MONTGOMERY COUNTY FAMILY AND CHILDREN FIRST COUNCIL

2003 Progress Report

Phase I conclusion

Outcomes, Indicators and Strategic Community Initiatives
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December 2003

Dear Community Member,

The Montgomery County Family and Children First Council released its first annual report with the publication of *Turning the Curve: Report to the Community on Outcomes and Indicators* (1998). That report was the first in a series of reports designed to regularly monitor our community’s progress as we strive to improve the health and well being of the families, children and adults of Montgomery County. Each subsequent report tracked the progress of selected Indicators toward pre-determined targets. Fourteen Indicators have appeared in all six reports. Three others were eliminated along the way due to changes in the availability of those data. Two new Indicators were added in our 2001 Report. In an effort to provide a complete picture of all the Indicators tracked over the years, all 19 are included in this year’s report, with the most current data available.

On behalf of the Council, it is my pleasure, as its Chair, to present our 2003 Progress Report, the final report in this series. As in the past, this report contains updates on our Strategic Community Initiatives, Community-Based Projects, Community Support, and other projects; however, additional information is also included. I encourage you to read the section titled “Looking Back and Looking Ahead.” It describes lessons learned in Phase I and an analysis of the data collected over the years. It also maps out how we will use what we have gathered to move on to Phase II.

Phase I was an exciting time for the Council. Besides collecting and tracking data, we launched three Strategic Community Initiatives. Our Initiative Champions have done an excellent job of leading their Teams. We’ve brought attention to several issues through two public information campaigns: “Easy Steps to Grow Great Kids” and “Education—Think About It.” Great strides have been made because of the Family Violence Multi-Jurisdictional Database. So many lives have been touched through programs we’ve supported, including the Mentoring Collaborative, Help Me Grow, and Parents as Teachers.

I want to thank all the people on the Council and in the community that have volunteered to serve on the many committees over the years on behalf of children and families. Together we have made a difference in this community. I look forward to the many challenges and accomplishments that are ahead of us in Phase II. Thanks again for your support in making our community a better place for all our citizens.

Sincerely,

Ned J. Sifferlen, Ph.D.
President Emeritus, Sinclair Community College
Chair, Montgomery County Family and Children First Council
School Readiness and Fourth-Grade Success

—based on information provided by Tom Breitenbach, President and CEO, Premier Health Partners, and champion of the Promoting School Readiness and Fourth-Grade Success initiative

The Family and Children First Council (FCFC) moved from organizing into specific action planning in 1998. With this, the first three FCFC Strategic Community Initiatives, including the Promoting School Readiness and Fourth-Grade Success were introduced. A team of community leaders (list follows) worked for well over a year gathering and analyzing best practice information from a variety of sources. Significant research and statistics indicate that a well-founded and supported early plan of parent action is a key first step to successful results. This research led the team to the belief that the early years of a child’s social, physical, emotional and cognitive development are the most critical in developing a foundation for achievement.

Several new programs began in 1999 as a result of Initiative Team recommendations, with the goal of better preparing youth to succeed. These programs have continued through 2003. The team is optimistic that successful implementation of these programs will contribute to community improvement.

EASY STEPS TO GROW GREAT KIDS

The Easy Steps To Grow Great Kids public awareness campaign continued to educate the community about the importance of early childhood development and the role it plays in preparing children for school. Now in its fourth year, Easy Steps stresses that parents and caregivers are children’s first teachers, and their interaction with children will set the stage for success in school and in life. Important elements of proper early childhood development care are stressed through each of six steps.

Through a variety of media including radio and television advertising, billboards, and RTA bus advertising, the community has become aware of Easy Steps to Grow Great Kids. Going beyond “traditional” advertising, more detailed advice and tips for early childhood development have been distributed directly to schools, hospitals, and social service agencies. Through sponsorship and participation in community events such as BabyFair, CityFolk, and Howl O Ween at the Boonshoft, Easy Steps To Grow Great Kids has become recognized throughout Montgomery.
County. Each of these large community venues, as well as smaller neighborhood events, provided the opportunity to distribute printed educational materials including brochures (30,000 distributed) and community resource guides (27,000 distributed), posters (5,300 distributed), educational videos (2,500 distributed), and promotional items. At BabyFair alone, over 1,000 educational kits and 3,000 baby bibs were distributed to individuals. The Easy Steps Web site (www.easysteps.chisano.com) continued to provide the community with educational information, links and access for individuals and organizations to place orders for free materials.

PARENTS AS TEACHERS

In 2003, the Parents as Teachers program continued to operate in five target school districts: Dayton, Jefferson, Northridge, Trotwood-Madison, and Valley View. The programs for Northridge, Jefferson and Valley View are administered by the Montgomery County Educational Services Center. This program teaches parents how to be better teachers at home to their preschool-aged children. A Parents as Teachers professional assesses the learning level of the child and prepares an appropriate lesson plan. This lesson plan is then taught to the parents so they may teach it to the child.

At the end of 2003, monthly enrollment in the Parents as Teachers program averaged:

- Dayton: 46 children
- Trotwood-Madison: 28 children
- Northridge, Jefferson, Valley View (through MCESC): 107 children

TEAM ROSTER

Thomas G. Breitenbach, Champion ....... Premier Health Partners
Shauna Adams, Ed.D. ........................ University of Dayton
William H. Bines, MS ....................... Combined Health District
Pat Buckingham .............................. Centerville Board of Education
Craig Chancellor ....................... United Way of the Greater Dayton Area
Tim Currier .............................. ADAMHS Board of Montgomery County
Bro. Raymond L. Fitz, S.M., Ph.D. .... University of Dayton
Maribeth A. Graham ...................... The Iddings Foundation
Anne Grainger ............................ Buckeye Trails Girl Scout Council
Laurence P. Harkness ........................... The Children's Medical Center
Sue Koverman ............................. Community Volunteer
Judge Nick Kuntz ........................ Montgomery County Juvenile Court
Joseph A. Lambricht ............... American Red Cross, Dayton Chapter
Robert D. Lantz, Ph.D.* ........... Mont. Co. Educational Service Center
Jerrie L. Bascome McGill, Ph.D. .......... Dayton Public Schools
Nancy Reder ............................. Mont. Co. Early Intervention
Consortium/Starting Point
Stephen A. Rice .......................... Community Volunteer
Gail S. Rowe ............................. Dayton Public Schools
Marilyn E. Thomas* .... Miami Valley Child Development Centers
Liane Wagner* ............................ Community Volunteer

Staff: Cindy Currell ....... Montgomery County Children Services

* Retired
Promoting Alternative Learning Opportunities

—based on information provided by John Moore, local community leader and champion of the Promoting Alternative Learning Opportunities initiative

The Alternative Learning Opportunities Team (A.L.O.T.) issued its final report in 2002. Two key recommendations from the initiative continued in 2003:

- Connecting youth with caring mentors in our community
- Public awareness campaign on the importance of school attendance and graduation for a successful future

Through the Alternative Learning Opportunities initiative, the FCFC has worked with local institutions to help improve educational and training options for youth. We are pleased that the collaborative effort of all of our community partners has resulted in over 1,650 of our young people in 2003 being re-engaged in an educational setting and focused on a better future.

There is more work to be done, however. In implementing recommendations from the A.L.O.T.’s Final Report, the Youth Council of the Montgomery County Workforce Policy Board surveyed local public school districts in 2003. The survey found that:

- Programs are in place in all public school districts in Montgomery County to identify students at-risk of school failure and/or disengagement
- A little more than half of the school districts have “academic” kindergarten screening
- Over eighty-five percent of the districts have after-school programs
- About half of the districts have a mentoring program
- Some districts have significant attendance problems in middle and high schools
- Only twenty-nine percent of local public school districts have a specific program for habitually truant students
- A large number of districts have their own alternative schools or utilize other alternative programs
- Almost half of local public school districts have career-based intervention in their districts

LINKING YOUTH WITH MENTORS

The Montgomery County Mentoring Collaborative, administered by the Montgomery County Educational Service Center, continued its work in 2003 to help focus the community’s efforts on the recruitment and retention of mentors for children who need them.

In 2003 there were forty-three community partner agencies working with the Mentoring Collaborative, compared to ten in 2001. The Collaborative provided complementary background checks for new mentors, customized mentoring policies and
procedures, and facilitated partner agencies’ participation in local initiatives, such as Strong Kids for Strong Community.

Through the Mentoring Collaborative’s work, there now is community-wide information on youth receiving mentoring services and children who still are waiting for mentors. The Mentoring Collaborative recruited new mentors from WSU and UD and added school-based adult and peer mentoring programs to its services. Partner agencies reported an overall increase of over 500 new mentors in 2003. In the coming year, staff will work with school personnel to develop new services and enhance existing ones in order to meet particular needs of individual districts.

The Mentoring Collaborative’s Mentor of the Year awards recognize and thank people in our community who are impacting children through their commitment to mentoring.

**MENTORS OF THE YEAR IN 2003**

Parents at the Wesley Center praise Coach Gregory Jones for helping young people understand the “importance of being a team player, how to make positive choices and to deal with their anger in a positive way.”

Joe Wieleba’s four years of persistence and commitment, even when it seemed hopeless, are the traits that Miamisburg City Schools know make the difference for his mentee, who went from juvenile court for truancy to honor roll student.

“Bloom where you are planted” is the message Donald “Skip” Pullen conveys to the young people at the Dakota Center. What started as a vacant lot behind the Center has grown into a community garden project, developed and tended by young men who also have blossomed under his influence.

**SCHOOL ATTENDANCE AND GRADUATING ARE KEYS TO A SUCCESSFUL FUTURE**

Materials developed through the A.L.O.T.’s award-winning “EDUCATION—THINK ABOUT IT” public awareness campaign were distributed for a third year to schools and agencies in our community who work with youth. The campaign’s message was reinforced through radio spots, billboards, and promotional events in 2003. To date, the campaign has distributed to parents/caregivers, teens, and community agencies 182,000 campaign brochures (featuring a resource directory for families), 157,000 teen resource cards, and over 34,000 posters, videos, and promotional items. Our website [www.SchoolIsWorthIt.org](http://www.SchoolIsWorthIt.org) has received over 6,300 visits and 44,500 hits to date. The site contains a lot of useful information for students and parents, including career planning, homework helpers, and parenting information.
Those committed to preventing family violence saw much progress made in 2003 with the implementation of the multi-jurisdictional domestic violence database. Dan Foley, Montgomery County Clerk of Courts, continued his commitment to provide data entry clerks, and more than 5,800 cases were input into the database. At the beginning of the year, a pilot group of prosecutors, judges, and law enforcement officers were trained on the database.

In 2003, we also saw the beginning of Phase II of the project, involving the “warehousing” of domestic violence data from each court’s MIS system into the domestic violence database. In 2004, work will go into fixing the issues identified, upgrading the application and writing the code to automatically download information from Municipal courts in Montgomery County (Area 1 & 2, Dayton, Kettering, Miamisburg, Oakwood, and Vandalia) as well as information from the Domestic Relations Court and Montgomery County Probation Department.

This warehousing allows the system to hold up to 10 years worth of data on a perpetrator. With the completion of Phase II, the criminal justice system will be able to view the complete family violence history of the perpetrator. Phase II will be completed by mid-summer.

Even though hard work has produced the implementation of the domestic violence database, there is still more work to be done. Early in 2004, the Chief of Police Association will be asked to place this system into police and sheriff cruisers. The success of this implementation will provide safety for law enforcement personnel while responding to domestic violence calls.

With the completion of Phase II, we will have the ability to track domestic violence throughout the municipal and county courts in Montgomery County. This multi-jurisdictional domestic violence database would not be possible without the work of our public officials. It is through their desire to eliminate domestic violence and stabilize families that this information-sharing system exists. Those who are working to make this a reality deserve the gratitude of the entire community.
Community-Based Projects

Teenage Pregnancy Prevention

The negative consequences of teenage pregnancy are evidenced through many statistics. Children of teen mothers and the mothers themselves are at a significantly greater risk for low academic achievement, involvement in the juvenile court system and having less economic resources.

The Family and Children First Council is committed to the prevention of teen pregnancy in the community. Since 1997, FCFC has supported prevention activities at the local level by providing resources that focus on teen pregnancy prevention and intervention. The primary focus is on education and services for boys and girls from 10 to 19 years old through mentoring, life skills development and education programs. Our strategy is to maximize available resources to expand the teenage pregnancy prevention effort in Montgomery County.

FCFC funding was provided to Catholic Social Services, Dayton Urban League, Buckeye Trails Girl Scouts, YWCA, Planned Parenthood, and Abstinence Resource Center in 2003.

Help Me Grow

Help Me Grow provides a system of services for eligible Montgomery County families from pregnancy until a child’s 3rd birthday. Services focus on infant and toddler development to give children the best possible start in life. The program is funded and guided by the Ohio Department of Health and administered locally by the Montgomery County Family and Children First Council through local service providers.

A healthy pregnancy and the first three years of life are most critical to a child’s development. Sometimes as they grow, children have trouble seeing, hearing, talking, walking, or have other special needs. When families or professionals have medical, educational, developmental, or social/emotional concerns about a child, they can call one central number in Montgomery County:

HELP ME GROW STARTING POINT
237-0123
TTY/TDD: 1-800-750-0750
Families are linked to Help Me Grow home visit providers, as well as other community resources and services. The Help Me Grow Consortium (our county collaborative group) assists in improving the coordination of services within the Help Me Grow program, promoting collaboration with public and private providers of birth-to-three services in the community and providing outreach and communication with families.

New in 2003: Help Me Grow’s newly updated Helpful Guide To Resources For Young Children And Their Families In Montgomery County now can be accessed through the FCFC website at www.fcfc.montco.org.

MONTGOMERY COUNTY PROVIDERS IN 2003

Central Intake & Referral/Child Find/Outreach Services
Starting Point - Montgomery County Educational Service Center

Newborn Home Visits*
Fidelity Health Care
Kettering Memorial Hospital
Southview Hospital
* Preference is given to teen moms and first-time moms

Ongoing Services for Newborns, Infants, and Toddlers and Their Families
Brighter Futures (starts prenatally)
Montgomery County Educational Service Center

During calendar year 2003, the Montgomery County Help Me Grow program received 2,802 new referrals. Help Me Grow nurses checked on the health and physical status of mothers and their newborns during 1,759 home visits. In addition, Help Me Grow service coordinators developed Individualized Family Service Plans for ongoing services for 1,652 children at risk for or with confirmed delays or disabilities.

HELP ME GROW SUCCESS STORIES*

Nurse visits from the Help Me Grow program can be critical to a child who is not thriving. A nurse visited first-time mother, Kim, and her five day old son. Michael was jaundiced, had lost weight and was not breastfeeding well. The nurse administered a blood test. The results indicated that Michael needed immediate treatment to avoid serious complications. He was admitted to the hospital. Michael is home now, gaining weight and healthy.

When Melissa was 14 years old and pregnant, she began receiving services from the Help Me Grow program. Melissa is now 17 years old, works part-time, has a driver’s license, and is on track to graduate from high school. Her little girl, Tonya, is healthy and bright. Tonya attends daycare at Melissa’s school and is transitioning to Head Start. Melissa credits her Help Me Grow service coordinator with motivating her to stay in school and be a good parent. Melissa hopes that other young girls will find a program like Help Me Grow so that they can get the support that helped her through a difficult time.

Regina and Jim work hard to raise their six children.

When their infant daughter, Emily, was born with developmental disabilities, they weren’t sure how they would manage. Fortunately, they received more help than they could have imagined from their Help Me Grow service coordinator. She helped the family get a van to transport Emily to medical appointments and linked the family with MRDD’s early intervention PACE program. She also showed them how to apply for Social Security Insurance (SSI). Obtaining SSI helped the family move to a larger home, better accommodating all the children. In addition, Regina and Jim were referred to a new respite program at Wright State University. They are grateful for the hours of respite care that have been provided.

**Names have been changed

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<th>CHILDREN RECEIVING ONGOING SERVICES AS OF JULY 1, 2003</th>
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<td>Under 12 months</td>
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At Risk of Delays or Disabilities
TOTAL 834

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<th>WITH SUSPECTED/CONFIRMED DELAYS OR DISABILITIES</th>
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<td>43</td>
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TOTAL 383

Source: Ohio Department of Heath Early Track
AgencyLink

Through the AgencyLink project, the Family and Children First Council will make technology hardware and software tools available to all health and human services providers to increase collaborative service delivery. The focus of work in 2003 was directed toward the completion of the Case Management module and the testing and piloting of the Family Violence Database.

The recently completed Case Management application will provide users with the ability to improve collaboration and communication through the following features:

- Alerts, Case Notes, Appointments, Lessons Learned and Calendaring for both cases and clients
- A document library for each case, client and case plan
- A digital *Release of Information* that provides security for the application
- The ability to collaborate with other agencies or to use the application as an internal case management application for their information only
- A Case Plan that tracks Goals, Objectives and Tasks (referrals can be made right from the Case Plan using the integrated Resource Directory)
- Integration with other AgencyLink modules to have information in one place creating Knowledge Portals that help workers involved in a case
- Reports and statistics for agencies and units to help improve operations and grant proposals

AgencyLink assisted the Preventing Family Violence Initiative in completing the Family Violence Database Application in 2003.

Diversity Awareness and Cultural Competency

The Family and Children First Council is a supporter of the Dayton Dialogue on Race Relations, which continued in 2003. This initiative is dedicated to improving race relations, eradicating racism and creating a harmonious Miami Valley community that understands, appreciates and values the diverse strengths and dreams of its residents.

The Family and Children First Council also participated in the 2003 Community Cultural Fair held at Montgomery County Children Services. This event brought together many agencies and programs throughout Montgomery County to display the variety of cultures we have. Activities were provided for youth and adults to educate and increase their awareness. The event was well attended and is planned to occur again in 2004.
Juvenile Sex Offender Management

The community has refined its response to juvenile sex offenders as a result of the work of the Juvenile Sex Offender Management Steering Committee. A standardized assessment protocol for youth who exhibit sexually offending behaviors was developed.

The Committee identified a continuum of care. They compiled an information resource of treatment alternatives that includes private agencies, therapists and day treatment programs.

Montgomery County Juvenile Court continues to train staff specialists who manage juvenile sex offenders court-ordered to probation and other court programs.

Resource Mapping

Since 1998, the Family and Children First Council has developed resource maps to help identify community resources that address health and human services issues. The maps include federal, state, and local budget data from many local agencies. The aggregated budget data is analyzed and mapped in graphic form by outcomes, prevention levels and other significant categories.

In 2003, the Family and Children First Council analyzed how $1.2 billion was spent locally in 2002 related to the six Community Outcomes that capture the FCFC’s vision for Montgomery County. In addition, they examined how the funds addressed prevention, intervention and treatment levels for the community.

The majority of identified funds was applied to the Positive Living for Special Populations (PLSP) Outcome. Analysis of funds mapped indicated that 79% of the PLSP dollars were federal Medicaid dollars. This project continues to evolve as other resources are identified and analyzed.
Child Fatality Review

Montgomery County began to review the deaths of children aged 0 – 17 in the community in 1996. Since that time, the Ohio Department of Health has mandated review of child fatalities in all Ohio counties.

The Family and Children First Council provides support for the state-mandated Child Fatality Review Board that is chaired by the Montgomery County Health District Commissioner, William Bines. Additionally, research and support are provided for its subcommittees: the Child Death Review Committee, the Safe Sleep Committee, the Suicide Prevention Team and the Low Birthweight Committee. Other committees in the community that share information and strategic plans with the Child Fatality Review Board are addressing injury prevention, safe driving for teens, and raising healthy babies in Montgomery County.

Child deaths are studied based on the following categories: natural, accidents, suicides, homicides and undetermined. A significant number of child fatalities are preventable and are the focus of prevention strategies undertaken by the community. Prevention strategies include public awareness campaigns to promote safe sleep, education of targeted groups about child fatalities, training community trainers to prevent suicide and facilitating information exchange about child deaths among community agencies.

Of all the deaths to youth aged 0 – 17 reviewed by these committees in 2002, there were 41 that resulted from suicides, homicides, accidents or undetermined causes. In 2001 committees reviewed and made recommendations regarding 36 such deaths.

Community Issues for Child Placement Committee

The Community Issues for Child Placement Committee was formed to respond to concerns about Montgomery County children falling through the cracks in the systems because local options are not sufficient to meet their needs. These youth typically have a variety of serious issues, including acting out physically or sexually. They may also have contributing mental health concerns. Because Montgomery County does not have adequate programs to serve these children, they are often placed outside of the county, and, in many cases, outside of the state at costs of up to $7,000 - $8,000 per month.

These are children that typical foster care is not equipped to handle. Historically, these children were more frequently found to be delinquent and adjudicated to the State Department of Youth Services (DYS). Their offenses include occurrences such as sexual abuse and perpetration, fire starting, theft, violence and physical and verbal aggression toward others.

The Executive Committee established the Community Issues for Child Placement Committee to clarify the issues, undertake a system wide review, and recommend improvements.
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.

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 his or her everyday efforts in the community.

The winner of the 2003 Brother Raymond L. Fitz, S.M., Ph.D. Award was Matthew Hawley. Matt began volunteering at Volunteers of America Dayton Community Center in 1996 with the fledgling youth programs. As a direct result of Matt’s volunteer work, the programs grew, and he was hired to lead the children’s and youth programs in 1997. He worked his normal 40 hours each week with the kids and then “volunteered” on weekends and other times just to see that the kids had a safe place to come, or he led them in primitive campouts. When program funds were short, Matt often bought the materials he needed with cash out of his own pocket. The children who participate in the center’s programs were his number-one priority, and he continually sought ways to reach out to include more.

As a mentor, Matt has helped some of his youth become not only productive citizens, but volunteers in the community as well. It is these long-term results that Matt strives to achieve. As a result of Matt’s instruction in self control, self discipline and self defense, the children in the programs begin to feel safe—a necessary step in the process of developing better self esteem and taking control of one’s life. These are the principals that allow Matt to develop programs that appeal to the children and help them grow as individuals.

The characteristics that separate Matt from most people include a perpetually positive attitude and an unbridled concern for people. He is soft at the core but outwardly firm, without being abrasive. It is this combination of assets that makes Matt a genuine, trustworthy person. This allows him to interact easily with anyone, whether it is a homeless ex-con drug addict or a city councilman. But most importantly, Matt has the ability to effectively communicate with the parents of the children with whom he works. He maintains an open dialogue with children and their parents in a way that few agencies or organizations can match.
Outcomes and Indicators
Phase I

With the publication of *Turning the Curve* in 1998, we began a series of annual *Reports to the Community* that established the Results-Based Accountability Model for measuring community progress. These reports have also updated the indicator data and discussed initiatives that the Council launched as a response to some of the more troubling trends. This first series of *Reports* (Phase I), culminates with the 2003 Report.

Results-Based Accountability Model for Measuring Community Progress

Communities that accept the challenge to improve themselves face a daunting task. Briefly stated:

“How are results measured and how is improvement obtained?”

The Family and Children First Council (FCFC) began by asking the question “Where do we want to be as a community?” The collective answer describes our VISION:

“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.”

Based on this vision, we articulated the six desired outcomes listed below. Outcomes are conditions of well-being and are, by their nature, general and descriptive.

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

See page 16 for a description of each Outcome. We can describe each outcome but they themselves are not directly measurable.
Instead, we identified some dependent variables that could be associated with each outcome. These dependent variables—which we call indicators—each measure some aspect of one of the outcomes.

For each of the indicators, it is obvious whether we want the numbers to move higher or lower. We call this the “desired direction” and, for each indicator, we established a target—a specific value and/or a relative rank in comparison to Ohio’s other urban counties—where we want the indicator to be in the future.

The Council recognizes that no single indicator is robust enough to capture every aspect of an outcome. On the other hand, a small number of indicators, wisely chosen, can serve as a proxy for one particular outcome by standing in for all of the things that could be measured. The logic is that if the indicators are moving in the desired direction then it stands to reason that other associated measures are also moving in a desirable direction and that progress is being made toward achieving that outcome.

To guide the selection of the indicators, the following criteria were established:

1. The indicators are intuitively reasonable (or believable) and scientifically defensible as measures of quality of life in the county.
2. The indicators are understood and accepted by the community.
3. The indicators reflect something basic and fundamental to the long term cultural, economic, environmental, or social health of our community over generations.
4. Montgomery County data exist or are readily available or easily obtainable. When available, historical data are utilized.

Whenever it was possible, we assembled data that not only reflect our own history or trend in Montgomery County but also enable us to compare ourselves to the other large counties in Ohio, to the state as a whole, and to the nation.
Outcomes

HEALTHY PEOPLE

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

YOUNG PEOPLE SUCCEEDING

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.

STABLE FAMILIES

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.

POSITIVE LIVING FOR SPECIAL POPULATIONS

The frail elderly, and people of any age who are disabled, are supported (when necessary) with services which allow them to live in the most appropriate, least restrictive environment. With support from the community, everyone has the opportunity to participate in every aspect of community living that he or she desires. People with disabilities live, learn, work, and participate in typical accessible community settings. The community respects and protects their rights and includes them as contributing members.

SAFE AND SUPPORTIVE NEIGHBORHOODS

People live in safe, affordable housing. They have access to positive educational and cultural experiences. Recreational centers are conveniently located and provide 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.

ECONOMIC SELF-SUFFICIENCY

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

Where We Are: Transition from Phase I to Phase II

Across the country, a growing number of communities are adopting an approach to the planning, funding and delivery of human services known as “results-based accountability.” As Mark Friedman, Director of the Fiscal Policy Studies Institute and one of the leading proponents of this framework, says:

(This) is a different way of thinking. It organizes the work of programs, agencies, communities, cities, counties and states around the end conditions we seek for those who live in our community. It uses those end conditions as the grounding for all of the work, including decision making and budgeting. (The Results and Performance Accountability Implementation Guide, www.raguide.org)

The Montgomery County Family and Children First Council chose to adopt results-based accountability at the time that the Council was being formed. This effort was summed up in 1998 with the publication of Turning the Curve, the first in what has become a series of annual reports. The model we have been using – vision, outcomes, indicators and targets – is described on page 14.

The publication of this document, the 2003 Progress Report: Outcomes, Indicators and Strategic Community Initiatives, marks the end of the first phase of the FCFC’s use of results-based accountability. As such, it provides an opportunity to look at our data, to take stock of what we have learned and to outline our plans for the next phase.

What have we learned from the data?

Altogether, 19 different indicators have been tracked and reported at some point during the first phase of this approach. Because of changes in data availability, only 16 or 17 have been reported in prior years. The existing data for all 19 indicators are being published this year to mark the end of Phase I. Analysis of these data reveal the following:

1. In every year, at least eight indicators have had short-term trends in the desired direction.

2. Of the indicators updated in this Report, seven show a net improvement compared to the data in the first Report.

3. Twelve indicators reached their targets at some point during the last several years, but most of them have since slipped back and currently only two indicators are on target. About half of the indicators which slipped back still show a net improvement when compared to the data in the first Report.
Are we achieving the results – the “end conditions” – that we want for our children, families and community? Based on these data, the answer is mixed. Every year we make progress in some areas and, in fact, the majority of the indicators actually reached their targets over the last five years. But we have trouble sustaining that progress. Currently, less than half of the indicators are better than they were when we began, and only two remain on target.

**What have we learned from using this model?**

We can identify three key realizations after our first few years of using this approach:

1. **Results-based accountability can be confusing.**

   The vocabulary of results-based accountability – words such as “outcome” and “indicator” – have very specific meanings that sometimes conflict with their traditional meanings. Potential confusion also exists because these words can be used at an overall community level as well as at a specific program level.

   The basic concepts can also be the source of some confusion. For example, how one of the tools (our shared vision) leads to another tool (our set of six outcomes) may not be clear to some, while the fact that the indicators provide a way to measure the outcomes is not clear to others.

2. **We are collecting and reporting these data but can be doing more with the data.**

   Our main use of the data has been to update the annual Report to the Community and to make statements about (1) the number of indicators which are moving in the desired direction based on short-term trends, (2) the number of indicators which have shown a net improvement since the first Report, and (3) the number of indicators which are reaching their targets.

   By making such statements in the annual Reports, the data are being used to fulfill some basic, essential requirements of a results-based accountability system: (1) providing a general way to measure progress in achieving the community outcomes, and (2) communicating that information to the public.

   During this first phase, the Council and members of the community have also incorporated some of the indicator data into their planning. For example, the decision to launch three Strategic Community Initiatives was made while preparation of the first Report was underway and was fueled, in part, by the Council’s reaction to the indicator data. Once formed, the three teams generally began their work by examining data – including indicator data – relevant to their areas of interest. In addition, responding to a specific indicator that was not moving in the desired direction, the Greater Dayton Area Hospital Association convened a Low Birthweight Task Force.

   Using the indicator data to rally collaborative interventions is a logical next step following the efforts to track and report the data. Effectively designing and targeting such interventions will require more in-depth analyses of the indicator data and of related data.
There is a “disconnect” between our usage of outcomes and indicators at the community level and at the agency/program level.

As already mentioned, terms such as “outcomes” and “indicators” can be used differently. They can refer to the entire county or to the participants in a specific program or to the recipients of a particular intervention or to one individual client.

But beyond the terminology is a larger “disconnect.” By design, no agency or program is specifically or solely responsible for achieving any of the outcomes or for moving any of the indicators. As the Council said in its first Report, “the responsibility to ‘turn the curve’ and to seek better results belongs to all of us.” The consequence is that many agencies/programs have partial responsibility for moving a given indicator. Establishing how a given agency/program connects to the community’s overall effort has generally not been done, thus creating a “disconnect” in structure.

What are our plans for the next phase?

After reviewing the data and reflecting upon what we have learned, the FCFC is fully committed to continuing and to building upon the results-based accountability model used in Phase I. It will continue to take advantage of opportunities to help the community understand the vocabulary and concepts while remembering that getting better results for children and families remains the goal.

The FCFC will keep the same six outcomes that guided Phase I and, consistent with the work of the Frail Elderly Task Force, will amend the description of the Positive Living for Special Populations outcome by making a specific reference to “frail elderly.”

A revised set of indicators will be adopted in Phase II and published in next year’s Report. Changes are being made to be consistent with data availability from some of our sources and to promote better overall understanding of the indicators. Furthermore, recognizing that the choice of indicators to be tracked and reported is somewhat arbitrary, we will emphasize that these selected indicators should be viewed as part of the data that need to be analyzed in order to achieve a comprehensive understanding of each outcome.

To help lead these inquiries, the Council has adopted the long-range goal of having a Champion for each outcome. It will “start small” by naming a Champion for just one or two outcomes. These Champion(s) will be asked to oversee data analysis and research that helps to understand the stories behind the data and to recommend strategies to help “turn the curves.”

Finally, as the community grows in sophistication and experience in using outcomes and indicators, the Council will seek to develop a local model for linking program performance with community results in ways that are easily understood.
Summary by Outcome

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**Net improvement** since first Report?

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**Target attained?**

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Key: Number of Indicators with “yes” answer to question / Number of Indicators being tracked in that year’s Report.

Note: Indicators for Positive Living for Special Populations were first reported in 2001 and Targets were not set.
BACKGROUND
Air quality is measured by an index that considers various pollutants in different jurisdictions. These pollutants affect the cleanliness of the air in these areas. Two different methods have been used to measure air quality. In 2001, the air quality for counties was measured by the new index that included an ozone standard. In 2002, Ohio’s air quality was measured by the new index.

NEW DATA
The percentage of good air quality days in Montgomery County for 2002 was 50 percent, an increase from 48 percent in 2001. The percentage represents 183 days of good air quality. In 2001, the EPA monitoring was changed from the former system. The new monitoring method includes an ozone standard. The 2001 air quality index is not comparable to prior years for Montgomery County. The comparative county rank for Montgomery County was seventh. The percentage of good air quality days for Ohio in 2002 was 22 percent, or 79 good days. The new monitoring method was used for the State in 2002.

SHORT-TERM TRENDS
The value is moving in the desired direction. However, the comparative ranking among urban Ohio counties moved from sixth in 2001 to seventh in 2002.

TARGET
Montgomery 90
Among the top three counties
Most desirable ranking is number one.
BACKGROUND
The term “low birthweight” is used to describe babies born with a weight of less than 2,500 grams, or 5 lbs., 8 oz. Babies with higher birthweights 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 birthweight are focused on education and prevention.

NEW DATA
The provisional value for low birthweight for 2002 was 8.7 percent, a decrease from the 2001 final value of 9.2 percent, which replaces the provisional value of 9.3 percent. Montgomery County’s comparative county rank for 2002 was seventh. The statewide provisional value for 2002 was 7.9 percent and the final value for 2001 was 8.1 percent. The 2002 U.S. provisional value was 7.8 percent and the final for 2001 was 7.7 percent.

SHORT-TERM TRENDS
The 2002 value is moving in the desired direction when compared with the 2001 value. Montgomery County’s comparative rank rose from eighth in 2001 to seventh in 2002.

TARGET
Montgomery 6.6
Among the top five counties
Most desirable ranking is number one.

*2002 data are provisional
BACKGROUND
Premature mortality is measured by the Years of Potential Life Lost (YPLL) statistic. This figure is calculated as the sum of the difference between the average age of death for each age group, and age 75 for each death. The method of calculation gives greater computational weight to deaths among younger persons and does not include deaths after 75 years of age. The YPLL statistic reflects the preventability of early deaths through changes in lifestyle, reduction of substance abuse and behavior modification. Smaller values of YPLL are desired.

NEW DATA
The provisional value for YPLL for 2002 was 84.1 for Montgomery County. The final 2001 YPLL value per 1,000 people under 75 years was 87.7, which replaces the provisional value of 77.7 reported in the 2002 Report to the Community.

SHORT-TERM TRENDS
The value for Montgomery County is moving in the desired direction. The comparative ranking among counties remained at ninth from 2001 to 2002.

TARGET
Montgomery 76.7
Among the top three counties
Most desirable ranking is number one.
BACKGROUND
There is a growing belief that early childhood exposure to enriching environments corresponds with future academic and cognitive development. The real issue of interest for Montgomery County’s children aged three to four is school readiness. Preschool enrollment is one strategy for achieving school readiness.

NEW DATA
There are no new data for the Preschool Enrollment Indicator. In 1998 there was a change in the data definition protocol and the data were no longer available for comparison.

SHORT-TERM TRENDS
Not applicable

OUTCOME  YOUNG PEOPLE SUCCEEDING

INDICATOR  PRESCHOOL ENROLLMENT
DATA ENDED WITH 1997

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<td>Lucas</td>
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<tr>
<td>Cuyahoga</td>
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</table>

Montgomery County Target
Among the top two counties
Most desirable ranking is number one.
BACKGROUND
Ohio students are currently required to take fourth-grade proficiency tests in several academic areas: writing, reading, mathematics, citizenship, and science. The Family and Children First Council sets targets for the percentage of students passing all portions of this examination. By convention, data are reported for the year in which a school year ends. The Ohio Department of Education is phasing out the fourth-grade proficiency tests. The final administration of the fourth-grade reading test is the summer of 2004, and the final administration of the fourth-grade writing test is March of 2004. The final administration of the fourth-grade mathematics, science, and social studies tests is March of 2005. The third-grade achievement test in reading will begin in the 2003-04 school year.

NEW DATA
In school year 2003, 37 percent of Montgomery County public school students passed all portions of the fourth-grade exams. Montgomery County ranked eighth among urban Ohio counties. The percentage of students in the state of Ohio who passed all portions of the exams in 2003 was 39.1.

SHORT-TERM TRENDS
The value is not moving in the right direction. However, the comparative ranking among counties remained at eighth.

Note: 1995-1998 percentages can be compared. In 1999, the standard for passing was raised.
BACKGROUND
The sixth-grade proficiency tests are state-developed tests designed to measure designated learning outcomes for writing, reading, mathematics, citizenship and science. The Family and Children First Council sets targets for the percentage of students passing all portions of this examination. By convention, data are reported for the year in which a school year ends. The Ohio Department of Education will administer all five of the sixth-grade proficiency tests for the last time in March of 2005.

NEW DATA
The percentage of Montgomery County public school students who passed all portions of the sixth-grade proficiency examination in 2003 was 39.2. Montgomery County ranked eighth among urban Ohio counties in 2003. The state of Ohio value for students passing all portions of the sixth-grade proficiency test in 2003 was 41.6 percent.

SHORT-TERM TRENDS
The value of this indicator is not moving in the desired direction. The comparative county value for Montgomery County moved from seventh to eighth.
OUTCOME  YOUNG PEOPLE SUCCEEDING

INDICATOR  STUDENT PROFICIENCY — 9th grade
DATA ENDED WITH 2002

BACKGROUND
The ninth-grade proficiency tests are state-developed measures of literacy and competency in writing, reading, math, citizenship, and science. The Class of 1994 was the first required to pass the original four areas to graduate; the Class of 2001 was the first required to pass the science test. Students graduating before September 15, 2006 must pass all required ninth-grade proficiency tests.

The FCFC set targets for the percentage of eighth-graders taking the ninth-grade exam for the first time and passing all portions. It was anticipated that in 2000, the Ohio Department of Education would administer a tenth-grade proficiency exam to replace the ninth-grade test. Eighth-graders were not given the test in 2001 in anticipation of this change. The change, however, was delayed so last year’s eighth-graders (Class of 2006) were the last class required to pass the Ninth-Grade Proficiency Tests. The classes of 2007 and beyond will have to pass the new Ohio Graduation Tests (OGT).

NEW DATA
Because the current eighth-grade public school students will be required to pass the 10th-grade Ohio Graduation Tests, they were not required to take the ninth-grade test this school year. The ninth-grade test was given to ninth-grade students who had not passed all sections when they were eighth-graders. Therefore, there are no new comparable data for this indicator.

SHORT-TERM TRENDS
Not applicable.

PERCENTAGE OF PUBLIC SCHOOL STUDENTS PASSING ALL TESTS (no test was given in 2001)
OUTCOME  
YOUNG PEOPLE SUCCEEDING

INDICATOR  
STUDENT PROFICIENCY — 12th grade
DATA ENDED WITH 2001

BACKGROUND

The 12th-grade proficiency test was last administered by the Ohio Department of Education in 2001.

For the 2003-2004 school year, Ohio’s required statewide tests included the fourth-, sixth- and ninth-grade proficiency tests in reading, writing, mathematics, citizenship and science; the Ohio Graduation Tests (OGT) for 10th-grade students in reading and mathematics; and the third-grade achievement test in reading.

NEW DATA

There are no new data for the 12th-Grade Student Proficiency Indicator. In 2002, the test was discontinued in Ohio schools.

SHORT-TERM TRENDS

Not applicable.

PERCENTAGE OF 12th GRADE PUBLIC SCHOOL STUDENTS PASSING ALL TESTS

- Montgomery County (old standard)
- Ohio (old standard)
- Montgomery County (new standard)
- Ohio (new standard)
- Montgomery County Target
- Milestones

Note: In 1996, the standard for passing was raised from previous years, and in 1998 it was raised again. 1998 data are reported for both the old (1996) standard and the new (1998) standard. Using the old standard, 1996, 1997 and 1998 data can be compared.
BACKGROUND
The attendance of all students, kindergarten through twelfth grade, receiving instruction in a Montgomery County school district is considered for this indicator.

NEW DATA
The attendance rate for the 2003 school year was 92.9 percent for Montgomery County schools, preceded by 92.7 percent for 2002. The comparative county rank was tenth in both 2003 and 2002. The attendance rate in Ohio schools for the 2003 school year was 94.6 percent; for the 2002 school year, it was 94.4 percent.

SHORT-TERM TRENDS
The value is moving in the desired direction; however, the comparative ranking in 2001 reported last year was eighth and moved to tenth in 2002 and remained tenth in 2003. In both Montgomery County and Ohio, the attendance rates increased from 2002 to 2003.
Outcomes: 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 provisional value for teen pregnancy in Montgomery County in 2002 was 5.3 percent. The value in 2001 was 5.1 percent and the final value for teen pregnancy for Montgomery County in 2000 was 5.6, which replaces the provisional value of 4.1 percent. The provisional teen pregnancy rate for Ohio was 4.6 percent in 2002. Teen pregnancy rates for the United States for 1990 through 1999 were added for the 2003 Report to the Community for comparison to state and local rates.

Short-Term Trends
The value is not moving in the desired direction, however, the rank remained at sixth in 2000, 2001 and 2002.

Target
Montgomery 4.7
Among the top three counties
Most desirable ranking is number one.

Number of Pregnancies in Females Ages 15 – 17 as a Percent of All Females 15 – 17

Teen Pregnancy = (Births + Abortions + Fetal Losses)
Notes: Calculations made by Combined Health District, Office of Epidemiology.
* 2002 data are provisional
**OUTCOME**

**STABLE FAMILIES**

**INDICATOR**

**AVOIDING POVERTY**

**BACKGROUND**

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

**NEW DATA**

The provisional percentage of first births which were to parents who were married, had finished high school and had reached age 20 years was 47 percent in Montgomery County in 2002. The final percentage for 2001 was 45.5 percent, which replaces the provisional value of 43.5 percent reported in last year’s Report to the Community.

**SHORT-TERM TRENDS**

The value for this indicator is moving in the desired direction. The comparative rank among Ohio counties moved from ninth to eighth.

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

- Montgomery County
- Ohio
- United States
- Montgomery County Target
- Milestones

- *2002 data are provisional*
BACKGROUND
The Family and Children First Council has adopted a target of zero tolerance for domestic violence-related homicides. The number of domestic violence deaths is a solid indicator of the prevalence of domestic violence in a community.

NEW DATA
In 2002, there were 11 domestic violence-related deaths in Montgomery County.

SHORT-TERM TRENDS
The value is not moving in the desired direction. The number of domestic violence deaths increased from 10 to 11 from 2001 to 2002.

Note: Data include victims of all ages and genders. Information is not available from other counties.
BACKGROUND
The number of child deaths in Montgomery County due to homicides, suicides, accidents and undetermined causes is counted each year. This indicator is intended to focus attention on the vulnerability of our children and the effectiveness of our efforts to keep them safe, recognizing that some of these deaths are unavoidable tragedies.

NEW DATA
In Montgomery County in 2002, there were 41 child deaths that met the criteria for this indicator.

SHORT-TERM TRENDS
The value for child deaths is not moving in the desired direction. The value for Montgomery County increased from 2001 to 2002.

*2001 and 2002 data are provisional pending formal release by Child Fatality Review Board.
Note: Sudden Infant Death Syndrome deaths are included in this graph because a S.I.D.S. death is the death of an infant that remains unexplained after the performance of an adequate postmortem investigation. The Montgomery County Coroner's Office categorizes S.I.D.S. deaths as "Undetermined Causes."
BACKGROUND
This indicator serves to measure a “common quality of life” for people with special needs, defined as those individuals who are challenged physically and/or mentally, as well as those who are elderly. This indicator measures the percentage of Montgomery County residents who feel that persons with special needs have a quality of life that is excellent, very good or good. The percentage is determined by an annual telephone survey of hundreds of Montgomery County residents.

This Indicator was developed after the initial set of Indicators and therefore no target was set.

NEW DATA
In 2003, the percentage of Montgomery County residents surveyed who feel that persons with special needs have a quality of life that is excellent, very good or good was 63.1 percent, an increase from the 60.3 percent of respondents surveyed in 2002.

SHORT-TERM TRENDS
The trend is moving in the desired direction.

PERCENTAGE OF MONTGOMERY COUNTY RESIDENTS WHO FEEL THAT THE QUALITY OF LIFE FOR PEOPLE WITH SPECIAL NEEDS IS EXCELLENT, VERY GOOD OR GOOD

- Montgomery County
BACKGROUND
This Indicator also serves to measure a "common quality of life" for people with special needs, defined as those individuals who are challenged physically and/or mentally, as well as those who are elderly. This indicator focuses on those Montgomery County residents who have a household member with special needs and/or a family member living in Montgomery County with special needs. It measures the percentage of those residents who meet this criteria who feel that persons with special needs have a quality of life that is excellent, very good or good. The percentage is determined by an annual telephone survey of hundreds of Montgomery County residents.

This Indicator was developed after the initial set of Indicators and therefore no target was set.

NEW DATA
In 2003, of those Montgomery County residents who have a household member with special needs and/or a family member living in Montgomery County with special needs, 57.8 percent feel the quality of life for people with special needs is excellent, very good or good, which is less than 60.5 percent in 2002.

SHORT-TERM TRENDS
This trend is not moving in the desired direction.

Survey protocol in 2000 did not identify residents who have a family member with special needs living in Montgomery County. Therefore, data from the 2000 survey are not comparable.
BACKGROUND
Violent crime is measured by incidents per 1,000 residents. Violent crimes include murders, forcible rapes, robberies and aggravated assaults reported in the Uniform Crime Index published by the FBI.

NEW DATA
The violent crime rate for Montgomery County in 2001 was 5.8 per 1,000 population, ranking Montgomery County fifth among Ohio’s largest counties. In 2001, the value for violent crime for Ohio was 3.5 and 5.0 for the United States.

SHORT-TERM TRENDS
The value is moving in the desired direction. The comparative ranking for counties moved from seventh in 2000 to fifth in 2001.
BACKGROUND
The property crime rate is measured by incidents per 1,000 residents. Property crimes include burglary, larceny and motor vehicle theft and are reported by the Uniform Crime Index published by the FBI.

NEW DATA
The property crime rate for Montgomery County was 56.4 per 1,000 persons in 2001. The ranking remained at seventh among Ohio’s largest counties. The property crime rate for Ohio was 38.2 in 2001 and 36.6 for the United States.

SHORT-TERM TRENDS
The value is moving in the desired direction, and the comparative ranking for counties remained at seventh from 2000 to 2001.

TARGET
Montgomery 50.0
Among the top five counties
Most desirable ranking is number one.

Note: Property crimes represented in this graph are Burglary, Larceny and Motor Vehicle Theft.
BACKGROUND
The unemployment rate is a measure of the percentage of the labor force that is unemployed. The unemployment rate reflects the match between the number of people seeking employment and the number of available jobs. Factors that influence unemployment are transportation, child care and work skills.

NEW DATA
The value for unemployment in Montgomery County in 2002 was 5.6 percent. The comparative rank among counties was sixth for Montgomery County. The unemployment rate for the state of Ohio in 2002 was 5.7 percent and the United States unemployment rate in 2002 was 5.8 percent.

SHORT-TERM TRENDS
The trend is not moving in the desired direction. The comparative rank among counties moved from fifth to sixth. The value did not move in the desired direction from 2001 to 2002.

TARGET
Montgomery County will be one of the three counties with the lowest unemployment rates

Most desirable ranking is number one.
BACKGROUND
Per Capita Effective Buying Income represents disposable income after taxes.

NEW DATA
The value for Per Capita Effective Buying Income in 2002 for Montgomery County was $18,289 and the rank in comparison to Ohio’s other large counties was sixth. In 2002, the value for Ohio was $17,482 and the value for the United States was $18,491. The value for the Consumer Price Index in 2002 was 179.9 (1982-1984 = 100).

SHORT-TERM TRENDS
The comparative county rank for Montgomery County is not moving in the desired direction. The comparative ranking among counties has moved from fourth to sixth place from 2001 to 2002. The value for Montgomery County has remained higher than the values for Ohio or the U.S. from 1996 through 2002.

TARGET
Montgomery County will be among the top three counties
Most desirable ranking is number one.

Note: Beginning in 1996 the definition changed to be based on “Money Income” rather than “Personal Income.”
The Ohio Department of Mental Health presented the Montgomery County Family and Children First Council an award for achievement in diverting child placements in 2003. This award was received on behalf of the excellent work implemented by Montgomery County Children Services’ Diversion Team.

Following are details on honors and accomplishments received by individual FCFC Council members during 2003:

**Joyce Sutton Cameron**
Received the National League of Cities’ Leadership Training Institute’s Certificate of Achievement in Leadership Excellence for her completion of the Achievement in Leadership Program.

**Laurence P. Harkness**
Received the 2003 Ohio Hospital Association’s Donald R. Newkirk Award. The award is the Ohio Hospital Association’s highest honor.

**Helen Jones-Kelley**
Appointed by Ohio Supreme Court Chief Justice Moyer to co-chair (with Judge David Basinski) his newly commissioned Advisory Council on Children, Youths and Families. Appointed by PEW Charitable Trusts to serve as a Commissioner on its newly established Commission on Children in Foster Care to bring about legislation changes and judicial reform.

**John Moore**
Named as one of eight 2003 inductees to the Walk of Fame, which recognizes and celebrates the lives and accomplishments of individuals from the Miami Valley. The Walk of Fame was initiated in 1996 and is currently managed by Wright-Dunbar, Inc.

**Ned Sifferlen**
Received the 2003 Smith-Moore Human Services Award from United Way. The award recognizes community service by a business or government leader. Named as one of four recipients in 2003 of the Michael Bennett Lifetime Achievement Award from Phi Theta Kappa. Named the 2003 People of Vision honoree, along with Sinclair Community College, by Prevent Blindness Ohio.

**Frederick C. Smith**
Honored at the Communities Under Construction gala held in his honor by the Dayton Rotary Club and Improved Solutions for Urban Systems in May 2003.

**Joyce Young**
Named the 2002 Citizen of the Year by the Montgomery County Board of Commissioners in March of 2003.
THE DATA IN THIS REPORT COME FROM THE FOLLOWING SOURCES:

- Center for Disease Control
- Center for Urban and Public Affairs, Wright State University
- Demographics U.S.A. - County Edition
- Montgomery County Child Fatality Review Board
- Montgomery County Combined Health District, Office of Epidemiology
- Montgomery County Coroner's Office
- Montgomery County Prosecutor's Office
- National Center for Health Statistics
- Ohio Bureau of Employment Services
- Ohio Department of Education
- Ohio Department of Health
- U.S. Department of Justice, Federal Bureau of Investigation
- U.S. Environmental Protection Agency

The Ohio Department of Health specifically disclaims responsibility for any analyses, interpretations or conclusions from the data provided for the charts.
Our **VISION** is that Montgomery County is a place where families, children and adults live in safe, supportive neighborhoods, care for and respect one another, value each other, and succeed in school, the workplace and life.

The **MISSION** of the Montgomery County Family and Children First Council is to serve as a catalyst to foster interdependent solutions among public and private community partners to achieve the vision for the health and well-being of families, children and adults.