2013 Progress Report on Community Outcomes, Indicators and Strategies

Montgomery County Family and Children First Council
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## Framework
December 2013

I am pleased to present the 15th annual Progress Report of the Montgomery County Family and Children First Council (FCFC). We have released this report since 1998 to monitor our community’s progress as we strive to improve the health and well-being of the families, children and adults of Montgomery County.

The Council took an early approach of identifying six Community Outcomes which describe attributes of a thriving and healthy community, and then selecting specific indicators to measure our success in achieving the Outcomes. This Report provides historic or trend data for Montgomery County and whenever possible we also include data from the nation, the state as a whole, and/or the rest of the ten largest counties in Ohio. The indicators have been assessed and changed over time to be sure they are as relevant as possible. This Report also provides updates on the Council’s initiatives and other supported activities throughout 2013.

The FCFC has evolved its structure since it was established in 1995. The last significant change occurred in 2005, with the development of seven Outcome Teams led by Champions to support the six Community Outcomes. This framework advanced many important initiatives for our community. In 2013, the FCFC determined it was time to take a look at the structure and undertook a facilitated dialogue to develop a new approach to advance its work toward refined priorities, data-driven decision-making, broad community alignment and input, and a more efficient format for volunteer engagement. This new organizational structure will be implemented throughout 2014 with a very mindful transition. You may read more about these changes on the inside back cover.

I’m excited by this opportunity to position the Council’s work and build on all that’s been accomplished over the first eighteen years and reported over the last fifteen. If you would like more information on general or specific activities prior to 2013, please review our earlier Progress Reports at www.fcfc.montco.org or contact the Montgomery County Office of Family and Children First at 937-225-4695 to receive information by mail.

I want to thank everyone who has served on the Council, as a Champion, an Outcome Team member or as a community volunteer. As the organization moves to a more tactical structure, your expertise remains very important and will be called upon to further FCFC’s vision to make our community a better place for our citizens.

Sincerely,

Clinton J. Brown
Chair, Montgomery County Family and Children First Council
The FCFC at a Glance

How Are We Doing?

The FCFC is currently tracking 27 indicators—for thirteen of them the historical trend is in the desired direction, and for seven of them the historical trend is flat.

What Are We Doing?

The Outcome Teams have all been busy and productive in 2013. Here, at a glance, are some highlights.

Healthy People

- To reduce chronic diseases such as lung cancer, heart disease, stroke and diabetes, the Team helped with planning to reduce health disparities and to promote tobacco-free living, active living, and healthy eating. (See page 7.)

- The Team participated in Public Health’s revised strategic plan and efforts to receive national accreditation. (See page 7.)

Positive Living for Special Populations

- Goodwill Easter Seals Miami Valley began developing training for volunteers to use the Access Together website, which utilizes crowd-sourcing to rate each location’s accessibility in Montgomery County. (See page 30.)

- The Women, Infants and Children (WIC) program implemented SBIRT (Screening, Brief Intervention and Referral to Treatment) in all WIC clinics in Ohio due to the outstanding results achieved by the Montgomery County WIC program. (See page 32.)

Economic Self-Sufficiency

- The Ex-Offender Reentry Policy Board and the Office of Reentry received an endorsement of their employment program by U.S. Senator Rob Portman (who was the original author of the Federal Second Chance Act), Congressman Mike Turner, Dayton Area Chamber of Commerce President Phil Parker and local entrepreneur Judi Law. (See page 47.)

- The Reentry Policy Board Employment Sub-Committee continued its Mock Interview sessions with many volunteer interviewers coming from the Dayton Rotary Club. Four sessions were held throughout the year with over 100 Ex-Offenders benefiting from the interview practice sessions. (See page 47.)
Young People Succeeding

- ReadySetSoar launched the Read On! Campaign to promote community engagement around third-grade reading and influenced increased participation in a summer library reading program. (See page 12.)

- The Montgomery County Mentoring Collaborative began presenting the Mike Kelly MVP Mentee Award, named after the record-setting former University of Dayton football coach. (See page 14.)

Stable Families

- The Prostitution Intervention Services project conducted 34 Moving On group sessions for women in Montgomery County jail, focusing on those incarcerated for current prostitution-related charges or with prostitution-related histories. (See page 25.)

- Another service offered as part of the Prostitution Interventions Services Project is the Peacemaking Circles group, which is part of the Restorative Justice Movement where emphasis is placed not only on punishing the crime, but on healing the harm done to relationships in the commission of the crime, harm to the woman herself, her family and the wider community. These groups are held weekly and are offered in the jail and also on a weekly basis in the community where women can attend post-release. (See page 25.)

Safe and Supportive Neighborhoods

- The Safe Neighborhoods Team supported the efforts of United Against Violence of Greater Dayton and their partner agencies in providing an evidence-based best practice bullying prevention program in 14 schools in North Riverdale, Westwood, Trotwood, and Harrison Township. (See page 38.)

- Three lines of evidence suggest that participation in TOTS (Taking Off To Success) by parents has a positive impact on their children’s school readiness and can raise their scores on the 29 point Kindergarten Readiness Assessment – Literacy test by about 2 points. (See page 40.)

SUMMARY CHART

<table>
<thead>
<tr>
<th></th>
<th>Short-term trends in desired direction</th>
<th>Historical trends in desired direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People</td>
<td>0/4</td>
<td>0/4**</td>
</tr>
<tr>
<td>Young People Succeeding</td>
<td>6/10</td>
<td>9/10*</td>
</tr>
<tr>
<td>Stable Families</td>
<td>1/4</td>
<td>1/4**</td>
</tr>
<tr>
<td>Positive Living for Special Populations</td>
<td>2/3</td>
<td>0/3*</td>
</tr>
<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>1/3</td>
</tr>
<tr>
<td>All Outcomes</td>
<td>13/27</td>
<td>13/27***</td>
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</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 seven which are flat.
What’s in our Toolbox?

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 and to make Montgomery County a better place to live, work, and grow. 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.”

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 most recent values for each of the indicators are shown in the tables and graphs on the following pages.

- Collectively, these indicators answer the question “Where are we right now?”

During 2014 the FCFC will be implementing a new structure that emerged from conversations that began at the end of 2013. The revised structure (see inside back cover) will continue to support our purpose – achieving better results for children, families, adults, and neighborhoods – while encouraging improved collaboration between various initiatives and projects within the community.

- Collectively, these activities help answer the question “What are we doing to help us get where we want to be?”

An article about the FCFC’s use of outcomes and indicators has been accepted for publication in the Encyclopedia of Quality of Life and Well-Being Research to be published in 2014 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.resultaccountability.com or www.raguide.org or www.resultleadership.org.
Tools for Understanding and Interpreting the Data

Every graph displays data for Montgomery County starting as many as 20 years ago and ending with the most recent available data. The desired direction for the trend line to move is indicated by an arrowhead in the upper right hand corner of the page. Next to that is an arrowhead indicating what the historical trend has actually been.

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

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

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

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

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

Another Tool

All of the indicator data from this Report are on the Community Indicators Web site, www.montgomerycountyindicators.org, as well as additional data requested by some of the Outcome Teams. All of the indicators have countywide data; for some of the indicators, municipality, ZIP Code, Census tract, school district, and/or individual school building data are also available. [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.
Healthy People

In 2013, the Healthy People Outcome Team (HPOT) continued community health assessment and improvement planning to ensure that our local public health system’s services match community needs and are cost-effective and efficient. Focus areas included building capacity for chronic disease prevention interventions, and supporting Public Health – Dayton & Montgomery County (Public Health) in their preparations for national public health accreditation.

**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.

1. Chronic Disease Prevention

Through a Centers for Disease Control and Prevention Community Transformation Grant (CTG), Public Health is working to improve the health of Montgomery County’s population by reducing preventable chronic diseases such as lung cancer, heart disease, stroke and type 2 diabetes. Initiatives focus on engaging community partners to implement policy, systems and environmental (PSE) changes to promote...
tobacco-free living, active living and healthy eating, and clinical preventive services. These PSE changes are intended to reduce death and disability due to tobacco use, rate of obesity and death and disability due to heart disease and stroke.

One key accomplishment was the development of a Health Disparities Report to augment the chronic disease data in Public Health’s 2010 Montgomery County Community Health Assessment. The HPOT used the report to prioritize PSE change strategies and to ensure that a “health equity lens” was applied to all proposed strategies to reduce disparities in health outcomes among population groups. The following priority PSE changes were selected by the HPOT: implementing healthy eating and active living policies for early child care centers; healthy corner stores; tobacco-free K-12 schools; tobacco-free parks; and promoting appropriate aspirin therapy, blood pressure control, cholesterol management, and smoking cessation (ABCS) in Federally Qualified Health Centers and local pharmacies. In 2014, the HPOT will track implementation of these PSE changes and monitor outcomes to advance health equity and improve population health in Montgomery County.

2. Public Health Accreditation
Similar to hospitals and academic institutions, public health agencies throughout the United States can now seek accreditation through a national accrediting board. The benefits to Montgomery County of having an accredited health department are significant and include improved performance and accountability as well as increased access to resources for creating a healthier Montgomery County. Prerequisites for accreditation include a health department strategic plan, a community health assessment, and an overall community health improvement plan. HPOT members participated in Public Health’s internal strategic planning process and contributed to the development of Public Health’s 2013-2017 Strategic Plan. In 2014, members will guide the development of a county-wide Community Health Improvement Plan.
**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.

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

### New Data

The preliminary value for Montgomery County for 2012 is 10.1%. The preliminary values for Ohio and the United States are 8.5% and 8.0% respectively. The values for 2011 were preliminary in last year’s Report and they are now final; they did not change.

### Short-Term Trends

The short-term trend from 2011 to 2012 – from 9.1% to 10.1% -- is not in the desired direction. The county comparative rank also did not move in the desired direction, changing from 5th to 9th.

*2012 values are preliminary.*

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

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Background

Reducing the rate of childhood obesity is a priority for the community; this indicator was introduced in last year’s Report to help track our progress.

One way to determine childhood obesity is to use the Body-Mass Index or BMI. The BMI, calculated using a formula based on a person’s weight and height, is a way of estimating body fat. A child is considered obese if his or her BMI is much higher than the normal range for children of the same age and gender, specifically if it is equal to or greater than the 95th percentile based on the 2000 CDC (Centers for Disease Control and Prevention) growth chart percentiles for children 2 years of age and older.

The data reported here come from the Pediatric Nutrition Surveillance System (PedNSS), a child-based public health surveillance system that describes the nutritional status of low-income U.S. children who attend federally-funded maternal and child health and nutrition programs. PedNSS provides data on the prevalence and trends of nutrition-related indicators, using existing data from the following public health programs for nutrition surveillance:

- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program; and
- Title V Maternal and Child Health Program (MCH).

In Ohio, all of the data are from the WIC program that serves children up to age 5.

New Data

Unfortunately, CDC discontinued the PedNSS at the end of 2012, and new data are not available. The FCFC will work to identify a suitable replacement for this indicator.

Short-Term Trends

The short-term trend from 2010 to 2011 – from 9.6% to 12.6% – is not in the desired direction. The county comparative ranking also did not move in the desired direction, changing from 1st to 7th.
Outcome: Healthy People
Indicator: Tobacco Use

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

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

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

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

New Data
The 2012 values are all new: Montgomery County, 46.9%; Ohio, 51.4%; and United States, 56.7%.

Short-Term Trends
The short-term trend from 2011 to 2012 – from 54.6% to 46.9% – is not in the desired direction. The county comparative ranking also did not move in the desired direction, changing from 2nd to 9th.
Outcome: Healthy People
Indicator: Access to Health Care

Background
Previous to the 2012 Progress Report we used a source for this indicator that gave us Montgomery County data but no data for the other counties, the state or the nation. Starting with the 2012 Progress Report we are using survey data from the Behavioral Risk Factor Surveillance System (BRFSS), an annual telephone poll established in 1984 by the Centers for Disease Control and Prevention (CDC). The BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Currently data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. The CDC’s Selected Metropolitan/Micropolitan Area Risk Trends (SMART) project uses the Behavioral Risk Factor Surveillance System (BRFSS) to analyze the data of selected areas with 500 or more respondents, meaning that we will now have access to data for the other counties, the state and the nation.

This indicator tracks the percentage of respondents who say “Yes” to the following question in the BRFSS: “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?” [Beginning with the 2011 survey “or Indian Health Services” was added.] The other answers reported by the BRFSS are “No,” “Don’t know/not sure,” and “Refused.”

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

New Data
The 2012 values are all new: Montgomery County, 82.4%; Ohio, 85.1%; and United States, 81.2%

Short-Term Trends
The short-term trend from 2011 to 2012 – from 83.6% to 82.4% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 7th to 8th.
Young People Succeeding
Outcome Team Roster

CO-CHAMPION  Frank DePalma (Montgomery County Educational Service Center)  CO-CHAMPION  Jenni Roer (The Frank M. Tait Foundation)  Thomas J. Lasley, Ph.D. (LearntoEarn™ Dayton)  Joyce Sutton Cameron (HighRIse Services)  Michael Carter (Sinclair Community College)  Loma Chouinard (4C for Children - Miami Valley)  Linnea Clinton (Dayton Public Schools - Through April 2013)  Deb Downing (Montgomery County Department of Job and Family Services, Children Services Division - Beginning June 2013)  Jewell Good (ADAMHS Board - Montgomery County)  Tim Kambitsch (Dayton Metro Library)  Kelly Kavanaugh (Dayton Children’s Hospital)  Robyn Lightcap (ReadySetSoar)  John Moore, Sr. (Community Leader)  Bob Pawlak (Goodwill Easter Seals Miami Valley)  Geraldine Pegues (Montgomery County Department of Job and Family Services, Children Services Division - Through March 2013)  Donald A. Vermillion (University of Dayton, Fitz Center)

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

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.

The Young People Succeeding Outcome Team has focused its attention on the preschool to college graduation continuum with investments of FCFC initiative funding in the early learning years. These critical years from birth to age five are when a child is developing important pre-literacy, cognitive, social, emotional, and problem-solving skills. Given that students who enter kindergarten ready to learn are more likely to be proficient readers in third grade and more likely to graduate from high school and post-secondary programs, improving the kindergarten readiness level in the county is an important investment.

ReadySetSoar uses the “School Readiness Formula” that states Ready Families + Ready Communities + Ready Schools = Ready Children. In 2013, FCFC funding allowed ReadySetSoar to lead efforts in each aspect of the formula, including:

Ready Families
ReadySetSoar continued the “5 to Thrive” campaign that promoted kindergarten awareness and registration, resulting in spring registration more than doubling in some low-income districts. ReadySetSoar also continued to facilitate the PNC-funded Passport to Kindergarten program working in multiple school districts with over 300 preschoolers.

Ready Communities
ReadySetSoar continues to focus on increasing the quality of preschool and child care programs as indicated by the state’s Step Up To Quality Star Rating system. In 2013, 80 programs were Star Rated (35% of eligible programs), up from 65 programs in 2012.

ReadySetSoar launched the Read On! Campaign in partnership with the Strive Partnership of Cincinnati, Newport, and Covington to promote community engagement in Montgomery County around third grade reading. A summer library reading program was promoted and resulted in 600 children participating who had not previously done so.

ReadySetSoar, the early care and education initiative for Montgomery County, began in 2007 with funding from the Montgomery County Family and Children First Council and The Frank M. Tait Foundation. The vision of ReadySetSoar is that every child in Montgomery County is fully ready for kindergarten and reading on grade-level at the end of third grade.
Research indicates that children who read over the summer are able to mitigate summer learning loss. For this work, Montgomery County/Dayton was named a 2013 Pacesetter Community by the Annie E. Casey Foundation.

Ready Schools
The fourth annual Kindergarten Readiness Summit was held in March 2013 with over 400 early learning providers, K-12 educators and community stakeholders. ReadySetSoar has strengthened the Readiness Coalitions in school districts working with early childhood providers to improve kindergarten readiness at a district level.

Ready Children
Progress is being made on improving kindergarten readiness as indicated by the gains in KRA-L scores over the past few years. (See page 15.) A summer bridge program was piloted with 50 students who had attended preschool and would be entering kindergarten resulting in a 1.7 gain on the KRA-L scores over peers who did not participate.

For additional information on ReadySetSoar, please see readysetsoar.org.

Sinclair Community College Fast Forward Center opened in 2001 as a resource center for out-of-school youth to decrease the dropout rate in Montgomery County. The focus of the Center is to reclaim youth between the ages of 16–21 who are out-of-school or not attending school on a regular basis and help them get a diploma.

The Center partners with three alternative high schools that specifically serve dropouts as well as other alternative education programs. From January 2 through December 5, 2013 Fast Forward Center assessed a total of 288 students who were referred to its partners. Partner high schools graduated 153 high school students in 2013; one-third of those students had been assessed by Fast Forward Center. Since 2001, there have been 2,801 graduates from partner high schools. Fast Forward touched many of these students by providing motivational sessions that improve student retention, car seats to parenting students to eliminate transportation barriers to attending school, and professional education for staff at partner schools.

Taylor Scholarship - The Taylor Endowment Scholarship, established in 2006 by local philanthropists John N. and Connie Taylor, provides a financial aid package of up to $3,000 a year for two years for graduates from Fast Forward Center partner schools. Taylor Scholars also receive a $250 stipend each semester to help with the cost of incidentals, such as transportation, parking, food, and other supplies. This opportunity is truly unique to the college and is giving our students an opportunity to graduate with workforce credentials debt free.
New scholarships awarded for the graduating classes of 2013 totaled 41, which brings the total awards to 197. These students continue to do well academically and retention rates are higher than the average Sinclair student. By providing this funding the challenges that would cause students to drop-out are addressed and students are persisting in their college studies at a higher rate.

**Summer Melt** - Recent literature from the Center for Educational Policy Research at Harvard University has estimated that 10%-40% of students who have aspirations to attend college and are admitted to a college or university do not attend. Research has also shown that community college students are particularly vulnerable to what experts term “summer melt.”

The Fast Forward Center has been proactive in this area and hired a Summer Bridge Coach to help graduates of our partner high schools matriculate to Sinclair Community College. Out of 67 Taylor Scholar applicants for the 2012-13 academic year, only 13 (19%) had completed the necessary steps at the beginning of the summer. With the implementation of this initiative, the total incoming Taylor Scholars was increased to 37 (55%). This is an improvement from previous years limiting the number of students negatively impacted by “summer melt.”

The Fast Forward Center continues to strengthen its program by adding new community partners that offer dropout intervention services for youth.

For more information about the Fast Forward Center, call 937-512-FAST (3278) or visit www.sinclair.edu/centers/ffc.

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.

In recent years, the Mentoring Collaborative was awarded AmeriCorps grants from the State of Ohio to expand and enhance mentoring programs in Montgomery County. In 2013 the AmeriCorps Program served K-12 “at-potential” youth in Montgomery County at 13 host sites utilizing the support of 20 AmeriCorps members who worked as Mentoring Project/Service Coordinators.

Each year during its Mentor of the Year Awards Luncheon the Collaborative recognizes individuals who display extraordinary commitment assisting young people in achieving their full potential. The 2013 Outstanding Mentor Award recipients (listed below) were also recognized by the Montgomery County Board of County Commissioners.

- Joanne George – Big Brothers Big Sisters of the Greater Miami Valley
- Emily Cowell – Miamisburg Schools Mentor Program
- Robert C. Latta, III, CAPT, USAF – ACE-E
- Julius Lattimore – Montgomery County Juvenile Court Reclaiming Futures
- John Lombard – East End Community Services
- Yvonne D. Sherrer – Mountain Top Ministries
- Taffy Turner – Parity, Inc.

Also in 2013, the Mentoring Collaborative began the Mike Kelly MVP Mentee Award which is named after the former record-setting University of Dayton football coach who is now the Assistant Vice-President for Athletics at the University. Given to a youth mentee in Montgomery County who best exemplifies the benefits of a mentoring relationship through improved attitude, attendance, grades, pro-social behaviors, and/or family and peer relationships, the 2013 award was presented to:

- Brittany Jones – Parity, Inc.
- Jasmine Garner – Community Action Partnership

To become a mentor or for additional information about The Mentoring Collaborative, go to www.mentoringcollaborative.org or call 236-9965.
**Outcome:** Young People Succeeding  
**Indicator:** Kindergarten Readiness

### Background

The Kindergarten Readiness Assessment—Literacy (KRA-L) “measures skill areas important to becoming a successful reader.” The State of Ohio believes the results will help districts and teachers do three things: 1.) understand children’s school entry level literacy skills; 2.) shape appropriate instruction; and 3.) find children who may need further assessment. Ohio now requires districts to administer KRA-L to all incoming kindergarten students during the first 6 weeks of school. Districts are not allowed to use the results to keep a child from entering kindergarten.

The KRA-L is scored on a 29 point scale. Students taking the KRA-L are placed in 3 bands that are designed to be indicators of the degree and type of intervention required. Students with scores in Band 1 (scores 0-13) are assessed as needing broad intense instruction. Students scoring in Band 2 (scores 14-23) are assessed as requiring targeted intervention and students in Band 3 (scores 24-29) are assessed as requiring enriched instruction. The state emphasizes the diagnostic nature of the KRA-L and the idea that the Bands are not cut-offs for instructional purposes.

### New Data

The value for Montgomery County for 2012 is 37.6% and the county comparative rank is 7th. The value for Ohio for 2012 is 39.7%. The values for the other counties were not available in time for last year’s Report, so the 2011 values for the other counties are being reported here for the first time. Montgomery County’s comparative county rank for 2011 is 6th.

### Short-Term Trends

The short-term trend from 2011 to 2012 – from 38.3% to 37.6% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 6th to 7th.

- **2010**
  1. Summit: 45.8
  2. Lorain: 43.5
  3. Mahoning: 42.0
  4. Stark: 39.9
  5. Hamilton: 39.7
  6. Lucas: 38.2
  7. Cuyahoga: 38.0
  8. Franklin: 37.2
  9. Montgomery: 36.8

- **2011**
  1. Summit: 44.9
  2. Mahoning: 42.2
  3. Lorain: 41.4
  4. Hamilton: 40.7
  5. Stark: 40.7
  6. Montgomery: 38.3
  7. Cuyahoga: 37.9
  8. Lucas: 37.9
  9. Butler: 37.7
  10. Franklin: 34.6

- **2012**
  1. Lorain: 43.2
  2. Summit: 42.0
  3. Hamilton: 41.7
  4. Mahoning: 40.7
  5. Stark: 39.0
  6. Butler: 37.9
  7. Montgomery: 37.6
  8. Lucas: 36.2
  9. Cuyahoga: 36.1
  10. Franklin: 34.9

Most desirable ranking is number one.

---

Note: The KRA-L Test is administered in October of the year indicated. Ohio began conducting KRA-L Tests in 2005 but the first year that all Montgomery County districts participated was 2006.
### Outcome: Young People Succeeding

**Indicator:** Student Achievement - 3rd-Grade Reading

#### Background
To be consistent with the federal No Child Left Behind legislation, Ohio has phased out its proficiency tests and replaced them with achievement and diagnostic tests. As discussed in the 2011 Report, we have aligned the Young People Succeeding indicators with the indicators adopted by Learn to Earn™ Dayton. As a result we are now publishing the 3rd-grade reading and 4th-grade math achievement scores.

#### New Data
The overall 3rd-grade reading achievement score for all of the districts in Montgomery County for 2011-12 had not been released by the Ohio Department of Education when last year’s Report was being prepared, so it is reported now for the first time, 76.8%. The Ohio value for 2011-12 is 79.0%. The 2012-2013 values for Montgomery County and for Ohio are 78.6% and 81.4% respectively. The county comparative rankings for 2011-12 and 2012-13 are both being reported for the first time.

#### Short-Term Trends
The short-term trend from 2011-12 to 2012-13—from 76.8% to 78.6%—is in the desired direction. The county comparative rank did not change in the desired direction, moving from 7th to 8th.

---

Note: Each school year is named by the year in which it ends, e.g., the 2012-13 school year is shown as 2013.

---

### PERCENTAGE OF 3RD-GRADE PUBLIC SCHOOL STUDENTS PASSING READING ACHIEVEMENT TEST

- Montgomery County
- Ohio

**2010-2011**

<table>
<thead>
<tr>
<th>District</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stark</td>
<td>84.8</td>
</tr>
<tr>
<td>Butler</td>
<td>83.9</td>
</tr>
<tr>
<td>Mahoning</td>
<td>82.6</td>
</tr>
<tr>
<td>Lorain</td>
<td>81.9</td>
</tr>
<tr>
<td>Summit</td>
<td>81.6</td>
</tr>
<tr>
<td>Hamilton</td>
<td>79.6</td>
</tr>
<tr>
<td>Montgomery</td>
<td>78.2</td>
</tr>
<tr>
<td>Lucas</td>
<td>77.7</td>
</tr>
<tr>
<td>Franklin</td>
<td>77.1</td>
</tr>
<tr>
<td>Cuyahoga</td>
<td>74.6</td>
</tr>
</tbody>
</table>

**2011-2012**

<table>
<thead>
<tr>
<th>District</th>
<th>Score</th>
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<tbody>
<tr>
<td>Butler</td>
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<tr>
<td>Mahoning</td>
<td>83.2</td>
</tr>
<tr>
<td>Stark</td>
<td>82.8</td>
</tr>
<tr>
<td>Summit</td>
<td>81.5</td>
</tr>
<tr>
<td>Lorain</td>
<td>80.6</td>
</tr>
<tr>
<td>Hamilton</td>
<td>80.4</td>
</tr>
<tr>
<td>Montgomery</td>
<td>76.8</td>
</tr>
<tr>
<td>Lucas</td>
<td>75.6</td>
</tr>
<tr>
<td>Franklin</td>
<td>74.7</td>
</tr>
<tr>
<td>Cuyahoga</td>
<td>74.5</td>
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</table>

**2012-2013**

<table>
<thead>
<tr>
<th>District</th>
<th>Score</th>
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<tbody>
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<td>85.2</td>
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<tr>
<td>Lorain</td>
<td>84.8</td>
</tr>
<tr>
<td>Stark</td>
<td>84.6</td>
</tr>
<tr>
<td>Summit</td>
<td>83.6</td>
</tr>
<tr>
<td>Hamilton</td>
<td>82.1</td>
</tr>
<tr>
<td>Mahoning</td>
<td>82.1</td>
</tr>
<tr>
<td>Lucas</td>
<td>78.7</td>
</tr>
<tr>
<td>Montgomery</td>
<td>78.6</td>
</tr>
<tr>
<td>Cuyahoga</td>
<td>78.2</td>
</tr>
<tr>
<td>Franklin</td>
<td>77.5</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
**Background**

To be consistent with the federal No Child Left Behind legislation, Ohio has phased out its proficiency tests and replaced them with achievement and diagnostic tests. As discussed in the 2011 Report, we have aligned the Young People Succeeding indicators with the indicators adopted by Learn to Earn™ Dayton. As a result we are now publishing the 3rd-grade reading and 4th-grade math achievement scores.

**New Data**

The overall 4th-grade math achievement score for all of the districts in Montgomery County for 2011-12 had not been released by the Ohio Department of Education when last year’s Report was being prepared, so it is reported now for the first time, 74.6%. The Ohio value for 2011-12 is 78.4%. The 2012-2013 values for Montgomery County and for Ohio are 73.2% and 77.9% respectively. The county comparative rankings for 2011-12 and 2012-13 are both being reported for the first time.

**Short-Term Trends**

The short-term trend from 2011-12 to 2012-13 – from 74.6% to 73.2% – is not in the desired direction. The county comparative rank did change in the desired direction, moving from 8th to 7th.

---

**PERCENTAGE OF 4TH-GRADE PUBLIC SCHOOL STUDENTS PASSING MATH ACHIEVEMENT TEST**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MontCo</td>
<td>62.7%</td>
<td>63.2%</td>
<td>74.0%</td>
<td>73.5%</td>
<td>71.6%</td>
<td>74.1%</td>
<td>72.2%</td>
<td>74.2%</td>
<td>73.6%</td>
<td>73.2%</td>
</tr>
<tr>
<td>Ohio</td>
<td>65.8%</td>
<td>65.5%</td>
<td>76.9%</td>
<td>75.9%</td>
<td>74.6%</td>
<td>78.4%</td>
<td>76.0%</td>
<td>78.1%</td>
<td>78.4%</td>
<td>77.9%</td>
</tr>
</tbody>
</table>

**Note:** Each school year is named by the year in which it ends, e.g., the 2012-13 school year is shown as 2013.
Background
Students are required to pass all five areas (reading, math, writing, science, and social studies) of the Ohio Graduation Test (OGT), as well as meet all local and state curricular requirements, in order to receive a high school diploma. Students have five opportunities while school is in session to pass the OGT prior to their high school graduation. Districts will be required to provide intervention for those students who score below proficient on the OGT. This requirement includes students with disabilities. In the 2003-2004 school year, only reading and math exams were administered. Beginning with the 2004-2005 school year, all five areas were administered.

New Data
The values for 2011-12, which had not yet been released by the Ohio Department of Education when last year’s Report was being prepared, are 69.1% for Montgomery County and 69.0% for Ohio. The 2012-13 values are 67.8% for Montgomery County and 68.6% for Ohio.

Short-Term Trends
The short-term trend from 2011-12 to 2012-13 – from 69.1% to 67.8% – is not in the desired direction. The county comparative rank remains unchanged, at 7th.

Note: Each school year is named by the year in which it ends, e.g., the 2012-13 school year is shown as 2013.
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 overall attendance rate for all of the districts in Montgomery County for 2011-12 had not been released by the Ohio Department of Education when last year’s Report was being prepared, so it is reported now for the first time, 94.5%. The Ohio value for 2011-12 is also 94.5%. The 2012-13 values for Montgomery County and for Ohio are 94.5% and 94.2% respectively. The county comparative rankings for 2011-12 and 2012-13 are both being reported for the first time.

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

Short-Term Trends
The short-term trend from 2011-12 to 2012-13 — from 94.5% to 94.5% — is flat. The county comparative rank did change in the desired direction, moving from 9th to 5th.

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

Note: Each school year is named by the year in which it ends, e.g., the 2012-13 school year is shown as 2013.
**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 2012-13 is scheduled to be released in June 2014.

Beginning with the Class of 2009-10 the Ohio Department of Education has revised the way it calculates graduation rates. As a result, graduation rates for the years before 2009-10 cannot easily be compared with more recent rates and are no longer displayed for this indicator. The new method, the 4-Year Longitudinal Graduation Rate, generally leads to a lower graduation rate than the previous method. For example, the statewide 4-Year Longitudinal Graduation Rate for 2009-10 is 6.3 percentage points below the statewide rate for that year using the previous method, while the average difference for the ten largest counties between the old and the new methods is 6.1 percentage points. The range of differences for those ten counties was 1.1 to 10.0 percentage points, with a median value of 6.95. Montgomery County experienced the largest change, 10.0 percentage points.

### New Data
Because of the change in the method for calculating graduation rates (see above), all of the values reported are new.

### Short-Term Trends
The short-term trend from 2010-11 to 2011-12 – from 77.0% to 78.8% – is in the desired direction. The county comparative rank remained unchanged, at 6th.

---

**Note:** Each school year is named by the year in which it ends, e.g., the 2011-12 school year is shown as 2012.
**Background**
Currently 36.1% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Enrollment” measure tracks the percentage of high school graduates who enrolled in a 2- or 4-year college at any time in the first two years after graduation. The indicated year is the year of high school graduation.

The source of these data is the National Student Clearinghouse. More than 3,500 colleges and universities, enrolling over 98% of all students in public and private U.S. institutions, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate’s, bachelor’s and advanced degrees are counted in the graduation rates. Certificates are not included.

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

**New Data**
The value for 2011 is 75.4%. The values for the years 2005 – 2010 have been revised; see the note above.

**Short-Term Trends**
The short-term trend from 2010 to 2011 – from 76.4% to 75.4% – is not in the desired direction.
Outcome: Young People Succeeding
Indicator: College Persistence

Background
Currently 36.1% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Persistence” measure tracks the percentage of students enrolled in a 2- or 4-year college in the first year after graduating from high school who returned to college the next year. The indicated year is the year of high school graduation.

The source of these data is the National Student Clearinghouse. More than 3,500 colleges and universities, enrolling over 98% of all students in public and private U.S. institutions, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate’s, bachelor’s and advanced degrees are counted in the graduation rates. Certificates are not included.

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

New Data
The value for 2011 is 82.9%. The values for the years 2007 and 2009 have been revised; see the note above.

Short-Term Trends
The short-term trend from 2010 to 2011 – from 84.4% to 82.9% – 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 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.
Outcome: Young People Succeeding
Indicator: College Graduation

Background
Currently 36.1% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Graduation” measure tracks the percentage of high school graduates who graduated with a 2- or 4-year college degree within the first six years after high school graduation. The indicated year is the year of high school graduation.

The source of these data is the National Student Clearinghouse. More than 3,500 colleges and universities, enrolling over 98% of all students in public and private U.S. institutions, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate's, bachelor's and advanced degrees are counted in the graduation rates. Certificates are not included.

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

New Data
The value for 2007 is 38.0%. The values for 2005 and 2006 have been revised; see the note above.

Short-Term Trends
The short-term trend from 2006 to 2007 – from 35.2% to 38.0% – is in the desired direction.

* Includes students who complete their college degree 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.

PERCENT OF HIGH SCHOOL CLASS WITH A COLLEGE DEGREE*

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery Co.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>31.9%</td>
</tr>
<tr>
<td>2004</td>
<td>34.3%</td>
</tr>
<tr>
<td>2005</td>
<td>34.7%</td>
</tr>
<tr>
<td>2006</td>
<td>35.2%</td>
</tr>
<tr>
<td>2007</td>
<td>38.0%</td>
</tr>
</tbody>
</table>

* Includes students who complete their college degree 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: Teen Pregnancy

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

New Data
The values for 2011 and 2012 are being reported for the first time, as are the United States values for 2007 and 2008. In addition, many values previously reported are being revised, primarily due to the use of updated estimates for fetal loss for the years 2000 – 2008.

Short-Term Trends
The short-term trend from 2011 to 2012 – from 2.9% to 2.7% – is in the desired direction. The county comparative rank did not change in the desired direction, moving from 4th to 5th.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery Co.</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>6.3</td>
<td>5.5</td>
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<tr>
<td>1998</td>
<td>5.7</td>
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<tr>
<td>2012</td>
<td>2.7</td>
<td>2.8</td>
<td>2.9</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
When an individual’s sense of safety and well-being is disrupted, it has an adverse impact on the family unit. Prostitution has this kind of impact on the health and well-being of families; it is often generational in nature with girls learning the trade from aunts, sisters and mothers, even grandmothers. It also has a major impact on the well-being of any children in the household due to the volatile nature of this trade and the danger it presents to the children as well as the instability of the household due to a parent who may often be in and out of jail.

In its first year of operation, this program served 153 women charged with prostitution or prostitution-related offenses currently in the county jail system. More than 90% of the women participating in the program struggle with alcohol or drug addictions. Most have suffered physical or sexual abuse as children. Their mental health and substance abuse issues are co-occurring disorders so treatment for these issues is a very long-term process. In addition to providing cognitive behavioral therapy group sessions and individual sessions with the women in jail, the program offers continuing support to program participants in residential Alcohol and Other Drugs (AOD) treatment programs.

“Moving On: A program for At-Risk Women” is a curriculum specifically designed for women involved in the criminal justice system. The program provides women with alternatives to criminal activity by helping them identify and mobilize personal and community resources. "Moving On" is organized around four main themes: 1) encouraging personal responsibility and enhancing motivation for change; 2) expanding connections and building healthy relationships; 3) skill enhancement, development and maintenance and 4) relaxation and stress management. "Moving On" was also offered twice a year to women post-release in the community.

In addition to the Moving On curriculum, peacemaking circles are held for the women while they are incarcerated and post-release in the community. The peacemaking circle is a meeting where individuals come together to discuss ideas, share stories and to problem solve. The meeting is facilitated with everyone seated in a circle format so there is equal visual contact and equal participation and capacity to teach and learn among all participants. These circles are an alternative conflict resolution process based on restorative justice principles which seek to foster healing for victims, offenders, their families and the community. Victims take an active role in the process, while offenders are encouraged to take responsibility for their actions and repair the harm they’ve done by apologizing, making amends in other substantive ways or by performing community service.

The Center for Interventions, Treatment and Addictions Research at Wright State University worked with Montgomery County staff to establish an evaluation component for this project to determine if this type of intervention would reduce recidivism. The short-term preliminary data show that recidivism was not reduced to the extent anticipated by this intervention. Additional research in the coming year will focus on the women’s motivation to change.

The Stable Families Outcome Team also explored the possibility of collaborating with other Outcome Teams by soliciting information from a number of innovative programs such as the Conscious Parenting model and the Neighborhood School Centers Partnership (NSCP), as well as the Taking Off To Success (TOTS) program.

The Stable Families Outcome Team envisions a community that respects and supports families, where family members have healthy, nurturing relationships with each other and the family unit provides a sense of safety and well-being. This year the Stable Families Outcome Team provided support to the implementation of the Prostitution Intervention Services Project which consists of services provided while women are incarcerated and post release.

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.

Thirty-four (34) group sessions and approximately 360 one-to-one sessions were held with the women to help them prepare for their release back into the community or into AOD or mental health treatment programs. AOD and mental health treatment as well as housing were identified as service gaps once the women were released.

STABLE FAMILIES Outcome Team Roster

STAFF: Kima Cunningham (Office of Family and Children First)
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.

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

New Data
The preliminary 2012 values for Montgomery County and Ohio are 43.0% and 45.5% respectively.

Short-Term Trends
The short-term trend from 2011 to 2012 – from 41.6% to 43.0% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 8th to 5th.

*2012 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. The typical revision is an increase in the value of the indicator.

Readers are also cautioned about comparing these data between counties because there is evidence that the change to the 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. A decrease in the number of reports does not necessarily mean fewer instances of abuse.

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

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

New Data
The preliminary value for Montgomery County for 2013 is 5.5; a 2013 preliminary value for Ohio is not yet available. The 2012 values for Ohio and for all of the counties reported here have been revised. As a result, there have been changes in the county comparative rankings for 2012 and Montgomery County’s rank for 2012 is now 5th.

Short-Term Trends
The short-term trend from 2012 to 2013 – from 5.2 to 5.5 – is not in the desired direction. The county comparative ranking also did not move in the desired direction, changing from 5th to 6th.

* 2013 data are preliminary. See the discussion in the Background section, above.
**Outcome:** Stable Families  
**Indicator:** Preventable Child Deaths

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

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

**New Data**
In 2012, there were 77 deaths of children residing in Montgomery County. Ten of those deaths had not been reviewed when this Report was being prepared; of the remaining 67, 23 were determined to be “Probably Preventable.” In addition, the review of some deaths which occurred in 2009 and 2011 and which had been delayed pending litigation has now been completed. As a result, the number determined to be “Probably Preventable” has been revised to 20 (for 2009) and 17 (for 2011).

**Short-Term Trends**
The short-term trend from 2011 to 2012 – from 17 to 23 – is not in the desired direction.
**Background**

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

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

**New Data**

In 2013 there were 17 deaths due to domestic violence in Montgomery County.

**Short-Term Trends**

The short-term trend from 2012 to 2013 – from 7 to 17 – is not in the desired direction.

Note: Data include victims of all ages and genders. Information is not available from other counties.
In 2013, a major focus of the Positive Living for Special Populations Outcome Team was on accessibility. Accessibility is critical to realize the vision that special populations can participate in every aspect of community living. The team continued to explore improving accessibility for special populations in Montgomery County:

- The PLSP Team spent considerable time exploring, discussing and developing the potential uses of the Access Together website. This free web site enables smart phone, tablet and computer users to rate the accessibility of locations in the community. The site enables users through crowd-sourcing to rate each location’s accessibility information answering questions related to the following categories: Wheelchairs & Mobility, Blind and Visually Impaired, Deaf and Hard of Hearing, Sensory Friendly, and Seniors. The group discussed possible community organizations to lead the effort to rate accessibility throughout the community. Goodwill Easter Seals Miami Valley agreed to champion this initiative and hired a staff person to train community volunteers to rate accessibility in the community.

In addition, discussions were held with Wright State University’s Department of Rehabilitation to initiate curriculum, which would train students to rate accessibility utilizing the Access Together website. The curriculum was approved by Wright State University and the first class is set to begin in January 2014.

- Adequate transportation continues to be a concern for special populations. In 2013, the PSLP Team invited Bob Steinbach, Miami Valley Regional Planning Commission, and Allison Ledford, Greater Dayton Regional Transit Authority, to provide an update on transportation for special populations. Bob Steinbach, Director of Regional Initiatives, provided possible explanations regarding why the Senior Transportation Expansion Program’s ridership has not seen growth in the last few years. However, the Non-Emergency Transportation Program (a Medicaid transportation program for medical appointments) has seen significant growth over the last 2 years. New Freedom (a federal grant program that aims to provide additional tools to overcome existing barriers facing Americans with disabilities seeking integration into the work force and full participation
in society) and local match funds have been used to update about 200 bus stops by paving pedestrian landings (areas from the sidewalk to the curb) for easier access in both Kettering and Centerville. The City of Dayton plans to update another 200 bus stops in the spring of 2014.

During 2013, the Positive Living for Special Populations Team discussed health and safety issues impacting special populations. There have been severe storms during the last several years, which led to widespread, lengthy power outages. The team continued its inquiry on the emergency planning specific to special populations. The PLSP Team received an update from Montgomery County and Public Health – Dayton and Montgomery County regarding a large scale emergency drill. Larry Cleek, Emergency Preparedness Coordinator of Public Health – Dayton & Montgomery County, reported to the PLSP Team on the Functional Needs Full Scale Exercise held on May 22, 2013. The next phase of the emergency planning will expand to include mental health involvement from ADAMHS and Disaster Mental Health through Calamityville.

Other areas of interest in 2013 included:
- Many people who have physical or mental disabilities or are frail and elderly rely to a large extent on Federal and State programs to help them. Therefore, the PLSP Team continues to actively monitor and discuss legislative changes that affect special populations. The new Modified Adjusted Gross Income (MAGI) type of Medicaid and Medicaid Extension (Expansion) are examples of two areas that will impact many individuals in 2014 and beyond.

- The Facilitating Access, Choice, Empowerment and Safety (FACES) Collaborative is composed of Artemis Center for Alternatives to Domestic Violence, the Access Center for Independent Living, Deaf Community Resource Center, Goodwill Easter Seals Miami Valley, Montgomery County Board of Developmental Disability Services, and the Wright State University Substance Abuse Resources and Disability Issues (SARDI) program. The purpose of the collaborative is to improve access to local domestic violence services for individuals with disabilities and Deaf individuals.

- The FACES Team spent the first part of 2013 developing a strategic plan and then began implementation of the plan over the summer. They provided domestic violence training to key staff at the partner agencies that serve individuals with disabilities and Deaf individuals. This training included detailed information on identifying individuals with disabilities who experience intimate partner violence and best response practices, including safety planning tailored to meet the needs of individuals with disabilities and Deaf individuals. In addition, the FACES Team trained the Artemis Center clinical staff in working with individuals with disabilities and Deaf individuals. Finally, the FACES Team conducted facility accessibility audits at each of the six partner agencies. Federal funding for the collaboration expired in June, but the FACES Collaborative continues to work to improve services for victims with disabilities and Deaf victims in Montgomery County.
positive living for special populations
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, LPC (Samaritan Behavioral Health, Inc. - CrisisCare)  Pam Albers, RN, MS (Help Me Grow – Brighter Futures)  Michelle Beebe, RN, MPH (Southview Medical Center)  James Bryant, M.D. (Ohio Pediatrics, Inc.)  Susan Caperna (Family Representative)  Rev. Leroy Cothran, D. Min. (United Missionary Baptist Church)  Julie Dversdall, RN (Dayton Children’s Hospital - Through August 2013)  Wendy Franck, MA, PC (Samaritan Behavioral Health, Inc.)  Melanie Glover, M.D. ( Miami Valley Hospital)  Deborah Gresham (CareSource - Beginning July 2013)  Andrea Hoff, MPA (ADAMHS Board - Montgomery County)  Barbara Jacobs, RD, LD, MA (Public Health - Dayton & Montgomery County)  Jeff Ochs, M.Ed. (Montgomery County Educational Service Center)  Sara J. Paton, Ph.D. (Public Health - Dayton & Montgomery County / Wright State University)  Belinda Peugh, MSW (Montgomery County Department of Job and Family Services, Children Services Division)  Tim Pfister (Montgomery County Board of Developmental Disabilities Services)  Carrie Rogge, MSW (ADAMHS Board - Montgomery County)  Jessica Saunders (Dayton Children’s Hospital - Beginning August 2013)  Tracey Waller, MBA, RD, LP, IBCLC (Public Health - Dayton & Montgomery County)  Josephine F. Wilson, D.D.S., Ph.D. (Wright State University- Boonshoft School of Medicine - SARPI Program)

Montgomery County FASD Task Force 2013

Fetal Alcohol Spectrum Disorders (FASD) continued as a priority issue for the Positive Living for Special Populations Outcome Team in 2013. Exposure of the fetus to alcohol during the prenatal period can have serious effects. It is estimated that 70-80 children per year are affected in the Montgomery County area. These children may exhibit mental, cognitive, behavioral and physical consequences which cannot be cured. The problems affecting these children are 100% preventable. It is because of this fact and the resultant cost to the community that the Montgomery County FASD Task Force was created in 2008. Since that time this committed group has been working to address the issue and increase prevention efforts in Montgomery County.

One of the major initiatives this year included the expansion of SBIRT (Screening, Brief Intervention and Referral to Treatment) services in primary care settings with women of childbearing age in order to assess their drinking habits and promote abstinence during pregnancy. SBIRT is an evidence-based, cost effective model demonstrated to reduce alcohol consumption and is endorsed by the Substance Abuse and Mental Health Services Administration. After assessment, those identified to be at moderate or high risk of alcohol abuse receive a brief intervention, which focuses on raising awareness of the possible consequences with the goal of increasing their motivation to change their future behavior. For those women who are pregnant, the education includes the awareness of the harm that alcohol consumption has on their growing baby. Those identified as having substance dependence are referred to an appropriate treatment provider. In 2013, because of the outstanding results previously achieved by the Montgomery County Women, Infants and Children (WIC) program who implemented the SBIRT program in 2008, the Ohio Women, Infants and Children (WIC) program implemented SBIRT in all WIC clinics in Ohio. The training program developed to orient and guide WIC staff across the state was developed under the guidance of the WIC manager from Montgomery County. Based on the implementation of SBIRT in WIC clinics all over Ohio, we should see a reduction in the number of infants exposed to alcohol during the prenatal period, resulting in healthier infants overall.

A very exciting thing happened this year as Susan Caperna, a Montgomery County FASD Task Force member and state FASD Committee member, was honored as the Ohio FASD Advocate of the Year by Melinda Norman, MS, OCPS II, Bureau of Prevention from the Ohio Mental Health & Addiction Services, and chair of the Ohio FASD Committee. Susan has participated in the Task Force since its inception and we have benefited greatly from her commitment and various contributions to the Task Force and the community at large. Susan is one of the facilitators for the Triumph training classes, held twice a year for eight weeks to assist families affected by FASD to cope and address the many various issues that arise as they provide care for their children.

One of the goals for 2013 included developing resources for families impacted by FASD. Representatives from Dayton Children’s Hospital contributed to the goal of developing resources for the community as they reviewed 14 videos or DVDs and 26 pieces of literature and facilitated the purchase of eight additional copies of the most useful resources addressing a variety of issues that families face when managing a child affected by an FASD.

We were fortunate to facilitate two seminars as Kathy Mitchell, Vice President of the National Organization on Fetal Alcohol Syndrome, NOFAS, provided education, instruction and inspiration to 37 attendees, including FASD Task Force members, families affected by FASD, social workers, nurses, and HMO representatives. She also met with local task force members to offer encouragement and share best practices on how to accomplish the goal of reducing alcohol-exposed pregnancies in Montgomery County.

An SBIRT/motivational interviewing class was provided in September which had 25 professionals in attendance. Having individuals trained in this methodology will assist in the utilization of this technique in multiple locales.

Overall, it has been a very busy and productive year. Task Force members are appreciative of the support and guidance provided by the Positive Living for Special Populations Outcome Team, and the Family and Children First Council. We are excited about the goals identified for the coming year as we work to achieve exceptional outcomes for the Montgomery County community.
To help give young children the best possible start in life, the Help Me Grow program is state and federally funded for eligible expectant mothers, newborns, infants, and toddlers. The program is guided by the Ohio Department of Health and administered by the Montgomery County FCFC through local contracts. Participation in Help Me Grow is entirely voluntary. Services are based on the needs and desires of each family.

In Montgomery County, Help Me Grow provides child find and outreach activities; information and referral for families; visits in the home utilizing the research-based home visiting Nurse Family Partnership and Parents As Teachers models; assessments and developmental evaluations; service coordination and linkage to community resources; family support and other services until the child’s third birthday.

Help Me Grow central coordination and ongoing early intervention services funded through FCFC were provided in 2013 by the Greater Dayton Area Hospital Association’s Help Me Grow Brighter Futures program. Developmental evaluations were provided by the Montgomery County Board of Developmental Disabilities Services PACE Program, Public Health-Dayton & Montgomery County, and Help Me Grow Brighter Futures.

Help Me Grow Brighter Futures Central Coordination handled 2,848 referrals in 2013 from a variety of sources (see chart below). As of December 31st, a total of 511 service plans were in place for young children and their families in the Help Me Grow Early Intervention program. Through the Early Intervention program, children with suspected or diagnosed delays or disabilities receive services.

As part of the state’s Autism Diagnosis Education Pilot Project (ADEPP), a team of trained staff from Help Me Grow and the Parent and Child Enrichment (PACE) program are using the evidence-based Autism Diagnostic Observation Schedule (ADOS). The goal is to achieve earlier and more reliable identification of developmental disorders, including autism spectrum disorders in children under age three. The Montgomery County ADEPP team administered the ADOS to 10 children in 2013. Of those children, seven were referred to Dayton Children’s developmental clinic. The ADOS identified five children with criteria specific to being on the autism spectrum.

All of the children were eligible to continue in Help Me Grow and receive early intervention services.

<table>
<thead>
<tr>
<th>CHILDREN RECEIVING ONGOING HMG SERVICES</th>
</tr>
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<tbody>
<tr>
<td>Under 12 months</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>EARLY INTERVENTION TOTAL 511</td>
</tr>
<tr>
<td>46</td>
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</tbody>
</table>

Referrals - In 2013, there were 2,848 referrals to Help Me Grow from a variety of sources.

| Source: Ohio Department of Healthy Early Track |
Dean — Ellen did everything she could to have a planned pregnancy. Her boys were going to be close in age growing up, she was going back to work, joining the gym, and she felt in control! Her son’s birth was even a scheduled C-section. Then her perfectly planned world was turned upside down. Shortly after her son cried for the first time, the doctors rushed him out of the room. For hours, she had no idea what was happening. Her son had a cleft palate and had to be transferred to another hospital an hour away. Ellen held her son for a heart wrenching 5 minutes, and then he was pried from her. She was later told he had glaucoma, severe hearing loss, and Pierre Robin Sequence. He couldn’t lie on his back due to concerns he would suffocate. In order to prevent Dean’s weight from dropping, Ellen had to learn how to use special nipples when feeding him.

Ellen and her husband went home to non-stop heart alarms, bottle feedings and endless phone calls. One of these calls was from an Early Intervention Service Coordinator. Ellen wanted to do everything she could to help her son. She lived far away from her family. The military kept her husband away when she needed him most. The Service Coordinator offered support, reassurance, information, and stability. Being part of the Early Intervention system helped Ellen connect to resources and begin networking with others in the same situation. Later, there were many more diagnoses for Dean, but she now had the courage to take on these challenges with her connection to Help Me Grow.

Harmony — Shannon started seeing her HMG Nurse-Family Partnership home visitor when she was pregnant with her daughter, Harmony. Single, working part-time, and going to school full-time, she was very grateful to have a support person in her life. Her nurse was a trusted source of knowledge and encouraged her to make her own informed choices, set goals, and find resources. Shannon was also assigned a HMG Service Coordinator due to her daughter’s speech delay. Her Service Coordinator connected her to services needed to encourage Harmony’s speech development.

Shannon took full advantage of the playgroups available for her daughter through HMG and saw her grow socially. Shannon also benefitted from the educational sessions organized by the HMG Family Support Specialist. Attending these informative workshops equipped her with the parenting tools she needed. Shannon believes the one hour per week home visits have been an enormous blessing for her daughter and her family. Harmony is excelling and surpassing what Shannon thought was possible.

Thomas — Sarah’s son, Thomas, was 18 months old when she had concerns about his frequent outbursts and displays of repetitive, unusual behaviors. A friend encouraged Sarah to call Help Me Grow. Sarah was relieved to be able to share her concerns about her son’s development with someone who could help her find answers.

Sarah’s Help Me Grow Service Coordinator helped her navigate the resources available. After evaluations by a psychologist, a developmental pediatrician, and a speech and language pathologist, Thomas was diagnosed with Apraxia and Sensory Integration Disorder. Sarah’s Service Coordinator referred her to the Bureau of Children with Medical Handicaps (BCMH) to help fund diagnostic testing. Through Help Me Grow, Sarah was able to access financial resources to pay for speech therapy. Additionally, the Parent and Child Enrichment (PACE) program gave Sarah strategies to implement into her daily routine.

Thomas learned self-control and how to communicate his needs and wants as a result of being in the Early Intervention Program. He qualified for preschool special education services in his local school district, where he continues to receive the needed support for his development. His previous year of intensive EI services prepared him well for his new environment.
**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 2011 survey is the most recent one for which the data analysis has been completed. The Montgomery County value is 7.04 and the Ohio value is 6.83.

### Short-Term Trends
The short-term trend from 2009 to 2011 – from 6.83 to 7.04 – is not in the desired direction. The county comparative rank did change in the desired direction, moving from 6th to 5th.

![Average Daily Census (ADC) of Nursing Homes Per 1,000 Residents](chart)

**AVERAGE DAILY CENSUS (ADC) OF NURSING HOMES PER 1,000 RESIDENTS**

<table>
<thead>
<tr>
<th>Year</th>
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<th>Ohio</th>
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</tr>
</thead>
<tbody>
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<td>6.51</td>
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<tr>
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<tr>
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<tr>
<td>2009</td>
<td>6.83</td>
<td>6.93</td>
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<tr>
<td>2011</td>
<td>7.04</td>
<td>6.83</td>
<td>6.83</td>
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</table>

*Most desirable ranking is number one.*

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<th>Year</th>
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<th>United States</th>
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*first time being reported | previously reported, now revised*
**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 +/- 1% to 3%.” The county comparative ranking may be affected by these margins of error.

### New Data

All values for 2012 are new. For comparison, the 2012 employment rates for persons without a disability are as follows:

- Montgomery County: 64.0%
- Ohio: 65.4%
- US: 64.9%

### Short-Term Trends

The short-term trend from 2011 to 2012 – 22.2% to 19.8% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 3rd to 4th.

---

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>27.1%</td>
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</tr>
<tr>
<td>2009</td>
<td>21.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>21.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>22.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>19.8%</td>
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<td></td>
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</table>

- Montgomery Co.
- Ohio
- United States

### Desired Direction

Most desirable ranking is number one.

*The sample size for the American Community Survey means that comparative data are currently not available (n/a) for some of the nine other counties.
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 2012 a two-parent family with two children under 18 was considered to be in poverty if the family income was below $23,283. The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).

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

Note: These survey questions have changed over the years; as a result, the Census Bureau does not recommend comparing 2008 (and later) data with data prior to 2008. Therefore, this indicator begins with 2008 data. The values reported here are estimates of the true value as prepared by the American Community Survey (ACS). These are based on a sample of the population and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. For the US data reported here, there is a 90% probability that the true value is within the range of +/- 0.1%. For Ohio data, the comparable range is +/- 0.6% and for the county data it is approximately +/- 1% to 3%. The county comparative ranking may be affected by these margins of error.

New Data
All values for 2012 are new. For comparison, the 2012 poverty rates for persons without a disability are as follows:

- Montgomery County: 14.4%
- Ohio: 12.3%
- US: 12.7%

Short-Term Trends
The short-term trend from 2011 to 2012 — 25.9% to 24.4% — is in the desired direction. The county comparative rank also changed in the desired direction, moving from 4th to 1st.

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<thead>
<tr>
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</tr>
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<td>Montgomery</td>
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<td>Lucas</td>
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<tr>
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<td>Mahoning</td>
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<tr>
<td></td>
<td>Summit</td>
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</tr>
</tbody>
</table>

Most desirable ranking is number one.

* The sample size for the American Community Survey means that comparative data are currently not available (n/a) for some of the nine other counties.
Safe and Supportive Neighborhoods

Safe Neighborhoods Outcome Team Roster

CO-CHAMPION  The Honorable Jeffrey E. Froelich (Second District Court of Appeals of Ohio)  CO-CHAMPION  Commissioner
 Joey D. Williams (City of Dayton)  Stephanie Cook, J.D. (City of Dayton)  James Dare (Montgomery County Common Pleas Court)  Douglas Knight (Vandalia Police Department)  Rudy Wehner, J.D. (Montgomery County Public Defender’s Office)  Josephine F. Wilson, D.D.S., Ph.D. (Wright State University - Boonshoft School of Medicine - SARDI Program)

STAFF:  Joe Spitler (Montgomery County Criminal Justice Council)

Safe and Supportive Neighborhoods

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

Three years ago Samaritan Behavioral Health received initial funding from Catholic Health Initiatives (CHI) for a community-wide violence prevention project. At the instruction of CHI the first two years were spent planning, gaining the commitment of over 90 community organizations and individuals, and developing a Strategic Plan and Logic Model.

Samaritan Behavioral Health, Inc. (SBHI) has taken the lead in working with the diverse array of community partners serving in the role of “convener” for the project. Funding from CHI is to be utilized for the structure of United Against Violence of Greater Dayton with a focus on violence prevention.

Working Councils were formed focusing on the areas of Youth Prevention and Intervention, Parent and Family Success, Community Awareness, Community Norms and Standards, Funding, Public Health, and Young Adults. These councils fall under the direction and support of the Leadership Council.

During the planning process the following goal was developed:
Reduce Part I and Part II Violent Crimes in designated Montgomery County neighborhoods (Westwood, North Riverdale, Harrison Township and Trotwood) by 10% over 3 years ending December 31, 2014.

The Safe Neighborhoods Outcome Team believes that prevention is the key to reaching that goal. Therefore, the Team supported the efforts of UAVGD and their partner agencies in providing Second Step: A Violence Prevention Curriculum, an evidence-based best practice violence-prevention program. During the 2012-2013 school year the program was delivered in 14 schools in the four designated high-violence areas of Montgomery County: North Riverdale, Westwood, Trotwood, and Harrison Township. The program served 702 students in 37 classrooms of pre-school, and 4th or 5th grades. The original intent was to serve 300-400 children, but that goal was exceeded.
In addition, the Safe Neighborhoods Outcome team requested an additional $7,000 to replicate the program in the 2013-2014 school year. This request was approved by the Family and Children First Council.

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

**Pre-K Report**
- Reduce physical violence by 50% goal, 67% actual
- 90% of the students who began the program will complete all 10 sessions, excluding students with poor attendance or students who have left the school entirely. 81.2% of students completed 30% of sessions which were increased from 10 to between 20 and 30 sessions for Pre-K students.
- Discipline referrals decreased by 15% (goal) comparing the 2011-12 school year to the 2012-13 school year. Actual 68%
- Verbal aggression (bullying) will be reduced by 50% (goal), 69.6% actual.
- Teacher ratings -70% (goal) of students demonstrating an increase in protective factors, social skills. 78.8% actual

**Older Child Report**
- Reduce physical violence by 50% goal, 82.2% actual
- 90% of the students who began the program will complete all 10 sessions, excluding students with poor attendance or students who have left the school entirely. 88.7% of students completed all sessions.
- Discipline referrals decreased by 15% (goal) comparing the 2011-12 school year to the 2012-13 school year. Actual 86.1%
- Verbal aggression (bullying) will be reduced by 50% (goal), 82.6% actual.
- Teacher ratings -70% (goal) of students demonstrating an increase in protective factors, social skills. 79.5% actual

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

The program was provided by staff from Samaritan Behavioral Health, National Conference of Community and Justice (NCCJ), South Community Behavioral Health, Public Health – Dayton & Montgomery County, and Unified Health Solutions.
Safe and Supportive Neighborhoods
Comprehensive Neighborhood Initiative Policy Team Roster


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

Comprehensive Neighborhood Initiative

Following a series of neighborhood forums and other community conversations several years ago, it became clear to the Supportive and Engaged Neighborhoods Outcome Team that an initiative which worked in an integrated manner to achieve all of the FCFC desired community outcomes was needed. In addition, the Team felt that such a comprehensive initiative should begin by targeting a small number of distressed neighborhoods and by leveraging existing assets and efforts. With approval from the FCFC, Taking Off to Success (TOTS) was launched.¹ TOTS is designed to improve school readiness among children in the high-poverty attendance zones of Ruskin and Edison Elementary Schools, two of Dayton Public Schools’ Neighborhood School Centers. Since 2010, TOTS has been implemented in the Edison neighborhood by Miami Valley Child Development Centers (MVCDC) and in the Ruskin neighborhood by East End Community Services. Briefly, parent educators hold weekly sessions with groups of parents of pre-school children, invite guest speakers on a variety of relevant topics, conduct field trips to places of interest for families with young children, and make home visits.² During the first three years of the program, 649 adults and 676 children participated in TOTS at either Edison or Ruskin, with 269 adults and 278 children attending at least four sessions.

High poverty neighborhoods experience high levels of distress and disengagement and a high propensity for fragile families. Schools cannot keep pace with the educational and non-educational demands that the children from these families experience. As a “kindergarten readiness” program, TOTS addresses this complexity by recognizing the range of social, educational, economic, health and political factors that impact children’s early educational success. In order for children to become school-ready, their families must provide an environment that appropriately nurtures their development and socializes them to be successful at school. Resources are needed to ensure that families are in a position to provide such nurturing and are equipped with the knowledge, resources, health, and social and emotional capital for the task. Institutions serving families must be accessible and able to meet demands on their time and services, as well as the range of needs presented.

The goals of the program are (A) that children are kindergarten-ready and (B) that TOTS parents are engaged in their neighborhoods. Short-term indicators of goal (A) include an increase in parents who are practicing school readiness skills with their children; using screening tools to inform parents about their children’s strengths, developmental needs, and health; and encouraging parents to establish family routines and use techniques such as scaffolding.³ Short-term indicators for goal (B) include ensuring that TOTS families have access to neighborhood schools; an increase in parent involvement in neighborhood and school based activities; and expanded personal networks for parents. The commitment to increase interagency agreements to expand social capital among participating families is also an indicator of goal (B).

TOTS Impacts School Readiness

(Goal A): Three lines of evidence suggest that TOTS parent participation has a positive impact on their children’s school readiness. Of interest, the magnitude of the effect is relatively consistent across all three lines of evidence. First, a comparison of mean KRA-L4 scores between TOTS children and matched control groups of immediate neighborhood children with no center-based childcare favor TOTS children by 1.4 points overall and 1.6 points when ESL² participants are excluded. Second, a comparison of before and after Bracken School Readiness.

For a look behind the numbers, go to page 52.
Composite6 (SRC) scale scores suggest gains of 1.3 points on the 20 point Bracken School Readiness Composite scale score. Given that regression analysis indicates a 1 point increase in the Bracken SRC scale score is associated with a 1.35 point increase in the KRA-L, a 1.3 point Bracken Scale Score increase is associated with approximately a 1.8 point increase on the KRA-L (1.3 x 1.35 = 1.8). Third and finally, actual vs. forecasted KRA-L scores were examined for a sample of MVCDC preschoolers and TOTS children using end of preschool Bracken scores for MVCDC preschoolers and baseline Bracken scores for TOTS participants. TOTS participation had a positive and significant effect on KRA-L scores. Participation in TOTS by parents was associated with 2.1 additional points on the KRA-L.

TOTS Parents are Engaged in Their Neighborhoods (Goal B): Parent educators focused on building parents’ capacity to meet their parenting goals, connected them to schools in their attendance zones, to their neighborhoods and to social service providers. They also facilitated the development of social capital.

- Parents expressed high levels of satisfaction with all components of the program.
- Parents valued the opportunity to socialize and learn with other parents.
- Parents indicated that the ASQ7 and Bracken assessments supported their understanding of their child’s strengths and weaknesses and what actions needed to be taken to ensure their child was kindergarten ready.
- Parents identified increased parenting capacity as evidenced by:
  o new parenting techniques
  o better ways of interacting with their child
  o expanded sphere of engagement
  o more realistic expectations
  o supporting and receiving support from other parents
  o increased confidence as a parent
- Parents expressed an understanding of getting children “school ready” as evidenced by:
  o understanding child development as related to school readiness
  o understanding the importance of reading to their child;
  o playing games with children
  o going to the library with children
  o completing and having the ASQ and Bracken results explained

A team of evaluators from the University of Dayton and Wright State University conducted a three-year process and outcome evaluation. This evaluation process allowed the evaluation team to relay feedback based on observations and participants to the TOTS staff. It facilitated the process of implementing necessary changes in a timely fashion and ensured responsive programming to meet the families’ needs as well as to ensure corresponding upgrades to data collection instruments. This approach provided an opportunity to better align programming with the range of factors that typically impact kindergarten-readiness in a high poverty context, and to limit the extent to which these factors undermined program effects. The above elements make the TOTS program unique.

A final and unexpected outcome of the program was the request of parents to develop an alumni group so they could continue to meet, enjoy peer support, continue their journey to ensure that their children are successful at school and expand their social and service networks.

The initial funding allocation from the FCFC was sufficient to continue TOTS into 2014 during which the FCFC will consider all of these results and make a decision regarding the future of the program.

1 More information on the design and initial implementation of the Comprehensive Neighborhood Initiative can be found in the 2009 FCFC Report and the 2010 FCFC Report.
2 More information on the evolution of TOTS can be found in the 2011 FCFC Report and the 2012 FCFC Report.
3 “Scaffolding” can be considered a model to account for how certain types of social interaction, e.g., how a parent verbally elaborates on a past event that the parent and child are jointly remembering, can facilitate the child’s development.
4 Kindergarten Readiness Assessment – Literacy, an assessment conducted when a child first enters kindergarten. The maximum score is 29. See page 15.
5 English as a Second Language.
6 A cognitive test that assesses whether a child (pre-K through 2nd grade) knows basic information that children have typically acquired by a particular age.
7 Ages and Stages Questionnaire, providing developmental and social-emotional screening for children from one month to 5½ years.
**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. Note that the full dataset, which includes data going back to 1985, is available at www.montgomerycountyindicators.org.

**New Data**
The preliminary value for Montgomery County for 2012 is 4.1, and its county comparative rank is 5th. For 2012 the preliminary value for Ohio is 3.0 and for the United States it is 3.9. The preliminary values for 2011 for all three entities that were reported last year are now final, and have not changed. The preliminary 2011 values for some of the other Ohio counties reported here have changed; these changes have affected the county comparative rankings for that year, and Montgomery County’s rank for 2011 is now 5th.

**Short-Term Trends**
The short-term trend from 2011 to 2012 – from 4.1 to 4.1 – is flat. The county comparative rank remains unchanged at 5th.

*2012 data are preliminary.*

---

### VIOLENT CRIME

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

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<tr>
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*2012 data are preliminary.

**Desired Direction**

**Historical Trend**

---

**Note:** The preliminary value for Montgomery County for 2012 is 4.1, and its county comparative rank is 5th. For 2012 the preliminary value for Ohio is 3.0 and for the United States it is 3.9. The preliminary values for 2011 for all three entities that were reported last year are now final, and have not changed. The preliminary 2011 values for some of the other Ohio counties reported here have changed; these changes have affected the county comparative rankings for that year, and Montgomery County’s rank for 2011 is now 5th.

**Short-Term Trends**
The short-term trend from 2011 to 2012 – from 4.1 to 4.1 – is flat. The county comparative rank remains unchanged at 5th.

*2012 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.

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

**New Data**

The preliminary value for Montgomery County for 2012 is 37.7, and the county comparative rank is 7th. For 2012 the preliminary value for Ohio is 31.2 and for the United States it is 28.6. The 2011 values for all three entities and for the other counties are now final, with the ones for Montgomery County, for Ohio, and for most of the other counties having been revised. As a result, some of the county comparative rankings for 2011 have also changed, but Montgomery County remains at 7th.

**Short-Term Trends**

The short-term trend from 2011 to 2012 – from 38.6 to 37.7 – is in the desired direction. The county comparative rank remained unchanged at 7th.

*2012 data are preliminary.*

![PROPERTY CRIME](image_url)

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

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<tr>
<td>1995</td>
<td>38.6</td>
<td>31.4</td>
<td>28.6</td>
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<tr>
<td>1990</td>
<td>38.6</td>
<td>31.4</td>
<td>28.6</td>
</tr>
<tr>
<td>1985</td>
<td>38.6</td>
<td>31.4</td>
<td>28.6</td>
</tr>
</tbody>
</table>

*First time being reported
Previously reported, now revised
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 2013 is 23.8% and the value for Ohio is not yet available.

Short-Term Trends
The short-term trend from 2011 (the previous off-year election) to 2013 – from 43.5% to 23.8% – is not in the desired direction. The county comparative rank also did not move in the desired direction, changing from 8th in 2012 to 9th in 2013.
The Economic Self-Sufficiency Outcome Team (ESS) focused on exploring new projects and expanded employment opportunities for individuals in poverty with barriers to traditional employment. The Team also focused on supporting the Montgomery County Office of Ex-Offender Reentry and its effort to improve employment opportunities for Ex-Offenders.

The ESS Team received one of the first presentations on the possibility of replicating the Cincinnati Works model in Dayton and Montgomery County. The Cincinnati Works model, supported by corporate giving, assists approximately 800 women and men each year within a network of local employers by providing clients with wrap-around services and continued support while they are entering the workforce. The relationship between the clients and Cincinnati Works is a lifetime connection where clients can continue to seek services as needed. Some employers share an employment and benefit specialist that can assist clients at the worksite and reduce absenteeism. Locally, the Dayton Foundation and Goodwill Easter Seals Miami Valley are working to develop a potential Dayton Works model.

In support of the efforts of the Office of Reentry, the ESS Team was presented with information on PathStone, a national non-profit organization based in New Jersey. PathStone provides general training funding for individuals who work and earn income on a farm or in farm-related activity. Training is completed through in-house programs and at community colleges. Upon completion of 25 hours of compensated work, eligible U.S. citizens and their immediate families qualify for training assistance.

The Team received information regarding Synergy Incubators, a local effort working to provide kitchen incubator services, business plan development and promotion of food trucks. A presentation by the Economic and Community Development Institute (ECDI) in Columbus, who is working with Synergy Incubators, was made in June. ECDI provides support, access to capital and evaluation services to individuals and non-profits developing social enterprise.

Additionally, the Team received regular updates on the Montgomery County Department of Job and Family Services (JFS) Employability Database project. JFS indicated that the aggregate information will be useful as a marketing tool for local employers to recruit job seekers.

The ESS Team’s 2013 focus on new ways to address the age-old issues of under- and un-employment for individuals and families in persistent poverty uncovered new opportunities and resources in the community.
Recidivism - Impact on Public Safety
The Montgomery County Ex-Offender Reentry Policy Board (Policy Board), the Montgomery County Office of Ex-Offender Reentry (the Office), and county-wide stakeholders worked diligently through the year 2013 to optimize partnerships and leverage resources to serve the citizens of Montgomery County with effective reentry programs and services, thus minimizing barriers to successful reentry and promoting further reductions in recidivism.

Since the evolution of the Community-Wide Ex-Offender Reentry Task Force (2008), publication of the “Blueprint for Reducing Recidivism in Montgomery County” 5-year strategic plan (2010) and opening of the Office (2010), the Montgomery County recidivism rate has declined from 43.0% to 28.7% (2012), now consistent with the State of Ohio recidivism rate. (See Figure 1). Formal Reentry programming efforts have proven to show definitive impact on client recidivism (re-incarceration) rates. As of November 2013, the recidivism rate for clients who engaged in our formal programming averaged 15.1%. (See Figure 2.)

<table>
<thead>
<tr>
<th>Year</th>
<th>Ohio</th>
<th>Montgomery County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>43.0%</td>
<td>38.7%</td>
</tr>
<tr>
<td>2009</td>
<td>37.7%</td>
<td>36.4%</td>
</tr>
<tr>
<td>2010</td>
<td>36.5%</td>
<td>34.0%</td>
</tr>
<tr>
<td>2011</td>
<td>32.3%</td>
<td>31.2%</td>
</tr>
<tr>
<td>2012</td>
<td>28.7%</td>
<td>28.4%</td>
</tr>
</tbody>
</table>

Figure 1. There has been a steady decline in recidivism over the past five years.

Figure 2. The average recidivism rate for clients engaged in a formal program was 15.1%.
The Policy Board sub-committees have spearheaded several new initiatives in 2013:

- Public endorsement of our employment program by U.S. Senator Rob Portman (who was the original author of the Federal Second Chance Act), Congressman Mike Turner, Dayton Area Chamber of Commerce President Phil Parker, and local entrepreneur Judi Law.
- The Policy Board Housing Sub-Committee has recruited over 12 apartment managers and rental agencies to rent to Ex-Offenders and is working on developing a revolving loan fund to assist clients seeking stable housing.
- The Policy Board Employment Sub-Committee has continued its Mock Interview sessions with many volunteer interviewers coming from the Dayton Rotary Club. Four sessions were held throughout the year with over 100 Ex-Offenders benefitting from the interview practice sessions.
- The Policy Board has created a “Women in Reentry” Sub-Committee to study the differences in successful Reentry for men and women.

**Advanced Cognitive Treatment Services (ACTS) Grant Project Outcomes** – The Advanced Cognitive Treatment Services (ACTS) Project was a comprehensive research project focused on cognitive behavior therapy combined with a curriculum of life and job skill development. The control group received referrals for service while the test group received the full program. Both groups received stipends for participation. The ACTS Project Study, funded by the Department of Justice/Bureau of Justice Assistance and the FCFC Economic Self Sufficiency Outcome Team, closed at the end of March. The research grant was highlighted at the 2013 American Public Health Association Conference in Boston, Massachusetts in a presentation (Figure 3) by Dr. Josephine Wilson, Director of the Wright State University Boonshoft School of Medicine – Substance Abuse Resources and Disability Issues (SARDI) Program Director and grant partner.

The Office staff has completed development of the modified 8-week ACTS Program curriculum model for targeted impact for moderate risk clients and enhanced high-risk client engagement.

**Employer Engagement & Offender Workforce Development (OWD)**

**OWD Workshop Series** – In March, the Office staff developed a direct referral procedural agreement in partnership with a local major manufacturer. This partnership led to the Office staff creation of a seven-module Offender Workforce Development (OWD) Workshop Series Pilot. The pilot project resulted in production worker employment opportunities for over 33 course graduates to date, and additional opportunities for client job placements with other employer partners. Between March and November, Office staff completed five OWD Program cycles. 54 clients have successfully graduated OWD; the manufacturer has engaged with over 85% of these graduates through a Pre-Hire Orientation process. The OWD workshop series was not only successful in connecting reentry clients to employment opportunities, but also in engaging community-based employer representatives and advocates through the “mock interview process,” actively supported and coordinated by the Policy Board Employment Sub-Committee.

**Drug-Free Workplace Support** – In March, the Office began enhancing efforts to support the drug-free workplace needs of employers by providing pre-employment drug screening of referred candidates. Prior to referral to an employer or enrollment in the Offender Workforce Development pilot program, candidates were provided a drug screen. A positive test result provides an opportunity for the client to access treatment programs. It does not remove them from the program. Naturally, no job referrals take place without a negative test. The Office tracked the outcomes of pre-employment drug screenings; the results can be seen in Figure 4.

![2013 Client Drug Screen Results](image)

**Figure 4.** The vast majority of clients had negative drug screens.

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**Advanced Cognitive Treatment Services (ACTS) Associated with Significant Reduction in Substance Abuse in Ex-Offenders**

* Program: Advanced Cognitive Treatment Services (ACTS) Project: Substance Abuse Resources and Disability Issues (SARDI) Program, Boonshoft School of Medicine, Wright State University

* Location: Dayton, Ohio

* Principal Investigator: Michael Ward, Amy Piner, Leon Hardin, Jamie Gee

* Sub-PIs: The Montgomery County Office of Ex-Offender Reentry, Dayton, OH

* The Montgomery County Office of Ex-Offender Reentry, Dayton, OH

* The American Public Health Association Conference

* Poster presentation at the 2013 American Public Health Association Conference.

* The vast majority of clients had negative drug screens.
Community Partnership Building-Support, Education & Advocacy

Reentry Collaborative (Local) - The Montgomery County Reentry Collaborative (Figure 5) was established in 2011 and serves as a community education assembly which seeks to promote reentry provider networking, provide organizational support, and foster long-term sustainability through leveraged partnerships. Evidenced-based strategies are shared to enhance program standards, service delivery, and improve measurable outcomes.

The Reentry Collaborative increased from 29 to 68 collaborative partners in 2013; active partners who assisted in the development and completion of the Reentry Collaborative 2013-2014 Action Plan participated in (10) ten community education and network partner open house events throughout the year, and provided generous toy donations on behalf of the Policy Board Supportive Services Sub-Committee's gift pledge to “Toys For Tots” for 2013.

Ohio Ex-Offender Reentry Coalition (OERC) – During 2013, the Office received OERC Letter of Recognition (March) and Certificate of Appreciation (November) on behalf of the collaborative efforts of the Montgomery County Reentry Coalition. Our “Welcome Home Video” production was posted on the ODRC website, and is currently being used by ODRC staff for inmate introduction to Montgomery County Reentry. In addition, the Office actively participated in over a dozen ODRC prison reentry fairs, attended quarterly OERC meetings, and provided support and technical assistance to webinars and strategic planning meetings. The Office continues to be actively involved with the Ohio Ex-Offender Reentry Coalition and serve in leadership capacities with the Ohio Association of Local Reentry Coalitions (OALRC).

Sustainability

Organizational & Grant Support - The Office supported a reentry grant proposal in partnership with Wright State University Substance Abuse Resources and Disability Issues Program (SARDI) to target services needed to enhance the intake, assessment, and ongoing behavioral health needs of clients. As a result, the Office staff will begin referring eligible reentry clients to Wright State SARDI services.

Strategic Alignment & Continuous Improvement – The Office has been working diligently to refine and improve the quality of our processes, programs and services, in alignment with the Montgomery County 2013-2016 strategic plan. The Office’s improved “5-Step” Intake Orientation process began in October 2013, and continued integration of evidenced based practices will enhance ongoing efforts to increase public safety and reduce recidivism among the clients served.

Leveraging & Optimizing Resources – Reentry partners continue to express their appreciation to the Office for coordinating the mission to help shared reentry clients overcome their barriers and make positive life changes. Our conversations with representatives from community parole, probation, prison, jail, community-based organizations, and other internal and external stakeholders are ongoing and productive. The Office continues to strengthen new and existing relationships to identify the barriers, and contribute to addressing the needs of returning citizens for seamless transition and meaningful contribution and reintegration within their communities.

Youthful Offender Partnerships (Local) - As a proactive approach, the Office welcomed engagement with grant initiatives, such as YouthBuild and County Corp partnership construction training project, which provided paid training opportunities for eligible youthful offenders (18 - 24 years). The Office staff provided on-site recruitment, drug screening, and logistics assistance in support to the project. This initiative ignited new interactions with Montgomery County Juvenile Court Probation and Ohio Department of Youth Services representatives.

In addition, the Office staff actively participated in the 2013 planning and support of the newly formed Juvenile Branch of the Ohio Ex-Offender Reentry Coalition.
Outcome: Economic Self-Sufficiency
Indicator: Unemployment

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

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

New Data
The preliminary value for Montgomery County for 2013 is 7.9%. For 2013 the preliminary value for Ohio is 7.3% and for the United States it is 7.4%. The 2011 and 2012 values for Montgomery County, the 2012 value for Ohio, and the 2011 and 2012 values for most of the other counties reported here have all been revised. As a result, some of the county comparative rankings for 2011 and 2012 have also changed; the rank for Montgomery County remained unchanged for both years at 8th.

Short-Term Trends
The short-term trend from 2012 to 2013 – from 7.8% to 7.9% – is not in the desired direction. The county comparative ranking remained unchanged at 8th.

*2013 data are preliminary.
Ohio Works First (OWF) is part of Ohio’s Temporary Assistance to Needy Families (TANF) program and provides time-limited cash assistance to eligible needy families for up to 36 months. During that time, county departments of job and family services provide support to adult participants to become job-ready, obtain necessary job skills and find employment. The emphasis of OWF is self-sufficiency, personal responsibility and employment. Eligibility for OWF is governed by federal and state law.

Each recipient is part of an “Assistance Group,” which, for practical purposes, can be considered a household. (On average, each Assistance Group has about 2.25 people.) Assistance Groups that are “Child Only” are excluded from this indicator. As a result this indicator tracks the proportion of people in the county who have work activity participation requirements in order to receive OWF.

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

New Data
The 2013 value for Montgomery County is 2.27 and for Ohio it is 1.94. 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 rankings for prior years for some of the other counties have changed; Montgomery County’s comparative county ranking for those years has not changed.

Short-Term Trends
The short-term trend from 2012 to 2013 – from 3.23 to 2.27 – is in the desired direction. The county comparative rank remained unchanged at 5th.
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 2012 values are new; the values for 2002 through 2011 have been revised to adjust for inflation.

Short-Term Trends
The short-term trend from 2011 to 2012 – from $41,442 to $42,524 – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 8th to 7th.
Behind the Numbers: Kindergarten Readiness and Executive Functioning

After steadily climbing for four straight years, the percentage of Montgomery County’s kindergartners who scored in Band 3 on the Kindergarten Readiness Assessment – Literacy (KRA-L) test recently fell. (See page 15.) Nevertheless, the 2012 value (the most recent one available) of 37.6% is over 13% greater than it was in 2007, the low point for this indicator. Perhaps it is no coincidence that 2007 is also the year that the FCFC launched the Early Care and Education initiative, soon thereafter renamed ReadySetSoar, with the specific goal of improving kindergarten readiness across the county.

Improving the school readiness of the county’s children who are growing up in poverty is especially important – and urgent. In the FCFC 2010 Progress Report, for example, we highlighted the relationship between economic status and performance on the KRA-L and showed that there are significant differences in the results depending on whether a student is 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). Figure 1 reinforces that point, demonstrating a strong correlation between a school district’s median household income and the performance of its students on the KRA-L. 

The KRA-L test measures a significant component of a child’s development and school readiness, but it is by no means the only – or even the most important – component. Others of equal or greater importance are skills that help someone to get along with others, to set goals, to control impulses, and to focus on complicated problems – skills that have come to be known as “executive functions.”

In many ways, executive function skills could be called the “biological foundation” for school readiness. It has been shown that children with strong working memory, inhibitory control, and cognitive/mental flexibility skills make greater gains in academic areas than peers with weaker executive function skills. Coming to school with these foundational skills well-developed is just as important, if not more important (emphasis added), than fluency with letters and numbers.

Executive function skills are clearly essential throughout life and, as Figure 2 shows, reach a peak in early adulthood. Of interest for this discussion is the dramatic growth of executive function skills during early childhood. If such skills are the “biological foundation” for school readiness, then the challenge of increasing school readiness in high poverty neighborhoods goes hand-in-hand with promoting the acquisition of executive function skills in young children in these neighborhoods.

But first, what do we know about the relationship between socioeconomic status (SES) and executive functioning, especially in children? There is a rich and growing body of research on this topic. For example, the educational level of the parents (a key component of SES) has been shown to be significantly correlated with a number of different tests of their children’s executive functioning. Using a measure of SES that included parents’ occupations and incomes as well as educational levels, socially advantaged children (from five to seven years old) demonstrated greater proficiency on a similar set of tests.

Executive Function Skills Build Throughout Childhood and Adolescence

Figure 2. A range of tests measuring different forms of executive function skills indicates that they begin to develop shortly after birth, with ages 3 to 5 providing a window of opportunity for dramatic growth in these skills. Growth continues throughout adolescence and early adulthood; proficiency begins to decline in later life. Source: Center on the Developing Child at Harvard University (2011). Building the Brain’s “Air Traffic Control” System: How Early Experiences Shape Development of Executive Function: Working Paper No. 11. http://www.developingchild.harvard.edu

For a look at more data and discussion, go to pages 15 and 40.
Researchers have even been able to extend this type of investigation to infants by using some simple, standard tests. It is sobering to realize that differences in executive function based on socioeconomic status can be observed at that early age. To put an exclamation point on the relationship between SES and executive functioning, a study that followed children and their families for several years suggested that “children exposed to a greater number of years in poverty and to a higher number of spells of financial strain performed significantly worse on the battery of EF [executive functioning] tasks relative to children who had experienced fewer years in poverty and fewer years of financial strain.”

In light of the above, the challenge of promoting the acquisition of executive function skills in children from low-income families seems especially daunting – and even more urgent. Here we can find some guidance in a recent report which included a survey of “What Neuroscience and Developmental Research Tell Us.” Briefly, the quantity and quality of social interactions that young children have can provide “features that protect and foster the development of [executive functioning] skills.”

An example of such a social interaction is a set of behaviors that a parent or teacher might employ called “scaffolding.” Scaffolding refers to the interactions, mostly verbal, that someone would have while supporting the child’s attempts to solve a problem or learn a new task. In one study, scaffolding was found to have a direct effect on executive function as well as additional effects that involved the child’s verbal ability. Another study of preschoolers in a Head Start program found that their verbal ability as assessed in the fall was a significant predictor of individual variations in executive function that developed over the next few months. As Figure 3 demonstrates, however, children from a lower SES face additional challenges.

Remembering that the quantity and quality of social interactions can play a crucial role in the development of executive functioning in young children, it is imperative that we explore every opportunity to promote such interactions, ranging from parent education programs to high quality preschool. Supporting and expanding ongoing research to identify the most effective approaches for improving executive function in children, especially those who are socially disadvantaged, and then implementing the most successful approaches as widely as possible may be some of the most important public policy decisions we face in our efforts to prevent future academic and behavioral problems for these children.

What are “Executive Functions?”

Executive functions consist of the following core competencies:

1. **working memory**, the ability to hold and manipulate complex information in the mind;

2. **inhibition (or inhibitory control)**, the ability to delay a well-learned prepotent response for the purposes of a more appropriate response; and

3. **cognitive flexibility**, the capacity to adapt behavior quickly and flexibly to changing situations.


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**Figure 3.** Not only do children from a higher SES have larger vocabularies, their rate of word acquisition is also faster. Source: Fernald, A., Marchman, V.A., & Weisleder, A. (2013) SES differences in language processing skill and vocabulary are evident at 18 months. Developmental Science, 16 (2) 234-248.
Homeless Solutions

Housing is the Solution to Homelessness

Affordable housing is the fundamental solution for homelessness. For many of the households experiencing homelessness, services to help support housing stability are also necessary to successfully end homelessness. The intensity and duration of services varies by household.

For people with disabilities and a long history of homelessness, permanent services in subsidized housing, an evidence-based model known as permanent supportive housing, is required. For people who do not have a disability and who are experiencing homelessness for the first time, short-term rent subsidy and limited case management focused on increasing income and connection to community resources, a model known as rapid rehousing, can cost-effectively end homelessness.

In the seven years since the Homeless Solutions Community 10-Year Plan was adopted, 586 units of permanent supportive housing (PSH) have been developed, 78% of the 750 unit PSH goal in the Plan. For households needing this level of housing and services to end their homelessness, the Dayton-Montgomery County homeless system is significantly closer to meeting the need.

Rapid rehousing was not well known when the Plan was developed. As it has emerged as a best practice model, especially for families experiencing homelessness, local providers have offered several different programs using this approach. In 2013 providers received more than $1 million for rapid rehousing programs. Households in shelter who are eligible for the program receive help locating housing, initial financial assistance, and services focused on employment and public benefits. In 2013, 254 households were served in rapid rehousing programs. The newest program, Supportive Services for Veteran Families, is intended to prevent and end homelessness for veterans and their families.

Homeless Solutions Policy Board

2013 was a year of change for the Policy Board. In response to new federal requirements, the Policy Board created a Continuum of Care structure to ensure that all stakeholders in the community have the chance to participate in decisions about the system. To ensure broad involvement in the Policy Board, membership expanded including new representation from law enforcement and education. At the new members’ first meeting, the Policy Board played a homeless system simulation game to experience the impact of different kinds of program models on exits from homelessness. This exercise will help the Policy Board make informed system changes in the coming years.
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 2013 Brother Raymond L. Fitz, S.M., Ph.D. Award was:

**Elizabeth “Libby” Nicholson, CareHouse**

Throughout her career, Libby has worked to protect the community’s children. Her experience at Montgomery County Children Services and at the Emergency Department at The Children’s Medical Center of Dayton showed her the need for a coordinated response to child abuse. Through her participation on the Child Protection Task Force, she learned of child advocacy centers. CARE House opened in 1999 with Libby as Director. Since then, over 7,000 children have received services.

For almost 35 years Libby has been fighting for children’s emotional and physical well-being in a legal system that seeks justice against perpetrators but did not always consider the victims’ vulnerability.

Libby served as a Caseworker and Supervisor for Montgomery County Children Services responsible for supervising a unit of Protective Service Caseworkers and investigating cases of suspected child abuse, neglect, and dependency, and providing protective services to those children and families.

Beginning in 1995, Libby served as senior medical social worker in the Emergency Department at Children’s and as a member of the Child Abuse Team. Her work centered on psychosocial assessment and intervention, case management, conflict resolution, counseling, consultation and education, interagency and multidisciplinary collaboration, development and implementation of training for child abuse professionals and pre-trial consultation and court testimony.

She saw first-hand the prevalence of child abuse and many repeat cases. This grassroots experience shaped Libby’s leadership qualities, and afforded her the first-hand knowledge to help grow a system that was focused on the child’s welfare.

Most recently, Libby was instrumental in beginning yet another program, the Mental Health Resource Connection Program, which serves to connect patients in need with community resources. Again, Libby took a leadership role in the selection of staff, development of protocols, and communication regarding this service. Although only in existence for less than one year, the program has been applauded by professional staff members as a tremendous asset in connecting children with mental health resources.

This hands-on Director of CARE House has found herself wearing many different hats. Libby is a founding member of the Ohio Network of Children’s Advocacy Centers and has served that organization in many leadership and consultative roles. Libby continues to serve on numerous committees and task forces in this community. She is recognized as a leader among her peers and is frequently asked to share her expertise and talent as a team builder.

Although Libby has maintained titles of authority in each organization, her main capacity is truly as a servant to children. She has always been hands-on and will remain so, as long as she continues to advocate for the rights of children.

*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.*

**13th Annual Brother Raymond L. Fitz, S.M., Ph.D. Award**

Agency Directors Committee

Roster

CHAIR Peter L. Geraci (Montgomery County Common Pleas Court)  VICE CHAIR Jim Bitzer (Social Security Administration)  Gayle Bullard (Montgomery County Department of Job and Family Services)  Linnae Clinton (Dayton Public Schools - through June 2013)  James D. Cole (Montgomery County Juvenile Court)  Mark Donaghy (Greater Dayton Area Regional Transit Authority)  Clayton Genth (Emergency Housing Coalition)  Mark E. Gerhardstein (Montgomery County Board of Developmental Disabilities Services)  James W. Gross, MPH (Public Health - Dayton & Montgomery County)  Tyra Jackson (YWCA of Dayton)  Helen Jones-Kelley, J.D. (ADAMHS Board of Montgomery County)  Tom Kelley (Office of Family and Children First)  Linda L. Kramer (Daybreak)  Larry Lewis (Ohio Department of Youth Services)  Amy Luttrell (Goodwill Easter Seals Miami Valley)  Douglas M. McGarry (Area Agency on Aging)  Lisa Minor (Dayton Public Schools - Beginning August 2013)  Alphonzo Prude (Greater Dayton Premier Management)

STAFF: Kima Cunningham (Office of Family and Children First)

Service Brokers Group

Roster

Theresa Buscher (Social Security Administration)  Megan Dixon (Emergency Housing Coalition)  Cindy Fuhrmann (Montgomery County Juvenile Court)  Maria Geiger (Montgomery County Department of Job and Family Services, Children Services Division)  Dave Gleason (Montgomery County Board of Developmental Disabilities Services)  Larry Kennie (Ohio Department of Youth Services - Beginning September 2013)  Karla Knox-Gordon (Greater Dayton Premier Management)  Lori Lindeman (Ohio Department of Youth Services - Through August 2013)  Donyce Lynch-Montgomery (Montgomery County Department of Job and Family Services)  Zelene Minnich (Montgomery County Educational Service Center)  Virginia Noe (Dayton Public Schools - Through August 2013)  Toni Perry Gillispie (Dayton Public Schools - Beginning September 2013)  Dionne Simmons (Center for Healthy Communities - Kinship Caregiver Coalition)  Melissa Sutter (Montgomery County Common Pleas Court)  Lynn Voisard (ADAMHS Board - Montgomery County)  Faith Whitt (Public Health - Dayton & Montgomery County)

STAFF: Kima Cunningham (Office of Family and Children First)

Interagency Collaboration

The Montgomery County Family and Children First Council provides funding, assistance and oversight for safety net services to the Montgomery County community. Due to the complex nature of social service systems and the changing economic situations these organizations face, FCFC has two groups whose ongoing mission is to stay abreast of these changes and look at how best to assist the agencies in terms of managing systemic change and collaboration as well as maintaining client access to needed services.

The Agency Directors Committee (ADC) is comprised of executive level staff from 18 local government and social service agencies who monitor the pulse of local, state and federal issues related to social welfare, health care and other areas that impact local agencies and their ability to provide services to the community. This year a number of changes at the federal level will have an impact on agencies at the local level. The state expansion of Medicaid will allow families with incomes of up to 138% of the poverty guideline to obtain Medicaid coverage in 2014. The state estimates that the expansion could increase the number of people added to the Medicaid program by 275,000.

In preparation for the Affordable Care Act (ACA) legislative changes, the Montgomery County Affordable Care Act Task Force was created in April 2013 to prepare the community for the implementation of the ACA and its impact on the human service safety net in Montgomery County. Montgomery County contracted with the Health Policy Institute of Ohio (HPIO) to conduct an environmental scan and assessment of the current access, capacity, and delivery system of the physical, behavioral, and dental healthcare safety net for vulnerable populations. The environmental scan was conducted between May and September 2013 which included qualitative research to assess how the safety net is currently working for vulnerable populations, and quantitative research to review data, analyze trends and conduct a workforce capacity analysis.

This work will continue in 2014 with recommendations to the Montgomery County Board of County Commissioners and an implementation plan to support their integration into the local framework to support the Affordable Care Act.

The Service Brokers group is comprised of front line staff from 14 health and human service organizations from across Montgomery County. The Service Brokers work to navigate service barriers, ensuring that agencies stay connected and aware of the current menu of services offered by all agencies within the social service system. They also work as a team to identify system issues, offer solutions and share their feedback with the Agency Directors Committee for more in-depth examination and potential implementation. Annual updates were completed for the No Wrong Door brochure, a referral guide for agencies, and the Community Resource Guide, a booklet which provides a snapshot of services and contact information for a variety of social service agencies.
Office of Family and Children First (OFCF)

As a department of the Montgomery County Board of County Commissioners, the 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 (JC), and supports other duties as assigned. The 2013 combined annual expense budget of the OFCF was approximately $154.6 million. The OFCF staff ensures program and financial accountability for significant public resources, effective collaborative health and human services planning, the development of strategies to improve community conditions, and effective communication and collaboration with agencies and community partners.

Family and Children First Council (FCFC)

Our local FCFC focuses on services that stretch for a life span from infants to the elderly. Professional staffing supports the following FCFC responsibilities: 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 2013 FCFC annual budget was approximately $1.9 million.

Human Services Levy Council (HSLC)

Montgomery County is one of only two counties in Ohio that use combined health and human services property tax levies to finance the local cost of services. In 1983, the combined levies began in Montgomery County and have established a foundation of collaboration and shared decision-making. The County is often sought out by other counties wanting to develop a similar process for their community. Through a volunteer-driven HSLC process facilitated by OFCF staff, allocations are determined for each of the levy agencies and programs. Levy 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 & 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 2013 HSLC annual budget was approximately $138.2 million. The OFCF staff also maintains a liaison relationship with volunteers and the agencies to ensure accountability and effective communication on programs, practices and policy.

Homeless Solutions Policy Board (HSPB)

Montgomery County’s “10-Year Plan to Eliminate Chronic Homelessness and Reduce Overall Homelessness” is the responsibility of the HSPB in response to US Department of Housing and Urban Development requirements and local goals. 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 this policy board, through coordinated strategies, addresses housing and homeless issues and brings formerly separate resources together to increase effectiveness. Their sources of funds totaled approximately $12.3 million for 2013. 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, Montgomery County HOME and CDBG funds, and others.

Job Center

Oversight and management of the Job Center operations is the responsibility of OFCF staff. The Job Center is the largest one-stop employment and training center in the United States. It is a public/private partnership made up of thirty plus organizations. The 2013 Job Center annual budget was approximately $2.2 million. OFCF staff manages Montgomery County’s relationships and collaborations with Job Center partner tenants as well as partners throughout the community. OFCF staff specifically partners with the Montgomery County Department of Job and Family Services to support community-wide programs focused on self-sufficiency. Training and technical assistance is also provided for Job Center partners and the community.

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 2013 specific examples of this work included:

- Affordable Care Act Task Force efforts to prepare the community for the implementation of the Affordable Care Act and its impact on the human service system by conducting an environmental scan of the county resources and the development of the Montgomery County Access to Care Dashboard.
- Job Center 2.0 project assessing the design of the structure, workflow processes and customer service delivery to create a more user-friendly and efficient environment for everyone that visits the Job Center.
Funding Activities

The FCFC, through its Outcome Teams, partnered with the Montgomery County Human Services Levy Council, the Montgomery County Board of County Commissioners, United Way of the Greater Dayton Area, and many others to make funding and other resources available to support community-based human services safety net services through initiatives, projects and non-profit contracts in 2013.

Supported Services

In 2013, the partnership with United Way of the Greater Dayton Area continued. Our partnership continues to leverage available resources for health, human and social service delivery in the community. The programs funded previously were renewed in 2013. The FCFC directed contract awards were $2.2 million to 30 programs and the United Way partner agency awards were $2.1 million to 58 programs. Our joint staff provides training and technical assistance to the agencies receiving funding. These awards are annual awards for 2013 and are organized by Education, Health or Income services:

**Education:** Academic Enrichment through Afterschool / Education; Mentoring; High Quality Child Care; and Financial Literacy Services

**Health:** Medical / Prescription / Dental Services; Prevention Education; Domestic Violence Services and Outreach; Child Abuse and Neglect Prevention; Supporting Adoptive and Foster Families; Disaster Response; Family Counseling; Adult Day Care / Vocational Services; Home-Based Care for Adults / Children with Disabilities; Special Needs Child Care; Deaf and Hard of Hearing; Mental Health Counseling and Psychiatric Services; Meals for Disabled; and Therapeutic Services

**Income:** Information and Referral; Emergency Food Service and Assistance; Computer Literacy / Life Skills; Employability / Job Skills; Literacy; Legal Intervention / Guardianship; and Neighborhood Development / Community Organizing

Outcome Team Initiatives

In 2013, the FCFC Outcome Teams and Executive Committee analyzed data and identified strengths, weaknesses, gaps and needs in their respective areas. They considered a variety of strategies to create community improvement and recommended the following continuing or new initiatives:

<table>
<thead>
<tr>
<th>Young People Succeeding:</th>
<th>$200,000</th>
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<tbody>
<tr>
<td>Mentoring Collaborative</td>
<td>$200,000</td>
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<tr>
<td>ReadySetSoar</td>
<td>$100,000</td>
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<thead>
<tr>
<th>Stable Families:</th>
<th>$55,284</th>
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<tbody>
<tr>
<td>Prostitution Intervention Services</td>
<td>$55,284</td>
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<tr>
<th>Positive Living for Special Populations:</th>
<th>$106,160</th>
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<tbody>
<tr>
<td>FASD Community Capacity Building</td>
<td>$106,160</td>
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<tr>
<th>Supportive and Engaged Neighborhoods:</th>
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<tbody>
<tr>
<td>Comprehensive Neighborhood Initiative</td>
<td>$186,006</td>
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<thead>
<tr>
<th>Safe Neighborhoods:</th>
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<tbody>
<tr>
<td>United Against Violence – Second Step</td>
<td>$23,747</td>
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<table>
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<tr>
<th>FCFC Community Initiatives:</th>
<th>$1,500</th>
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<tbody>
<tr>
<td>Web Site Maintenance</td>
<td>$1,500</td>
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</tbody>
</table>

2013 Total | $672,697
The Family and Children First Council (as designated by the Montgomery County Board of Commissioners) has 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 following prevention services were delivered to benefit Montgomery County families during 2013:

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

- Nurturing Parent Program for teen parents is utilized 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. Elizabeth New Life Center uses the Nurturing Parent Program for prenatal parents to address parenting and child development with pregnant clients, especially first-time parents.

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

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

Section 121.37 of the Ohio Revised Code 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. To fulfill the duties of the local Council we may provide the following:

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

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

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

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

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

The county council is also responsible for the development of a county service coordination mechanism which addresses many procedures to coordinate services for families and establishes the council’s required dispute resolution process. The state requires county councils to implement House Bill (HB) 289 through 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 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 2013 “Shared Plan” reporting focused on its Young People Succeeding Outcome Team. 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. Families are typically referred for services through consultation with member(s) of the FCFC Service Brokers Committee. Some services are supported through the Family-Centered Services and Supports state-funded program. These funds are locally managed to provide specific services to support the parents’ ability to maintain their children at home, preventing out of home placement.

It should also be noted that the Montgomery County FCFC is a “Full Life Cycle” council that addresses issues on behalf of young adults, adults with no children, single adults and seniors, in addition to the state mandate for families with minor children.
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/Assistant County Administrator – Human Services
Jessica Abernathy  Administrative Secretary
Ed Brannon  Contract Evaluator/Negotiator
Rhianna Crowe  Administrative Secretary
Kima Cunningham  Program Coordinator
Doris Edelmann  Program Coordinator
Matt Gemperline  Data Systems Coordinator
Joyce King Gerren  Manager of Job Center and Community Outreach
Lisa Koppin  Contract Evaluator/Negotiator
Jenny Lesniak  Program Coordinator, Housing and Homeless Solutions
Joyce Probst MacAlpine  Assistant Director, Housing and Homeless Solutions
Geraldine Pegues  Assistant Director, Human Services, Job Center and Family and Children First
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
Elley White  Administrative Secretary

Montgomery County Communications Department:

Cathy Petersen  Communications Manager
Amanda Riggins  Communications Specialist

Montgomery County Department of Job and Family Services:

Heath MacAlpine  Assistant Director, Montgomery County Department of Job and Family Services
Patrick Bailey  Senior Services Division Manager, Montgomery County Department of Job and Family Services
Lori Draine  Program Specialist, Montgomery County Department of Job and Family Services
Rita Hardin  Administrative Secretary, Assistant Director Montgomery County Department of Job and Family Services

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

Joe Spitler  Director, Montgomery County Criminal Justice Council and Data Acquisition
Jamie Gee  Manager
Collette Harris  Volunteer Coordinator
Amy Piner  Program Coordinator, Administration
Mike Ward  Program Coordinator, Administration

United Way of the Greater Dayton Area:

Tanisha Jumper  Senior Vice President, Community Impact
Melonya Cook  Director, Community Planning
Laura Engel  Community Relations Assistant
Tracy Sibbing  Manager, Community Initiatives

Wright State University:

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

Additional assistance provided by:

Gayle Ingram  Clerk of Commission, Montgomery County Board of County Commissioners
Rhonda Hamilton  Secretary, Assistant to the Health Commissioner, Public Health – Dayton & Montgomery County
Richard Stock, Ph.D.  Director, University of Dayton Business Research Group
John Theobald  Commission Assistant for Deborah A. Lieberman
Beth Whelley  Senior Vice President, Fahlgren Mortine
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
Debra Downing .................................................................Montgomery County Department of Job and Family Services, Beginning Dec. 2013
Deborah A. Feldman* .................................................................Dayton Children’s Hospital
Bro. Raymond L. Fitz, S.M., Ph.D.* .......................Fitz Center for Leadership in Community, University of Dayton
Richard Garrison, M.D. .................................................................Health Commissioner, City of Oakwood
Mark Gerhardstein .................................................................Montgomery County Board of Developmental Disabilities Services
James W. Gross, MPH* ..............................................Public Health – Dayton & Montgomery County
Susan Hayes* .................................................................Community Leader
Franz Hoge* .................................................................Community Leader
Helen Jones-Kelley, J.D. ...............................................................ADAMHS Board - Montgomery County
Thomas Lasley, Ph.D.* ...............................................................Learn to Earn™ Dayton
Gary L. 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
Amy Luttrell* .................................................................Goodwill Easter Seals Miami Valley
Thomas Maultsby* ...............................................................United Way of the Greater Dayton Area
Douglas M. McGarry .............................................................Area Agency on Aging
Charles Meadows .................................................................Homeless Solutions Policy Board
David Melin* .................................................................PNC Bank
Christine Olinsky* .................................................................Community Leader
Geraldine Pegues ................................................Montgomery County Department of Job and Family Services, Through March 2013
Kathy Plant .................................................................Diversion Team/ICAT, Through March 2013
Sheriff Phil Plummer .................................................................Montgomery County Sheriff Office
Alphonzio Prude .................................................................Greater Dayton Premier Management
Jenni Roer* .................................................................The Frank M. Tait Foundation
Mari Jo Rosenbauer, RNC, BSN, IBCLC .................................................................Family Representative
Philip Shanks .................................................................Family Representative
Diana Stone .................................................................Family Representative
Ginny Strausburg* .................................................................Community Leader, Through March 2013
Donald A. Vermillion .................................................................Fitz Center for Leadership in Community, University of Dayton
Lori L. Ward* .................................................................Superintendent, Dayton Public Schools
Commissioner Joey D. Williams* .................................................................City of Dayton
Joyce C. Young .................................................................Trustee, Washington Township Board of Trustees

* Denotes Executive Committee Members
2013 Honors and Accomplishments

Clinton J. Brown
Recognized as one of the 2013 Top Ten African American Males by Parity, Inc.

Susan Caperna
Honored as the 2013 Ohio FASD Advocate of the Year

Beo Ray Fitz, S.M., Ph.D.
Received the Distinguished Service Award given jointly by Advocates for Basic Legal Equality, Inc., Greater Dayton Volunteer Lawyers Project, and Legal Aid of Western Ohio, Inc.

Mark Gerhardstein
Received the 2013 Kenneth Legats Award presented by the Ohio Association of County Boards (OACB)

Tom Kelley
Promoted to Assistant Montgomery County Administrator – Human Services in addition to Director, Montgomery County Office of Family and Children First

Jenni Roer
Received the 2013 Family Child Care Community Advocate Award given by 4C for Children

Dayton City Commissioner Nan Whaley
Elected as Mayor for the City of Dayton, November 2013

Montgomery County Office of Family and Children First
Received the Collaborative Impact Award from United Way of the Greater Dayton Area for its collaboration with the Joint Supported Services Fund Process.

We note with sadness the passing of former Montgomery County Health Commissioner and Council member (1996-1998) Morton Nelson. His contributions and commitment to the children and families of Montgomery County will be greatly missed.

Data Sources
Centers for Disease Control and Prevention
Federal Election Commission
Guttmacher Institute
Montgomery County Board of Elections
Montgomery County Child Fatality Review Board
Montgomery County 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

Agency Directors Committee
Service Brokers Group

Family and Children First Council

Executive Committee

Board of County Commissioners (Admin. Agent)

Office of Family and Children First

HLTENGLY PEOPLE
- Community Health Transformation
- Health Care Safety Net
- Access to Dental Care
- Prevention of Chronic Diseases
- Tobacco-Free Living
- Low Birth Weight
- Childhood Obesity Prevention

YOUNG PEOPLE SUCCEEDING
- Early Care and Education (ReadySetSoar)
- Sinclair Fast Forward Center
- Learn to Earn Dayton™
- Montgomery County Mentoring Collaborative

STABLE FAMILIES
- Prostitution Intervention Initiative

POSITIVE LIVING FOR SPECIAL POPULATIONS
- FASD Task Force
- Violence Against Women with Disabilities Grant
- Community Accessibility

SAFE NEIGHBORHOODS
- Targeted Youth Violence Prevention

SUPPORTIVE AND ENGAGED NEIGHBORHOODS
- Comprehensive Neighborhood Initiative

ECONOMIC SELF-SUFFICIENCY
- Ex-Offender Reentry Initiative
- Providing a Community Focus on the Creation of Transitional Jobs
- Employment for At-Risk Populations

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
The FCFC has evolved its structure through adding, changing or removing ad-hoc or ongoing committees and teams since it was established in 1995. The last significant change to its structure occurred in 2005, when it discontinued its three Strategic Community Initiative Teams and in their place, Champions were identified to lead seven new Outcome Teams to support the six Community Outcomes. The Champions and their independent Teams have conducted research, assessed needs, gaps, strengths and weaknesses, made recommendations and advanced many important initiatives for our community. This structure was in place through 2013.

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

The new organizational structure will support many new key approaches:

**Priorities** – The six Community Outcomes: Healthy People (HP) / Young People Succeeding (YPS) / Stable Families (SF) / Positive Living for Special Populations (PLSP) / Safe and Supported Neighborhoods (SSN) / Economic Self-Sufficiency (ESS) will be refined to three Community Priorities: Education and Life Skills (will include YPS) / Income and Stability (will include ESS + SSN) / Health, Safety and Security (will include HP + SF + PLSP) to improve community alignment. Once the implementation is complete the Priorities will replace the Outcomes.

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

**Role of FCFC** – The FCFC membership will be more reflective of its state mandate as 2014 begins. Membership may expand to represent specific population groups and service delivery segments. The FCFC's role will include the execution of state duties, providing policy level oversight for local decision-making that influences strategies that impact their priorities.

**Role of Staff** – The staff will work with partners and other contracted professionals to support all work products developed or managed by the FCFC or its ad-hoc committees.

**Volunteer Engagement** – Committees of the FCFC will operate in a tactical manner utilizing the expertise of volunteers and subject matter experts to develop strategic plans, actions, resources and projects or initiatives to advance the FCFC’s priorities.
**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.