2011 Progress Report
on Community Outcomes, Indicators and Strategies

Montgomery County Family and Children First Council
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter from the Chair</td>
<td>1</td>
</tr>
<tr>
<td>The FCFC At a Glance</td>
<td>2</td>
</tr>
<tr>
<td>Results-Based Accountability™</td>
<td>4</td>
</tr>
</tbody>
</table>

## HEALTHY PEOPLE

- Healthy People Outcome Team Report               | 6    |
- Indicator Pages
  - Low Birth Weight                              | 8    |
  - Premature Mortality                           | 9    |
  - Childhood Immunizations                        | 10   |
  - Access to Healthcare                          | 11   |

## YOUNG PEOPLE SUCCEEDING

- Young People Succeeding Outcome Team Report   | 12   |
- Indicator Pages
  - Kindergarten Readiness                       | 15   |
  - Student Achievement – 3rd-Grade Reading      | 16   |
  - Student Achievement – 4th-Grade Math         | 17   |
  - Ohio Graduation Test (OGT) – 10th-Grade      | 18   |
  - High School Graduation Rate                  | 19   |
  - College Enrollment                           | 20   |
  - College Persistence                          | 21   |
  - College Graduation                           | 22   |
  - Public School Attendance                     | 23   |
  - Teen Pregnancy                                | 24   |

## STABLE FAMILIES

- Stable Families Outcome Team Report            | 25   |
- Indicator Pages
  - Avoiding Poverty                             | 26   |
  - Substantiated Child Abuse                     | 27   |
  - Preventable Child Deaths                     | 28   |
  - Domestic Violence Deaths                     | 29   |

## POSITIVE LIVING FOR SPECIAL POPULATIONS

- Positive Living for Special Populations Outcome Team Report | 30   |
- FASD Task Force Report                          | 32   |
- Alcohol & Other Drug Abuse Implementation Advisory Team Report | 34   |
- Help Me Grow                                     | 36   |
- Indicator Pages
  - Nursing Home Population                      | 38   |
  - Employment Rate for Persons with a Disability | 39   |
  - Poverty Rate for Persons with a Disability    | 40   |

## SAFE AND SUPPORTIVE NEIGHBORHOODS

- Safe Neighborhoods Outcome Team Report: CIRGV  | 41   |
- Supportive and Engaged Neighborhoods Outcome Team Report: CNI | 43   |
- Indicator Pages
  - Violent Crime                                 | 44   |
  - Property Crime                                | 45   |
  - Voter Participation                           | 46   |

## ECONOMIC SELF-SUFFICIENCY

- Economic Self-Sufficiency Outcome Team Report  | 47   |
- Montgomery County Community-Wide Ex-Offender Reentry Task Force Report | 50   |
- Indicator Pages
  - Unemployment                                  | 53   |
  - People Receiving Public Assistance            | 54   |
  - Median Household Income                       | 55   |

## Behind The Numbers

- What Are the Indicators Telling Us?            | 56   |
- Homeless Solutions Report                      | 60   |
- Brother Raymond L. Fitz, S.M., Ph.D. Award     | 61   |
- Interagency Collaboration                      | 62   |
- Office of Family and Children First            | 64   |
- Funding Activities                             | 66   |
  - Supported Services                            | 66   |
  - Outcome Team Initiatives                      | 66   |
  - Children’s Trust Fund                         | 67   |
- Community Indicators Website                   | 68   |
- Family and Children First Council State Duties | 69   |
- Staff and Additional Support                   | 70   |
- Family and Children First First Council Roster | 71   |
- 2011 Honors and Accomplishments                | 72   |
- Data Sources                                   | 72   |
- Family and Children First First Council Outcome Inside Team Framework Back Cover |
December 2011

I am pleased to present to you the Montgomery County Family and Children First Council’s 13th annual Progress Report. The Council has released a Report to the Community each year since 1998.

The Council initiated this work by developing a framework endorsed by community stakeholders. This consensus building was extremely important in the early years and helped us gain momentum in engaging many additional partners. Six Community Outcomes were established to describe the attributes of a thriving and healthy community. Specific Indicators were selected to measure our success in achieving these Outcomes. The measured tracking of the Indicators over time identifies trends for Montgomery County. We also compare our Indicator data to those of other Ohio counties, the state of Ohio and the nation. Together, this information leads to community dialogue about how we are doing and how we may make results-oriented investments to enhance positive change. We have also found over time that Indicators may need periodic revision to be sure we are measuring the most relevant community attributes. (2011 Indicator changes may be found on page 5.)

The Council appointed Champions to lead Outcome Teams, made up of Council members plus additional volunteers from all sectors of the community to analyze the data; identify strengths, weaknesses, gaps and needs; and recommend strategies to create improvement. I invite you to read about their work during 2011 throughout this report. We have also provided you with other information about the Council’s 2011 activities.

If you would like more information on general or specific activities prior to 2011, please review our earlier Progress Reports at www.montgomerycountyindicators.org or contact the Montgomery County Office of Family and Children First at 937-225-4695 to receive information by mail.

All of this work could not be possible without the dedication of all of our volunteers and staff. They willingly share their time, knowledge and viewpoints on important issues and participate in recommendations and initiatives to make our community a better place to live, work and grow.

Sincerely,

Clinton J. Brown
Chair, Montgomery County Family and Children First Council
THE FCFC AT A GLANCE

This Report is part of an ongoing community conversation about our efforts to promote the well-being of Montgomery County’s children, families, adults, and neighborhoods. Throughout its pages you will find the answers to three questions:

1. **Where do we want to be as a community?**
   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.)

2. **Where are we right now?**
   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 another six of them the historical trend is flat. (See the indicator data throughout the Report, and the summary chart on page 3.)

3. **What are we doing to help us get where we want to be?**
   Our answers come from our Outcome Teams and from other Task Forces and committees. They have all been busy and productive in 2011. Here, at a glance, are some highlights.

---

**Healthy People**

Montgomery County Care tripled its enrollment in 2011 and is now providing a cost-effective primary care medical home for close to 2,000 uninsured Montgomery County residents ages 19 to 64 who are not eligible for Medicaid or Medicare.

The Greater Dayton Area Health Information Network began sending electronic health data - including laboratory results, radiology reports, and transcribed reports - to well over 200 medical professionals in the Dayton area in 2011.

Over 150 community partners are now participating in GetUp Montgomery County to combat childhood obesity, including Kettering Health Network and Premier Health Partners who participated in a healthy hospital challenge to promote active living and healthy eating among their employees.

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**Young People Succeeding**

A report and recommendations about improving the circumstances of youth in transition to adulthood were issued by the YPS Team and accepted by the FCFC for additional action.

ReadySetSoar, Montgomery County’s early care and education initiative, influenced a 33% increase in the number of early care and education centers participating in Ohio’s voluntary quality rating system, Step Up To Quality.

140 recovered drop outs recovered by the Fast Forward Center have been awarded scholarships to Sinclair Community College over the last four years.

An Americorps grant received by the Montgomery County Mentoring Collaborative (MCMC) is being used to benefit youth served by MCMC partner organizations.
Stable Families

Research has proven the absence of fathers from their children’s lives has harmful long-term effects on children, such as increased likelihood of poverty, school failure, criminal involvement and more.

Summary Chart

<table>
<thead>
<tr>
<th></th>
<th>Short-term trends in desired direction</th>
<th>Historical trends in desired direction</th>
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</thead>
<tbody>
<tr>
<td>Healthy People</td>
<td>2/4</td>
<td>1/4 *</td>
</tr>
<tr>
<td>Young People Succeeding</td>
<td>7/10</td>
<td>8/10 **</td>
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<td>Stable Families</td>
<td>3/4</td>
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<td>Positive Living for Special Populations</td>
<td>2/3</td>
<td>1/3</td>
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<tr>
<td>Safe and Supportive Neighborhoods</td>
<td>2/3</td>
<td>2/3 *</td>
</tr>
<tr>
<td>Economic Self-Sufficiency</td>
<td>2/3</td>
<td>0/3</td>
</tr>
<tr>
<td>ALL OUTCOMES</td>
<td>18/27</td>
<td>13/27 ***</td>
</tr>
</tbody>
</table>

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 two which are flat. *** Plus six which are flat.

Safe and Supportive Neighborhoods

151 children from the neighborhoods of Edison PreK-8 School and Ruskin PreK-8 School participated in the TOTS program, part of the Comprehensive Neighborhood Initiative being implemented by Miami Valley Child Development Centers and East End Community Services. Their parents are especially pleased about the learning and socialization that they see their kids experience.

In 2011, the Community Initiative to Reduce Gun Violence leadership team focused on improving collaborative organizational management documents, developing collaborative contracts, and acquiring employees to fill contracted positions within the initiative; in addition, the target percentage for street-level advocate time focused on client support was set at 30%. As of December 2011, 45% of street-level advocate time was focused on client support, 24% was on community building, and 20% was on violence interruption.

Positive Living for Special Populations

In 2011, the Montgomery County Fetal Alcohol Spectrum Disorders (FASD) Task Force began participating in the national Prevention of Substance Exposed Pregnancies Practice Collaborative through CityMatCH, a program supported by the Centers for Disease Control to reduce the number of pregnancies that are exposed to alcohol and other substances within U.S. urban areas.

The Alcohol Screening and Brief Intervention Program, a FASD prevention program located at all five Montgomery County WIC clinics, screened over 9,000 pregnant women for alcohol use between 2008 and 2011.

Dialogue with the Healthy People Team on childhood obesity resulted in PLSP member and WSU SARDI Director, Jo Wilson, submitting a research proposal to the National Institutes of Health to study the impact of the GetUp Montgomery County initiative on children with disabilities.

Economic Self-Sufficiency

Under the Pathways Out of Poverty Grant that had been awarded to the Miami Valley Regional Planning Commission and East End Community Services, over 300 individuals received OSHA Safety Training and training in Lead Hazard Abatement and Asbestos Abatement. Ninety of them had been placed in full-time positions with the Deconstruction Project – the selective dismantlement of building components, specifically for re-use, recycling, and waste management. A full container (several months’ worth of recovered lumber) had been sold to a California materials broker for use in Japan.

In a presentation entitled “Forecasted Jobs and Annual Openings, Montgomery County, Ohio 2011 – 2015,” Dr. Richard Stock from the University of Dayton told the Team that traditional blue-collar jobs represented just 16% of annual openings for the study period, and that skills gaps permeate the jobs picture from entry level positions through the jobs spectrum to gold collar or high tech jobs.

As of November, 2011, over 2,148 Ex-Offenders had engaged with the Montgomery County Office of Ex-Offender Reentry, a number far exceeding the 800 initial engagements called for by the Montgomery County Reentry Project.
RESULTS-BASED ACCOUNTABILITY™

Outcomes and Indicators

This Report is part of an ongoing community conversation about our efforts to promote the well-being of Montgomery County’s children, families, and neighborhoods and to make Montgomery County a better place to live, work, and play. A simple description of this goal is captured in the FCFC’s Vision Statement:

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.

Much of the ongoing conversation about how to achieve that vision is organized around a set of tools that we call “Outcomes and Indicators.”¹

• **Outcomes** are conditions of well-being to which the community aspires. The Family and Children First Council (FCFC) has articulated six outcomes: Healthy People, Young People Succeeding, Stable Families, Positive Living for Special Populations, Safe and Supportive Neighborhoods, and Economic Self-Sufficiency. One section of this Report is devoted to each of them in turn; at the beginning of each section is a Vision Statement describing what it would mean to attain that particular outcome.

• **Indicators** are quantifiable measures that can be attached to the outcomes. The FCFC is currently tracking 27 indicators distributed among the six outcomes. (The table on page 5 highlights the changes being made this year as a result of our ongoing conversation.) The most recent data points for each of the indicators are displayed in tables and graphs within the appropriate outcome section. We highlight new data in green and revised data in yellow. Accompanying each graph and table is an explanation of why the indicator is important and whether the trends – both short-term and historical – are in the desired direction. (See the arrowheads at the top of those pages.) Whenever available, data for the other large counties in Ohio, for the state as a whole, and for the nation are provided for context. Finally, we extend the conversation by going “Behind the Numbers” and taking a deeper look at some of the data.

The structure of the FCFC is designed to align its energy with its purpose: achieving better results for children, families, adults, and neighborhoods. The outcomes provide the core of this Outcome Team structure, as can be seen on the inside back cover. Each Team oversees initiatives and projects which are intended to help achieve that Team’s outcome. These activities are named in the structure diagram and further discussed in the relevant outcome section.

An article about the FCFC’s use of outcomes and indicators has been accepted for publication in the Encyclopedia of Quality of Life Research to be published in 2013 by Springer. To read the manuscript, please visit www.montgomerycountyindicators.org and click on the “Annual Reports” tab.

¹ This approach to organizing our community conversation is modeled on the Results-Based Accountability™ framework developed by Mark Friedman. To learn more visit www.resultsaccountability.com or www.raguide.org or www.resultleadership.org.
The Young People Succeeding Outcome Team is aligning its indicators with those adopted by Learn to Earn™ Dayton. As a result, one indicator previously published in these Reports is being discontinued (but the data will continue to be reported at www.montgomerycountyindicators.org), one indicator is being revised to reflect the definition used by Learn to Earn™ Dayton (see page 15), and four indicators are being added for this Report. Five more indicators are under development, and will be added to these Reports when they are available.

**INDICATOR BEING DISCONTINUED**

Student Achievement – 3rd-Grade Math

**INDICATOR BEING REVISED**

Kindergarten Readiness

**INDICATORS BEING ADDED**

Student Achievement – 4th-Grade Math
College Enrollment
College Persistence
College Graduation

**INDICATORS UNDER DEVELOPMENT**

8th-Grade Algebra I
9th-Grade Coursework
College Readiness
STEM Degrees
College Return

For a look behind the numbers, go to page 56.
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.

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

Healthy People Outcome Team Report
The Healthy People Outcome Team continues to advance efforts in Montgomery County that promote community wellness. In 2011, the Outcome Team was championed by Jim Gross, Health Commissioner and Dr. Gary LeRoy, Associate Dean of Student Affairs & Admissions at Wright State University’s Boonshoft School of Medicine. Accomplishments from 2011 are highlighted in this report.

Healthcare Safety Net Task Force
The Healthcare Safety Net Task Force has implemented efforts since 2008 to promote access to healthcare services to Montgomery County residents. These efforts have continued throughout 2011 and include the following initiatives:

1. The Montgomery County Care (MCC) program exists to strengthen and consolidate access to primary healthcare services. This program provides a cost-effective primary care medical home to low-income Montgomery County residents who are uninsured, at least 19 but not yet 65, and not eligible for Medicaid or Medicare. The program is funded by the Montgomery County Human Services Levy and CareSource contributes administrative support on a pro-bono basis. In 2011, MCC tripled its enrollment to 1,900 people and added benefits consistent with its goals to improve prevention services, help manage chronic diseases, and reduce unnecessary emergency department use. Through November 2011, MCC made the following possible:
   - 2,203 primary care office visits at the Community Health Centers of Greater Dayton
   - 8,906 prescriptions, including those for insulin, diabetic supplies and asthma medications
   - 398 lab tests
   - 323 specialist office visits
   - 899 calls to CareSource’s 24-hour nurse advice line
   - 2,419 calls to CareSource’s Service Center to answer member questions
   - Approximately 1,440 contacts by CareSource case managers to assist members

2. Efforts continue to improve the sharing of electronic data between healthcare providers through the creation of the Greater Dayton Area Health Information Network (GDAHIN). In 2011, GDAHIN began sending electronic health data to well over 200 medical professionals in the Dayton area. This data is being sent from three of the Premier Health Partner facilities (Miami Valley Hospital, Good Samaritan Hospital, and Atrium Medical Center) as well as from Fort Hamilton Hospital of the Kettering Health Network. The remaining hospitals will start sending their data in early 2012. The data currently being sent includes laboratory results, radiology reports, and transcribed

Outcome Team Roster

CO-CHAMPION James W. Gross (Public Health - Dayton & Montgomery County) CO-CHAMPION Gary L. LeRoy, M.D. (Wright State University) Ann W. Clutter, Ph.D. (Ohio State University Extension) Jeffrey A. Cooper (Public Health - Dayton & Montgomery County) Commissioner Judy Dodge (Montgomery County Board of County Commissioners) Karla Garrett Harshaw (Legal Aid of Western Ohio) Frankye Herald (Mahogany’s Child, Miami Valley Hospital) Tim Kernan (Greater Dayton Area Hospital Association - Beginning in Sept.) David Kinsaul (The Children’s Medical Center of Dayton) Larry Lawhorne, M.D. (Wright State University – Boonshoft School of Medicine - Beginning in May)

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HEALTHY PEOPLE

reports. Medical professionals in the area can get these results sent to the office right into their Electronic Medical Record (EMR) with the help of an interface or have them delivered to an inbox in which they can view and print if desired. This is all done through a secure environment provided by HealthBridge, one of the largest most connected Health Information Exchanges in the United States. GDAHIN is working with Public Health - Dayton & Montgomery County to have electronic data sent to them and to have their EMR send e-data specifically to the Ohio Department of Health. GDAHIN is also working with CompuNet to begin having their lab results sent through this network and will continue to reach out to other medical professionals in the area to include them in this project over the next couple of years.

County-Wide Childhood Obesity Prevention Initiative

Administered by Public Health – Dayton & Montgomery County, GetUp Montgomery County is a community-wide effort to address childhood obesity and promote healthy lifestyles for children and families. GetUp’s central theme is a 5-2-1-Almost None (521AN) healthy lifestyles prescription: 5 servings of fruits and vegetables per day, less than 2 hours of recreational screen time per day, 1 hour of active play/physical activity per day, and almost no sugary beverages. Over 150 local community partners are participating and the program has the potential for regional and/or statewide implementation. Participating sectors include schools, worksites, health care organizations, and individual communities.

Throughout 2011, many GetUp partners fully embraced the 521AN healthy lifestyles theme – both in worksite wellness programs for staff and in programs and services for clients. Examples include the Dayton YMCA’s summer camp and after-school programs, 4C’s Step Up to Quality regional workshop for child care providers, Dayton Children’s Medical Center and several K-12 public school districts. Additionally, Kettering Health Network and Premier Health Partners participated in a healthy hospital challenge to promote active living and healthy eating among their employees. During the challenge, employees from the two hospital systems logged their 521AN behaviors daily for six months with an online tracking tool on the GetUp website. Both hospital systems are now in the process of adopting policy changes to promote healthy lifestyles for their employees.

Key priorities for 2012 include redesigning the GetUp website, providing sector-based toolkits to help partners implement the 521AN message, recruiting additional partners, exploring opportunities for continued funding, and refining metrics and outcome measurements to show that GetUp is helping to create a healthier Montgomery County.

Healthy People Community Indicators

The Healthy People Outcome Team spent a significant amount of time in 2011 reviewing and revising its community indicators. While this work is still officially in the “draft phase,” preliminary recommendations have been made to expand on the number and types of indicators that will clearly illustrate the community’s health status. Potential additional indicators include the following:

- Childhood Obesity – utilizing data from the Pediatric Nutrition Surveillance System (PedNSS) as well as obtaining BMI levels at 3rd and 5th grades from area school districts
- Tobacco Use – utilizing data from the Behavioral Risk Factor Surveillance System (BRFSS)
- Dental Care Access – data source(s) to be determined
- Behavioral health measures potentially including drug-related hospitalization, alcohol-related hospitalization, and depression – utilizing emergency department admission rates
- Chronic disease measures – utilizing emergency department admission rates, including:
  - Uncontrolled diabetes
  - Congestive heart failure
  - Hypertension
  - Pediatric asthma
  - Chronic Obstructive Pulmonary Disease (COPD)

The Healthy People Outcome Team will make a final decision about which community indicators to capture in early 2012.
**Outcome:** Healthy People  
**Indicator:** Low Birth Weight

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

### New Data
The 2008 and 2010 values for the United States (both are 8.2%) are now available and are considered final. The values published in last year’s Report for the United States (2009) and for Ohio and Montgomery County (both 2009 and 2010) were preliminary and are now considered final; none of them changed. The values published in last year’s Report for the other counties in Ohio (both 2009 and 2010) were also preliminary; some of them have been revised and all of them are now considered final. These revisions affect the comparative county rankings for both years. In particular, Montgomery County’s rank for 2010 is now 6th.

### Short-Term Trends
The short-term trend from 2009 to 2010 – from 9.8% to 9.5% – is in the desired direction. Because of the revisions noted above the county comparative rank also moved in the desired direction, from 7th to 6th.

### Graph
**NUMBER OF BIRTHS WITH WEIGHTS LESS THAN 2,500 GRAMS (5 LBS. 8 OZ.) AS A PERCENT OF TOTAL BIRTHS**

- Montgomery County
- Ohio
- United States

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery Co.</th>
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<tr>
<td>1987</td>
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<td>6.9%</td>
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<tr>
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<td>7.7%</td>
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Most desirable ranking is number one.
**Outcome:** Healthy People  
**Indicator:** Premature Mortality  

**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 preliminary 2009 values for Ohio and for the ten largest counties published in last year’s Report have been revised. As a result, the county comparative rank for some of the counties has changed, but not for Montgomery County, which remains 10th. The 2008 and 2009 values for the United States are now available, 68.2 and 66.8 respectively.

**Short-Term Trends**  
The short-term trend from 2008 to 2009 – from 89.3 to 86.3 – is in the desired direction. The comparative county rank did not change from 2008 to 2009, remaining at 10th.
**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 2011 is 85%.

**Short-Term Trends**
The short-term trend from 2010 to 2011 – from 85% to 85% – is flat. The addition of one more vaccine to the up-to-date criteria in 2009 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.*
Outcome: Healthy People
Indicator: Access to Healthcare

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 2011 is 34.0%

Short-Term Trends
The short-term trend from 2010 to 2011 – from 41.5% to 34.0% – is not in the desired direction. Based on analysis of the HealthLink data, the decrease in people who report access to healthcare is likely due to the depressed economy and people continuing to lose health insurance through loss of employment and/or lack of funds.

*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.
**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.

During 2011 a major emphasis of the Young People Succeeding Outcome Team’s energy continued to be early childhood education. Early childhood – the years from birth to age five – are critical in building a foundation for a child’s success in school and life. These are the years when important social, emotional, problem-solving, and pre-literacy skills are developed. Right now too many of Montgomery County’s children are entering kindergarten behind.

FCFC provided funding in 2011 to support staffing for the initiative and to provide technical assistance to child care and preschool programs working on a star rating. The star rating is awarded as part of Step Up To Quality, the state’s quality rating system for child care and preschool programs. Technical assistance was provided by 4C for Children, the region’s resource and referral agency for child care. Key accomplishments in 2011 include:

**Increase in Quality Programs:** Montgomery County crossed the fifty mark in 2011 - as of December 2011, 52 child care and preschool programs in Montgomery County have earned a star rating. This is a 33% percent increase from the same time in 2010.

**Connections and Infrastructure:** The second annual Kindergarten Readiness Summit was held in March 2011 to align K-12 education and early learning providers on kindergarten readiness goals. As a result, six school districts are proactively leading community coalitions to improve school readiness goals.

**Advocacy:** ReadySetSoar worked with elected officials, leading to Governor Kasich’s visit to a child care program in Huber Heights to discuss opportunities for the state’s early learning systems. In December of 2010, Ohio was one of nine states awarded the Early Learning Challenge federal grant, a follow-up to Race to the Top. ReadySetSoar will work with state leaders to implement the commitments made in the grant to improve early learning for the region.

**Community Awareness:** ReadySetSoar continued leading Passport to Kindergarten, a collaborative project funded by PNC to improve oral language skills for preschoolers. The program was expanded to West Carrollton, Northbridge, and three Dayton Public school buildings. The fourth annual Voyage on the Parkway community event was also held in October to promote awareness with parents on important school readiness skills.

For additional details, please see the ReadySetSoar Annual Report at www.readysetsoar.org.
YOUNG PEOPLE SUCCEEDING

young adults in transition to adulthood and self-sufficiency (youth in transition) falling through the cracks of various systems. The Work Group identified youth, ages 16 to 24, without parental support and experiencing the following as their target population:

• Aging out of foster care,
• Transitioning out of the juvenile justice system,
• Experiencing serious mental illness,
• With other disabilities, and/or
• Homeless.

During 2011, the Work Group continued to improve its understanding of the challenges and barriers faced by vulnerable youth and young adults (ages 16-24) transitioning from high school to self-sufficiency. During its two years of work, the Work Group:

• Assessed what services were available in Montgomery County, publishing and distributing a resource directory.
• Identified gaps interfering with youth success, especially with post-secondary experiences.
• Identified specific linkages resulting in support to vulnerable youth in transition; some related to post-secondary success and others connecting with work at the state level.

A report outlining the most significant challenges and barriers was presented to the YPS Team and then to the Family and Children First Council with the recommendation that a committee be created to:

• Strengthen coordination and collaboration among Montgomery County agencies, other service providers and community partners that results in improved outcomes achieved on behalf of and with vulnerable youth in transition.
• Identify and address gaps and barriers to supportive services for vulnerable youth in transition in addition to those reported by the YPS Youth in Transition Work Group.
• Ensure sufficient options exist in Montgomery County for vulnerable youth to successfully complete their secondary education.
• Take steps to improve access, success and completion in higher education and training for vulnerable youth in transition resulting in employment that pays at least a living wage.
• Identify what kind of data should be collected to better understand what supports are needed for vulnerable youth in transition to succeed.
• Take other appropriate actions that enable the community to better respond to and address the needs of youth in transition in Montgomery County.

The Vulnerable Youth in Transition Committee of the Montgomery County FCFC began meeting in December 2011 with the Montgomery County Administrator, Deborah Feldman, as its chairperson.

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 certification training, mentor training, mentee training and background checks along with sponsoring local mentoring events.

A major accomplishment is the attainment of additional funding to expand resources to benefit youth served by Mentoring Collaborative partners. With the oversight of Montgomery County Educational Service Center, the Mentoring Collaborative was awarded an AmeriCorps State Planning Grant in 2010 to expand and enhance mentoring programs in Montgomery County. The new program called MCMC AmeriCorps Program...
addresses the AmeriCorps priorities of helping children and youth achieve success in school and preventing them from dropping out before high school graduation. In June 2011, the Collaborative was awarded an AmeriCorps State Operational Grant. The MCMC AmeriCorps Program began serving K-12 “at-potential” youth in Montgomery County at 11 host sites utilizing the support of 20 AmeriCorps members who serve as Mentoring Project/Service Coordinators.

Each year, during its Mentor of the Year Awards Luncheon, the Collaborative recognizes individuals who display extraordinary commitment assisting young people in achieving their full potential. These 2011 Outstanding Mentor Award recipients were also recognized by the Montgomery County Board of County Commissioners:

- Constance Andrea Carr-Beatty, Mountain Top Ministries
- Edward Dixon, Big Brothers Big Sisters of the Greater Miami Valley, Inc.
- Sue Jenkins, Life Resource Center
- Pastor Jamie McVey, MC Juvenile Court Reclaiming Futures
- Alicia Price, Community Action Partnership of the Greater Dayton Area
- Jared Roper, Edison PreK-8 Neighborhood School
- Ginger Schwieterman, Miamisburg Schools Mentor Program
- Dr. Robert C. Walker, Wesley Community Center
- Brenda Wise, Jefferson Township Local Schools
- Mentors at Kemp PreK-8 (Dayton Public Schools), Parity, Inc.

To become a mentor or for additional information about The Mentoring Collaborative, call 236-9965 or go to www.mentoringcollaborative.org.

Since 2001 when it opened its doors, Fast Forward Center has united public and charter school systems to help out-of-school youth who want to complete their high school education. Fast Forward assesses their reading and math skills and connects them with appropriate educational resources.

Through the efforts of Fast Forward and its partner charter schools, 2,422 high school graduates earned their diploma between 2002 and 2011. For the school year ending June 2011, Fast Forward had 230 students graduate from four partner high schools. In addition, a total of 140 students from the four partner high schools have been awarded John and Connie Taylor scholarships to Sinclair Community College over the past four years.

For accomplishments such as these, the Fast Forward Center received the 2011 Program of the Year Award from the International Association for Truancy and Dropout Prevention (IATDP). The National Dropout Prevention Center/Network (NDPC/N) - the authoritative national entity on dropout recovery initiatives—has deemed the Fast Forward Center a model program with “Strong Evidence of Effectiveness” which is their highest distinction.

More information about Fast Forward Center’s history and accomplishments can be found at www.sinclair.edu/centers/ffc.
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.

In this year’s Report we resume tracking the percentage of students (public school and charter school) scoring in Band 3, the highest Band, as we did in the 2006 through 2009 Reports. This differs from last year’s Report in which we tracked the percentage of students who score in Bands 2 and 3. This change is made to make this indicator consistent with the one adopted by Learn to Earn™ Dayton.

New Data

Because of the change noted above we are reporting all of the values as “new.”

Short-Term Trends

The short-term trend from 2009 to 2010 – from 36.5% to 36.8% – is in the desired direction. The county comparative rank remains unchanged, 10th.
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. This year we are replacing 3rd-grade math achievement with 4th-grade math achievement; see pages 5 and 17.

New Data
The value for Montgomery County for 2010-11 is 78.2% and the value for Ohio for 2010-11 is 79.9%.

Short-Term Trends
The short-term trend from 2009-10 to 2010-11—from 77.0% to 78.2%—is in the desired direction. The county comparative rank remained unchanged, at 7th.
Outcome: Young People Succeeding
Indicator: Student Achievement—4th-Grate 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. Starting with the 2006 Report, we began publishing as separate indicators the 3rd-grade math and 3rd-grade reading achievement scores. In this Report we are discontinuing the 3rd-grade math indicator and replacing it with one tracking 4th-grade math achievement. This is one of the changes being made so that the Young People Succeeding indicators are aligned with the indicators adopted by Learn to Earn™ Dayton. (See pg. 5.)

New Data
This is the first time we are publishing this indicator.

Short-Term Trends
The short-term trend from 2009-10 to 2010-11 – from 72.2% to 74.2% – is in the desired direction. The county comparative rank also moved in the desired direction, changing from 9th to 8th.

PERCENTAGE OF 4TH-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>2003-04</td>
<td>62.7%</td>
<td>65.8%</td>
</tr>
<tr>
<td>2004-05</td>
<td>63.2%</td>
<td>65.5%</td>
</tr>
<tr>
<td>2005-06</td>
<td>74.0%</td>
<td>76.9%</td>
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<td>2006-07</td>
<td>73.5%</td>
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<td>2007-08</td>
<td>71.6%</td>
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<td>2008-09</td>
<td>74.1%</td>
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<td>2009-10</td>
<td>72.2%</td>
<td>76.0%</td>
</tr>
<tr>
<td>2010-11</td>
<td>74.2%</td>
<td>78.1%</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
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 2010-11 is 67.9% and the value for Ohio is 68.3%.

Short-Term Trends
The short-term trend from 2009-10 to 2010-11 – from 64.7% to 67.9% – is in the desired direction. The county comparative rank also moved in the desired direction, from 7th to 6th.
Outcome: Young People Succeeding
Indicator: High School Graduation

Background
The graduation rate of all students receiving instruction in a Montgomery County school district is considered for this indicator. It is a lagged rate, always one year behind, allowing the Ohio Department of Education to include summer graduates. The graduation rate for 2010-11 will not be released until June 2012.

New Data
The value for Montgomery County for 2009-10 is 82.7% and the value for Ohio for 2009-10 is 84.3%.

Short-Term Trends
The short-term trend from 2008-09 to 2009-10 – from 83.0% to 82.7% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 4th to 5th.
Background
Currently 35.8% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Enrollment” measure tracks the percentage of high school graduates who enrolled in a 2- or 4-year college at any time in the first two years after graduation. The indicated year is the year of high school graduation.

Note: The source of these data is the National Student Clearinghouse. More than 3,300 colleges, enrolling 93% of U.S. college students, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate’s, bachelor’s and advanced degrees are counted in the graduation rates. Certificates are not included.

New Data
This is the first time we are reporting on this indicator.

Short-Term Trends
The short-term trend from 2008 to 2009 – from 78.9% to 77.5% – is not in the desired direction.

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

Currently 35.8% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to "increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025." To achieve this goal locally it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Persistence” measure tracks the percentage of students enrolled in a 2- or 4-year college in the first year after graduating from high school who returned to college the next year. The indicated year is the year of high school graduation.

Note: The source of these data is the National Student Clearinghouse. More than 3,300 colleges, enrolling 93% of U.S. college students, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate's, bachelor's and advanced degrees are counted in the graduation rates. Certificates are not included.

**New Data**

This is the first time we are reporting on this indicator.

**Short-Term Trends**

The short-term trend from 2008 to 2009 – from 85.9% to 84.9% – is not in the desired direction.

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*Includes enrollment in any college term ending before August 14 of the year which is two years after the high school graduation year for those students who were also enrolled in any college term during their first year after high school. (Enrollment in the second year is not necessarily at the same institution as in the first year.) Only classes for which two full years of post-graduation data are available are reported here.

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**PERCENT OF STUDENTS ENROLLED IN COLLEGE THE FIRST YEAR AFTER HIGH SCHOOL WHO RETURNED FOR A SECOND YEAR**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>84.8%</td>
</tr>
<tr>
<td>2005</td>
<td>85.3%</td>
</tr>
<tr>
<td>2006</td>
<td>84.6%</td>
</tr>
<tr>
<td>2007</td>
<td>85.8%</td>
</tr>
<tr>
<td>2008</td>
<td>85.9%</td>
</tr>
<tr>
<td>2009</td>
<td>84.9%</td>
</tr>
</tbody>
</table>

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Montgomery County
Background
Currently 35.8% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Graduation” measure tracks the percentage of high school graduates who graduated with a 2- or 4-year college degree within the first six years after high school graduation. The indicated year is the year of high school graduation.

Note: The source of these data is the National Student Clearinghouse. More than 3,300 colleges, enrolling 93% of U.S. college students, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate’s, bachelor’s and advanced degrees are counted in the graduation rates. Certificates are not included.

New Data
This is the first time we are reporting on this indicator.

Short-Term Trends
The short-term trend from 2004 to 2005 – from 34.3% to 34.4% – is in the desired direction.

* Includes students who complete their college degrees before August 14 of the year which is six years after the high school graduation year. Only classes for which six full years of post-high school graduation data are available are reported here.
**Outcome:** Young People Succeeding  
**Indicator:** Public School Attendance (K—12)

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

**New Data**
The value for Montgomery County for 2010-11 is 94.5% and the value for Ohio for 2010-11 is 94.5%.

**Short-Term Trends**
The short-term trend from 2009-10 to 2010-11 – from 94.2% to 94.5% – is in the desired direction. The county comparative rank remained unchanged at 9th.

Note: Data through 1997 – 98 were obtained through the Ohio Department of Education (ODE) Vital Statistics. Beginning in 1998 – 99, data came from ODE Information Management Services as gathered for the District Report Cards using a slightly different formula. (ODE Vital Statistics data are no longer available.) Beginning in 2009, the Report Card data for values greater than 95% are now reported as “> 95%.”
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 2010 is 3.7% and the value for Ohio for 2010 is 3.4%.

Short-Term Trends
The short-term trend from 2009 to 2010 – from 4.3% to 3.7% – is in the desired direction. The county comparative rank also moved in the desired direction, changing from 6th to 5th.

Teen Pregnancy = (Births + Abortions + Fetal Losses)
**Outcome Team Roster**

CO-CHAMPION Gayle Bullard (Montgomery County Department of Job & Family Services)  
CO-CHAMPION Julie Liss-Katz (Premier Health Partners)  
Ken Betz (Coroner’s Office / Regional Crime Laboratory)  
Olivia Hester (Miami Valley Hospital - Through August)  
Paul Jones (Battelle & Battelle, LLP - Through August)  
Larry Lewis (Ohio Department of Youth Services)  
Connie Lucas-Melson (Community Volunteer)  
Jim McCarthy (Miami Valley Fair Housing Center)  
Bonnie Parish (Family Service Association)  
Rev. William B. Schooler, Th.D. (Dayton Baptist Pastors & Ministers Union)  
Joe Spitler (Montgomery County Criminal Justice / Data Acquisition)  
Robert C. Walker, D. Min. (Community Volunteer)

**STAFF:** Catherine A. Rauch (Office of Family and Children First)  
Sandra Barnum (Office of Family and Children First)

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**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.

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**Stable Families Outcome Team Report**

**Fatherhood**

The Stable Families Outcome Team has been concerned about the insufficient supports for fathers, most notably those financially disenfranchised and without custody of and/or visitation with their children. 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.

Research has proven the absence of fathers from their children’s lives has harmful long-term effects on children. When compared to children whose fathers are present, children with absent fathers are…

- Five times more likely to live in poverty;
- Three times more likely to fail in school;
- Two times more likely to be abused and neglected;
- Two times more likely to develop emotional or behavioral problems;
- Two times more likely to abuse drugs;
- Two times more likely to become involved in crime; and
- Three times more likely to commit suicide.

During 2011, the Team learned about educational, employment, and other resources available for such fathers in Montgomery County. Although there are services to benefit low-income men of varying ages, there are very few services available to and specifically targeting fathers. Only through comprehensive expansion and/or the addition of other services could more low-income fathers be assisted in supporting and improving their relationships with their children. The Team is planning a project to address barriers that prevent involvement of fathers in their children’s lives and gaps in services that would support such involvement.
Outcome: Stable Families  
Indicator: Avoiding Poverty

Background
Research suggests American children have only an 8% chance of growing up in poverty when their parents have a first child after age 20, finish high school, and get married. However, children of parents who do not meet these conditions have a 79% chance of being raised in poverty.

New Data
The preliminary 2011 values for Montgomery County and Ohio are 41.7% and 44.9%, respectively. The 2009 and 2010 values for Ohio, for Montgomery County, and for many of the other counties have been revised, but the county comparative rankings for those years have not changed.

Short-Term Trends
The short-term trend from 2010 to 2011 – from 40.6% to 41.7% – is in the desired direction. The county comparative rank also moved in the desired direction, changing from 8th to 7th.

*2011 data are preliminary.
Outcome: Stable Families
Indicator: Substantiated Child Abuse

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

Readers are also cautioned about comparing these data between counties because there is evidence that the change to the new state reporting system (SACWIS) has caused changes in the number of reports filed by individual county agencies. In addition, the Alternative Response Pilot Project underway in Ohio is having an impact on the reported number of substantiated cases in certain counties. Those counties that are using the Alternative Response for a higher percent of cases have a decrease in the reported number of substantiated cases.

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 preliminary value for Montgomery County for 2011 is 4.9 and for Ohio it is 5.0. The values for Ohio for 2009 and 2010 have been revised. Values for some of the other counties have also been revised for 2009 and 2010; as a result, there have been changes in the county comparative rankings for each year but Montgomery County’s ranking in each year did not change.

Short-Term Trends
The short-term trend from 2010 to 2011 – from 5.1 to 4.9 – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 5th to 4th.

*2011 data are preliminary. See the discussion in the Background section, above.
Background
This indicator is intended to focus attention on the vulnerability of our children and the effectiveness of our efforts to keep them safe. Since 2001, the Montgomery County Child Fatality Review Board has been determining whether each death it reviews is preventable. The definition of preventability as set forth in the Ohio Administrative Code means “the degree to which an individual or community could have reasonably done something that would have changed the circumstances that led to the child’s death.” From 2001 to 2004, the Review Board used the four categories provided by the state of Ohio: “Preventable,” “Somewhat Preventable,” “Not Preventable” or “Not Sure.” Beginning in 2005, the state switched to three categories reflecting the answers to the question “Could the death have been prevented?” The three answers are “No, probably not,” “Yes, probably,” and “The Team could not determine.”

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

New Data
In 2010, there were 74 deaths of children residing in Montgomery County. 72 of those deaths had been reviewed when this Report was being prepared and 18 were determined to be “Probably Preventable.”

Short-Term Trends
The short-term trend from 2009 to 2010 – from 19 to 18 – is in the desired direction.

DEATHS TO CHILDREN (0-17) THAT WERE RULED AS “PROBABLY PREVENTABLE” BY THE CHILD FATALITY REVIEW BOARD

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>32</td>
</tr>
<tr>
<td>2002</td>
<td>32</td>
</tr>
<tr>
<td>2003</td>
<td>31</td>
</tr>
<tr>
<td>2004</td>
<td>23</td>
</tr>
<tr>
<td>2005</td>
<td>26</td>
</tr>
<tr>
<td>2006</td>
<td>25</td>
</tr>
<tr>
<td>2007</td>
<td>24</td>
</tr>
<tr>
<td>2008</td>
<td>27</td>
</tr>
<tr>
<td>2009</td>
<td>19</td>
</tr>
<tr>
<td>2010</td>
<td>18</td>
</tr>
</tbody>
</table>

Montgomery Co.
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 2011 there were 15 deaths due to domestic violence in Montgomery County.

Short-Term Trends
The short-term trend from 2010 to 2011 – from 7 to 15 – is not in the desired direction.

Note: Data include victims of all ages and genders. Information is not available from other counties.
Definition of Special Populations:
People of any age with significant disabilities who need assistance with basic daily living skills to live in the most appropriate, least restrictive community setting possible and avoid inappropriate institutionalization. This group includes people who are frail and elderly; adults with severe and persistent mental illness; children with severe emotional disabilities; persons with alcohol and other drug dependency; persons with mental retardation and developmental disabilities; and others who cannot perform basic life functions without assistance.

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

Positive Living for Special Populations Outcome Team Report
Early in its work, the Positive Living for Special Populations (PLSP) Outcome Team identified substance abuse as a key issue affecting all of the FCFC outcome areas and recommended a comprehensive community approach to the FCFC. The AOD Task Force (see page 34) was initiated by the Board of County Commissioners as a result. In addition, the FASD Task Force, a subcommittee of the PLSP Team, has been working for several years to prevent and intervene early in alcohol use during pregnancy. Awareness regarding this important issue has been raised among diverse audiences, from health care professionals to citizens in the community, particularly women of childbearing age. The FASD Task Force has become known in Ohio and nationally for its many achievements (see page 32).
The PLSP Team is also very interested in alternative approaches that may be used locally, now and in the future, for providing services to special populations:

• FACES (Facilitating Access, Choice, Empowerment, and Safety) of Montgomery County, our local community partnership to address violence against women with disabilities funded by the U.S. Department of Justice, will improve access to services for people with disabilities who experience violence. Cross-training of the six local partner agencies already has resulted in more referrals and appropriate action on those referrals. A collaborative charter was developed, and a needs assessment and data collection phase has begun, with a strategic plan and implementation plan to follow.

• The PLSP Team learned that eCAM (www.eCAMprogram.org) is an innovative alcohol and drug treatment program operated by the Consumer Advocacy Model program at Wright State University’s School of Medicine. In partnership with the Ohio Dept. of Alcohol and Drug Addiction Services through federal funds for technology-assisted care in Ohio, eCAM provides out-patient treatment services to Ohioans over 18 years old. Priority is given to people with disabilities or co-occurring disorders, Deaf individuals, and military members and their families. The counselor and case manager use computers with webcams to meet the consumers where they are (e.g., home, work, or other location), thus reducing any stigma related to treatment while providing choices to consumers. Private counseling, group counseling, case management, and recovery support are provided.

• As a follow-up to the PLSP Team’s tour of the Living Laboratory Smart Technology House with patient simulators on the grounds of Bethany Village in Centerville (see 2010 Annual Report), the Montgomery County Economic Development Office had a local company tour the Living Lab to explore business opportunities with their technology, and also reached out to a university in Stockholm, Sweden which was interested in learning more about the Living Lab.

HOME CHOICE is the federal grant that Ohio received to allow people currently living in long term care facilities, such as nursing homes, to return to home and community settings. During 2010-2011, 76 individuals returned to our community and remain successful in their home. The following story was adapted from the Access Center for Independent Living and illustrates the success of the program.

Jeff has returned to the community through HOME CHOICE

There are many people living in nursing homes and other institutions who are struggling to transition out and into the community. Jeff, the Access Center for Independent Living’s Volunteer Coordinator, has done just that. The HOME CHOICE program provides consumers greater choice and control over services they receive in their preferred environment. It also assists in locating housing for participants while linking goods and services necessary for independent living. The Access Center’s HOME Choice Transition Coordinator helped Jeff apply for a HOME CHOICE voucher and identified apartments that would accept the voucher. The voucher helped pay for the security deposit, first month of rent and utilities, and furniture. Contacting his Transition Coordinator to get help with finding a job, Jeff found that the Access Center needed volunteers, and within a few months was offered the position of Volunteer Coordinator. Jeff sees his new job as an opportunity to “give back,” and is enjoying regaining his independence.
Montgomery County FASD Task Force

Prenatal alcohol exposure continues to be the leading known preventable cause of mental retardation in the United States. Conditions known to result from exposure include physical, mental, behavioral, and learning disabilities that are 100% preventable. Collectively, these conditions are known as “Fetal Alcohol Spectrum Disorders” or “FASD.”

Efforts to address the FASD issue in Montgomery County have been ongoing since early 2008. The Montgomery County FASD Task Force has made tremendous strides in addressing this issue on a broad scale through the creation of a comprehensive strategic plan. The implementation of that strategic plan was the impetus for the inception of the Montgomery County FASD Community Capacity Building Project which began its work in early 2011. The intention of this work is to build the community’s capacity to address the FASD issue within respective systems. These efforts are led by Public Health – Dayton & Montgomery County and The Dayton Children’s Medical Center. Funding has been secured through 2013.

Additionally, every pregnant woman who accesses services through the Women, Infants, and Children (WIC) program in Montgomery County participates in the Alcohol Screening and Brief Intervention (ASBI) program – a best practices model developed by O’Connor and Whaley (Brief Intervention for Alcohol Use by Pregnant Women, 2007). Those women who screen positive for risky alcohol use are provided a brief intervention to educate them on the detrimental effects of alcohol use during pregnancy, and a referral is made for treatment of those who exhibit addictive behaviors. Since the program’s inception in September, 2008, more than 9,000 pregnant women have been screened for alcohol use during pregnancy. According to data, the “typical” woman screening positive for a brief intervention is:

- Non-Hispanic White (52.7%, although African Americans are a bit disproportionate at 40.9%)
- Age 21-29 (61.3%, older than the average WIC participant)
- Unmarried (88%)
- Had a high school diploma with some college education (37.8%)

### DRINKING DURING PREGNANCY

*Dr. Larry Burd, University of North Dakota*

<table>
<thead>
<tr>
<th>Drinks Per Day</th>
<th>Cumulative Fetal Exposure (Drinks per day x 280)</th>
<th>Fetal Exposure to Absolute Alcohol in Oz.*</th>
<th>Fall Baby Bottles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>270</td>
<td>135</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>540</td>
<td>270</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>2700</td>
<td>1350</td>
<td>168</td>
</tr>
</tbody>
</table>

FASD Task Force Roster

**CHAIR** Beatrice Harris, MS, RN (Public Health - Dayton & Montgomery County)  
**Vice Chair** Jane Dockery, MBA (Wright State University, Center for Urban & Public Affairs)  
**Ruth Addison, MS, LPCC** (Samaritan Behavioral Health, Inc. - CrisisCare)  
**Pam Albers, RN, MS** (Montgomery County Help Me Grow Brighter Futures)  
**Rev. Leroy Cothran** (United Missionary Baptist Church)  
**James Bryant, M.D.** (Ohio Pediatrics, Inc.)  
**Molly Dickinson, CNM, MS** (Planned Parenthood of Southwest Ohio - Through April)  
**Barbara Jacobs, RD, LD, MA** (Public Health - Dayton & Montgomery County)  
**Su-Ann Newport, RN, MS, CNS, LICDC** (ADAMHS Board - Montgomery County)  
**Sara J. Paton, Ph.D.** (Public Health - Dayton & Montgomery County/ Wright State University)  
**Tim Pfister** (Montgomery County Board of Developmental Disabilities Services)  
**Tracey Waller, MBA, RD, LD, IBCLC** (Public Health - Dayton & Montgomery County)  
**Josephine F. Wilson, D.D.S., Ph.D.** (SARDI - WSU Boonshoft School of Medicine)

**Staff:** Andrea Hoff (Office of Family and Children First/ADAMHS)  
Rhianna Crowe (Office of Family and Children First)
Fortunately, 97% of these women abstained from drinking alcohol after the initial brief intervention. Four years of data for this program will be available in 2012 and will be included in the 2012 FCFC Annual Report.

The newest endeavor for the FASD Task Force was the procurement of a CityMatCH funding opportunity. CityMatCH “improves the health and well-being of urban women, children, and families by strengthening the public health organizations and leaders in their communities” (www.citymatch.org). With funding from the Centers for Disease Control, CityMatCH created the Prevention of Substance Exposed Pregnancies Practice Collaborative with an aim to reduce the number of pregnancies that are exposed to alcohol and other substances within U.S. urban areas. The Montgomery County FASD Task Force became a member of this Collaborative in 2011. The focus of this project is to screen and provide intervention services to women of reproductive age who engage in risky alcohol consumption through the utilization of Screening and Brief Intervention (SBI) services in healthcare settings. As a part of this funding opportunity, CityMatCH will provide expert technical assistance to ensure the initiative is successful and fully evaluated. This program will continue throughout 2012.
Alcohol & Other Drug Abuse Implementation Advisory Team


STAFF: Andrea Hoff (Office of Family and Children First/ADAMHS) Rhianna Crowe (Office of Family and Children First)

Montgomery County Alcohol and Drug Abuse Task Force Report

Alcohol and other drug (AOD) abuse and addiction are significant community issues that affect many of our friends, family, co-workers, and neighbors. In fact, the impact of this issue is felt across the entire landscape of our community. A geographic review of drug-related arrest rates, emergency room rates, and mortality rates indicate that the devastation caused by substance abuse and addiction is evident in every segment of every urban, suburban, and rural neighborhood in Montgomery County.

The Montgomery County Alcohol and Drug Abuse Task Force (referred to as the AOD Task Force) has been addressing this issue since 2008. After three years of study, the Report to Improve Alcohol & Other Drug Abuse & Addiction Services in Montgomery County was released. This report outlines a series of recommendations that are this County's roadmap to improving AOD services in Montgomery County and was unanimously endorsed by the Montgomery County Board of County Commissioners (BCC) in January 2011. Throughout 2011, this report was shared with many of the community’s stakeholders. Presentations were made to almost 20 different constituency groups in Montgomery County, including:

- ADAMHS Board for Montgomery County
- County Chiefs of Police Association
- Court of Common Pleas
- Criminal Justice Council
- Family & Children First Council
- Greater Dayton Area Hospital Association
- Homeless Solutions Policy Board
- Human Services Levy Council
- Juvenile Court
- Kettering Health Network
- Premier Health Partners
- Public Health – Dayton & Montgomery County
The BCC then established, by resolution, the AOD Implementation Advisory Team – a multi-system group with oversight responsibility for ensuring the recommendations are implemented. The AOD Implementation Advisory Team is charged with developing the necessary infrastructure and building the community’s capacity to work collaboratively across systems and to make strides in meeting the community’s substance abuse and addiction needs:

- Establishing and designating an entity responsible for providing oversight to the AOD Task Force recommendations with staff time devoted to implementation
- Encouraging the utilization of best practices in the establishment of system-wide protocol that is consistently monitored for effectiveness and efficiency, responds to emerging needs and technology, and focuses on the development of process and outcome measures
- Establishing county-wide partnerships/collaborations for community planning to ensure systems can share client information and work together to address client barriers
- Increasing funding that comes into the county by actively exploring non-local funding sources and capitalizing on existing local funding sources for services along the continuum
- Advocating for local-state funding decisions to be data-driven and restructuring the ADAMHS funding system by aligning ADAMHS funding priorities with AOD Task Force recommendations, instituting an open proposal system, and providing incentives to providers who produce positive outcomes

In an effort to promote the utilization of best practices, the AOD Advisory Team endorsed two such best practices in 2011:

- The **NIATx Process Improvement Model** has been designed specifically for behavioral healthcare settings to improve access and retention in treatment by identifying barriers and making small process changes to remove those barriers (www.niatx.net).
- **Screening, Brief Intervention and Referral to Treatment (SBIRT)** is an evidence-based approach to identifying patients who use alcohol and other drugs at risky levels, with the goal of reducing and preventing related health consequences, disease, accidents and injuries (www.sbirt.samhsa.gov).

In 2012, a series of Implementation Committees will be established and charged with implementing specific sets of the AOD Task Force recommendations.
Help Me Grow Central Intake and Referral and ongoing services were provided in 2011 by the Greater Dayton Area Hospital Association’s Help Me Grow Brighter Futures program. Developmental evaluations were provided by the Montgomery County Board of Developmental Disabilities Services PACE program, with assistance from Public Health-Dayton and Montgomery County and Help Me Grow Brighter Futures.

In 2011, 2,121 referrals to Help Me Grow Central Intake and Referral came from a variety of sources (see chart). As of December 31st, a total of 773 service plans were in place daily for young children and their families in the Help Me Grow program. The numbers served were directly impacted by Help Me Grow state funding cutbacks.

The state’s Autism Diagnosis Education Pilot Project, trained Help Me Grow staff are now using the evidenced-based Autism Diagnostic Observation Schedule (ADOS). The goal is earlier and more reliable identification of developmental disorders, including autism spectrum disorders, in children under age 3. The Montgomery County ADEPP team administered the ADOS to 18 children to date; 10 of those children were referred to Children Medical Center’s developmental clinic, and 1 child was diagnosed with autism.

### Referrals - In 2011, there were 2,121 referrals to Help Me Grow from a variety of sources.

<table>
<thead>
<tr>
<th>Source</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary caregivers/family members</td>
<td>592</td>
<td>28%</td>
</tr>
<tr>
<td>Physician</td>
<td>515</td>
<td>24%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>496</td>
<td>23%</td>
</tr>
<tr>
<td>Children Services (including CAPTA)</td>
<td>251</td>
<td>12%</td>
</tr>
<tr>
<td>Help Me Grow (including transfers between counties)</td>
<td>132</td>
<td>6%</td>
</tr>
<tr>
<td>Community screenings/referrals</td>
<td>97</td>
<td>5%</td>
</tr>
<tr>
<td>Health and behavioral health</td>
<td>38</td>
<td>2%</td>
</tr>
<tr>
<td><strong>TOTAL HMG REFERRALS-2011</strong></td>
<td>2,121</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Ohio Department of Health Early Track

### Ongoing Services - As of December 31st, a total of 773 service plans were in place daily for young children and their families in the Help Me Grow program.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Count</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 12 months (includes prenatal)</td>
<td>83</td>
<td>139</td>
</tr>
<tr>
<td>12 – 23 months</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>24 – 35 months</td>
<td>31</td>
<td></td>
</tr>
</tbody>
</table>

### CHILDREN RECEIVING ONGOING HMG SERVICES (DAILY COUNT AS OF 12/31/11)

<table>
<thead>
<tr>
<th>Suspected/Diagnosed Delay or Disability. TOTAL 634</th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
</tr>
<tr>
<td>216</td>
</tr>
<tr>
<td>319</td>
</tr>
</tbody>
</table>

** Home visiting includes ODH former category At Risk for Developmental Delay or Disability.

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):

**Alicia** was 19 when she gave birth to her son, Marcus. She called Help Me Grow after hearing about how supportive the program is to first time moms. Lauren, the family’s Help Me Grow home visitor, linked Alicia with community resources to help relieve the stress of being a single parent. Alicia got a job to support her family while also working on a GED. Utilizing the Parents As Teachers home visiting model, Lauren discussed and demonstrated with Alicia strategies and activities to incorporate in her daily routines with Marcus to help him reach developmental milestones. Today, Marcus is saying over 100 words; he is putting 2 to 3 word sentences together; and he engages in positive play and likes being read to. Alicia says, “I am very appreciative that there is a program that has helped me to see that I am my child’s best teacher, that every encounter with my son can be a learning opportunity, and that learning will be a life-long process for both of us.”

**When** Adrienne first started home visits under Help Me Grow’s Nurse-Family Partnership (NFP) model, she was 17, pregnant, and had been kicked out of her parent’s home. Adrienne shared the story of her childhood with her NFP nurse, Jessica. It was filled with experiences of violence and instability. Jessica knew Adrienne needed to take small steps to start making changes for a better, healthier life for the baby. The first step was helping Adrienne have a healthy pregnancy. Together, they set several goals: stop smoking, have a stable environment to live in, and breastfeed the baby. With Jessica’s guidance and education, Adrienne first had a desire to quit smoking, then enlisted her family members to help her reach the goal (including not smoking around the baby themselves). The NFP home visitor has seen many times how a success in one area often leads to successes in other areas. Adrienne delivered a full term, 7 lb, 8 oz, daughter, Brianna. Brianna is now 1 month old, and Adrienne is breastfeeding exclusively and has quit smoking completely. Adrienne was able to return to school and work part time, and the young family has moved to her parent’s home. Jessica says, “Adrienne has really matured, is happy, and is a great mom.”

**Erin** and her husband Jeff went in for their first ultrasound and were shocked to find out they were having twins. Shortly after this wonderful news, the doctor said one of the boys appeared to have Down syndrome and a heart defect. With a toddler, newborn twins Dylan and Hunter born at 35 weeks, and special needs thrown into the mix, they felt overwhelmed. The parents were put in contact with Help Me Grow while the twins were still in the hospital. A Help Me Grow Service Coordinator, as well as a speech therapist and physical therapist in the community, were on the boys’ early intervention team to address developmental concerns. Sue, HMG Support Specialist, is a parent of a special needs child. She visited Erin and Jeff in their home to offer encouragement and support and put together a care notebook to help keep all health and development information about the twins organized. The boys are now twenty months old, and Hunter no longer has any developmental delays. Dylan had heart surgery and is an active, happy child. He will always have to work harder than his brother to reach his milestones, but Erin and Jeff are grateful the team from Help Me Grow is working to ensure he reaches his full potential.
Outcome: Positive Living for Special Populations
Indicator: Nursing Home Population

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

New Data
The 2009 value for Montgomery County is 6.83 and for Ohio it is 6.93.

Short-Term Trends
The short-term trend from 2007 to 2009 – from 7.10 to 6.83 – is in the desired direction. The county comparative rank did not change, remaining at 6th.
**Outcome:** Positive Living for Special Populations

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

**Background**

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

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

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

Note: These survey questions have changed over the years; as a result, the Census Bureau does not recommend comparing 2008 (and later) data with data prior to 2008. Therefore this indicator begins with 2008 data. The values reported here are estimates of the true value as prepared by the American Community Survey (ACS). These are based on a sample of the population and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. For the US data reported here there is a 90% probability that the true value is within the range of +/- 0.1%. For Ohio data the comparable range is +/- 0.6% and for the county data it is approximately +/- 2 or 3%. The county comparative ranking may be affected by these margins of error.

**New Data**

All values for 2010 are new. For comparison, the 2010 employment rates for persons without a disability are as follows:

- Montgomery County: 62.5%
- Ohio: 64.4%
- US: 64.2%

**Short-Term Trends**

The short-term trend from 2009 to 2010 – 21.3% to 21.1% – is not in the desired direction. The county comparative rank did move in the desired direction, changing from 5th to 3rd.

---

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

- Montgomery County
- Ohio
- United States

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery Co.</td>
<td>27.1%</td>
<td>21.3%</td>
<td>21.1%</td>
</tr>
<tr>
<td>Ohio</td>
<td>25.7%</td>
<td>22.8%</td>
<td>21.9%</td>
</tr>
<tr>
<td>United States</td>
<td>25.4%</td>
<td>23.0%</td>
<td>21.8%</td>
</tr>
</tbody>
</table>
Outcome: Positive Living for Special Populations
Indicator: Poverty Rate for Persons with a Disability

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

The US Census Bureau, using thresholds which are adjusted annually for inflation, determines the percentage of people who are living in poverty. For example, in 2010 a two-parent family with two children under 18 was considered to be in poverty if the family income was below $22,113.

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

Note: These survey questions have changed over the years; as a result, the Census Bureau does not recommend comparing 2008 (and later) data with data prior to 2008. Therefore this indicator begins with 2008 data. The values reported here are estimates of the true value as prepared by the American Community Survey (ACS). These are based on a sample of the population and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. For the US data reported here there is a 90% probability that the true value is within the range of +/- 0.1%. For Ohio data the comparable range is +/- 0.6% and for the county data it is approximately +/- 2 or 3%. The county comparative ranking may be affected by these margins of error.

New Data
All values for 2010 are new. For comparison, the 2010 poverty rates for persons without a disability are as follows:

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery Co</td>
<td>12.6%</td>
</tr>
<tr>
<td>Ohio</td>
<td>12.0%</td>
</tr>
<tr>
<td>US</td>
<td>12.3%</td>
</tr>
</tbody>
</table>

Short-Term Trends
The short-term trend from 2009 to 2010 – 22.9% to 26.9% – is not in the desired direction. The county comparative rank also did not move in the desired direction, changing from 1st to 4th.

Most desirable ranking is number one.
SAFE AND SUPPORTIVE NEIGHBORHOODS

Safe Neighborhoods Outcome Team

CO-CHAMPION The Honorable Jeffrey E. Froelich (Second District Court of Appeals of Ohio)
CO-CHAMPION Commissioner Joey D. Williams (City of Dayton)

STAFF: Joe Spitler (Montgomery County Criminal Justice / Data Acquisition)

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.

COMMUNITY INITIATIVE TO REDUCE GUN VIOLENCE

2011 update Summary

The Law Enforcement Committee includes Trotwood, City of Dayton, and Montgomery County Law Enforcement leaders. The strategy of the Law Enforcement Team is to form a law enforcement partnership capable of identifying and focusing enforcement on chronic violent groups. This team is committed to organizing its efforts to share information across agencies and consistently respond to group-related gun violence.

The role of the Community Team is to build partnerships within affected communities to articulate norms and expectations of non-violence and citizenship. Members of this team represent various interests and groups within the community who reject violence and work toward rebuilding the community. Members include influential community residents, religious leaders, former and current elected officials, affected community residents, and ex-offenders. The CIRGV contracted Community Coordinator position was filled in the fall of 2011 by Michelle Elder. United Way of the Greater Dayton Area manages Michelle’s contract on behalf of the Collaboration, and Tanisha Jumper (Lead Collaborative Liaison with CIRGV and United Way) provides supervision for this position.

The strategy of the Services Team is to form and continually improve a life-change system that successfully engages members of violence-prone groups and provides them with resources to leave a lifestyle of violence. Comprised of a lead employment and social services agency and street-level advocates, this team strives to provide immediate and tailored services to individuals choosing to leave the life of violence. Omega CDC conducts intake, directs clients to case management, and supervises the street-level advocates who continually deliver the message of nonviolence. Key responsibilities of the street-level advocates are to conduct violence interruption whenever possible, to work one-on-one with individuals motivated to change, and ensure those individuals are accessing and utilizing the necessary resources.

The United Way project coordination is charged with providing this community initiative with structure, accountability, and a mission-driven focus. Each team is assigned a representative from United Way who is responsible for organizing meeting dates, identifying necessary action items, and recording meeting minutes that are then reported back to the Leadership team. Additionally, each team is tasked with the development of a work plan to assure that the individual team efforts coincide with the mission and vision of the overall project.
The strategy of the Performance and Evaluation Team is to develop and implement a system that ensures permanence and quality assurance. The success of CIRGV relies on the coordinated partnership of various law enforcement agencies, service providers, and community groups. To ensure long-term success, the CIRGV team has adopted corporate principles designed to increase transparency, accountability, and sustainability. Specifically, the implementation of CIRGV is guided by the strategic planning principles of Objectives, Goals, Strategies, and Measures (OGSM) which help to organize, prioritize, and delegate the work. The Performance and Evaluation Team will use these principles to guide the process and impact evaluations of CIRGV.

Expected outcomes for this initiative include: residents and persons associated with violent crime have an increased awareness of law enforcement strategies to eliminate gun violence; improved relationships between law enforcement and community members in targeted areas; and persons associated with violent crime increase commitment to non-violent lifestyles. Each team has been tasked with working to achieve the overall long-term outcome of decreasing incidents of gun violence.

Of the 145 client participants, 7 are very active, and 65 are active. In 2011, the target percentage for street-level advocate time focused on client support was set at 30%. As of December 2011, 45% of street-level advocate time was focused on client support, 24% was on community building, and 20% was on violence interruption.
SAFE AND SUPPORTIVE NEIGHBORHOODS

Comprehensive Neighborhood Initiative Policy Team Roster


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

COMPREHENSIVE NEIGHBORHOOD INITIATIVE

The current work of the Supportive and Engaged Neighborhoods (SEN) Outcome Team is oversight of the Comprehensive Neighborhood Initiative (CNI). This oversight occurs through the CNI Policy Team consisting of all of the members of the SEN Outcome Team plus additional members from the community.

The CNI was launched by the FCFC in an effort to work in an integrated manner on all of the FCFC desired community outcomes. The FCFC accepted the SEN Team’s recommendation that the CNI should begin by targeting two or three specific distressed neighborhoods in an effort “to transform these neighborhoods into neighborhoods of choice and connection in which families thrive and young people succeed.”

The Team further recommended, and the FCFC agreed, to begin the CNI by implementing Phase I with the following long term purpose:

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.

Using Supported Services Funds, the FCFC allocated $200,000 per year for three years for each neighborhood and $50,000 per year for three years for evaluation for a total of $1.35M. As of December 2011, Miami Valley Child Development Centers and East End Community Services are in the second year of their contracts to deliver the TOTS (“Taking Off to Success”) Program in the neighborhoods surrounding Edison and Ruskin Schools respectively.

During the first year of the contracts 126 parents and 151 children participated in TOTS at either Edison or Ruskin. The programs draw on Parents as Teachers and Systematic Training for Effective Parenting for their curriculum. They conduct Saturday morning sessions, make home visits, take field trips, and invite guest speakers. Parents are very engaged in the program and a number have become active “alumni.”

The parents have reported positive experiences in increasing their skills, e.g., parenting, communication, interactions with their children, stress management (very important), being more comfortable talking to (for example) doctors who may previously have been seen as intimidating, etc. TOTS is gaining traction in the neighborhoods as people become more familiar with the program and start to spread the word about it. Parents are especially pleased about the learning and socialization that they see their kids experience.

Significantly, parents who did not do well academically themselves are excited about the prospects that their children can do better. They really appreciate the home visits and the respect with which TOTS staff members treat them and their kids.

For more information visit www.montgomerycountyindicators.org and click on the “Annual Reports” tab.
Outcome: Safe and Supportive Neighborhoods
Indicator: Violent Crime

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

New Data
The preliminary value for Montgomery County for 2010 is 4.6. For 2010 the preliminary value for Ohio is 3.2 and for the United States it is 4.0. For 2009 the values for some of the Ohio counties reported here have also changed; these changes do not affect the county comparative rankings for that year.

Short-Term Trends
The short-term trend from 2009 to 2010 – from 4.7 to 4.6 – is in the desired direction. The county comparative rank remains unchanged at 6th.

*2010 data are preliminary.
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 preliminary value for Montgomery County for 2010 is 41.5. For 2010 the preliminary value for Ohio is 32.5 and for the United States it is 29.4. For 2009 the values for the Ohio counties reported here have also changed; as a result, some of the county comparative rankings for that year have also changed, but not the ranking for Montgomery County.

Short-Term Trends
The short-term trend from 2009 to 2010 – from 38.5 to 41.5 – is not in the desired direction. The county comparative rank also did not move in the desired direction, changing from 5th to 7th.

*2010 data are preliminary.
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 2011 is 43.5% and the value for Ohio is 47.1%.

Short-Term Trends
The short-term trend from 2009 (the previous off-year election) to 2011 – from 39.0% to 43.5% – is in the desired direction. The county comparative rank did not move in the desired direction, changing from 5th in 2010 to 9th in 2011.
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.

Economic Self-Sufficiency Outcome Team Report

The Economic Self-Sufficiency (ESS) Outcome Team has continued its work to address poverty and unemployment among families and low-skill, low-income adults, especially adult males. The ESS Team also focuses on the plight of ex-offenders as they return to Montgomery County from Federal and State prison systems as well as the local jail. ESS Team members remain committed to:

1) reducing poverty through job creation;
2) increasing the availability of transitional jobs; and
3) identifying human services issues related to self-sufficiency and sharing those findings with appropriate policy-setting boards or providers.

In the 2010 annual report, the recent history of the ESS Team was reviewed in detail. Several of the efforts started in 2006 and 2007 and since have made significant progress in the community. The effort that has received the most attention and funding has been the establishment of the Montgomery County Office of Ex-Offender Reentry. An annual report of its activities follows this report. The ESS Team received regular updates from a variety of community-based service providers and members. The ESS Team provided feedback, encouragement and human resources.

The ESS Team received regular reports and updates from the Office of Reentry and its partners in the community. One partner, Goodwill Easter Seals of the Miami Valley had also received funding for ex-offender reentry services in 2009 and 2010 and was wrapping up a “Specialized Employment Center” (SEC) for ex-offenders at the beginning of 2011. Limited funding restricted the number of customers served by the SEC; however, 159 individuals received training and counseling and another 45 customers were placed in jobs. The most important impact of the SEC is the positive experience that numerous local businesses gained in working with ex-offenders.

The ESS Team was introduced to the new Director of the Wright State University, Boonshoft School of Medicine, SARDI (Substance Abuse Resources and Disability Issues) Program, Dr. Jo Wilson. Dr. Wilson provided information on the program to the members and led a discussion on access to social services for the most high poverty areas of the community. The ESS Team discussed various methods of connecting service seekers to resources in the community and asked Dr. Wilson to join the ESS Team which she did.

The ESS Team received regular updates on the Pathways Out of Poverty Grant that had been awarded to the Miami Valley Regional Planning Commission (MVRPC) and East End Community Services in late 2009. A U.S. Department of Labor - American Recovery and Reinvestment Act Grant designed to help disadvantaged and dislocated workers find ways...
out of poverty and into economic self-sufficiency through training and employment in “green jobs”. The grant is for $1.48M over 24 months. The Pathways grant is scheduled to end January 28, 2012.

Grant participation was open to anyone who is at least 18 years old, living in the City of Dayton, has the right to work in Ohio, is registered with Selective Service, and either has no or low income, is unemployed, did not complete high school, has a criminal background or is a veteran.

The primary or initial “green job” that program participants were exposed to was the “deconstruction” of vacant or abandoned residential properties. Deconstruction is defined as the selective dismantlement of building components, specifically for re-use, recycling, and waste management. The education and training elements of the grant provide certification for the 30-hour OSHA Safety Training, Lead Hazard Abatement and Asbestos Abatement. These certificates allow the clients to have measurable successes and to build their job skills. Individuals chosen to work on the Deconstruction project are graded on a weekly basis on soft skill development in areas such as attendance and timeliness, ability to work with others, anger management and work habits. Over 300 individuals had received the training and 90 individuals had been placed in full-time positions. East End Community Services Executive Director and ESS Team Member Jan Lepore-Jentleson reported that the Deconstruction Project will keep 5 crews busy through the end of 2012. Ms. Lepore-Jentleson further reported that the Project had recently identified a California materials broker interested in the recovered lumber generated by the Project. A full container (several months-worth of recovered lumber) had been sold to the broker for use in Japan.

In July, Montgomery County’s Homeless Solutions Policy Board staff presented an update of the 2010 Homeless Solutions Report to the Community. The report included updates on the Gateway Shelters and the Rapid Rehousing Outreach Program. One effort that the Homeless Solutions Policy Board is working on is to provide more information about social enterprise projects for its leadership, clients and the community. A committee has been formed and the ESS Team was asked to participate. The committee has met several times and has brought in best practice providers such as Flywheel, the Greater Cincinnati Social Enterprise Hub, to foster discussion and investigation as to the Montgomery County area’s ability to replicate such an organization. Much of Flywheel’s success has come from buy-in from the Cincinnati business community that has supported the group’s efforts.

In October, University of Dayton economist Dr. Richard Stock presented an update on the 2007 Jobs Vacancy Study. Dr. Stock presented “Forecasted Jobs and Annual Openings, Montgomery County, Ohio 2011 – 2015.” Traditional blue-collar jobs represent just 16% of annual openings for the study period. Skills gaps permeate the jobs picture from entry level positions through the jobs spectrum to gold collar or high tech jobs. The national, state and local employment situation is impacted by the fact that for those that have at least a Bachelor’s degree the unemployment rate is 3.8% and for those that do not have at least a high school diploma the unemployment rate is approximately 15%.

The issues investigated and discussed throughout the year led the Team to choose to support the Montgomery County Office of Ex-Offender Reentry and East End Community Services Pathways Out of Poverty Project with its request for future funding to the Family and Children First Council. In a lively discussion, the ESS Team came to consensus that the Office of Reentry and the Pathways Project best represented the ESS Team’s focus on transitional job creation and reducing recidivism from reentering populations. The Team’s request was approved at the FCFC meeting in November.

For 2012, the Economic Self-Sufficiency Outcome Team will continue to support the creation of more transitional jobs, the development of social enterprises and jobs and reducing the skills gap of many entry level and blue collar job seekers. The ESS Team will also provide support to the Stable Families Outcome Team’s Fatherhood Initiative in the community.
Montgomery County Office of Ex-Offender Reentry

**Clients Served – Grant Target – 800**
Client Recruitment and Screening – 946 (65% African American, 31% Caucasian, 4% Other; 88% Male, 12% Female)

946 Clients Served with Community Connection to Supportive Services or 118%

**Case Management Referrals – Grant Target 350**
697 Ex-Offenders Referred for Ohio Risk Assessment System (ORAS) Assessment: 534 Conducted
534 Ex-Offenders Referred for Case Management Action Plans: 496 Created
101 Ex-Offenders Referred for Behavioral Health for Intensive Needs: 30 Clients Served

697 Clients Referred to Case Management Services or 199%

**Employment and Employability Referrals**
Clients Served with Employment Services – Grant Target 150

424 Clients Served with Employment Services or 283%

Transitional Job Assignment Placements – Grant Target 260

329 Placed in Transitional Jobs or 126%

Permanent Job Placements – Grant Target 30

64 Permanent Job Placements or 213%

**Mentoring Recruitment and Referrals**
Mentoring Course (Pre-Release) Curriculum Graduates – Grant Target 12

13 Moderate to High Risk Clients Complete Course or 108%

Bridging Allies¹ Serving as Mentors – Grant Target 12

23 Bridging Allies (Ex-Offenders) Serving as Mentors or 192%

Circle Leaders² Recruited and Serving as Mentors – Grant Target 24

23 Community Allies Serving as Mentors or 96%

**Children of Clients Impacted Through Parent Engagement in Programs & Services – 1,300**

¹ Bridging Allies are stable Ex-Offenders living in the community and serving as mentors

² Circle Leaders are Non Ex-Offenders serving as mentors
Montgomery County Community-Wide Ex-Offender Reentry Task Force Report

The mission of the Montgomery County Office of Ex-Offender Reentry is to serve the citizens of Montgomery County with programs and services that minimize barriers to effective reentry and promote a reduction in recidivism. The office was initially funded through an American Recovery and Reinvestment Act (ARRA) grant, in conjunction with the Montgomery County Office of Family and Children First and the Economic Self Sufficiency Outcome Team. Since the office opened in July 2010 at the Montgomery County Job Center, the Reentry Team has seen many clients and helped them to achieve a more stable life.

The Montgomery County Reentry Policy Board, led by Co-Chairs Judge Walter H. Rice and Commissioner Debbie Lieberman, began 2011 with an official meeting with the members. The Reentry Policy Board consists of over forty members with stakeholders, Ex-Offenders, business leaders, faith leaders, community volunteers and local and state wide policy makers. The Policy Board is charged with establishing bylaws, including provisions for the appointment of new members; Providing oversight to the Office of Reentry; Developing and implementing plans and policies that will reduce recidivism in Montgomery County by 50% by December 31, 2015; Seeking short and long term funding to support the ongoing efforts of the Office of Reentry; and establishing clear outcome and accountability measures consistent with the reentry strategic plan.

The January meeting highlighted the Office of Reentry's progress and updates, policy issues impacting reentry, and sub-committee development in support of the mission and objectives of the Office of Reentry. Six Policy Board sub-committees were formed, to work on issues including (1) Housing (2) Employment, Education & Training, (3) Financial Oversight (4) Community Education (5) Supportive Services, and (6) Legislative Advocacy.

By January 2011, the Office of Reentry had established a Kaplan College externship partnership, and had completed the planning phase of the grant program, The Montgomery County Reentry Project, and was providing direct services to reentry clients returning to Montgomery County from the Ohio Department of Rehabilitation and Correction (ODRC). The Office of Reentry contracted with three direct service partners. They are Goodwill Easter Seals of the Miami Valley for employment services, Family Services Association for case management and addiction and mental health services, and Think Tank, Inc. for mentoring services. The services are available to eligible ex-offenders willing to take committed steps to change and strengthen their families and communities.
ECONOMIC SELF-SUFFICIENCY

The Office of Reentry staff and service providers worked collaboratively to create a seamless intake, need and risk assessment and program design process for each client. The Office of Reentry uses the Ohio Risk Assessment System or ORAS. ORAS is a validated risk assessment system recently implemented by the State of Ohio. ORAS is used in the prisons so the client can show their progress through the assessment system from the time they enter the prison to release and now into their reentry and reintegration. All Montgomery County Office of Reentry staff are fully trained on ORAS.

The Montgomery County Office of Ex-Offender Reentry held an open house and ribbon cutting in February. There were many reentry partners, ex-offenders, criminal justice professionals and state and local officials and other stakeholders on hand to help celebrate the opening of the facility. The event was another celebration as well. The first copies of the Montgomery County Community Wide Ex-Offender Reentry Task Force Report, A Blueprint for Reducing Recidivism in Montgomery County, Ohio were made available. The printing of the report was especially important to members of the Task Force and other participants because the graphics and layout for the report were completed by inmates at the Marion Correctional Facility. The report includes 17 priority recommendations from the task force and is available at www.mcohio.org. The recommendations of the Task Force culminate in the call for reducing recidivism in Montgomery County by 50% by the end of 2015.

Also in February, the Office of Reentry conducted its first Reentry Collaborative in order to bring community based reentry providers together and to create a pathway to identify and establish evidence-based programs throughout the County. Working with ODRC, the attendees were provided the steps necessary to become an ODRC certified reentry provider in Montgomery County. Technical assistance was offered to many participants and several community based providers have completed the process.

In May 2011, the Office of Reentry was notified it would receive the National Association of County Organizations (NaCO) National Achievement Award for the groundbreaking reentry initiative development in Montgomery County. The award was accepted by Commissioner Debbie Lieberman on behalf of the Office of Reentry and the Community-Wide Ex-Offender Reentry Task Force. The Montgomery County Board of County Commissioners acknowledged the efforts of Judge Walter H. Rice, Commissioner Debbie Lieberman, Commissioner Assistant John Theobald, Criminal Justice & Data Acquisition Director Joe Spitler, Office of Family & Children First (OFCF) Director Tom Kelley and OFCF Management Analyst Rita Phillips-Yancey, MCOER Manager Jamie Gee and Program Coordinators Amy Piner and Michael Ward in August 2011.
The work of the Office of Reentry was rewarded with a new grant from the U.S. Department of Justice, Bureau of Justice Assistance. The one-year Second Chance Act Implementation Grant for $374,968 will be used to target moderate to high risk women and men, 18 years or older, returning to or living in Montgomery County with high criminogenic needs with antisocial attitudes, peers and personality traits. The grant will fund the Advanced Cognitive Treatment Services (ACTS) Project and will provide enhanced pre-release engagement and planning, cognitive based programs and supportive services to randomly selected participants.

A Reentry Expo sponsored by the Office of Reentry and the Adult Parole Authority was held in September. Many provider agencies, educational institutions, faith based organizations and other reentry service providers participated to give individuals reentering the community a look at the services and opportunities available.

Grace United Methodist Church played host to the first Client Positive Recognition Ceremony. The celebration allowed the Office of Reentry staff to recognize the good work that clients had accomplished during the last year. For friends and family, it was a great opportunity to see for themselves the progress made with reentry planning goals. Commissioner Debbie Lieberman, Judge Walter H. Rice and Pastor Sherry Gale congratulated the participants on their accomplishments and many clients spoke about the positive changes in their lives since joining the program.

As of November, 2011, over 2,148 Ex-Offenders had engaged with the Office of Reentry, a number far exceeding the 800 initial engagements the Montgomery County Reentry Project calls for. The initial grant will end at the end of February, 2012 and enter a review period that will be conducted by the University of Cincinnati. The review (also conducted in five other grant communities in Ohio) will focus on the development of evidence-based practices and the impact of the project on recidivism and public safety.

In 2012, the Office of Reentry will continue to provide programs and services to the Ex-Offender community. The Office of Reentry and the Reentry Policy Board will continue to discuss and debate the newest issues and practices in reentry from across the county. A public education and advocacy campaign will be initiated in the community and a long term funding plan will be developed. The State of Ohio will undertake a comprehensive review of Collateral Sanctions that impact the reentering community and the Ohio General Assembly will consider reforms to address the concerns the review identifies.

The Office of Reentry will continue its pledge to the Ex-Offenders in the community and to those who will return in 2012, Action, Alliance & Accountability.

1 Criminogenic needs are attributes of offenders that are directly linked to criminal behavior. Effective correctional treatment should target criminogenic needs in the development of a comprehensive case plan. Any treatment not targeting criminogenic needs is counter-productive to efficiency and effectiveness.
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 2011 is 9.6%; the revised value for 2010 is 11.1%. The preliminary value for Ohio for 2011 is 8.9%; the revised value for 2010 is 10.1%. The preliminary value for the United States for 2011 is 9.0%; the revised value for 2010 is 9.6%. The values for 2010 have also been revised for all of the counties reported here and, as a result, the county comparative ranking for that year has changed.

Short-Term Trends
The short-term trend from 2010 to 2011 – from 11.1% to 9.6% – is in the desired direction. The county comparative ranking did not move in the desired direction, changing from 7th to 8th.

*2011 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 2011 value for Montgomery County is 6.44 and for Ohio it is 4.48. 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. As a result, the county comparative ranking for 2009 for Montgomery County and two other counties has changed; the ranking for 2010 for four other counties (but not Montgomery County) has also changed.

**Short-Term Trends**
The short-term trend from 2010 to 2011 – from 7.38 to 6.44 – is in the desired direction. The county comparative rank did not move in the desired direction, changing from 5th to 8th.

**Outcome:** Economic Self-Sufficiency

**Indicator:** People Receiving Public Assistance

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

**Population data for 2000-2010 are from the 2000 Census, the 2010 Census, and Census Bureau estimates; 2011 population data are derived from regression analysis of the 2000-2010 data.**
**Outcome:** Economic Self-Sufficiency

**Indicator:** Median Household Income

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

**New Data**
The 2010 values are new; the values for 2002 through 2009 have been revised to adjust for inflation.

**Short-Term Trends**
The short-term trend from 2009 to 2010 – from $42,113 to $40,618 – is not in the desired direction. The county comparative rank also did not move in the desired direction, changing from 7th to 8th.
In last year’s Report (available at http://montgomerycountyindicators.org/ by clicking on “Annual Reports”) we went “behind the numbers” and asked “What are the indicators telling us?” This is part of the ongoing community conversation that the FCFC is holding about the conditions facing our children, families, adults, and neighborhoods. Much of that conversation happens within our Outcome Teams and is focused on designing and implementing collaborative efforts to improve those conditions. (See pages 2-3 and the inside of the back cover for more information.)

We closed last year’s look “behind the numbers” with the reminder that the story the indicators are telling us is still being written…and with the following question: “What other information do we need to consider?”

In 2011, the Young People Succeeding Outcome Team answered that question by revising the set of indicators associated with their outcome. (See page 5.) This is being done in order to align these indicators with those adopted by a key partner of the FCFC, Learn to Earn™ Dayton.

What is Learn to Earn™ Dayton?

It is a collaborative effort among agencies and institutions in the Greater Dayton area to ensure that every young person in the Dayton region is ready to learn by kindergarten and ready to earn by graduation. This effort is critical to develop the human capital and intellectual assets needed for economic growth in the Dayton region. Most importantly, the effort will help young people learn the skills needed to earn a sufficient income to support themselves and their families. For more information, please visit http://www.learntoearndayton.org/.
Behind the Numbers

The indicators adopted by Learn to Earn™ Dayton were chosen to help measure success along the Kindergarten – College/Post-Secondary continuum. (See Figure 1.) One of the goals shared by the FCFC and by Learn to Earn™ Dayton is to increase the percentage of high school graduates who pursue and complete a marketable, post-secondary credential (such as a college degree or a technical license or credential). One of the newly adopted indicators, College Graduation, is a way to track progress on achieving that goal. A look at the data on page 22 reveals that just over one-third (34.4%) of those who graduated from a Montgomery County public high school in 2005 had obtained a two- or four-year degree by August 2011.¹

Why is it important to track this information? For one thing, as we learned when we went “behind the numbers” last year, the annual household income in a given geographical area is correlated with the level of educational attainment of the residents. Figure 2 expands on last year’s discussion and shows where Montgomery County ranks in comparison to all of the counties in the United States.

Another reason is to call attention to the local efforts to achieve the “community target” highlighted in Figure 1, namely, to increase the percentage of adults in the Dayton region with a college or other post-secondary degree to 60% by 2025.

This target figure is based on domestic and international research² conducted with the aim of producing a globally competitive workforce for the emerging “knowledge economy.” This is definitely a challenging goal. Currently there are (only) fifteen counties in the United States where 60% or more of the adults have at least an Associate’s degree.

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*The current percentage of college graduates in Montgomery County is 35.8%. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” www.luminafoundation.org

FCFC 2011 Progress Report
What would it take for Montgomery County to join that group of counties (a group whose average median household income is more than twice that of Montgomery County)?

According to the Census Bureau, 98,486 more people over the age of 25 would need to have an Associate’s degree or higher in order for Montgomery County to reach that target right now. Figure 3 shows the distribution of these people across the county.

Clearly this target will not be reached overnight … or within the immediate future. That is why the Young People Succeeding (YPS) Outcome Team and the FCFC have adopted all of the Learn to Earn™ Dayton indicators. Each one represents a significant milestone along the continuum from the pre-kindergarten phase to the attainment of a post-secondary credential. Getting a higher percentage of local high school graduates to achieve a college degree will mean, for example, that higher percentages enroll in college (see College Enrollment, page 20) and then stay enrolled (see College Persistence, page 21).

But it should be obvious that achieving and sustaining a long-term increase in all of the measures at the right-hand side (9th-grade to post-secondary) of Figure 1 will require a lot of progress on the measures on the left-hand side (pre-kindergarten to 9th-grade). That is why the YPS Outcome Team launched its Early Care and Education initiative several years ago (see the 2006 and 2007 Progress Reports), an initiative that has become ReadySetSoar (see page 12 for an update).

ReadySetSoar’s goal – simply stated – is to improve kindergarten readiness across the county. It is, therefore, encouraging that there has been steady progress on that indicator – the first one on the Learn to Earn™ Dayton continuum – for the last several years (see page 15). However, that progress has not yet translated into improvement on the continuum’s second indicator, 3rd-Grade Reading Achievement (see page 16). Equally important, despite the progress on Kindergarten Readiness, there remains much room for improvement, especially because the county’s rank in comparison to the other large counties in Ohio has been 10th out of 10 for several years.

The linkage between kindergarten and 3rd-grade has recently been getting much attention from educators and policymakers. This is an area where research supports what common sense tells us: children who start kindergarten significantly behind their peers often have problems in later school years. Consider, for example, the relation between KRA-L scores and 3rd-Grade Achievement.

![Household Income and Level of Education](image)

**Figure 2.** Each point represents one of the 3,143 counties in the United States. Montgomery County (the larger, white square) has the 669th highest percentage of residents with an Associate’s Degree or higher (32.7%, tied with ten other counties) and the 1,338th highest median household income ($43,965). Note that the household incomes are NOT adjusted for local differences in the cost of living. Source: 2010 American Community Survey, 5-year estimates.

![Educational Attainment](image)

**Educational Attainment:**

**Reaching the 60% Target**

![Number of Additional Residents](image)

**Figure 3.** In nine Census tracts in the southeastern part of the County, 60% or more of the residents have an Associate’s degree or higher. In each of six other Census tracts, both on the east and west sides of the County, over 1,500 residents would have to obtain an Associate’s degree (or higher) in order for that tract to reach the 60% target. Source: 2010 American Community Survey, 5-year estimates.
The Kindergarten Readiness Assessment – Literacy (KRA-L) Tests have now been administered in all Montgomery County school districts every school year since October 2006. Matching each district’s KRA-L scores with its own 3rd-Grade Achievement results three years later establishes a rough proxy for tracking each individual student. When that is done (Figure 4) the strength of the correlation becomes visible.

Such an analysis highlights the importance of efforts to boost school readiness, especially for those children who are known to be in danger of getting low scores on the KRA-L. For example, in last year’s Report, research was summarized which shows there are “significant differences in the Kindergarten Readiness Assessment – Literacy results for students depending on whether they are identified by the school district as economically disadvantaged or not. An economically disadvantaged student is almost 3 times as likely to be assessed in Band 1 (needing broad intense instruction) and less than half as likely to be assessed in Band 3 (needing enriched instruction).” 5

In plain English, children in poverty are behind even before their first day of school and thus can benefit from high quality childcare and preschool.

Our focus on the long-term target of improving the educational attainment of adults has brought us all the way to the other end of the age spectrum. Figure 5 is a suitable way to close the loop. It visibly supports the belief that those who are enrolled in preschool are more likely to attain higher education credentials. And it reinforces the value of investments in early childhood education.

Thus our community conversation about the indicators has led, through the work of the YPS Outcome Team and of other partners in the community, to the development of stronger tools for measuring our progress, and to a sharper focus on what we can do now to increase our chances for success later.

We can’t wait to see how the conversations taking place in 2012 will be shaped by – and will help shape – our community indicators. Please join in by sending your thoughts and questions to indicators@montgomerycountyindicators.org.

Figure 4. Each data point represents one Montgomery County school district or charter school which has both KRA-L results for a given year and Reading Achievement results for the school year three years afterwards. Districts with lower percentages of children scoring in Band 3 on the KRA-L tend to be districts with lower percentages of students scoring “Proficient” or better on the 3rd-Grade Reading Achievement Test. Source: Ohio Department of Education.

Figure 5. The square represents Montgomery County, the circle represents Ohio, and the diamonds represent the rest of the states and the District of Columbia. Despite thirty years’ worth of interstate migration, there is a discernible correlation between enrollment in nursery school in 1980 and the attainment of a bachelor’s degree by 2010. Sources: 1980 Decennial Census; 2010 American Community Survey 1-year estimates.

1 This indicator counts all those who receive degrees within six years of their high school graduation, so 2005 is the most recent high school class included.

2 Cited by the Lumina Foundation, the nation’s largest foundation dedicated exclusively to increasing students’ access to and success in postsecondary education, on their Web site, http://www.luminafoundation.org/

3 The 2010 American Community Survey 5-year estimates.


Homeless Solutions Policy Board Roster


STAFF:  Joyce Probst MacAlpine  (Office of Family and Children First)  Kima Cunningham  (Office of Family and Children First)  Erica Fields  (Office of Family and Children First)  Roberta Longfellow  (Office of Family and Children First)  Tracey Norwood  (HMIS)  Kathleen Shanahan  (Office of Family and Children First)  Sandy Barnum  (Office of Family and Children First)

HOMELESS SOLUTIONS

At the end of the fifth full year of the Homeless Solutions Community 10 Year Plan implementation there have been many successes and challenges. With the nationally recognized coordinated intake system, the Front Door Assessment process, fully implemented, programs and agencies coordinate to effectively serve individuals and families experiencing homelessness.

Permanent Supportive Housing

Affordable, permanent housing with supportive services is an evidence based practice for ending homelessness for families and individuals with disabilities. The Homeless Solutions Plan recognized the importance of this approach with the recommendation to create 750 units of permanent supportive housing. By the end of 2011, 461 units (61% of the 750 unit goal) had opened; additional units are slated to open in 2012.

River Commons, the largest permanent supportive housing project in the community, reopened in a new 83 unit building in November 2011. These units will serve single adults who need on-site supportive services to maintain their housing. Employment services are also provided to help the residents pay rent.

Homelessness Prevention and Rapid Rehousing (HPRP)

In 2010 an HPRP client said, “I lost my job. I was about to lose everything and I had nowhere else to go. HPRP made the difference for me and my children. We would have been out on the street if they had not helped me…Now I’m back to work and back on my feet.” The Homelessness Prevention and Rapid Re-Housing Program (HPRP) was created by the American Recovery and Reinvestment Act. Montgomery County and the City of Dayton were awarded a total of $4,003,201 to provide financial assistance and services to either prevent individuals and families from becoming homeless or help those who are experiencing homelessness to be quickly re-housed and stabilized. HPRP was designed to provide one-time or temporary housing assistance and services to households who would be homeless but for the assistance and who have a likelihood of being stable in housing after HPRP assistance ends.

Implemented under the Homeless Solutions Community 10-Year Plan, HPRP was originally designed as a three year program but, due to overwhelming community need, cash assistance was exhausted in two years. More than 1,500 individual and family households were provided rental and/or utility assistance, along with case management in an effort to prevent them from becoming homeless. An additional 500 households who were literally homeless were assisted with security/utility deposits and rent so they could be rapidly rehoused.
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 2011 Brother Raymond L. Fitz, S.M., Ph.D. Award was:

Carmen Gooden, Linda Vista

Carmen Y. Gooden has been working with homeless women and children in Montgomery County for more than 6 years. Carmen is passionate about the plight of homeless women and children, especially those who have suffered abuse in their lives. Her mission is to help them escape the cycle of abuse, poverty and homelessness.

As her nomination stated, “Carmen reaches out to them every day, of every week, of every month.” What an awesome way to affect and change lives within our community. Carmen was also described as “An average person who is doing extraordinary things.” That very statement along with her work in the community is why Carmen was the Brother Raymond L. Fitz Award winner for 2011.

Carmen is the co-founder of Linda Vista, a community-based nonprofit that provides housing (and more) to single women and mothers who are homeless. She has demonstrated time after time that her dedication to homeless women and children far outweighs a traditional 9-5 employee. Carmen can be found many evenings and weekends working with women to help them with any need that they have. Even though she is the Executive Director, often times she is also the Case Manager, Resident Manager, Youth Coordinator or Fundraiser. Carmen has performed all these functions for the past two years without pay due to the high needs of her clients and low revenue that many non-profit agencies are experiencing at this time.

Carmen fosters success with the homeless women and children at Linda Vista. Carmen has also founded The Youth Enrichment Center, a grassroots effort to expose homeless children to events and activities that could change their lives. Ms. Gooden’s motto is ‘just because a child is homeless the child should if at all possible be given the same if not more potential of positive growth as any other child.’ Carmen is stern but caring and passionate with the children she mentors. She has also engaged other partners in the community to provide services that will increase the children’s exposure to the arts. For her dedication to service within the region, Carmen was also featured in 2005 by the Dayton Business Journal and was named a Top Ten African American Woman in 2009.

* 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.
Agency Directors Committee


STAFF: Andrea Hoff (Office of Family and Children First/ADAMHS)

Service Brokers Group

Linda Allen (Montgomery County Department of Job & Family Services - Through May) Theresa Busher (Social Security Administration Beginning in June) Jan DeVeny (Public Health - Dayton & Montgomery County) Cindy Fuhrmann (Montgomery County Juvenile Court) Maria Geiger (Montgomery County Department of Job & Family Services, Children Services Division - Beginning in September) Kay Kelbley (Emergency Housing Coalition) Karla Knox (Greater Dayton Premier Management) Lori Lindeman (Ohio Department of Youth Services) Donyce Lynch-Montgomery (Montgomery County Department of Job & Family Services Beginning in September) Kaye A. McCarthy (Montgomery County Board of Developmental Disabilities Services) Zelene Minnich (Montgomery County Educational Service Center) Mary Anne Robinson (Montgomery County Department of Job & Family Services, Children Services Division - Through August) Dionne Simmons (Center for Healthy Communities - Kinship Caregiver Coalition) Sandra Speed (ADAMHS Board - Montgomery County) Melissa Sutter (Montgomery County Common Pleas Court) Marianne Urban, RN (Dayton Public Schools)

STAFF: Rhianna Crowe (Office of Family and Children First) Andrea Hoff (Office of Family and Children First/ADAMHS)

Interagency Collaboration

The Agency Directors Committee and the Service Brokers continue to be the Family and Children First Council’s conduit for achieving inter-agency collaboration. These multi-system groups work to prevent youth and families from getting lost in the complex social service system and assist them with accessing needed services.

The Agency Directors Committee (ADC), consisting of directors from 19 local government and social service agencies, continued to meet in 2011 to discuss community issues that required collective dialogue and decision-making. In 2011, the ADC decided upon one major priority for the year – the potential of future funding decreases and the compounding issues associated with inevitable budget cuts. With the federal and state budgets uncertain, the ADC actively monitored continuing funding changes in order to determine the impact budget cuts would have on community services. The ADC took this challenge as an opportunity to create new possibilities by being creative and productive. It was simply unfeasible and unacceptable to continue “business-as-usual.” These ongoing discussions allowed the ADC to work together to minimize the impact of the budget cuts on Montgomery County children and families.

In 2011, the Service Brokers’ membership consisted of 14 members from a variety of health and human service organizations. The Service Brokers continue to work on a variety of service coordination cases. This function ensures that the most vulnerable of Montgomery County families do not fall through the proverbial cracks of the system. The following is just one example of how the Service Brokers work together to access services for youth and families: The Ohio Department of Youth Services (ODYS) had a 19 year old male on parole in Montgomery County. He failed to follow parole rules and was back before the judge on a parole violation. The parole officer requested a mental health and substance abuse assessment be completed while the parolee was detained in the Montgomery County Juvenile Detention Center. The young man’s assessment concluded that he was dually...
The young man was referred to a residential treatment facility, an intake appointment was scheduled, and the parole officer was going to transport him the very next day. The day before the scheduled appointment, the facility stated they could no longer take the parolee because they discovered he was adjudicated on a sex offense at the age of 14. The parolee was scheduled to be released from Montgomery County Juvenile Detention Center in two days and now had no access to needed services. The DYS Service Broker contacted another treatment facility but was told they could not accept the parolee because of his dual diagnosis. The DYS Service Broker contacted the ADAMHS Board Service Broker who advocated on behalf of the parolee. Within 24 hours another assessment had been completed and an intake appointment was scheduled at an appropriate treatment facility. Without the work of the Service Brokers, this individual would have had nowhere to go upon his release from DYS. This situation would have not only been dangerous for the young man, but to the community in which he was returning.
The Montgomery County Office of Family and Children First (OFCF) provides professional staffing support to the Montgomery County Family and Children First Council (FCFC), the Montgomery County Human Services Levy Council (HSLC), the Montgomery County Homeless Solutions Policy Board (HSPB), the Montgomery County Job Center and other duties as assigned by the Montgomery County Commissioners. Organizationally, OFCF is a department of the Montgomery County Board of County Commissioners. The OFCF staff ensures effective collaborative health and human services planning, the development of strategies to improve community conditions, effective communication and collaboration with agencies and community partners, and program and financial accountability for significant public resources. The 2011 combined annual expense budget of the MCOFCF was approximately $162 million.

Family And Children First Council (FCFC)
FCFC responsibilities include staffing for the following: the Council, Executive Committee, Outcome Teams, Outcome Team projects and special initiatives, Ohio Children’s Trust Fund, Help Me Grow, Family Centered Services and Supports, Agency Directors Committee, Service Brokers Group, Supported Services Awards process, and a variety of other related committees and subcommittees. The staff also works throughout the community to increase cooperative and collaborative relationships among agencies and providers. The 2011 FCFC annual budget was approximately $2.8 million.

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 Frail Elderly Senior Services, Indigent Hospital Services, Juvenile Court 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. The staff also maintains a liaison relationship with the agencies to ensure accountability and effective communication on programs, practices and policy. The 2011 HSLC annual budget was approximately $148 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 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 supported the Homeless Prevention and Rapid Re-housing Initiative which concluded in 2011. These sources of funds totaled approximately $9 million for 2011.

**Job Center**

OFCF staff is responsible for oversight of the administration of the Montgomery County Job Center. These duties include managing Montgomery County’s relationship with the 30+ Job Center partner tenants, supporting collaboration among the Job Center partners as well as partners throughout the community, providing training and technical assistance, and partnering with the Montgomery County Department of Job and Family Services to support community-wide programs focused on self-sufficiency. The 2011 Job Center annual budget was approximately $2.3 million.

**Others**

The OFCF staff works closely with other agencies and county departments to achieve common goals. This includes support for special projects, initiatives or committees for the County Commissioners. In 2011 specific examples of this work included:

- **Specialized Employment Center (S.E.C.)** in the Job Center Mall to assist ex-offenders develop marketable employment skills and to recruit employment opportunities throughout the community.
- **Office of Ex-Offender Reentry and the Welcome One-Stop Reentry Center (W.O.R.C.)** in the Job Center Mall to work with clients and community providers to coordinate services, improve the efficiency of service delivery, and provide public education and advocacy.
- **Alcohol and Other Drugs (AOD) Task Force** as recommendations moved to implementation planning to improve prevention, the use of data and the delivery of services throughout the community.
- **Fetal Alcohol Spectrum Disorder (FASD) Task Force**’s implementation plan to eliminate the consumption of alcohol by pregnant women, thus eliminating the effects of alcohol on the fetus.
- **Montgomery County Care program** in partnership with CareSource, Public Health – Dayton & Montgomery County and Health Centers of Greater Dayton to implement the Health Care Safety Net Task Force’s plan to expand health care services to uninsured residents of Montgomery County.
- **Management of a variety of federal and state grants** that support client services and administrative supports to ensure service access.
Funding Activities

The FCFC works in partnership with the Montgomery County Human Services Levy Council to make funding recommendations to the Montgomery County Board of County Commissioners for the use of Human Services Levy funds to support community-based human services safety net services through non-profit contracts and other Outcome Team initiative awards.

Supported Services

The FCFC conducted a two year RFP process in 2010 to prioritize and select non-profit agency programs to support community-wide health and human services needs. The programming which began in 2010 continued in 2011 with about $2.1 million to 30 programs. These services are grouped by the FCFC’s Community Outcome areas:

Healthy People: Health Clinic Services and Prescriptions for the Uninsured, Family Planning Services, Prescription Assistance, Dental Care for the Uninsured

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

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

Positive Living for Special Populations: Home Delivered Meals for Disabled, Attendant Care, Respite care, Adult day Care, Skill Development for Adults with Disabilities, Pediatric Personal Care for Disabled

Supportive and Engaged Neighborhoods: Neighborhood Development

Economic Self-Sufficiency: Emergency Food assistance, Family and Job Connection, Family Education and Case Management, Information and Referral

Outcome Team Initiatives

In 2011, up to $2 million in Human Services Levy funding was allocated to support FCFC Community Initiatives. The Outcome Teams analyzed data; identified strengths, weaknesses, gaps and needs; and recommended that several strategies continue to create improvement. The FCFC Executive Committee also recommended expansion of the Community Indicators website.

The funding for the FCFC’s 2011 Outcome Team Initiatives includes:

Young People Succeeding:
- Mentoring Collaborative $200,000
- Early Care and Education $100,000

Positive Living for Special Populations:
- FASD Community Capacity Building $106,160

Supportive and Engaged Neighborhoods:
- Comprehensive Neighborhood Initiative $446,415

FCFC Community Initiatives:
- Web Site Maintenance $1,500

2011 Total $854,075
Children’s Trust Fund

In 2011 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 is focused on activities and services designed to intervene before there is sign of a problem or to prevent or reduce the occurrence of child abuse or neglect. Secondary prevention includes activities and services designed to intervene at the earliest warning sign of a problem, or whenever a person or group can be identified as “at risk” of child abuse and neglect.

In order to realize the goal of reducing child maltreatment in Montgomery County (physical abuse, sexual abuse, emotional maltreatment and neglect), the FCFC has 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.

The following prevention services were delivered to benefit Montgomery County families.

- **The Incredible Years** is a comprehensive, developmentally-based intervention with components for parents and children (0-12 years old). Delivered by United Rehabilitation Services, the parent education sessions are designed to promote children’s social, emotional and academic competence while simultaneously strengthening parental competence and family relationships.

- **Nurturing Parent Program** is provided by Catholic Social Services and by Life Resource Centre. Both agencies deliver parent education sessions designed to prevent child maltreatment and build nurturing parenting skills in teen families – Catholic Social Services in the home and Life Resource Centre in a group setting.

- **Stewards of Children**, offered by CARE House, is a sexual abuse prevention program that trains adults to prevent, recognize, and react responsibly to child sexual abuse.

In addition, a portion of the Ohio Children’s Trust Fund allocation to Montgomery County was awarded to Public Health—Dayton and Montgomery County for continuation of a safe sleep awareness campaign. The goal of the campaign is to prevent infant deaths by increasing the public’s knowledge of unsafe sleeping environments.
On September 30, 2011, the FCFC launched a redesigned version of its Community Indicators Web site, www.montgomerycountyindicators.org. The redesign improves the navigation and look of the site and affords the opportunity to present more data. All of the indicator data from this Report are on the site, as well as additional data related to the Learn to Earn™ Dayton initiative. The Web site also provides data for entities such as municipalities, Zip codes, Census tracts, school districts, and individual school buildings when available. The FCFC has established a mechanism whereby additional data sets can be added, making the site an expanding resource. If you have suggestions for additional content please contact us at indicators@montgomerycountyindicators.org.

The site had originally been developed with the help of students from the University of Dayton School of Business Administration. Over 500 people from 17 different countries (including 11 from Russia!) visited the site in 2010. Locally, it sparked the interest of a number of community-based organizations who came together to enhance the site by adding a rich supply of additional local data to the outcome-based indicator data already on the site. Such a “one-stop shop” for local health and human services information has long been desired by community activists, grant writers, agency professionals, and local citizens. The FCFC allocated $30,000 for this project, and the expanded site was developed by Randy Brown, Web Administrator for Public Health - Dayton & Montgomery County (PH-D&MC) under a contract between the Montgomery County Office of Family and Children First and PH-D&MC.

We wish to thank these teams of UD students who designed and developed earlier versions of this site as part of their Management Information Systems capstone course: David Ausdenmoore, Russ Hartings, Beth Kelley and Matt Rolfes; Brendan Jacksits, Jon Kurtanich and Bobi Kutemperor; Jack Fontana, Kevin Lamb and Thomas Sirmans; and Darren Geiser, Nicholas Morton and Letitia Sharp.
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; and
- establishment of a mechanism to ensure ongoing input from a broad representation of families who are receiving services within the county system.

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

In 2011, the state’s focus on requirements of House Bill (HB) 289 was redefined to an approach of local Councils working with other local agencies to identify common goals as articulated by required state plans and unifying them into a “Shared Plan.”

The Montgomery County FCFC implemented its Results-Based Accountability™ process (see page 4) many years prior to the requirements of House Bill (HB) 289 and used this strategy in assessing common goals of local planning to serve families and children. Montgomery County’s “Shared Plan” focus is consistent with its integrated local Outcome Team work through partnerships and alignment with other local agencies. Montgomery County’s 2011 “Shared Plan” focused on its Young People Succeeding Outcome Team (see pages 12 - 24). Our “Shared Plan” strategies are focused through the Outcome Team Initiatives on a) Children Being Ready for School, and b) Children and Youth Succeeding in School.

The FCFC also provides access to Service Coordination for children and families with multi-system needs. These families are typically referred for services through consultation with member(s) of the FCFC Service Brokers Committee (see page 62). Some services are supported through state-funded Family Centered Support Services. 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.
OFCF Staff and Additional Support—2011

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
Ed Brannon  Contract Evaluator/Negotiator
Rhianna Crowe  Administrative Secretary
Kima Cunningham  Program Coordinator, Homelessness Prevention and Rapid Re-Housing Program
Erica Fields  Program Coordinator, Housing and Homeless Solutions
Matt Gemperline  Contracting Supervisor
Joyce King Gerren  Manager of Job Center and Community Outreach
Andrea Hoff  Program Coordinator, Director of Special Project, ADAMHS – Special Assignment
Karen Holland  Job Center Manager’s Assistant
Lisa Koppin  Contract Evaluator/Negotiator
Roberta E. Longfellow  Housing Administrator
Diane Luteran  Manager of Planning and Research, Help Me Grow Project Director
Joyce Probst MacAlpine  Manager of Housing and Homeless Solutions
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

Montgomery County Office of Ex–Offender Reentry – Welcome One-Stop Reentry Center (WORC):

Jamie Gee  Manager
Amy Piner  Program Coordinator, Administration
Mike Ward  Program Coordinator, Administration

Additional assistance provided by:

Gayle Ingram  Clerk of Commission, Montgomery County Board of County Commissioners
Tanisha Jumper  Senior Director, Community Impact - United Way of the Greater Dayton Area  CIRGV and Special Projects
Heath MacAlpine  Assistant Director, Montgomery County Department of Job and Family Services
Beverly Pemberton  Administrative Assistant, Montgomery County Department of Job and Family Services
Joe Spitler  Director, Montgomery County Criminal Justice / Data Acquisition
Richard Stock, Ph.D.  Director, University of Dayton Business Research Group
Jennifer E. Subban, Ph.D.  Center for Urban and Public Affairs, Wright State University
John Theobald  Commission Assistant for Debbie Lieberman
Amanda Turner  Associate Professor, Research Assistant, Center for Urban and Public Affairs, Wright State University
Clinton Brown, Chair* .................................................................................................................. Community Leader
Gayle Bullard* ......................................................................................................................... Montgomery County Department of Job and Family Services
Mary Burns ................................................................................................................................. Miami Valley Child Development Centers
Susan Caperna .......................................................................................................................... Family Representative
Laurie Cornett Cross* .................................................................................................................. Family Representative
Frank DePalma* ........................................................................................................................... Montgomery County Educational Service Center
Commissioner Judy Dodge* ......................................................................................................... Montgomery County Board of County Commissioners
Allen Elijah* ..................................................................................................................................... United Way of the Greater Dayton Area
Bro. 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 W. Gross* ............................................................................................................................ Public Health – Dayton & Montgomery County
Susan Hayes* .................................................................................................................................. Community Leader
Franz Hoge* ................................................................................................................................. Community Leader
Gregory D. Johnson, PHM* ........................................................................................................ Greater Dayton Premier Management
Helen Jones-Kelley ........................................................................................................................ ADAMHS Board - Montgomery County, Beginning July
David Kinsaul* .............................................................................................................................. The Children’s Medical Center of Dayton
Thomas Lasley, Ph.D.* ................................................................................................................ LearntoEarn™ Dayton
Gary LeRoy, M.D.* ....................................................................................................................... Wright State University - Boonshoft School of Medicine
Larry Lewis ................................................................................................................................... Ohio Department of Youth Services
Commissioner Deborah A. Lieberman* ........................................................................................ Montgomery County Board of County Commissioners
Julie Liss-Katz* .................................................................................................................................... Premier Health Partners
Amy Luttrell* ................................................................................................................................. Goodwill Easter Seals Miami Valley
Douglas M. McGarry ........................................................................................................................ Area Agency on Aging
Charles Meadows ........................................................................................................................... Homeless Solutions Policy Board
John North ........................................................................................................................................... Better Business Bureau
Christine Olinsky* ........................................................................................................................ Community Leader
Maureen Patterson* ....................................................................................................................... Human Services Levy Council Chair
Kathy Plant ........................................................................................................................................ Diversion Team/ICAT
Sheriff Phil Plummer ....................................................................................................................... Montgomery County Sheriff
Jenni Roer* ...................................................................................................................................... The Frank M. Tait Foundation
Mari Jo Rosenbauer ........................................................................................................................ Family Representative
Phillip Shanks ............................................................................................................................... Family Representative
Diana Stone ........................................................................................................................................ Family Representative
Ginny Strausburg* .......................................................................................................................... DP&L Foundation
Joseph L. Szoke* .............................................................................................................................. ADAMHS Board - Montgomery County, Through June
Donald A. Vermillion ...................................................................................................................... University of Dayton Fitz Center
Lori L. Ward* ..................................................................................................................................... Dayton Public Schools
Commissioner Joey Williams* ........................................................................................................ City of Dayton
Joyce Young ................................................................................................................................... Trustee, Washington Township Board of Trustees

* Denotes Executive Committee Members
2011 HONORS AND ACCOMPLISHMENTS

Mary Burns
Named one of the finalists for the 2011 Executive of the Year by The Dayton Business Journal.

Susan Caperna
Selected as ThinkTV's Speaking of Women's Health Conference 2011 Honoree for her advocacy on Fetal Alcohol Spectrum Disorders (FASD).

Michael Carter
Promoted to Senior Vice President with Sinclair Community College. Named as a Top Ten African-American Male for 2011 by Parity, Inc.

Debbie Lieberman
Elected President of the County Commissioners Association of Ohio (CCAO). Appointed by Governor John Kasich to The Local Government Innovation Council. Awarded “Champion for Children Award” by Voices for Ohio’s Children.

Debbie Watts Robinson
Named one of the finalists for the 2011 Executive of the Year by The Dayton Business Journal.

David Kinsaul
Awarded the 2011 Regional Leadership Award by The Dayton Business Journal.

Bro. Ray Fitz, S.M.
Received the Cardinal Joseph Louis Bernadin Community Service Award given by St. Benedict the Moor Catholic Church.

In Memoriam
We note with sadness the passing of former (1999-2001) Council member Jerrie L. Bascome McGill in the past year. Her contributions and commitment to the children and families of Montgomery County will be greatly missed.

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

The Ohio Department of Health specifically disclaims responsibility for any analyses, interpretations or conclusions from the data provided for the charts.
Family and Children First Council

OUTCOME TEAM FRAMEWORK

Family and Children First Council

Agency Directors Committee

Service Brokers Group

Early Childhood Coordinating Committee

Healthy People
- Community Health Transformation
- Healthcare Safety Net
- Access to Dental Care
- Prevention of Chronic Diseases
- Tobacco Free Living
- Low Birth Weight Registry
- Childhood Obesity Prevention

Young People Succeeding
- Early Care and Education (ReadySetSoar)
- Sinclair Fast Forward Center
- Youth Transitions
- Montgomery County Mentoring Collaborative

Safe Neighborhoods
- Community Initiative to Reduce Gun Violence

Supportive and Engaged Neighborhoods
- Comprehensive Neighborhood Initiative

Economic Self-Sufficiency
- Ex-Offender Re-Entry Task Force/Initiative
- Providing a Community Focus on the Creation of Transitional Jobs
- Employment for At-Risk Populations

Positive Living for Special Populations
- FASD Task Force
- Violence Against Women and Disabilities Grant
- Unique Impact of Health and Obesity on Persons with Disabilities

Stable Families
- Fatherhood: Support for Non-Custodial Low-Income Fathers

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.