Advisory Board. VISIONS, as the Montgomery County youth group is called, has developed a training program and is working with counties throughout the state to develop strong policies and practices for young people aging out of foster care. They have also traveled to Washington, D.C. on several occasions to speak to the issues of foster care and were influential in the development of federal legislation that was passed by Congress last year.

As a result of her commitment to these youngsters, they are engaging in experiences that many youths in intact families never imagine. Because Doris is able to raise their visibility at local, state and national levels, she and the youth are repeatedly called upon to assist other counties and now states in their efforts to enhance Independent Living programs.

“Being a Social Program Specialist isn’t just a job for Doris. It is her passion and purpose to provide the highest quality of service day-in and day-out.”

*Brother Fitz served as the first chair of the FCFC from 1996 to 1999. He also served as Chair of the New Futures/Youth and Family Collaborative for the Greater Dayton Area from 1994–1995, and was co-chair of the Child Protection Task Force. The Award is intended to recognize someone who exemplifies Brother Fitz’s extraordinary dedication to the cause of nurturing and protecting children and families by going well beyond the scope of their front-line work through grassroots efforts and volunteer leadership in the community.
Through successful interagency collaboration, the Agency Directors Committee and the Service Brokers work to assist families in navigating the complexities of the social service system in Montgomery County. Through these established partnerships, service accessibility and accountability are enhanced.

The Agency Directors Committee (ADC) consists of the directors of 17 local government and social service agencies. Meeting monthly, this group works to improve the efficiency and effectiveness of the overall service system in Montgomery County. In 2009, the ADC focused on eliminating both policy and systemic barriers that inevitably occur when services are provided in isolation. Utilizing a teamwork approach, the ADC members entered into a series of planning sessions that allowed them to discern strategically the impact of the current economic crisis facing our nation. Through this work, two subcommittees were formed: the Finance Subcommittee and the Staff Training Subcommittee.
COMMUNITY-BASED PROJECTS

Members of the Finance Subcommittee consisted of the Chief Executive and Chief Financial Officers of the participating organizations. Their ultimate goal was to create efficiencies with local funding decision-making. Through a series of meetings, the Subcommittee identified the current flow of local funding, analyzed potential duplication of funding, and determined how to get the “best bang for the buck.” Subcommittee members felt these meetings were so beneficial they decided to continue meeting on an ongoing basis.

The Staff Training Subcommittee was comprised of the Training Managers of the participating organizations and was convened to look at cost-sharing efforts regarding training collaboration. Their main objective was to decrease overall costs to the organizations while enhancing the learning value that produces more skilled and knowledgeable staff. The Staff Training Subcommittee will continue to meet in 2010.

The Service Brokers continue to work collaboratively to remove barriers that prevent families from accessing necessary services. Comprised of 13 members from various government and social service organizations, the Service Brokers spend considerable time helping families navigate their way through the complexities of the social service system. Through the creation and distribution of two service navigation tools – the Service Brokers’ Community Resource Directory and the No Wrong Door Reference Guide – organizations can more easily access the resources necessary to meet families’ needs. To obtain the No Wrong Door Reference Guide and to view a video on how to utilize this tool, go to http://www.mcohio.org/services/fcfc/no_wrong_door_reference_guide.html.

The Service Brokers also provide service coordination sessions for families who otherwise might fall through the cracks of the system. In 2009, the Service Brokers began to market these sessions to other community providers. A variety of presentations were made to the social service community informing them of how to access the Service Brokers and the benefits of utilizing the collective skills and knowledge encompassed in the Service Brokers’ membership. Through all of their collective efforts, the Service Brokers believe that no family should ever have to face a crisis alone and everyone should have access to the services they need.
**Human Services Levy Council (HSLC)**

HSLC responsibilities are unique to Montgomery County, as one of only two counties in Ohio that use combined health and human services property tax levies to finance the local cost of services. The combined levies began in Montgomery County in the early 1980’s and have established a foundation of collaboration and shared decision-making. Funding is allocated to support the local cost of state-mandated agency services (Alcohol Drug Addiction and Mental Health Services, Job and Family Services – Children Services Division, Developmental Disabilities Services, and Public Health – Dayton and Montgomery County) plus other essential community service needs, including Juvenile Court Services, Senior Services, Indigent Hospital Services, Family and Children First Council Initiatives and many others. The OFCF staff facilitates the volunteer-driven HSLC process which 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 2009 HSLC annual budget was approximately $137 million.

**Homeless Solutions Policy Board (HSPB)**

The HSPB is responsible for implementing Montgomery County’s “10-Year Plan to Eliminate Chronic Homelessness and Reduce Overall Homelessness” in response to HUD requirements and local goals. 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. The HSPB’s coordinated strategies address housing and homeless issues and bring formerly separate resources together to increase effectiveness. The OFCF staff facilitates the volunteer-driven HSPB, its committees, subcommittees, projects and initiatives, and 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. Federal Stimulus funds were also awarded in 2009 to begin the Rapid Rehousing and Homeless Prevention Initiative. These sources of funds totaled approximately $9 million for 2009.

**Others**

The OFCF staff works closely with other agencies and county departments to achieve common goals. This includes special projects, initiatives or committees for the County Commissioners.
The Montgomery County FCFC implemented its results-based accountability process many years prior to the Commitments to Child Well-Being. Montgomery County integrates its local Outcome Team work and reporting to achieve common priorities with the state’s Commitments to Child Well-Being. Montgomery County’s 2009 state HB 289 reporting focused on its Young People Succeeding and Healthy People Outcome Teams. Our strategies are focused through the Outcome Team Initiatives and affect all six Commitments to Child Well-Being.

In July 2009, county councils also assumed the responsibility of Family Support Services (formerly FAST funds through ADAMHS). These funds are managed to provide specific services which prevent children from moving into out of home placement and which support the parents’ ability to maintain them living at home.

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

COMMUNITY-BASED PROJECTS

Family and Children First Council

State Duties

Ohio Revised Code section 121.37 outlines the memberships, duties and responsibilities of both the Ohio Family and Children First Cabinet Council and the local county Family and Children First Councils.

The purpose of the local county Family and Children First Council is to streamline and coordinate existing governmental services for families seeking services for their children through:

- referrals to the Cabinet Council of those children for whom the county council cannot provide adequate services

- development and implementation of a process that annually evaluates and prioritizes services, fills service gaps where possible, and invents new approaches to achieve better results for families and children

- participation in the development of a countywide, comprehensive, coordinated, multi-disciplinary, interagency system for infants and toddlers with developmental disabilities or delays and their families, as established pursuant to federal grants received and administered by the Department of Health for early intervention services under the “Individuals with Disabilities Education Act of 2004”

- maintenance of an accountability system to monitor the county council’s progress in achieving results for families and children

- establishment of a mechanism to ensure ongoing input from a broad representation of families who are receiving services within the county system

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

The work of county councils was further defined by House Bill (HB) 289 which was passed in 2006 and which requires a focus on at least one of the following six state-defined 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

The Montgomery County FCFC implemented its results-based accountability process many years prior to the Commitments to Child Well-Being. Montgomery County integrates its local Outcome Team work and reporting to achieve common priorities with the state’s Commitments to Child Well-Being. Montgomery County’s 2009 state HB 289 reporting focused on its Young People Succeeding and Healthy People Outcome Teams. Our strategies are focused through the Outcome Team Initiatives and affect all six Commitments to Child Well-Being.

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Outcome Team Initiatives
The Montgomery County FCFC received an annual allocation from the Montgomery County Health and Human Services Levy to further the work of the Outcome Teams through their activities and initiatives. The Outcome Teams analyze any information available including the movement of the selected indicators to identify gaps and needs in the community. As the Outcome Team reaches consensus on a focus area, it begins to identify strategies it believes will create positive community change. The Outcome Teams often formulate initiatives to advance these strategies. Initiatives may also support multiple Outcome Team goals. Funding requests to support these initiatives may be approved by the FCFC Executive Committee.

In 2009, funding was awarded to the following FCFC Outcome Team Initiatives:

**Healthy People:**
- Low Birth Weight Registry $62,000

**Young People Succeeding:**
- Mentoring Collaborative $200,000
- Early Care and Education $350,483
- Sinclair Fast Forward Center $500,000

**Positive Living for Special Populations:**
- Fetal Alcohol Spectrum Disorder Campaign $97,000

**Supportive and Engaged Neighborhoods:**
- Comprehensive Neighborhood Initiative Design Team $50,000

**Safe Neighborhoods:**
- Community Initiative to Reduce Gun Violence (CIRGV) $150,000

**Economic Self-Sufficiency:**
- Ex-Offender Re-Entry $343,000

**2009 Total** $1,752,483

Community-Based Projects
Funding Activities
The FCFC is involved in funding decisions that shape community strategies and the support of the health and human services safety net in Montgomery County. The primary source of the funding is the Montgomery County Health and Human Services Levy. The FCFC’s level of decision-making ranges from recommendations to the Montgomery County Human Services Levy Council to final authority through the FCFC Executive Committee.

Supported Services
The FCFC participates in an RFP process to make annual funding awards to support non-profit community-based health and human services programming. Each of the six Outcome Teams prioritize service proposals which are specific to their outcome areas. These priorities are then merged to reach a community level priority, which is reviewed and considered for approval by the FCFC Executive Committee. These awards are then presented to the Human Services Levy Council and subsequently to the Montgomery County Board of County Commissioners for final approval.

In 2009, 57 proposals totaling $4.8 million were received in response to the Supported Services Fund RFP. Of these, 32 proposals received awards totaling $2.2 million. The types of services funded are listed below by outcome area:

**Economic Self-Sufficiency:** Emergency Food Assistance, Literacy Services, Family Education and Case Management, Information and Referral

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

**Positive Living for Special Populations:** Home-Delivered Meals for Disabled, Attendant Care, Respite Care, Adult Daycare, Skill Development for Adults with Disabilities

**Stable Families:** Crisis Intervention – Domestic Violence Hotline, Outreach and Support Services for Victims of Domestic Violence, Coordinated Intervention for Family Violence, Computer Literacy and Life Skills, Supervised Family Visitation, Treatment for Children with Attachment Disorders

**Young People Succeeding:** Youth and Teen Development Skills, After School and School-Based Academic Enrichment, Tutoring and Mentoring Services, Family Intervention to Prevent School Failure, Youth Development

**Supportive and Engaged Neighborhoods:** Neighborhood Development
Children’s Trust Fund

In 2009, the Family and Children First Council (as designated by the Montgomery County Board of County Commissioners) continued its plan for utilizing Ohio Children’s Trust Funds, which are designated for primary and secondary prevention of child maltreatment. Primary prevention includes activities and services designed to intervene before there is any sign of a problem in order to prevent or reduce the occurrence of child abuse or neglect. Secondary prevention includes activities and services designed to intervene at the earliest warning sign of a problem, or whenever a person or group can be identified as “at risk” of child abuse or neglect.

In order to realize the goal of reducing child maltreatment in Montgomery County (physical abuse, sexual abuse, emotional maltreatment and neglect), the FCFC maintained its commitment to achieving the following outcomes:

- Parents use consistent and age-appropriate discipline.
- Parents are not socially isolated and experience support from other parents.
- Adults know how to prevent child sexual abuse.

Nonprofit organizations delivering prevention services during State fiscal year 2009 were selected to continue providing the services described below.

- The Incredible Years is a comprehensive, developmentally-based intervention with components for parents and children (2-12 years old). Delivered by United Rehabilitation Services, the program is designed to prevent and treat emotional/behavioral problems in young children by promoting children’s social, emotional and academic competence while simultaneously strengthening parental competence and family relationships.

- Iowa Strengthening Families Program is a parenting and family skills training program for families with youth ages 10 to 14 offered by Wesley Community Center. Parents and children work separately and then together to practice the skills they learn in seven weekly skill-building sessions.

- Nurturing Parent Program, provided by Catholic Social Services, Life Resource Center, and Miami Valley Literacy Council, consists of home- and group-based parent education sessions designed to prevent child maltreatment and to build nurturing parenting skills in at-risk families.

- Stewards of Children, offered by CARE House, is a sexual abuse prevention training program that educates adults to prevent, recognize, and react responsibly to child sexual abuse, and motivates them to courageous action.

The FCFC anticipates a downward trend in substantiated reports of child abuse and neglect (see page 30) as a result of utilizing the above strategies.

Community Indicators Web site

Several years ago the FCFC launched a Web site providing access to the indicator data included in this report. In 2009, 684 people from 17 different countries visited the site, www.montgomerycountyindicators.org. One-fourth of the visits were from people using terms like “community indicators” or “Montgomery County indicators” in a search engine. Many of them obviously liked what they saw and found it useful because they made well over 1,000 visits to the site, staying (on average) for over three-and-a-half minutes per visit and looking at an average of over 4 pages per visit. We invite you to join them and let us know what you think.

The site has been developed over the last few years by different teams of students from the University of Dayton School of Business Administration including, in the 2008 – 2009 school year, (from left to right) Darren Geiser, Nicholas Morton, and Letitia Sharp. Our deep thanks to all of them.
OFCF Staff and Additional Support – 2009

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

**Tom Kelley**
Director

**Sandra Barnum**
Administrative Secretary

**Kima Cunningham**
Program Coordinator,
Homelessness Prevention and Rapid Re-Housing Program

**Andrea Hoff**
Program Coordinator

**Robert E. Longfellow**
Housing Administrator

**Diane Luteran**
Manager of Planning and Research,
Help Me Grow Project Director

**Joyce Probst MacAlpine**
Manager of Housing and Homeless Solutions

**Donna Nettles**
Administrative Secretary

**Geraldine D. Pegues**
Manager of Community Programming

**Rita Phillips-Yancey**
Management Analyst

**Catherine A. Rauch**
Program Coordinator

**Kathleen M. Shanahan**
Program Coordinator,
Housing and Homeless Solutions

**Robert L. Stoughton**
Research Administrator –
University of Dayton Fitz Center

Additional assistance provided by:

**Karen DeMasi**
Community Development Consultant

**Deb Downing**
Assistant Director,
Social Services and Income Support –
Montgomery County Department of Job and Family Services

**Kathy Emery**
Community Affairs Manager – City of Dayton

**Rebecca A. Gaytko, AICP**
Program Manager, CIRGV
and Special Projects Administrator –
Dayton Police Department

**Joyce King Gerren**
Consultant – Montgomery County
Department of Job and Family Services

**Gayle Ingram**
Clerk of Commission –
Board of County Commissioners

**Jayne Jones-Smith, M.A., LPCC-SC**
Manager of Planning – ADAMHS Board
for Montgomery County

**Heath MacAlpine**
Assistant Director – Montgomery County
Department of Job and Family Services

**Beverly Pemberton**
Administrative Assistant – Montgomery County
Department of Job and Family Services

**Natasha Glenn**
Temporary Secretary

**William Roberts**
Outpatient Coordinator, Center for Alcoholism and Drug Addiction Services –
Public Health – Dayton & Montgomery County

**Joe Spitler**
Executive Director – Montgomery County
Criminal Justice Council

**Richard Stock, Ph.D.**
Director – University of Dayton
Business Research Group

**John Theobald**
County Commission Assistant

**Roberta Weaver, Ed.D.**
SOEAP Associate Dean, Community Outreach –
University of Dayton

**Pamela Zehring**
Secretary – Montgomery County Educational Service Center
2009 Montgomery County Family and Children First Council Roster

Christine Olinsky*, Chair ................................................................. OSU Extension, Montgomery County
Fred Baxter .......................................................................................... Ohio Department of Youth Services, through September
Thomas G. Breitenbach ........................................................................ Premier Health Partners
Clinton Brown ........................................................................................ Community Leader
Mary Burns ................................................................................................ Miami Valley Child Development Centers
Laurie Cornett Cross* ............................................................................. Family Representative
Frank DePalma* ....................................................................................... Montgomery County Educational Service Center
Judy Dodge* .............................................................................................. Commissioner, Montgomery County Board of Commission
Allen Elijah* ............................................................................................. United Way of Greater Dayton
Brother Raymond L. Fitz, S.M., Ph.D.* ......................................................... University of Dayton Fitz Center
Richard Garrison, M.D. ............................................................................ Health Commissioner, City of Oakwood
Mark Gerhardstein .................................................................................. Montgomery County Board of Developmental Disabilities Services
James Gross* ............................................................................................ Public Health – Dayton & Montgomery County
Robin Hecht ................................................................................................ Diversion Team/ICAT, through September
Franz Hoge* .............................................................................................. Community Leader
Sharon Honnert .......................................................................................... Family Representative, through September
Gregory D. Johnson, PHM ..................................................................... Dayton Metropolitan Housing Authority
David Kinsaul* .......................................................................................... Dayton Children’s
Gary LeRoy, M.D.* ..................................................................................... Wright State University – Boonshoft School of Medicine
Larry Lewis ................................................................................................. Ohio Department of Youth Services, starting December
Deborah A. Lieberman* ........................................................................... Commissioner, Montgomery County Board of Commission
Amy Luttrell* ............................................................................................. Goodwill/Easter Seals Miami Valley
Charles Meadows ...................................................................................... Homeless Solutions Policy Board Co-Chair
Douglas M. McGarry .................................................................................. Area Agency on Aging
Sheldon Mitchell ........................................................................................ Dayton Urban League, starting October
John E. Moore* .......................................................................................... Community Leader
John North ................................................................................................... Better Business Bureau
Christy Norvell* ....................................................................................... Montgomery County Department of Job and Family Services
Emmett Orr* .............................................................................................. Community Leader
Maureen Patterson* .................................................................................. Human Services Levy Council Chair
Kathy Plant ................................................................................................ Diversion Team/ICAT, starting October
Phil Plummer .............................................................................................. Sheriff, Montgomery County
Claire Renzetti,* Ph.D. ............................................................................. University of Dayton, starting March
Jenni Roer* ............................................................................................... Tait Foundation
Frederick C. Smith ..................................................................................... Honorary Member, Huffy Foundation
Kurt T. Stanic, Ed.D.* ................................................................................ Dayton Public Schools
Joseph L. Szoke* ....................................................................................... ADAMHS Board for Montgomery County
Donald A. Vermillion ................................................................................ University of Dayton Fitz Center
Willie Walker* ............................................................................................ Dayton Urban League, through September
Nan Whaley* ............................................................................................ Commissioner, City of Dayton
Joyce Young ............................................................................................... Trustee, Washington Township Board of Trustees

*Denotes Executive Committee Members
2009 HONORS AND ACCOMPLISHMENTS

Clinton Brown
• Received the “Celebrating the African American Male: Epitomizing Strength and Perseverance” Award given by the Beta Eta Omega Chapter of Alpha Kappa Alpha Sorority, Inc. for dedication, commitment, and love of family, community and church

Gary LeRoy
• Named the National Association of Social Workers Ohio Chapter Region VII Public Citizen of the Year

Emmett Orr
• Elected to the Jefferson Township School Board for a four-year term commencing January, 2010

Mark Gerhardstein
• Elected Treasurer of the Ohio Superintendents of Developmental Disabilities Boards Association

Christy Norvell
• Selected as one of the 2009 Top Ten African American Women by the African American CEO’s

Claire Renzetti
• Received the Saltzman Award for Contributions to Practice from the Division on Women and Crime of the American Society of Criminology

Gregory Johnson
• Completed the Senior Executive Management Course at Harvard Kennedy School

Christine Olinsky
• Selected as one of nine Area Leaders for Ohio State University Extension

Joe Szoke
• Elected President-Elect of the Ohio Association of County Behavioral Health Authorities

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 Developmental Disabilities Services
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 and Family Services
Ohio Secretary of State
Public Health – Dayton & Montgomery County
Scripps Gerontology Center, Miami University
U.S. Bureau of Labor Statistics
U.S. Census Bureau
U.S. Department of Justice, Federal Bureau of Investigation

The Ohio Department of Health specifically disclaims responsibility for any analyses, interpretations or conclusions from the data provided for the charts.
OUTCOME TEAM DUTIES:

- Identify related strengths and weaknesses in the community
- Research related causes and effects of related strengths and weaknesses
- Assess needs, gaps and priorities
- Identify and research best-practice models

- Identify projects/subcommittee work
- Identify financial and non-financial resources
- Seek, solicit, negotiate, acquire and leverage other resources
- Develop, recommend and implement community strategies
Vision
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.

Mission
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.

Montgomery County Family and Children First Council
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