2010 Progress Report on Community Outcomes, Indicators and Strategies
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LETTER FROM THE CHAIR

December 2010

I am pleased to present our 12th annual Progress Report. The Montgomery County Family and Children First Council has released a Report to the Community each year since 1998.

This work began by developing a common framework which was endorsed by community stakeholders. Six community outcomes were established to describe the attributes of a thriving and healthy community. Our success in achieving these outcomes is measured through the tracking of specifically selected indicators which are highlighted in this report. The movement of these indicators shows trends in Montgomery County over time. We have also been interested in how Montgomery County compares to the ten largest counties in Ohio, the state of Ohio, and the nation. In short, these indicators are starting points for community conversations about how we are doing. This year many of those conversations were about the indicators themselves; as a result, we have discontinued or revised some of them, and added some new ones. (See page 6.)

In 2005, the work of the Council was organized around the six community outcomes. We appointed Champions to lead Outcome Teams to analyze the data; identify strengths, weaknesses, gaps and needs in the community; and recommend strategies to create improvement. In this year’s report you will find updates, authored by each of our Outcome Teams, outlining their work and initiatives that are underway. If you would like more information on the earlier work of the Council, please see the 2008 10th Anniversary Progress Report at www.fcfc.montco.org or contact the Montgomery County Office of Family and Children First at 937-225-4695 to receive a copy by mail.

2010 was my final year as chair of the Council. I am very proud of the work the Council has led over the last four years. I am also thankful for the dedication of all our volunteers and staff who come together to share their knowledge and willingness to discuss these important issues and participate in recommendations to make our community a better place to live, work and grow.

Sincerely,

Christine F. Olinsky, CFCS, AFC

Miami Valley Leader and Extension Educator, Family & Consumer Sciences

OSU Extension, Montgomery County

Chair, Montgomery County Family and Children First Council
This Report is part of an ongoing community conversation about our efforts to promote the well-being of Montgomery County’s children, families, and adults and to make Montgomery County a better place to live. On pages 4 – 5 we explain that we start by asking two questions—“Where do we want to be?” and “Where are we?”—and then we connect those two questions with a third one, “What will it take to get there?”

Here, at a glance, are our answers to those questions.

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

Where are we?
Our answers are in the indicator data. The FCFC is currently tracking 24 indicators—for ten of them the historical trend is in the desired direction and for six of them the historical trend is flat. See the indicator data throughout the Report, and the summary on the next page. In the tables, data that are new since last year’s Report are highlighted in green; data that are revised are highlighted in yellow.

What will it take to get there? Our answers come from our Outcome Teams and from other Task Forces and committees. They have all been busy and productive in 2010. Here, at a glance, are some highlights.

**Healthy People**
The work of the Healthcare Safety Net Task Force has led to the creation of Montgomery County Care, a pilot program that provides a cost-effective primary care medical home for the uninsured, and has reinforced the importance of collaboration and implementation of the Greater Dayton Area Health Information Network (GDAHIN), one of the largest collaborating health information exchange networks in the nation. (See page 7.)

The Low Birth Weight Registry released a set of eight recommendations for prevention and intervention services that will decrease the rate of babies born at low birth weight in Montgomery County. (See page 8.)

GetUp Montgomery County partnered with the Dayton Dragons and the Cities of Vandalia and Centerville to promote healthy lifestyles and continue the battle against childhood obesity. (See page 9.)

**Young People Succeeding**
ReadySet Soar, Montgomery County’s early care and education initiative, influenced an 18 percent increase in the number of early care and education centers participating in Ohio’s voluntary quality rating system, Step Up To Quality. (See page 14.)

A resource directory has been created listing resources available to young people ages 16-24 who are homeless, aging out of foster care, involved with the criminal/juvenile justice system, and those with special needs including disabilities to assist them in the transition to adulthood. (See page 15.)

Fast Forward Center has been designated a model program with “Strong Evidence of Effectiveness” by the National Dropout Prevention Center/Network and has been consulted about how to replicate this successful initiative in other communities. (See page 15.)

**Stable Families**
The Stable Families Outcome Team learned through a review of evidence-based research how fathers factor significantly in the development and future success of their children. (See page 24.)

Approximately 735,000 children in Ohio and over 40,000 in Montgomery County are affected by the absence of their biological father. (See page 26.)

During the first quarter of 2010, copies of guidelines for investigating elder abuse were distributed to all law enforcement agencies in Montgomery County and many human services organizations. (See page 26.)
Positive Living for Special Populations
The PLSP Team introduces new indicators which are more inclusive of the broader community (rather than mainly system-specific measures that have been reported in past years). (See pages 39 and 40.)

The Montgomery County Fetal Alcohol Spectrum Disorders (FASD) Task Force developed a county-wide strategic plan to address FASD issues. The plan establishes strategies at each of the five critical points along the FASD continuum. (See page 33.)

The Montgomery County FASD Community Capacity Building Project began providing the community with the necessary tools to implement prevention and intervention services to address the issue of prenatal exposure to alcohol. (See page 33.)

Economic Self-Sufficiency
The One-Stop Employment Center for homeless adults and ex-offenders, operated by Goodwill Easter Seals, is now assisting clients in the Job Mall of the Job Center. (See page 49.)

East End Community Services is providing transitional jobs deconstructing residential nuisance structures, and was awarded a $1.5M federal Pathways Out of Poverty grant to provide training and placement of low income adults in transitional and private market “green jobs.” (See page 49.)

The Board of County Commissioners accepted the plan prepared by the Ex-offender Reentry Task Force, and established the Office of Ex-Offender Reentry to oversee the multi-step strategy to reduce recidivism rates in Montgomery County by 50% in five years. (See page 51.)

Safe and Supportive Neighborhoods
The TOTS (Taking Off To Success) program to boost kindergarten readiness was launched in the Edison and Ruskin Neighborhoods, part of the FCFC’s Comprehensive Neighborhood Initiative. (See page 43.)

The Community Initiative to Reduce Gun Violence (CIRGV) in Montgomery County is making significant progress after two years. Between 2008 and 2010, the number of homicides committed by members of violent street groups in Dayton declined by more than 50%. (See page 41.)

One-third of approximately 200 individuals affiliated with violent groups who attended a CIRGV “Call-In” during the past two years are taking steps to leave the “street.” As a result, Street Advocates have seen a decline in the amount of time they must spend on violence interruption. (See page 42.)

<table>
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<td><strong>All Outcomes</strong></td>
<td><strong>12/24</strong></td>
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Note: The short-term trend is determined by comparing the most recent available data with the data from the previous year. It is considered in the “desired direction” if either the value or the rank has moved in the desired direction, or if the value has remained unchanged.

*Plus one which is flat
**Plus two which are flat
***Plus six which are flat
Talking About Results

Ever since the publication of *Turning the Curve*, our first annual report, the Family and Children First Council has been interested in promoting community conversations about local conditions and about our community’s efforts to get better results. In order to fuel those conversations it is helpful to have good data.

In 2010, the Family and Children First Council and some of its Outcome Teams had some thoughtful discussions about the data. As a result, and as you will see in this report, some of the indicators that we track and publish every year have been discontinued or revised, and some new ones have been added. See the table on page 6 for more details.

These annual reports, in which we discuss our data and our responses, are an example of “Results-Based Accountability™” or “RBA” for short. What exactly is RBA? And how does it promote these community conversations?

What is Results-Based Accountability?

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

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

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

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

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

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

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

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

How does Results-Based Accountability promote community conversations?

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

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

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

These conversations—attempts to answer the “What will it take to get there?” question—take place among the members of the FCFC’s various Teams and Task Forces. What they have been talking about in 2010 and what they have learned, decided, recommended and achieved can be found on the other pages of this Report.

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

An invitation to contribute to these community conversations

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

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

We are indebted to Mark Friedman of the Fiscal Policy Studies Institute for introducing us to RBA in 1996. This description is based on his work. To learn more visit [www.resultsaccountability.com](http://www.resultsaccountability.com) or [www.raguide.org](http://www.raguide.org) or [www.resultsleadership.org](http://www.resultsleadership.org).
## Indicators Being Discontinued

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<th>Outcome</th>
<th>Indicator</th>
<th>Reason</th>
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<tr>
<td>PLSP</td>
<td>People with Developmental Disabilities Competitively Employed</td>
<td>These four system-specific indicators are being replaced by two community-based indicators (see below) which are more representative of the broader PLSP population.</td>
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<tr>
<td></td>
<td>People with Developmental Disabilities Working in Enclaves</td>
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<td>Day-to-Day Living for Mentally Ill Adults</td>
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<td>Level of Functioning for Mentally Ill Youth</td>
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<td></td>
<td>Successful Substance Abuse Treatment</td>
<td>The AOD (Alcohol and Other Drug) Implementation Advisory Team being formed in 2011 will be asked to recommend an indicator.</td>
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<tr>
<td>ESS</td>
<td>Per Capita Effective Buying Income</td>
<td>These data are no longer available.</td>
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## Indicators Being Revised

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<th>Outcome</th>
<th>Indicator</th>
<th>Nature of Revision</th>
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<td>YPS</td>
<td>Kindergarten Readiness</td>
<td>This indicator is changing from the percentage of students scoring in Band 3 on the Kindergarten Readiness Assessment – Literacy (KRA-L) Test to the percentage scoring in Bands 2 and 3 in order to reflect both children who are kindergarten ready AND children who are ready with targeted interventions</td>
</tr>
<tr>
<td>PLSP</td>
<td>Nursing Home Population</td>
<td>In the past, this indicator has been obtained by dividing the number of people living in a nursing home (regardless of age) by the number of people who are 60 years old and older who are living in the county. This was confusing because some readers thought that this indicator was only tracking nursing home residents who are 60 or older. The revised calculation divides the number of people living in a nursing home (regardless of age) by the number of people (regardless of age) who are living in the county. The formal title of the graph will reflect this change.</td>
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## Indicators Being Added

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<th>Indicator</th>
<th>Reason</th>
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<tr>
<td>PLSP</td>
<td>Employment Rate for Persons with a Disability</td>
<td>These two indicators are more representative of the broader PLSP population than the system-specific indicators that they replace (see above). Data for these indicators have recently become available on an annual basis as part of the Census Bureau’s American Community Survey.</td>
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<td></td>
<td>Poverty Rate for Persons with a Disability</td>
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<tr>
<td>ESS</td>
<td>Median Household Income</td>
<td>This indicator replaces Per Capita Effective Buying Income (being discontinued); the two are technically different but conceptually similar.</td>
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HEALTHY PEOPLE

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

Healthy People Outcome Team Report
The Healthy People Outcome Team continues to advance efforts in Montgomery County that promote community wellness. In 2010, the Outcome Team was championed by Jim Gross, Montgomery County Health Commissioner and Dr. Gary LeRoy, Associate Dean of Student Affairs and Admissions at Wright State University. Accomplishments from 2010 are highlighted in this report.

Healthcare Safety Net Task Force
In 2008, the Healthcare Safety Net Task Force established recommendations to improve access to healthcare in Montgomery County. The work to implement these recommendations began in 2009 and efforts continued throughout 2010. Two recommendations have received specific attention:

1. To strengthen and consolidate access to primary care, a pilot program was formed. Montgomery County Care provides a cost-effective primary care medical home to low-income Montgomery County residents who are uninsured, between the ages of 19 and 65, and not eligible for any other public assistance. Features include:
   - Physician office visits
   - Specialty care office visits
   - Basic outpatient lab services
   - 24-hour nurse advice line
   - Disease management for chronic conditions
   - Generic prescription drugs
   - Case management

Healthcare benefits are administered by CareSource through the Community Health Centers of Greater Dayton (CHCGD) and other area providers.

2. To implement a community-wide electronic network between healthcare providers, the Greater Dayton Area Hospital Association (GDAHA) partnered with HealthBridge to create one of the largest collaborating health information exchanges in the nation. This collaboration will connect more than 50 hospitals and 7,500 physicians in Dayton and surrounding communities. The Greater Dayton Area Health Information Network (GDAHIN) will send electronic health data through secure networks to hospitals, physicians, laboratories, imaging centers, pharmacies, and clinics by interfacing with their electronic medical record. An estimated
80% of GDAHA hospital participants, CompuNet Clinical Laboratories, Public Health - Dayton & Montgomery County (PHDMC), and area clinical practices will be connected to GDAHIN by 2012. GDAHIN will allow local and state health departments to receive and send information electronically. Collaboration between GDAHA, PHDMC, the ADAMHS Board, and CHCGD will allow clinicians to share patient data to decrease healthcare costs and improve the continuum of care for patients.

**Low Birth Weight Registry**

The rate of babies born at low birth weight (LBW) in Montgomery County has been tracked by FCFC for years. In 2007, the LBW Registry began to collect data elements to capture contributing risk factors, with the intention of identifying appropriate prevention and intervention services. The FCFC approved funding for three years of data collection, which ended in 2009; the final report and recommendations were released in 2010, and include:

1. **Refer all eligible mothers to Brighter Futures**, a Nurse Family Partnership (NFP) program. NFP is an evidence-based program with a long history of achieving positive outcomes for mothers and infants.

2. **Develop a coordinated smoking cessation program** as outlined in Treating Tobacco Use and Dependence. Educate providers to use the “5 A’s” (Ask, Advise, Assess, Assist, and Arrange) and encourage patients to use the Ohio Quit Line.

3. **Initiate a preconception health program**. Several entities have preconception care protocols and recommendations that underscore the need for increased funding and reimbursement for preventive care practices.

4. **Implement Ohio’s Fetal Alcohol Spectrum Disorders (FASD) Initiative campaign, “Not a Single Drop.”** Ensure all providers present the same message: NO alcohol consumption during pregnancy.

5. **Initiate policies and make pregnant clients aware that substance abuse will be treated confidentially,** non-judgmentally, and as a health issue. The Miami Valley Region needs expanded substance abuse treatment options for pregnant women. Models are available and the cost-effectiveness of providing treatment to pregnant women has been demonstrated.

6. **Begin a stress management class** as part of prenatal care. Maternal massage, progressive relaxation, and yoga have shown improved birth outcomes. Stress caused by racism, poverty, food insufficiency, lack of education, transportation problems, and childcare issues also need to be addressed.

7. **Advocate for the creation of a Fetal Infant Mortality Review (FIMR) program in Montgomery County.** This model provides a blueprint for improving maternal-child health.

8. **Advise state legislators to implement a fully-funded Ohio Birth Defect Registry that makes prevalence data public.** In 2007, birth defects caused the most infant deaths in Montgomery County. Knowing the prevalence of these problems is the first step in preventing them.

Community dissemination and implementation of the preceding recommendations will begin in 2011.
HEALTHY PEOPLE

County-Wide Childhood Obesity Prevention Initiative

GetUp Montgomery County is a county-wide initiative to address childhood obesity and promote healthy lifestyles for children and families. Officially launched in 2009, GetUp assists kids with eating better and being more physically active. GetUp is funded by the Montgomery County Human Services Levy Council and the CareSource Foundation, and is administered by PHDMC. Over 100 community partners currently support GetUp.

Building upon the successes from 2009, GetUp accomplished several milestones in 2010. A public education campaign was launched to introduce “5-2-1 Almost None” (see 2009 FCFC Annual Report for more information). Two local communities—Centerville and Vandalia—participated in a healthy city challenge to promote 5-2-1 Almost None behaviors among their respective residents. An online tracking tool was available on the GetUp website for participants to track their daily progress.

GetUp also sponsored a “Get Fit Kids Summer Challenge,” and partnered with the Dayton Dragons to promote 5-2-1 Almost None behaviors. The Dragons created and distributed a tracking sheet for participating youth. Almost 300 children attended a special Kids Day at Fifth Third Field to celebrate the success of the summer challenge.

Key priorities for 2011 include exploring opportunities for continued funding, additional partner recruitment, and the development of appropriate metrics and outcome measurements. A sector-based approach to overall measurement and evaluation will include schools, worksites, healthcare settings, and communities.
Background
The term “low birth weight” is used to describe babies born with a weight of less than 2,500 grams, or 5 lbs. 8 oz. Babies with higher birth weights are more likely to begin life with a healthy start and to have mothers who had prenatal care and did not smoke or drink during pregnancy. Strategies to affect birth weight are focused on education and prevention.

New Data
The new data for this Report include preliminary values for 2009 and 2010, except the US value for 2010 is not yet available. The US value for 2008 is now available. Note that the 2003 value for Montgomery County has been revised downward, from 9.1% to 8.7%.

Short-Term Trends
The short-term trend from 2009 to 2010—from 9.8% to 9.5%—is in the desired direction. The county comparative rank, 7th, remains unchanged.
**Outcome:** Healthy People  
**Indicator:** Premature Mortality

**Background**
Premature mortality is measured by the Years of Potential Life Lost (YPLL) statistic. This statistic is calculated as the sum across individual deaths of the difference between age at the time of death and age 75 for each death. The method of calculation gives greater computational weight to deaths among younger persons and does not include deaths after 75 years of age. The Premature Mortality statistic reflects the preventability of early deaths through changes in lifestyle, reduction of substance abuse, behavior modification, accident prevention measures, and so forth. Smaller values are desired.

**New Data**
A number of the values for Montgomery County, Ohio, and the US have been revised for the years 2000 – 2006, primarily due to revisions in the population estimates for those years; see the table below the graph. The 2007 value for the US is now available. The 2008 and preliminary 2009 values for Montgomery County and Ohio are now available.

**Short-Term Trends**
The short-term trend from 2008 to 2009—from 89.3 to 84.1—is in the desired direction. The comparative county rank did not change, remaining at 10th.

**TOTAL YEARS OF POTENTIAL LIFE LOST FOR DEATHS OF PEOPLE UNDER 75 PER 1,000 PEOPLE UNDER 75**

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<tr>
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<tr>
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</tr>
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</table>

Note: n/a is not available.
Outcome: Healthy People  
Indicator: Childhood Immunizations  

Background
This indicator tracks the proportion of 24 – 35 month old children attending Health District clinics who are up-to-date with their immunizations. For 2008 and earlier that meant they had received at least 4 doses of Diptheria, Tetanus and Pertussis vaccine, 3 doses of Polio vaccine, 1 dose of Measles, Mumps and Rubella vaccine, 3 doses of Hepatitis B vaccine, and 3 doses of Haemophilus influenzae type b conjugate vaccine. In 2009 the criteria were updated to include 1 dose of Varicella vaccine. Because not all providers participate in a registry, it is difficult to assess the true up-to-date rate of children in a geographic area.

“The benefits of universal immunization have been demonstrated by the eradication of debilitating diseases. Routine immunization has eradicated smallpox from the planet, nearly eliminated the polio virus worldwide, and dramatically reduced the occurrence of other preventable infectious diseases including measles, pertussis and rubella. In fact, vaccines have safely and effectively prevented more disease and death than any other medical intervention or treatment, including antibiotics. In the absence of widespread vaccination, epidemics of vaccine-preventable diseases would return. Millions of lives would be lost. Children would suffer needlessly, the incidence of infant and childhood deaths would rise dramatically, and we would reverse the tremendous progress already made in protecting children and communities from disabling and deadly diseases.

Vaccines have been shown to be safe and effective in preventing the transmission of serious infectious diseases. Routine immunization is the most effective way to protect children from harmful but preventable diseases, and to thwart the reemergence of the deadly disease outbreaks of the past.”

(From a joint statement issued on April 6, 2000 by nine national nonprofit organizations that are deeply involved in immunization education.)

New Data
The value for 2010 is 85%.

Short-Term Trends
The short-term trend from 2009 to 2010—from 85% to 85%—is flat. The addition of one more vaccine to the up-to-date criteria in 2009 is the probable explanation.

*Note that children who were 24 – 35 months old in 2001 were infants in 1999, a time when there was a lot of controversy and media coverage regarding thimerosal, a preservative in infant vaccines. Since then there has been a big increase in education regarding vaccine safety and thimerosal has been removed from many vaccines. The general increase in the rate for the last several years probably reflects the fact that there has also been an increased emphasis on educating parents on the need for timely vaccinations.
Background
For the purposes of this indicator, access to healthcare is defined as either having private health insurance OR having public coverage (Medicaid) OR applying for Medicaid OR having information about how to obtain access to free or subsidized clinics.

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

Although HIEx™ data represent only a sample of Montgomery County residents, HIEx™ is currently the only data source for an unduplicated count of citizens who use multiple safety net organizations. A conservative estimate of data currently housed in HIEx™ suggests that at least 24% of Montgomery County residents living at or below the poverty level are represented in this data set.

New Data
The value for 2010 is 41.5%

Short-Term Trends
The short-term trend from 2009 to 2010—from 35.5% to 41.5%—is in the desired direction. According to an analysis of the data by HealthLink, the increase in people who report access to health care is primarily because of increased Medicaid enrollment for 2010.

*An unduplicated count is obtained of the number of clients served by HIEx™ agencies at some point during the year for whom one of the following is true: (1) they report having health insurance or (2) they are included in active Medicaid applications or (3) they are uninsured and referred for Medical Services (free or subsidized clinics). That count is then divided by the total number of clients served by HIEx™ agencies during the year and the result is expressed as a percentage. Data are available beginning with July 2004.
Outcome Team Roster

Frank DePalma  
Montgomery County Educational Service Center  
Co-Champion

Jenni Roer  
The Frank M. Tait Foundation  
Co-Champion

Dr. Thomas Lasley II  
Learn to Earn™Dayton/University of Dayton  
Co-Champion

Frieda Brigner  
Dayton Ohio Habitat for Humanity

Susan Brockman  
The Children’s Medical Center of Dayton  
(through August 2010)

Gayle Bullard  
Mont. Co. Dept. of Job and Family Services, Children Services Division  
(through August 2010)

Joyce Sutton Cameron  
HighRise Services

Michael Carter  
Sinclair Community College

Tim Kambitsch  
Dayton Metro Library

Robyn Lightcap  
ReadySetSoar

Dr. Jane McGee-Rafal  
Dayton Public Schools  
(starting August 2010)

John Moore, Sr.  
Community Volunteer

Bob Pawlak  
Goodwill Easter Seals Miami Valley

Geraldine Pegues  
Mont. Co. Dept. of Job and Family Services, Children Services Division  
(starting October 2010)

Margy Stevens  
Montgomery County Educational Service Center

Tammy Vaughn  
4C for Children – Miami Valley

Donald A. Vermillion  
University of Dayton Fitz Center

Cecilia A. Vocke  
The Children’s Medical Center of Dayton  
(starting August 2010)

STAFF:

Catherine A. Rauch  
OFCF

Pamela Zehring  
Montgomery County Educational Service Center

Frank M. Tait Foundation. The vision behind ReadySetSoar is that every child in the Miami Valley will be ready to learn by the time they enter kindergarten.

Funding from FCFC for the initiative’s third year was used to continue full-time staffing for the initiative and to continue technical support that assisted early care centers in achieving a star rating under Ohio’s voluntary quality rating system, Step Up To Quality. Technical assistance was provided by 4C for Children—Miami Valley and Mini University, Inc. This work has resulted in gains in the following areas:

- Higher Quality in Early Childhood Settings
- Stronger Connections and Infrastructure
- Increased Advocacy
- Heightened Community Awareness

Young People Succeeding Outcome Team Report

Over the last five years, much of the Young People Succeeding (YPS) Outcome Team’s focus has been on improving the quality of early care and education in Montgomery County. A child’s early years are a time of remarkable growth with ninety percent (90%) of brain development taking place by age five.

Young children develop social, emotional, and decision making skills, which are the foundation needed for success in school and throughout their adult years.

ReadySetSoar, Montgomery County’s early care and education initiative, began in 2008 with initial funding from the Family and Children First Council (FCFC) and The

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.
Quality: As of December 2010, 39 early care and education centers in Montgomery County have earned a star rating. This is an 18% percent increase from the same time in 2009.

Connections and Infrastructure: A highly successful Kindergarten Readiness Summit sponsored by ReadySetSoar in March resulted in relationships being built between the early care and education community and the K-12 system. These relationships are critical to allow the Dayton Region to develop common definitions and measurements for kindergarten readiness.

Advocacy: ReadySetSoar is seen as a leader in early care and education policy development as evidenced by invitations to local early learning leaders to participate in state discussions and planning as well as statewide advocacy partnerships.

Community Awareness: ReadySetSoar collaborated with the Boonshoft Museum of Discovery for a third year on “Voyages on the Parkway”—a family event offering fun, hands-on educational activities. In addition, Passport to Kindergarten, a collaborative project between several organizations led by ReadySetSoar, was selected for funding by PNC Bank to be part of their “Grow Up Great” initiative. Passport to Kindergarten is initially being implemented with Dayton Public Schools preschoolers and their families.

Another area of interest among YPS Team members is the transition of young people to adulthood. During 2010, representatives from YPS, the Positive Living for Special Populations Outcome Team, and several community organizations explored the challenges faced by high-need young people, ages 16-24, transitioning from high school to post-secondary education or employment. The Youth Transition Work Group focused on youth who are homeless, aging out of foster care, involved with the juvenile/criminal justice system, and those with special needs including disabilities. The work group continued its efforts from 2009 to inventory local resources available to assist these young people as well as identifying gaps and barriers. A resource directory was completed and distributed to service providers.

Other important work group activities included advocating for additional training certificate options for young people for whom a two-year or four-year degree is not realizable. In addition, new collaborative relationships resulted in a Transition Expo to benefit transition-aged youth with mental illnesses. This was the first time such an experience for this population was provided.

Work group members were also involved in the planning for a grant proposal submitted to the Gates Foundation. The Communities Learning in Partnership (CLIP) grant planning process involved numerous stakeholders throughout the community. These stakeholders are committed to significantly increasing the number of Montgomery County youth attending and completing post-secondary education or training. The work group’s input reinforced the importance of a “navigator” or case manager-type contact for high-need youth transitioning to a post-secondary education environment. The CLIP initiative was not funded, but the efforts are being transitioned into a cradle to career initiative, Learn to Earn™ Dayton.

The Young People Succeeding Outcome Team historically has monitored progress of two programs implemented as a result of prior FCFC initiatives. The following sections briefly describe each program and their respective successes.

Fast Forward Center opened its doors in 2001 when the school dropout rate in Montgomery County was 25.6%. Since then the county’s dropout rate has declined to 12.6% in 2008.

Fast Forward Center unites public and charter school systems to help out-of-school youth who want to complete their high school education by assessing their reading and math skills and connecting them with appropriate educational resources. Administered by Sinclair Community College, Fast Forward also participates in the development and funding of programs and schools and assesses their effectiveness.
Through the efforts of Fast Forward and its partner charter schools, 2,181 high school graduates earned their diploma between 2002 and 2010. Dropouts are being recovered to lead productive lives.

In 2010, the Fast Forward Center was selected as a finalist for the Community College Futures Assembly (CCFA) Bellwether Award in the category of Workforce Development. The CCFA and the Bellwether Awards are sponsored by the Institute of Higher Education which is housed in the College of Education, University of Florida.

The National Dropout Prevention Center/Network (NDPC/N)—the authoritative national entity on dropout recovery initiatives—has deemed the Fast Forward Center a model program with “Strong Evidence of Effectiveness” which is their highest distinction.

For additional information about Fast Forward Center, call 512-3278 or go to http://www.sinclair.edu/organizations/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 training, mentor training, mentee training and background checks as well as sponsoring local mentoring events.

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

The Mentoring Collaborative added fourteen new mentoring programs in 2010, increasing the total of partner agencies to 73 (60 Certified Partners, 13 Associate Partners). Together these organizations serve approximately 18,000 youth; yet more than another 1,000 children are waiting for caring adults to mentor them.

Each year during its Mentor of the Year Awards Luncheon the Collaborative recognizes individuals who have displayed extraordinary commitment assisting young people in achieving their full potential. The 2010 Outstanding Mentor Award recipients (listed below) were also recognized by the Montgomery County Board of County Commissioners.

- Gary Armstrong, Parity Mentoring Program
- Charles Caldwell, Jefferson Jr./Sr. High School
- John Andrew Leakas, Mountain Top Ministries
- Robin Minch, Miamisburg City School Mentoring Program
- Marva Moore, Wesley Community Center
- Beverly Smith, Montgomery County Juvenile Court Reclaiming Futures

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

Note: In past Reports we have tracked the percentage of students (public school and charter school) scoring in Band 3, the highest Band. In this Report we are tracking the percentage of students who score in Bands 2 and 3 in order to reflect both children who are kindergarten ready AND children who are ready with targeted interventions. The graph and tables reflect this change.

**New Data**

All of the values reported are new because of the change noted above.

**Short-Term Trends**

The short-term trend from 2008 to 2009—from 77.1% to 76.6%—is not in the desired direction. The county comparative rank remains unchanged, 9th.

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

**New Data**
The value for Montgomery County for 2009-10 is 77.0% and the value for Ohio for 2009-10 is 78.5%.

**Short-Term Trends**
The short-term trend from 2008-09 to 2009-10—from 77.1% to 77.0%—is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 6th to 7th.

### Percentage of 3rd-Grade Public School Students Passing Reading Achievement Test

<table>
<thead>
<tr>
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<th>Montgomery County</th>
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</thead>
<tbody>
<tr>
<td>2003-04</td>
<td>75.8%</td>
<td>78.2%</td>
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</table>
Outcome: Young People Succeeding
Indicator: Student Achievement—3rd-Grade Math

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

New Data
The value for Montgomery County for 2009-10 was 73.1% and the value for Ohio for 2009-10 was 76.9%.

Short-Term Trends
The short-term trend from 2008-09 to 2009-10—from 79.6% to 73.1%—is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 5th to 7th.

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

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<td>84.5%</td>
<td>79.3%</td>
<td>81.3%</td>
<td>76.9%</td>
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</table>

Most desirable ranking is number one.
Outcome: Young People Succeeding
Indicator: Ohio Graduation Test (OGT)—10th-Grade

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

New Data
The value for Montgomery County for 2009-10 is 64.7% and the value for Ohio is 64.8%.

Short-Term Trends
The short-term trend from 2008-09 to 2009-10—from 67.6% to 64.7%—is not in the desired direction. The county comparative rank was unchanged, remaining at 7th.
**Outcome:** Young People Succeeding  
**Indicator:** Graduation Rate

**Background**
The graduation rate of all students receiving instruction in a Montgomery County school district is considered for this indicator. It is a lagged rate, always one year behind, allowing the Ohio Department of Education to include summer graduates. The graduation rate for 2009-10 will not be released until June 2011.

**New Data**
The value for Montgomery County for 2008-09 is 83.0% and the value for Ohio for 2008-09 is also 83.0%.

**Short-Term Trends**
The short-term trend from 2007-08 to 2008-09—from 86.9% to 83.0%—is not in the desired direction. The county comparative also did not change in the desired direction, moving from 2nd to 4th.

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**GRADUATION RATE**

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<td>2008-09</td>
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<td>83.0%</td>
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</table>

Most desirable ranking is number one.

Note: n/a is not available.
**Outcome:** Young People Succeeding  
**Indicator:** Public School Attendance (K—12)

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

**New Data**
The value for Montgomery County for 2009-10 is 94.2% and the value for Ohio for 2009-10 is 94.3%.

**Short-Term Trends**
The short-term trend from 2008–09 to 2009–10—from 94.4% to 94.2%—is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 8th to 9th.

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

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**PUPIL ATTENDANCE RATE**
- Montgomery County
- Ohio

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<td>2009-10</td>
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</table>

Note: n/a is not available.
Outcome: Young People Succeeding
Indicator: Teen Pregnancy

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

New Data
The value for Montgomery County for 2009 is 4.3% and the value for Ohio for 2009 is 3.9%. The US values for the years 2001 through 2005 have been revised, and the US value for 2006 is now available.

Short-Term Trends
The short-term trend from 2008 to 2009—from 4.7% to 4.3%—is in the desired direction. The county comparative rank also moved in the desired direction, changing from 8th to 6th.

Teen Pregnancy = (Births + Abortions + Fetal Losses)
Outcome Team Roster
Gayle Bullard  
Mont. Co. Dept. of Job & Family Services (starting June 2010)  
Co-champion
Julie Liss-Katz  
Premier Health Partners  
(starting Sept. 2010)  
Co-champion
Christy Norvell  
Mont. Co. Dept. of Job & Family Services (through March 2010)  
Co-champion
Claire Renzetti Ph.D.  
University of Dayton  
(until July 2010)  
Co-champion

Ken Betz  
Coroner’s Office / Regional Crime Laboratory
Marlese Durr, Ph.D.  
Wright State University  
(starting June 2010)
Olivia Hester  
Miami Valley Hospital  
(starting June 2010)
Paul Jones  
Battelle & Battelle, LLP
Larry Lewis  
Ohio Department of Youth Services
Connie Lucas-Melson  
Community Volunteer
Jim McCarthy  
Miami Valley Fair Housing Center
Bonnie Parish  
Family Service Association
Rev. Dr. William B. Schooler  
Dayton Baptist Pastors & Ministers Union
Joe Spitler  
Montgomery County Criminal Justice Council
Dr. Robert C. Walker  
Wesley Community Center

STAFF:
Catherine A. Rauch  
OCFC
Sandra Barnum  
OCFC
Rhianna Crowe  
OCFC

STABLE FAMILIES

Vision
The community respects and supports families, recognizing that family composition in a diverse society is varied. Family members have healthy relationships with each other. Families nurture their members and provide a sense of well-being and safety. Family members work together and feel that they also belong to something larger than themselves.

Stable Families Outcome Team Report
The Stable Families Outcome Team saw a transition in leadership and the addition of new members during 2010. Christy Norvell has been the longest-serving Stable Families co-champion having begun her tenure in March 2007 and ending it in March 2010 upon her retirement from Montgomery County. Christy’s successor as Director of Montgomery County Job and Family Services, Gayle Bullard, also succeeded her on the Stable Families Outcome Team. Julie Liss-Katz, Director of Public Affairs with Premier Health Partners, has assumed the other co-champion position which was vacated by Claire Renzetti, Ph.D., when she began employment with the University of Kentucky.

Fatherhood
The Stable Families Outcome Team has been concerned about the insufficient supports for fathers, most notably those financially disenfranchised and without visitation or custody. These concerns are based on extensive information about the consequences of absent fathers and the impact of fathers’ involvement on the well-being of children. The evidence clearly indicates that fathers factor significantly in the development and future success of their children. (See “The Importance of Father Involvement,” next page.)

During 2010, the Team reviewed evidence-based research findings about fatherhood programs and found the ultimate goal of such services should be to improve the well-being of children. The research reviewed identified three focus areas of fatherhood programs:
STABLE FAMILIES

- Work skills, self-sufficiency and employment
- Responsible fatherhood (paying child support and being a role model)
- Healthy relationships and co-parenting (improved family relationships including with the child’s other parent)

In addition, the Team learned about educational, employment, and other resources available for fathers in Montgomery County. Although there are services to benefit low-income men of varying ages, there are very few services available to and specifically targeting fathers. Two services that do exist operate with minimal or no funding, providing support and assistance to fathers in a grassroots environment. A third service benefits fathers under 24 years old only and is limited in the number of young men who can be enrolled. The Montgomery County Department of Job and Family Services contracted with a social service agency to deliver specialized services in 2010 for fathers with incomes at least 200% below poverty level who owe child support. Even together these four programs are a far cry from the services necessary to meet the need existing in the county. Only through comprehensive expansion and the addition of other services could more low-income fathers be assisted in supporting and improving their relationships with their children.

The Importance of Father Involvement

According to the U.S. Census Bureau, 24 million children in America—one out of three—live in biological father-absent homes. The following facts, which illustrate the impact on children, have been reported by the National Fatherhood Initiative:

- Children in father-absent homes are five times more likely to be poor. In 2002, 7.8 percent of children in married-couple families were living in poverty, compared to 38.4 percent of children in female-householder families.
- A child with a nonresident father is 54 percent more likely to be poorer than his or her father.
- Students living in father-absent homes are twice as likely to repeat a grade in school; 10 percent of children living with both parents have ever repeated a grade, compared to 20 percent of children in stepfather families and 18 percent in mother-only families.
- Researchers using a pool from both the U.S. and New Zealand found strong evidence that father absence has an effect on early sexual activity and teenage pregnancy. Teens without fathers were twice as likely to be involved in early sexual activity and seven times more likely to get pregnant as an adolescent.
- Youths are more at risk of first substance use without a highly involved father. An increase in father involvement is associated with a reduction in substance use. Living with both biological parents also decreases the risk of first substance use.
- Even after controlling for income, youths in father-absent households still had significantly higher chances of being incarcerated than those in mother-father families. Youths who never had a father in the household experienced the highest chances.
- In a longitudinal study of more than 10,000 families, researchers found that toddlers living in stepfamilies and single-parent families were more likely to suffer a burn, have a bad fall, or be scarred from an accident compared to kids living with both of their biological parents.

24 Million...

There are 24 million children nationally affected by father absence. That is more than the number of Americans

living with all types of cancer, Alzheimer’s, and AIDS combined. The effects of widespread father absence on the health and well-being of children are severe.

Approximately 735,000 of those children are in Ohio and over 40,000 in Montgomery County. Therefore, the Stable Families Outcome Team is committed to making a contribution to addressing this issue in Montgomery County during 2011.

Collaboration on Issues Affecting Multiple Outcome Areas
For two years, the Stable Families Team had a representative participating on the Alcohol and Drug Abuse Task Force. Volunteers integrated information from varied sources, identified shared concerns and established overall priorities. Stable Families Team involvement continued through the recommendations phase. The Task Force’s work was completed in April 2010. See page 34 for more on the Task Force.

Follow-up on Elder Abuse, Neglect and Exploitation
Over a two-year period, the Stable Families Committee on Elder Abuse, Neglect and Exploitation worked to impact the issue of elder abuse in Montgomery County. Investigative guidelines were developed in 2009 with the following goals:

- Establishing the primary and secondary agencies which may be involved in the investigation of a suspected crime against an elder
- Clarifying the roles and responsibilities of these agencies
- Establishing a standardized approach for “first responders”
- Encouraging a collaborative process that will reduce the risk factors of abuse through the coordinated response to these cases
- Identifying community resources to which elders can be referred for other assistance.

During the first quarter of 2010, copies of the final guidelines were distributed to all law enforcement agencies in Montgomery County and many human services organizations. It is hoped their use will improve the coordination of investigative resources and response to elder abuse.
**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.

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

**New Data**
The 2009 value for Montgomery County is 39.0% and for Ohio it is 43.5%. The 2010 value for Montgomery County is 40.5% and for Ohio it is 44.1%.

**Short-Term Trends**
The short-term trend from 2009 to 2010—from 39.0% to 40.5%—is in the desired direction. The county comparative rank is unchanged, remaining at 8th.
Outcome: Stable Families
Indicator: Substantiated Child Abuse

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

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

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

New Data
The preliminary value for Montgomery County for 2010 is 5.1 and for Ohio it is 5.2. The values for Montgomery County and for Ohio for 2009 have been revised. Values for some of the other counties have also been revised for 2008 and 2009; as a result, there have been changes in the county comparative rankings for each year but Montgomery County’s ranking in each year did not change.

Short-Term Trends
The short-term trend from 2009 to 2010—from 6.1 to 5.1—is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 6th to 5th.

*2010 data are preliminary. See the discussion in the Background section, above.
Background
This indicator is intended to focus attention on the vulnerability of our children and the effectiveness of our efforts to keep them safe. Since 2001, the Montgomery County Child Fatality Review Board has been determining whether each death it reviews is preventable. The definition of preventability as set forth in the Ohio Administrative Code means “the degree to which an individual or community could have reasonably done something that would have changed the circumstances that led to the child’s death.” From 2001 to 2004, the Review Board used the four categories provided by the state of Ohio: “Preventable,” “Somewhat Preventable,” “Not Preventable” or “Not Sure.” Beginning in 2005, the state switched to three categories reflecting the answers to the question “Could the death have been prevented?” The three answers are “No, probably not,” “Yes, probably,” and “The Team could not determine.”

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

New Data
In 2009, there were 75 deaths of children residing in Montgomery County; 74 of those deaths had been reviewed when this Report was being prepared and 19 were determined to be “Probably Preventable.”

Short-Term Trends
The short-term trend from 2008 to 2009—from 27 to 19—is in the desired direction.
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 2010 there were seven deaths due to domestic violence in Montgomery County.

The short-term trend from 2009 to 2010—from 10 to 7—is in the desired direction.

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

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

Positive Living for Special Populations Outcome Team Report
In 2010, the Positive Living for Special Populations (PLSP) Outcome Team continued its focus on priority issues affecting special populations, particularly affordable, accessible housing and Fetal Alcohol Spectrum Disorders (FASD) prevention. With new data now available from the US Census specific to people with disabilities, the PLSP Team also proposed and received FCFC approval to change its indicators to reflect broader community measures for Montgomery County’s special populations (see pages 39 and 40).

Affordable Accessible Housing
The PLSP Team continued in 2010 to reach out to parties involved with affordable accessible housing and have dialogue about topics of mutual interest, such as bank incentives for new housing or modifications, community education on accessibility and universal design, public and Section 8 housing, and permanent supportive housing. This dialogue also resulted in a member of DMHA joining the PLSP Team.

As we discussed in the 2009 Report, having an accessible home regardless of a person’s ability or the age of the home can benefit residents and visitors alike. Special populations want to live in the least restrictive setting possible, but they need supports to live successfully in homes or other community settings. With an aging population and a limited number of health care professionals and home health workers, getting the supports that special populations need will be an ever-increasing challenge in the future.
To look at possible new ways of meeting these needs, the PLSP Team visited and provided feedback on the innovative Living Laboratory Smart Technology House. The Living Lab has robots, simulation, and sensors all working together in a home-like setting, the first of its kind in the world. This two-story house is located on the grounds of Graceworks Bethany Village in Centerville. The Living Lab opened in November 2009 through federal and state funding. Operational funds and staffing are provided by Wright State University, Sinclair Community College, Premier Health Partners, Graceworks Lutheran Services, and the Nursing Institute of West Central Ohio.

The house features the “Techy Family,” human patient simulators that represent people of different ages, ethnicities, abilities, and health conditions. In addition, a remote-presence robot, “Morgan,” allows medical and other professionals, including nursing faculty in remote locations, to interact with and instruct students and family members in the home. The Living Lab creates an environment that demonstrates accessibility regardless of a person’s ability or age of the home. Groundbreaking work that can impact the future of healthcare and home care is happening right here in our community.

FASD Community Education
PLSP Team members were very pleased that an FASD article targeting the medical community, authored by two FASD Task Force members, appeared in January, 2010 in Primary Care Reports, the largest peer-reviewed medical journal and publisher of health care newsletters in the world. FASD projects recommended by the PLSP Team in 2010 and funded by the FCFC included the FASD Community Capacity Building Project (see page 33), as well as funds to send a Task Force member to training to develop and begin new support services in 2010 for parents in our community who have children with FASD. Joining a national letter-writing campaign, the FCFC Chairperson and PLSP Co-Champions also wrote to manufacturers of home pregnancy test kits advocating that they include a warning on the kits of the risks to the developing fetus from alcohol consumption during pregnancy.

James Bryant, MD, FASD Task Force member, spoke to local medical professionals at The Children’s Medical Center of Dayton about Fetal Alcohol Spectrum Disorders during the annual FASD Awareness Week activities in September.
Montgomery County FASD Task Force

Fetal Alcohol Spectrum Disorders (FASD) impact more children than autism and Down syndrome and are the leading known preventable cause of mental retardation in the United States. Alcohol is a teratogen, meaning it causes permanent defects to the developing fetus. Effects to the baby may include physical, mental, behavioral, and/or learning disabilities and the damage is irreversible, leading to life-long consequences.

Cognitive deficiencies resulting from prenatal exposure to alcohol cause individuals to have problems with decision-making or considering the long-term consequences of their actions. Examination of the life histories of over 400 patients (ages 6 – 51) enrolled in the Fetal Alcohol Follow-up Study of the University of Washington revealed the following:

- 94% had mental health problems
- 23% had received inpatient care for mental illness
- 83% of adults experienced dependent living
- 79% of adults had employment problems
- 60% of those age 12 and older have had trouble with the law
- 35% of adults and adolescents had been in prison for a crime
- 45% engaged in inappropriate sexual behavior
- 43% had disrupted school experiences (e.g., dropping out)

The Montgomery County FASD Task Force has worked diligently on the FASD issue since early 2008. In 2009, they developed a county-wide strategic plan to address the FASD issue on a large scale. This plan is based on the “Five Points of Intervention: A Policy and Practice Framework,” developed by the National Center on Substance Abuse and Child Welfare—a service of the Substance Abuse and Mental Health Services Administration of the federal government—specifically to address the issue of substance-exposed infants.

The community plan is comprehensive; each objective is accompanied by actionable items that address a variety of target populations while incorporating system linkages between each point on the continuum. It also incorporates researching best practices and developing measurable outcome evaluations for each objective. The underlying intention is to work with the various community systems (i.e., schools, medical community, social service providers, etc.) to build both their awareness and capacity to incorporate the issue of FASD as part of their normal daily routine of services.

The Montgomery County FASD Task Force, made up of volunteer members, realized they do not have the capability to implement the plan comprehensively. Therefore, the FCFC acknowledged this important issue by approving funding to support the Montgomery County FASD Community Capacity Building Project in 2010. Public Health – Dayton & Montgomery County (PHDMC) is the fiscal and administrative agent of these funds. In October 2010, a contract was awarded to The Children’s Medical Center of Dayton to implement the project. Funding for this program is secured through 2013 and will concentrate on pushing the strategic plan out into the community, making the essential connections with community partners, and providing the community with the tools they need to positively impact the FASD issue.
**Task Force Roster**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Membership</th>
</tr>
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<tbody>
<tr>
<td>Dan Foley</td>
<td>Commissioner Montgomery County, Co-Chair Data Sharing Subcommittee Co-Chair</td>
</tr>
<tr>
<td>Jim Pancoast</td>
<td>President, Premier Health Partners Co-Chair</td>
</tr>
<tr>
<td>David Ames</td>
<td>Consumer / ADAMHS Board for Montgomery County</td>
</tr>
<tr>
<td>Bryan Bucklew</td>
<td>Greater Dayton Area Hospital Association</td>
</tr>
<tr>
<td>Anthony Capizzi</td>
<td>Montgomery County Juvenile Court Repeat Offenders Subcommittee Co-Chair</td>
</tr>
<tr>
<td>James Dare</td>
<td>Montgomery County Court of Common Pleas</td>
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<tr>
<td>Debra Downing</td>
<td>Montgomery County Department of Job and Family Services</td>
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<tr>
<td>Allen H. Elijah</td>
<td>United Way of the Greater Dayton Area</td>
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<tr>
<td>Deron Emmons</td>
<td>Deaf Community Resource Center, Inc.</td>
</tr>
<tr>
<td>Russel Falck</td>
<td>Center for Intervention, Treatment, and Addictions Research / Wright State University Prevention Subcommittee Co-Chair</td>
</tr>
<tr>
<td>James Gross</td>
<td>Public Health - Dayton &amp; Montgomery County</td>
</tr>
<tr>
<td>Janet Grant</td>
<td>CareSource Data Sharing Subcommittee Co-Chair</td>
</tr>
<tr>
<td>Deborah Feldman</td>
<td>Montgomery County</td>
</tr>
<tr>
<td>Vickie Killian</td>
<td>Killian Counseling and Consulting Bridging the Gaps Subcommittee Co-Chair</td>
</tr>
<tr>
<td>James Knowles</td>
<td>Montgomery County Veterans Service Commission</td>
</tr>
<tr>
<td>Peggy Lehner</td>
<td>State Representative</td>
</tr>
<tr>
<td>Connie Lucas-Melson</td>
<td>Family and Children First Council</td>
</tr>
<tr>
<td>Sue McGatha</td>
<td>Samaritan Behavioral Health, Inc.</td>
</tr>
<tr>
<td>Charlotte McGuire</td>
<td>Reclaiming Futures / Montgomery County Juvenile Court Prevention Subcommittee Co-Chair</td>
</tr>
<tr>
<td>Sheriff Phil Plummer</td>
<td>Montgomery County Sheriff's Office</td>
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<tr>
<td>Norm Schneiderman, MD</td>
<td>Miami Valley Hospital</td>
</tr>
<tr>
<td>Leigh Sempeles, J.D.</td>
<td>St. Vincent de Paul</td>
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<tr>
<td>Eric Shafer</td>
<td>Montgomery County Juvenile Court</td>
</tr>
<tr>
<td>Hassan Shakir</td>
<td>Leaders for Equality and Action in Dayton</td>
</tr>
<tr>
<td>Joe Spitler</td>
<td>Montgomery County Criminal Justice Council Detox Subcommittee Co-Chair</td>
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<tr>
<td>Margy Stevens</td>
<td>Montgomery County Educational Service Center</td>
</tr>
<tr>
<td>John Strahm</td>
<td>Eastway Corporation</td>
</tr>
<tr>
<td>Joseph L. Szoke</td>
<td>ADAMHS Board for Montgomery County</td>
</tr>
<tr>
<td>Doug Teller, MD</td>
<td>Kettering Medical Center Network Detox Subcommittee Co-Chair</td>
</tr>
<tr>
<td>Andrea White</td>
<td>South Suburban Coalition...United for Alcohol and Drug-Free Youth</td>
</tr>
<tr>
<td>Rev. Carlton Williams</td>
<td>Mount Olive Baptist Church/Substance Abuse Resources and Disability Issues, Wright State University</td>
</tr>
<tr>
<td>Sandy Barnum</td>
<td>Office of Family and Children First Task Force Staff</td>
</tr>
<tr>
<td>Debra Downing</td>
<td>Montgomery County Department of Job and Family Services Data Sharing Subcommittee Staff</td>
</tr>
<tr>
<td>Andrea Hoff</td>
<td>Office of Family and Children First Task Force Staff</td>
</tr>
<tr>
<td>Diane Luteran</td>
<td>Office of Family and Children First Bridging the Gaps Subcommittee Staff</td>
</tr>
<tr>
<td>Geraldine Pegues</td>
<td>Office of Family and Children First Bridging the Gaps Subcommittee Staff</td>
</tr>
<tr>
<td>Joyce Probst-MacAlpine</td>
<td>Office of Family and Children First Repeat Offenders Subcommittee Staff</td>
</tr>
<tr>
<td>Catherine Rauch</td>
<td>Office of Family and Children First Prevention Subcommittee Staff</td>
</tr>
<tr>
<td>William Roberts</td>
<td>Center for Alcoholism and Drug Addiction Services / Public Health – Dayton &amp; Montgomery County Prevention Subcommittee Staff</td>
</tr>
<tr>
<td>Kathleen Shanahan</td>
<td>Office of Family and Children First Bridging the Gaps Subcommittee Staff</td>
</tr>
<tr>
<td>Robert L. Stoughton</td>
<td>Fitz Center, University of Dayton / Office of Family and Children First Data Sharing Subcommittee Staff</td>
</tr>
</tbody>
</table>
Montgomery County Alcohol and Drug Abuse Task Force Report

Substance abuse does not discriminate against anyone based on race, gender, or socio-economic background. Thus, individuals impacted by alcohol and other drug (AOD) issues are found in every neighborhood of every community in Montgomery County. This issue is further complicated by the various ways in which people are impacted; some individuals are in the early stages of abuse while others have struggled with the disease of addiction for many years. Given the extreme variations, it is understandable that there are no easy solutions to this community issue.

In recognition of the turmoil that AOD abuse and addiction cause in our community, the Montgomery County Board of County Commissioners, at the request of the FCFC, established the Montgomery County Alcohol and Drug Abuse Task Force (referred to as the AOD Task Force) in April 2008. The Task Force is chaired by Montgomery County Commissioner Dan Foley and the President1 of Premier Health Partners, Jim Pancoast. From 2008 to 2010, nearly 150 community members and stakeholders participated in a strategic process that assessed the public and private AOD service systems in Montgomery County and identified and recommended paths for change.

In early 2010, the Task Force developed a set of 32 recommendations to address gaps in services, systemic barriers, and to improve our overall AOD systems and services. These recommendations are based upon five key principles:

- The INFRASTRUCTURE necessary for Montgomery County to provide quality AOD services requires an increased capacity to work collaboratively across and between systems and services.
- PREVENTION services are critical to thwarting the detrimental effects of AOD abuse and addiction.
- High-quality TREATMENT services that meet each individual’s unique needs and circumstances should be available and accessible to individuals struggling with addiction.
- LINKAGES, or transition services between prevention, assessment, treatment, and aftercare, should exist along an unbroken continuum so that individuals do not have the opportunity to fall through the cracks.
- The capability to SHARE DATA across systems currently exists and implementation of those data sharing mechanisms would enhance overall service provision and client care.

In order to obtain the perspective of individuals currently in treatment and recovery, focus groups were conducted. The groups were conducted by Strategic Visioning, Inc. and included over 40 individuals from Nova House, Project CURE, Samaritan Homeless Clinic, Adult Drug Court, and Juvenile Drug Court. Each group was asked to review a portion of the Task Force’s recommendations applicable to the services provided to their particular cohort. Valuable insights resulted from these focus groups as the participants painted a picture of their lives and the tribulations that they’ve endured as a result of their addictions. These insights were utilized to validate the practicality of the Task Force recommendations and to adjust those in need of modification.

The Report to Improve Alcohol & Other Drug Abuse & Addiction Services in Montgomery County, outlining the Task Force process and recommendations, is slated to be released to the Board of County Commissioners in early 2011. Once approved, it is anticipated that an AOD Implementation Advisory Team will be formed in order to support the collaborative cross-systems approach of the recommendations’ implementation and to ensure the community continues to take the necessary steps toward improving the AOD services and systems in Montgomery County.

1 President and CEO, effective Jan. 1, 2011.
The path to school readiness begins with the prenatal to three-year-old period, a time of incredible growth and development that lays the foundation for a child’s future success. Help Me Grow is a state- and federally funded initiative for eligible expectant mothers, newborns, infants, and toddlers to help give young children the best possible start in life. The program is guided by the Ohio Department of Health and locally administered by the Montgomery County FCFC through local contracts. Participation in Help Me Grow is entirely voluntary. Services are based on the needs and desires of each family.

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 curricula; assessments and developmental evaluations; service coordination and linkage to community resources; and family support and other services until the child’s 3rd birthday.

In 2010, the Greater Dayton Area Hospital Association’s Help Me Grow-Brighter Futures program provided Central Intake and Referral and Ongoing Help Me Grow Services. Developmental evaluations in 2010 were provided by the Montgomery County Board of Developmental Disabilities Services PACE Program, with assistance from Public Health-Dayton and Montgomery County and Help Me Grow–Brighter Futures.

As children in the program approach age 3, Help Me Grow works with local school districts, Head Start programs, and the Montgomery County Board of Developmental Disabilities Services to transition children successfully to an appropriate preschool setting, the next path on the road to school readiness.

Referrals - In 2010, 1,966 referrals to Help Me Grow Central Intake and Referral came from a variety of sources:

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary caregivers/family members</td>
<td>31%</td>
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<tr>
<td>Hospitals</td>
<td>24%</td>
</tr>
<tr>
<td>Physician</td>
<td>20%</td>
</tr>
<tr>
<td>Children Services (including CAPTA)</td>
<td>11%</td>
</tr>
<tr>
<td>Help Me Grow (including transfers between counties)</td>
<td>7%</td>
</tr>
<tr>
<td>Community screenings/referrals</td>
<td>4%</td>
</tr>
<tr>
<td>Health and behavioral health</td>
<td>4%</td>
</tr>
</tbody>
</table>
## Help Me Grow (HMG) Success Stories

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

### Even though

Even though she was regularly seeing a pediatrician, Latisha was very concerned that her 2 ½ year old son, Trayvon, had zero words in his vocabulary. Latisha called Help Me Grow Central Intake and Referral to discuss her concerns and was enrolled in the program. Tasha, her Help Me Grow service coordinator, arranged for a developmental evaluation, which identified that Trayvon had apraxia, a neurologically-based speech delay. Trayvon is now in intensive therapy, including sign language. He’s such a bright boy and picks up about ten new signs every week. Latisha is so pleased with the progress that Trayvon is making and is so glad she didn’t wait any longer before calling Help Me Grow.

### Ashley, a teen mother

Ashley, a teen mother, was expecting twins and was homeless. Her Help Me Grow Home Visitor and Nurse Family Partnership (NFP) nurse, Monica, established a trusting relationship with this young mom prenatally, which was the foundation for support, education, and positive role modeling. Ashley was able to get into a homeless shelter, which provided a safe environment. The twins arrived full-term and healthy. Monica taught Ashley how to provide her twins with tummy time and stimulating infant games. Ashley herself became a role model for other mothers as they saw her reading and singing to her babies. The NFP Home Visitor also helped Ashley find a “medical home” for health care for the twins and stressed the importance of well-child checkups and immunizations. Ashley has kept all of the twins’ appointments. The family will be moving to an apartment soon, and Monica will continue to provide home visits in their new home.

### Savanna’s baby

Savanna’s baby, Alex, was born at 25 weeks, weighing 1 lb., 10 oz. Alex also developed hydrocephalus (“water on the brain”) and spent over 100 days in Children’s Medical Center’s Neonatal Intensive Care Unit. The hospital’s child find specialist connected Savanna with Help Me Grow when Alex was ready to come home. Amber, the Help Me Grow Service Coordinator, came to see Savanna and Alex at home before they even had unpacked. Amber connected the family with Public Health’s physical therapist who came to the home and taught Savanna how to handle Alex, including how to stretch his muscles to loosen his twisted neck. Alex now is 2 ½ and attends the Board of DDS’ PACE (Parent and Children Enrichment Program) program. He receives a number of therapies, all under one roof. Amber now is working with the family to transition Alex to his local school district when he turns 3. Savanna is very grateful for all of the support and services the family has received through Help Me Grow. Savanna says, “They’ve really done an incredible job! All of this support, combined with Alex’s internal drive, is amazing to me.”

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### Ongoing Services

As of December 31st, a total of 983 service plans were in place daily for young children and their families in the Help Me Grow program.

| CHILDREN RECEIVING ONGOING HMG SERVICES (DAILY COUNT AS OF 12/31/10) |
|---------------------------------------------------------------|---|---|
| Under 12 months (includes prenatal) | 149 | 269 | 407 |
| 12 – 23 months | 53 | 69 | 36 |
| 24 – 35 months | **TOTAL 158** | **TOTAL 825** |

**Includes new Ohio Dept. of Health category of Home Visiting that began in July 2010.**

Source: Ohio Department of Health Early Track
**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.

In the past, this indicator had been obtained by dividing the number of people living in a nursing home (regardless of age) by the number of people who were 60 years old and older who were living in the county. This was confusing because some readers thought that this indicator was only tracking nursing home residents who are 60 or older. The revised calculation divides the number of people living in a nursing home (regardless of age) by the number of people living in the county (regardless of age). The formal title of the graph below reflects this change.

**New Data**
All of the values are new due to the recalculation described in the Background section, above. The 2007 survey is the most recent one for which the data analysis has been completed. The results of the 2009 survey are expected to be available in 2011.

**Short-Term Trends**
The short-term trend from 2005 to 2007—from 6.51 to 7.10—is not in the desired direction. The county comparative rank did not change, remaining at 6th.

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The results of the 2009 survey are expected to be available in 2011.  
Most desirable ranking is number one.
**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.

**New Data**

This is the first time we are reporting on this indicator. For comparison, the 2009 employment rates for persons without a disability are as follows:

- Montgomery County: 64.0%
- Ohio: 65.4%
- US: 65.8%

**Short-Term Trends**

The short-term trend from 2008 to 2009—27.1% to 21.3%—is not in the desired direction. The county comparative rank did not move in the desired direction, changing from 3rd to 5th.
**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 2009 a two-parent family with two children under 18 was considered to be in poverty if the family income was below $21,756.

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.

**New Data**

This is the first time we are reporting on this indicator. For comparison, the 2009 poverty rates for persons without a disability are as follows:

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery Co.</td>
<td>12.8%</td>
</tr>
<tr>
<td>Ohio</td>
<td>11.4%</td>
</tr>
<tr>
<td>US</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

**Short-Term Trends**

The short-term trend from 2008 to 2009 – 22.0% to 22.9% – is not in the desired direction. The county comparative rank did move in the desired direction, from 2nd to 1st.
Vision
People live in safe, affordable housing. They have access to positive educational and cultural experiences. Recreational centers are conveniently located and staff serve as positive role models, especially for the children. All aspects of the environment – e.g., air, water, soil – are safe and healthy. The community values the unique attributes of each neighborhood, whether rural or urban.

COMMUNITY INITIATIVE TO REDUCE GUN VIOLENCE

In 2010, the Safe Neighborhoods Outcome Team focused its attention on the Community Initiative to Reduce Gun Violence (CIRGV) in Montgomery County, now completing its second year of operation. Two years on, this local collaborative effort is making significant progress. The number of homicides committed by members of violent street groups in Dayton declined by more than 50% from 14 in 2008 to 6 in 2010. Evidence of CIRGV’s success can also be seen in the reduction of time that Street Advocates spent on violence interruption in 2010. In 2009, Street Advocates spent 31% of their time de-escalating potentially violent situations between street groups. In 2010 they spent 19% of their time engaged in violence interruption. This allowed them to increase significantly the time that they spent working with individual clients, helping them to address and reduce risk factors that lead to violence.

CIRGV is a targeted deterrence strategy modeled after the 1990’s Boston Gun Project. It follows a statewide strategy piloted by the 2007 Cincinnati Initiative to Reduce Violence. This community-based strategy focuses on “reclaiming” those who have become involved in a violent lifestyle. Group violence is generated by small active street groups that are responsible for the most serious street violence. Their activities tear communities apart. The individuals involved are chronic offenders known to law enforcement. Group violence derives from many sources involving issues ranging from historical disputes, interpersonal relationships, and perceived disrespect.

The CIRGV intervention strategy involves local, state and federal law enforcement officials, respected local community leaders who represent the moral voice of the community, and grass roots community-based organizations who provide direct assistance. The intervention strategy used includes direct face-to-face engagement through “call-in” sessions, an explicit focus on violence, and three key components:

- Swift, certain and severe consequences for violent behavior. (This strategy alone has resulted in the arrest of 40 individuals who were involved in group-related violence and were either convicted or are awaiting trial on significant felony and/or federal charges since CIRGV began in November, 2008.)
- The moral voice of the community saying that violence is wrong, and won’t be tolerated.
- Offering individual group members an “honorable exit” through supports and services that enable them to leave their violent lifestyle.
SAFE AND SUPPORTIVE NEIGHBORHOODS

Collaborative partners for 2010 included Montgomery County, the Cities of Dayton and Trotwood, state and federal law enforcement agencies, the Dayton Urban League, Wesley Community Center and Omega Community Development Corporation. FCFC funding, along with grants from the partner jurisdictions and several philanthropic organizations, have provided critical support for the services component of CIRGV during 2009 and 2010. The services provided include:

1) outreach to and engagement of the target population;
2) case management, including needs and strengths assessments, life plan development, services referrals and client support;
3) employment readiness training, employment skills training, Youth Works summer jobs, and transitional jobs;
4) spreading the “Stop the Violence” message in neighborhoods impacted by gun violence; and
5) violence interruption and conflict mediation.

Employment resources that have been provided to CIRGV participants include the Dayton Urban League’s and Wesley Center’s Job Readiness Programs, Montgomery County’s 2009 and 2010 Summer Youth Works Programs, and East End Community Services’ Dayton Works Plus Deconstruction and Pathways Out of Poverty Programs.

The work of the CIRGV Case Managers employed by Dayton Urban League and Wesley Center, and of the Street Outreach Workers employed by Omega Community Development Corp., is focused on the following outcomes:

- Individuals at high risk of gun violence are provided with information about community resources that can help them build pathways out of violence.
- Individuals at high risk of gun violence receive services that address and reduce risk factors related to becoming a victim or perpetrator of gun violence.
- 60% of the individuals actively participating in CIRGV services will not be involved in gun violence.
- The community culture of embracing peaceful conflict resolution and refusing to tolerate violence is indicated by the community’s response to violence.
- Conflicts that may have previously resulted in retaliatory shootings are reduced through mediation by Street Advocates.

A Review of the Numbers for 2009 & 2010

57% Reduction in the number of homicides committed by members of violent street groups in Dayton between 2008 (14) and 2010 (6).

199 Individuals affiliated with violent street groups attended one of eight CIRGV call-ins between November, 2008 and September, 2010.

40 Individuals affiliated with group-related violence have been arrested and either convicted or are awaiting trial on significant felony or federal charges.

140 Completed intake with the Street Advocates and were referred to a CIRGV Case Manager—70 to Dayton Urban League and 70 to Wesley Community Center.

91 Created their Life Plan with their Case Manager. 73 actively followed through with referrals and activities related to their Life Plan.

32 Were employed in the YouthWorks Program.

23 Completed the Dayton Urban League’s or the Wesley Center’s Job Readiness Training.

9 Are participants in the Pathways Out of Poverty Employment Program.

3 Are employed by the Dayton Works Plus Deconstruction Program.
Comprehensive Neighborhood Initiative

Background

“Help me make my kids smarter!” That was the clear and consistent message that parents in two different Dayton neighborhoods delivered when they were asked about their hopes and dreams for their children and their neighborhoods. Their passion helped shape a proposal to boost kindergarten readiness, a proposal that became a reality in the summer of 2010 when the TOTS Program was launched in the neighborhoods surrounding Edison and Ruskin schools. (Further discussion of the work that went into the development of this proposal can be found in the 2009 Progress Report.)

TOTS ("Taking Off To Success") represents the first phase of the Family and Children First Council’s Comprehensive Neighborhood Initiative (CNI), a targeted effort to transform distressed neighborhoods into neighborhoods of choice and connection in which families thrive and young people succeed. The idea of implementing such a place-based effort emerged from the work of the Supportive and Engaged Neighborhoods Outcome Team over the last few years; it gained momentum as the discussion broadened to include other Outcome Teams, the Champions’ Committee, the Executive Committee and the full Council. The ultimate goal is to achieve a positive and sustained impact on all of the community outcomes and indicators (hence the term “Comprehensive”) in these neighborhoods.

Kindergarten readiness was chosen as the first indicator to address for a number of reasons, starting with the fact that children in these neighborhoods are especially vulnerable. Academic difficulties, especially in the early grades, can have long-term consequences for them and their families. As the CNI evolves, other aspects of the “Young People Succeeding Journey” will be embraced.

Current Status

The contracts for implementing TOTS became effective on May 15, 2010 for a one-year period; each contract has a clause permitting two consecutive one-year renewals. The contracts are with Montgomery County and draw on an allocation from the Supported Services Fund that the FCFC set aside for the CNI.

The original contract agencies were East End Community Services (for the Ruskin Neighborhood) and the Dayton Urban League (for the Edison Neighborhood). After the Dayton Urban League suspended operations in early December 2010, the
remaining funding was transferred to Miami Valley Child Development Centers (MVCDC) under a new contract which became effective December 13, 2010. The two full-time employees that had been doing the TOTS-Edison program also “transferred” with the funding and are now MVCDC employees. East End has a mixture of full- and part-time employees working on TOTS-Ruskin for a total of approx. 2.5 FTE. MVCDC will add some staff and TOTS-Edison will also be staffed at that level.

Separately, the county has contracts with the University of Dayton’s Business Research Group and with Wright State University’s Center for Urban and Public Affairs for evaluation and assessment of the TOTS program.

Program-related activities ramped up over the summer of 2010 as employees were hired and they began meeting with each other and with the evaluators. Outreach and recruitment of parents was well underway by Labor Day.

The TOTS program is a combination of group sessions with the parents, home visits, and other group activities. The first major program activity was a nine-week series of Saturday morning sessions with the parents in the fall of 2010.

Topics for the weekly group sessions (most presented by guest speakers) included:

- Understanding young children
- Understanding behavior
- How parents can use assessment information
- Reading to your child
- Communication skills
- Teaching young children to cooperate
- Health and safety

The consultants doing the evaluation and assessment of the TOTS program attend these sessions; their participation provides the opportunity for valuable and timely feedback to the agencies. In the weekly sessions parents also had the opportunity to meet individually with Joni Baldwin, a faculty member from the University of Dayton’s School of Education and Allied Professions, to discuss the results of their child’s developmental assessment.

TOTS staff bring a “resource bag” and books to each home visit. The resource bag includes educational material on lead-based paint precautions, handouts from Children’s Medical Center and ThinkTV, a video from PNC about math, and other educational materials.

Other group activities have included “Musical TOTS,” an academic musical program that involves both the parents and the children in song and dance.

Between the two neighborhoods, 38 parents and 45 children participated in the first set of sessions. Over 120 parents (total covering both neighborhoods) were recruited during the first months of TOTS. Some were unable to participate during the fall; TOTS staff members remain in contact with them and anticipate that some of them will participate in the second set of weekly sessions scheduled to begin in January 2011. Additional outreach and recruitment will also continue.

Next Steps

The long-term vision for the Comprehensive Neighborhood Initiative is to demonstrate the value of designing place-based efforts that have a measurable impact on all of the outcome areas prioritized by the FCFC. As mentioned, the TOTS program represents the first phase of the CNI. As such it is focused on one particular age group and is being delivered in two specific neighborhoods. It will take some time to determine the effectiveness of the TOTS program, to expand the programming to the entire age range of the “Young People Succeeding Journey” (see Figure 1), and to engage additional neighborhoods.

It is obvious, therefore, that understanding the dynamics of the current program (TOTS) in the current neighborhoods (Edison and Ruskin) will provide important guidance to the expansion of the CNI. To capture what is being learned in the current phase a Policy Team has begun meeting on a regular basis. The Policy Team is charged with overseeing the CNI and with identifying and resolving systemic barriers to its success.

The CNI is exploring the question “What would it take to mobilize a neighborhood and align a community around supporting the whole young people succeeding journey?” The early successes and failures with the TOTS program will help the community understand the magnitude of this very challenging question.
Background
Violent crime is measured by incidents per 1,000 residents. Violent crimes include murders, forcible rapes, robberies and aggravated assaults reported in the Uniform Crime Index published by the FBI.

New Data
The value for Montgomery County for 2008 is 4.9 and for 2009 it is 4.7. The value for Ohio for 2008 is 3.5 and for 2009 it is 3.3. The value for the United States for 2008 is 4.6 and for 2009 it is 4.3.

Short-Term Trends
The short-term trend from 2008 to 2009—from 4.9 to 4.7—is in the desired direction. The county comparative rank remains unchanged, 6th.
Background
The property crime rate is measured by incidents per 1,000 residents. Property crimes include burglary, larceny and motor vehicle theft and are reported by the Uniform Crime Index published by the FBI.

New Data
The value for Montgomery County for both 2008 and 2009 is 38.6. For 2008 the value for Ohio is 34.1 and for the United States it is 32.1. For 2009 the values are 32.8 (Ohio) and 30.4 (United States). The Ohio values for 2005 and 2006, as well as the US value for 2006, have been revised.

Short-Term Trends
The short-term trend from 2008 to 2009—from 38.6 to 38.6—is flat. The county comparative rank is unchanged, remaining at 5th.
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 2010 is 48.9% and the value for Ohio is 49.2%.

Short-Term Trends
The short-term trend from 2006 (the previous mid-term election) to 2010—from 58.4% to 48.9%—is not in the desired direction. The county comparative rank did move in the desired direction, changing from 6th in 2009 to 5th in 2010.

**PERCENTAGE OF REGISTERED VOTERS WHO VOTE IN THE NOVEMBER GENERAL ELECTION**

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery Co.</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>66.3%</td>
<td>39.4%</td>
<td>47.3%</td>
</tr>
<tr>
<td>1997</td>
<td>47.3%</td>
<td>36.9%</td>
<td>23.3%</td>
</tr>
<tr>
<td>1998</td>
<td>31.3%</td>
<td>50.0%</td>
<td>63.9%</td>
</tr>
<tr>
<td>1999</td>
<td>50.0%</td>
<td>34.2%</td>
<td>31.3%</td>
</tr>
<tr>
<td>2000</td>
<td>73.4%</td>
<td>40.1%</td>
<td>63.9%</td>
</tr>
<tr>
<td>2001</td>
<td>40.1%</td>
<td>58.4%</td>
<td>34.2%</td>
</tr>
<tr>
<td>2002</td>
<td>28.5%</td>
<td>72.0%</td>
<td>31.3%</td>
</tr>
<tr>
<td>2003</td>
<td>39.0%</td>
<td>39.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>2004</td>
<td>48.9%</td>
<td>39.0%</td>
<td>48.9%</td>
</tr>
<tr>
<td>2005</td>
<td>47.9%</td>
<td>44.6%</td>
<td>72.0%</td>
</tr>
<tr>
<td>2006</td>
<td>44.6%</td>
<td>49.2%</td>
<td>53.2%</td>
</tr>
<tr>
<td>2007</td>
<td>39.0%</td>
<td>29.7%</td>
<td>70.0%</td>
</tr>
<tr>
<td>2008</td>
<td>31.4%</td>
<td>37.8%</td>
<td>71.8%</td>
</tr>
<tr>
<td>2009</td>
<td>37.2%</td>
<td>63.7%</td>
<td>34.2%</td>
</tr>
<tr>
<td>2010</td>
<td>31.4%</td>
<td>71.8%</td>
<td>47.3%</td>
</tr>
</tbody>
</table>

Note: n/a is not available.
ECONOMIC SELF-SUFFICIENCY

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

Economic Self-Sufficiency Outcome Team Report
The Economic Self-Sufficiency (ESS) Outcome Team has taken a multi-year approach to addressing poverty and unemployment among families and low-skilled, low-income adults, especially adult males. The ESS Team is also committed to the reintegration of formerly incarcerated persons (or Ex-Offenders) into our community. ESS members are focused on: 1) reducing poverty through job creation; 2) increasing the availability of transitional jobs as a way to reduce barriers to employment; and 3) identifying human services issues related to economic self-sufficiency and sharing those findings and recommendations with the FCFC, the Workforce Investment Board, and other community partners.

Beginning in 2007, the Team developed the Employment Solutions Report that addressed the poverty reduction component of the Homeless Solutions 10-Year Plan. Key recommendations included: 1) the importance of homeless provider agencies creating employment expectations for their clients; 2) the need for transitional jobs for adults with multiple barriers to employment; and, 3) the development of a One-Stop Employment Center for homeless adults and ex-offenders within the Job Mall at the Job Center. The Employment Solutions Report was presented to the Homeless Solutions Policy Board by ESS co-Champion Commissioner Debbie Lieberman and Team member Judge Walter Rice, and adopted by the Policy Board in July, 2007.

In 2007, the ESS Team also developed the Ex-Offender Employment Report. A key recommendation of the report included the creation of a Community-Wide Ex-Offender Reentry Task Force modeled after the Out-of-School Youth Task Force and the Homeless Solutions Leadership Team. The ESS Team recommended that the Task Force develop a comprehensive plan and a Continuum of Care that sets goals for successful rehabilitation and reintegration of ex-offenders returning to Montgomery County. The ESS Team also recommended that the plan address the barriers to successful reentry such as housing, collateral sanctions, behavioral health care, informal support networks, community advocacy, as well as employment issues and
needs. (The Montgomery County Ex-Offender Reentry Task Force was appointed by the Montgomery County Board of Commissioners in 2008. See page 51 for their report.)

In 2008, the ESS Team focused its attention on developing a comprehensive neighborhood-based framework for reducing poverty among families with children and increasing employment opportunities for low-skilled, disadvantaged men. The Team joined forces with the Stable Families Outcome Team and the Supportive and Engaged Neighborhoods Outcome Team to work on these issues. Also in 2008, Miami Valley Housing Opportunities (MVHO), the primary local provider of permanent supportive housing for formerly homeless families and single adults with disabilities, was awarded a planning grant by the Corporation for Supportive Housing to implement a key priority of the Employment Solutions Report. The planning grant provided a consultant to work with representatives of the ESS Team, MVHO, the Job Center and Goodwill Easter Seals Miami Valley to develop a detailed operations plan for the One-Stop Employment Center in 2009.

During 2009 the ESS Team also continued working with the other Outcome Team Partners to move the FCFC Comprehensive Neighborhood Initiative (see page 43) from planning to implementation within specific neighborhood areas—Innerwest and Southern Dayton View anchored by Edison Neighborhood School Center and Twin Towers in East Dayton anchored by Ruskin Neighborhood School Center. The Team also supported the development of transitional jobs as pathways to living wage jobs for low-income individuals with barriers to employment. Montgomery County joined with the City of Dayton to provide a portion of the funding for “Dayton Works Plus,” a transitional jobs program developed by East End Community Services Corporation. The program involves the deconstruction of nuisance residential properties. The program enables its participants to learn marketable skills and earn wages while salvaging building materials such as vintage timber, woodwork, windows, doors, etc. that are sold and reused in the community, rather than ending up in landfills.

During 2010 the ESS Team saw several of its 2007 recommendations come to fruition:

1) The One-Stop Employment Center for homeless adults and ex-offenders was opened in February by Goodwill Easter Seals in the Job Mall section of the Job Center. In its first eight months, the Center’s five person staff served 187 individuals and successfully placed 49 of them into competitive employment opportunities in the community. The Center has also developed two workforce mentoring sites and nine transitional job sites with both private and public sector employers.

2) A federally funded $1.5 M Pathways Out of Poverty grant was awarded to East End Community Services in partnership with the Miami Valley Regional Planning Commission and the National Association of Regional Councils. The 2-year Pathways grant targets disadvantaged adults who are low-skilled and unemployed. The program provides educational assessments, soft skills development, and training leading to stackable certificates* including OSHA safety training, building deconstruction, asbestos abatement, carpentry, weatherization, landscaping, HVAC, and refrigeration. Participants are employed in transitional jobs ranging from three to six months, then assisted to find more permanent employment. The focus is on “Green Jobs” in environmentally sustainable industries. The City of Dayton also awarded East End Community

* “Stackable certificates” have been described as “a progression of pre-college certificate programs that would build—or ‘stack’—on top of one another, with the purpose of reengaging adults in school in order to prepare them for college and entry-level employment.” Source: Ohio Stackable Certificates: Models for Success, Community Research Partners, Columbus, OH, February 2008.
Services a portion of its Neighborhood Stabilization grant to deconstruct an additional 100 vacant houses. East End expects to conduct outreach and screening for at least 650 individuals and train 200 participants through the Pathways grant. The final goal of the grant is to place 148 individuals in “green” jobs for at least six months by the end of 2011. Approximately 80% of the Pathways participants are ex-offenders, including individuals connected with the Community Initiative to Reduce Gun Violence (see page 41) who are seeking to turn their lives around.

3) The Montgomery County Ex-offender Reentry Task Force completed its work and submitted its plan and recommendations to the County Commission. (See page 51.) During the third quarter of 2010, the Office of Ex-Offender Reentry was established within Montgomery County to initiate and oversee the multi-step strategy to reduce recidivism rates in the County by 50% in five years.

The ESS Team is committed to continuing its role as a catalyst for change, and will work to identify community resources able to assist low-income entrepreneurs develop and incubate their own businesses. During 2010, the Team held discussions with Barbara Hayde, the Director of the Entrepreneur’s Center, located in Tech Town; with the Community Action Partnership in Greene County to learn about Hope Café, a sit down restaurant, catering business, and senior meals provider that trains and employs formerly homeless adults to staff the kitchen and operate their catering business; and with Rev. Tim Forbess, Pastor of First United Methodist Church on Salem Avenue. Rev. Forbess has developed a social enterprise business that develops tricycle parks that enable low-income preschoolers to develop the gross motor skills needed for kindergarten readiness. Proceeds from the tricycle parks being built in other communities will be used to build a fully certified Early Care and Education Center on Salem Avenue to serve low-income children who live in the surrounding neighborhoods.
The vision of the Montgomery County Ex-Offender Reentry Task Force (Task Force) is coming into focus. Over the last year, the Task Force has successfully completed its final report, applied for and received significant funding from the Ohio Office of Criminal Justice Services to implement its plans, and transitioned from the Task Force to the Montgomery County Ex-Offender Reentry Policy Board established by the Montgomery County Commissioners. The Final Report begins with “A Note to Victims” that helps set the tone for the reentry effort in Montgomery County.

**A NOTE TO VICTIMS**

Ex-offenders come in many different shapes and sizes. In fact, there is great variety in the nature of the crimes they've committed. These crimes often produce profound wounds in their victims, who are our parents, spouses, siblings, children, friends, and neighbors. The Montgomery County Community-Wide Ex-Offender Reentry Task Force members spent significant time contemplating the impact of these crimes, and the glaring fact that they were committed by the very people we aim to serve through this initiative.

The Reentry Task Force wishes to acknowledge formally the impact that these crimes have had on not just the victims themselves, but their families, and sometimes their entire communities. Some of these crimes have created unpleasant, and sometimes atrocious, situations that the victims had to succumb to and endure at the hands of the offenders. **And for this, the Reentry Task Force wishes to express their sincere compassion and empathy to all people who have been victimized. The recommendations in this report are in no way meant to minimize the impact these crimes have had on the victims. We simply choose to put forth efforts that will make our homes, neighborhoods, and communities a safer place to live for future generations and to assure that these crimes will significantly decrease over the coming years.**

The final report has been published and is available at the Montgomery County Office of Ex-Offender Reentry (located at the Montgomery County Job Center, 1133 Edwin C. Moses Blvd, suite 335), the Montgomery County website (www.mcohio.org), the Office of Family and Children First and other locations. The report lays out the vision of the Task Force, the logic behind the effort, the current local efforts to reduce recidivism, and the strategy, plan and process to reach the goal of reducing recidivism in Montgomery County by 50% in five years.

The report provides a series of recommendations (see next page) that provide a roadmap for the next steps to be taken to raise awareness and elevate the issue of ex-offender reentry in Montgomery County and to establish programming and services to assist individuals returning to Montgomery County from the state and federal prison systems.
TASK FORCE RECOMMENDATIONS

1. Develop a One Stop Center as a single point of entry, assessment, and linkage to comprehensive services for all ex-offenders in Montgomery County.

2. Conduct a community-wide outreach, engagement and advocacy campaign to create awareness of the community-wide benefits of successful reentry, generate acceptance of ex-offenders, inspire community action, and advocate for necessary legislation and legislative changes.

3. Through the Montgomery County Commissioners, establish a Reentry Policy Board and a Montgomery County Office of Ex-Offender Reentry.

4. Create a county-wide collaborate that includes government and private sector service providers as well as other community stakeholders in order to effectively serve the ex-offender population.

5. Establish a Memorandum of Understanding with the Montgomery County Department of Job and Family Services/Child Support Enforcement Agency to develop consistent policies applicable to incarcerated individuals and ex-offenders with active support orders.

6. Engage with the Homeless Solutions Policy Board, Dayton Metropolitan Housing Authority, and private local property owners to partner in the development of additional transitional and supportive housing options in Montgomery County.

7. Create a variety of opportunities for each Montgomery County offender sentenced to an Ohio prison to work with reentry professionals and staff from the Ohio Department of Rehabilitation and Correction (ODRC).

8. Publish a comprehensive resource guide so that incarcerated offenders and ex-offenders can access up-to-date reentry information and resources.


10. Partner with education and training resources within the community to provide comprehensive skill building and educational opportunities for the reentering population.

11. Clearly define relationships between service providers, county agencies, state partners, and the Office of Reentry through the utilization of Memoranda of Understanding.

12. Identify and utilize transitional jobs so ex-offenders can re-establish their work history.

13. Remove barriers to the Ohio Drivers License reinstatement for ex-offenders.

14. Provide access to legal services for ex-offenders.

15. Conduct appropriate lobbying that will advance and support successful reentry for ex-offenders.

16. Remove barriers to visitation to promote ongoing connection to family, friends, and the community.

17. Conduct a concerted education and lobbying campaign for a systematic review and response from the Ohio legislature regarding unjust collateral sanctions.
The priority recommendations were established by the output of the Task Force’s 7 Workgroups: Children and Families, Continuum of Care, Employment, Housing, Legal Issues, Pre- and Post- Release, and Technical. Each Workgroup produced a report with recommendations specific to its area of responsibility. A cross reference of all of the workgroups and the recommendations was created. Those recommendations suggested by more than one workgroup are the priorities. The remainder of the recommendations will be addressed by the policy board as time and resources allow.

In early 2010, the Ohio Department of Rehabilitation and Correction (ODRC) and the Ohio Office of Criminal Justice Services (OCJS) teamed up to provide a funding opportunity to counties in Ohio to implement strategic reentry plans. Counties with a plan were authorized to apply for up to $1 million in funding. Montgomery County did so and was awarded just under $720,000. The grant (funded through the American Recovery and Reinvestment Act) funds the operation of an office of ex-offender reentry, two of its three staff (the Manager of Reentry position is funded through a 2008 award to the Task Force from the FCFC Initiative Fund), funding for the further development of a reentry database, and most importantly, almost $500,000 in direct services for ex-offenders. These services include: Employability Services, Case Management, Mental Health and Drug and Alcohol Counseling, A Transitional Jobs Incubator and Mentoring Services. Contracts have been awarded to Goodwill / Easter Seals of the Miami Valley for the Employability and Job Incubator, to Family Service Association for the Case Management and Mental Health Services, and to Dayton Circles (Think Tank, Inc.) for Mentoring.

The Montgomery County Office of Ex-Offender Reentry and the Welcome One-Stop Reentry Center (W.O.R.C.) is open and working with clients and community providers to coordinate service, improve the efficiency of service delivery, and continue the public education and advocacy started by the Task Force. The grant funds the office through the end of 2011. Another primary goal of the office is to obtain additional public and private grants.

The Office is staffed by three reentry professionals hired by Montgomery County to execute the grant and provide full time leadership to the local effort to reduce recidivism. One is a formerly incarcerated individual who can relate to the women and men who are seeking services in the Office.

The Montgomery County Ex-Offender Reentry Policy Board was established by Resolution Number 10-1662 on October 26, 2010. The members were appointed to either a two- or four-year term. The members, listed below, have been given the following charge:

Establish By-Laws for the Policy Board, including provisions for the appointment of new members; provide oversight to the Montgomery County Office of Ex-Offender Reentry; develop and implement plans and policies to reduce recidivism in Montgomery County by 50% by December 31, 2015; seek short- and long-term funding to support the ongoing efforts of the Office of Reentry; and establish clear outcome and accountability measures consistent with the reentry strategic plan.

It has been a challenging journey since 2005 to bring greater attention to the issue of ex-offender reentry in Montgomery County. However, with the publication of the Task Force Report and the opening of the Office of Reentry, several important milestones have been reached in the last year. Now is the time for results; preliminarily, they are impressive. At the time the contracts were executed, all of the December and most of the January intake and orientation slots were filled. Congratulations to all of the people who have worked on this project and to the many people who will continue to work with the reentering population in 2011 with more resources and tools than ever before.

The members of the Board (titles listed are as of December 2010) are:

Commissioner Debbie Lieberman (Co-Chair), Judge Walter H. Rice (Co-Chair), Jamil Al-Hanjyf, Rabbi Bernard Barsky, Cheryll Bennett, Chief Richard Blehi, Rev. Robert Bishop, Brian Bucklew, Gayle Bullard, Jim Dare, Commissioner Judy Dodge, Deborah Feldman, Derrick Foward, Rev. Sherry L. Gale, Joyce Gerren, Judge Barbara Gorman, Jacquelyn Jackson, Steven Johnson, Tom Kelley, Mayor Mark Kingseed, Jim Knowles, Larry Lane, Angela Lee, State Representative Peggy Lehner, State Representative Clayton Luckie, Phillip Parker, Bob Pawlak, Father Francisco Pelaez-Diaz, Sheriff Phil Plummer, Tamico Pulliam, Arvin Ridley, Chief John Sedlak, Joe Spitler, Senator Fred Strahorn, John Theobald, Dr. Robert Walker, Rick Wegman, Rudy Wehner, Commissioner Nan Whaley, John White, Anthony Whitmore, and Charlton Williams.
Outcome: Economic Self-Sufficiency
Indicator: Unemployment

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

New Data
The preliminary value for Montgomery County for 2010 is 11.5%; the revised value for 2009 is 11.4%. The preliminary value for Ohio for 2010 is 10.3%; the revised value for 2009 is 10.2%. The preliminary value for the United States for 2010 is 9.7%; the preliminary value for 2009 in last year’s Report, 9.3%, is now final and remains at 9.3%. The values for 2009 have also been revised for a number of counties, but the county comparative ranking for that year has not changed. The Ohio values for selected earlier years have been revised.

Short-Term Trends
The short-term trend from 2009 to 2010—from 11.4% to 11.5%—is not in the desired direction. The county comparative rank was unchanged, remaining at 8th.

*2010 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.

New Data
The 2010 value for Montgomery County is 7.45 and for Ohio it is 5.18. 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. The county comparative rankings for 2008 and 2009 have not changed.

Short-Term Trends
The short-term trend from 2009 to 2010—from 6.62 to 7.45—is not in the desired direction. The county comparative rank did move in the desired direction, changing from 6th to 5th.
Background
In past Reports we have been tracking Per Capita Effective Buying Income, a measure of disposable income after taxes; the data were adjusted every year for inflation. However, the consumer research firm that supplied these data no longer does so.

In its place we are introducing a similar indicator, Median Household Income, which will also be adjusted every year to control for inflation.

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.

New Data
All of the data are new because this is a new indicator.

Short-Term Trends
The short-term trend from 2008 to 2009 – from $44,880 to $41,426 – is not in the desired direction. The county comparative rank also did not move in the desired direction, changing from 6th to 7th.
A core component of the Family and Children First Council's annual Reports is a set of indicators, things such as Low Birthweight, Graduation Rate, and Unemployment. We think these indicators have a story to tell us. That is why we track them and report on their trends. They are fuel for community conversations about the conditions facing our children, families, adults, and neighborhoods. This year, in order to enhance the ability of the indicators to talk to us, we have discontinued or revised a number of them, and added some new ones. (See page 6.) As a result we are now tracking 24 indicators; for the past few years we had been tracking 27.

We go “behind the numbers” in every Report in an effort to put what the indicators are telling us in perspective. The reality is that the indicators by themselves are just a collection of graphs with new points being added to each line every year. The challenge is to weave these strands – and the way they are moving – into a coherent story and to start some conversations. In one sense this is like trying to connect a handful of stars into a constellation; two people can look at the same set of stars and discern two different patterns. When a compelling story can be told about the constellation it becomes easier for people to interpret what they are seeing.

The same is true for the indicators. The story that weaves them together must do so in a way that helps people in the community clearly see what has been happening and what is currently happening, especially if the purpose for tracking the indicators is to spur action. In other words, the “story” is a common sense version that folds the data into a set of ideas about the “way things ought to be.”

So what are these 24 indicators telling us? Are we getting closer to “the way things ought to be” and to achieving the Council’s Vision for Montgomery County? A look at all of the trends (see page 3) would suggest “Yes…and no.” Ten of the 24 indicators are moving in the desired direction but eight are not; the remaining six are flat, not making any significant net change during the time they have been tracked. However, the average county comparative ranking puts Montgomery County between 6th and 7th among Ohio’s ten largest counties, far from the 1st place ranking that is considered “most desirable.”

It is sobering to realize that three of the eight indicators which are heading in an undesired direction are directly related to the community’s economic vitality: Unemployment, People Receiving Public Assistance, and Median Household Income. Two more of these eight – Employment Rate for Persons with a Disability and Poverty Rate for Persons with a Disability – speak to the challenges that people in special populations face in trying to participate in the economic life of the community.

It would seem, therefore, that part of the story that the indicators are telling us has to do with the economy or, perhaps more accurately, how well area residents are faring. In this regard our local indicators are echoing the national search for more jobs. A particularly dramatic example is shown in Figure 1 where the effects that the recent recession and financial

1 Jennifer James, Ph.D., Urban Cultural Anthropologist and Plenary Session Speaker at the 2004 Community Indicators Conference, Reno, NV.

2 For the 20 indicators for which they are available. Montgomery County’s rankings range from 1st to 10th.

3 For each of these newly introduced indicators we only have two years of data.
Behind the Numbers

The 2009-2010 economic crisis have had on the local public assistance caseload can easily be seen. As a corollary, the unemployment rate almost doubled during this time period. (See page 54.)

The Unemployment and People Receiving Public Assistance indicators speak to the number of jobs in the community. Of equal, if not more, importance is the quality of those jobs. One measure of that is the Median Household Income indicator. Because the bulk of household income is from wages and salaries, this indicator in effect tells us the value that employers put on our local workforce.

The fact that this indicator is not heading in the desired direction (see page 56) is troubling enough, but Figure 2 puts the situation into sharp focus. The connection between an individual person’s educational attainment and his or her ability to earn income is generally understood, but when viewed on a state by state basis the strength of the correlation is readily apparent. Across the country, states and local communities are often said to compete in that competition is not the country, states and local communities are often said to be competing with each other economically. Figure 2 tells us that Montgomery County’s place in that competition is not where we want it to be.

Speaking directly to this issue is a report recently released by the Pathways to Prosperity Project, based at the Harvard Graduate School of Education. The authors talk about the challenges facing countries around the world in “preparing young people for an increasingly competitive labor market” and conclude that the United States has fallen behind:

It’s not just that many countries are leapfrogging the U.S. in educational attainment and achievement. Some of these systems are also doing a much better job of helping young adults make a successful transition to the labor market.

They emphasize the importance of educational attainment and convincingly make the case that “we now need every young American not only to complete high school, but to obtain a post-secondary credential or degree with currency in the labor market.” They call for broad school reform “that embraces multiple pathways to help young people successfully navigate the journey from adolescence to adulthood.” In other words, if we want to equip as many people as possible with a marketable credential – one that has “currency in the labor market” – we will need to emphasize pathways that lead to an associate’s degree or a post-secondary occupational credential as well as those that lead to a four-year degree and beyond.

Based on what Figure 2 is telling us about our local situation, this message has been heard loud and clear. The local vision for the “Young People Succeeding Journey” (see page 44) is that every student is ready to learn when entering kindergarten, ready to learn when graduating from high school, and ready to earn when graduating with a post-secondary credential, either a 2- or 4-year degree, or a career-ready credential.

A key part of this vision is that every child is ready to learn when entering kindergarten. In Montgomery County, according to another one of our indicators, Kindergarten Readiness – Literacy Test (KRA-L). This means that about one-fourth of them are assessed to be in Band 1, meaning they need broad intense instruction when they start school.

Children who start school significantly behind have difficulty catching up. So this indicator is telling us that we, as a community, need to do what we can to boost their school readiness. By going “behind the numbers” we can examine the demographic data of those children who have taken the KRA-L. This can give us some insight on which children are most likely to benefit from extra help before their first day of school. We learn, for example, that the racial disparity found

Figure 1. Each recipient of public assistance is a member of an “assistance group” which, for practical purposes, can be considered a household. When tracking the rise and fall in the number of assistance groups with a work activity requirement, the FCFC excludes those households receiving benefits solely because of the presence of an eligible child. The number of assistance groups with a work activity requirement almost doubled between early 2007 and early 2010. This time span includes what some have called the “Great Recession,” from December 2007 to June 2009. Source: Montgomery County Dept. of Job and Family Services.

Behind the Numbers

in so many health and social service measures is also present here; in Montgomery County, a black child is 83% more likely to be assessed in Band 1 than a white child. An even larger disparity is found when economic status is considered instead of race. As Figure 3 shows, students who are economically disadvantaged are almost three times as likely to be assessed in Band 1 as non-economically disadvantaged students.

Such an observation reinforces the wisdom of targeting distressed neighborhoods for the TOTS (“Taking Off To Success”) program, intended to improve kindergarten readiness (see page 43). In addition it reminds us, again, of the negative consequences of poverty, a topic which the FCFC has addressed from a number of different angles in previous Reports, and one which is the focus of the Avoiding Poverty indicator. Sadly, this is another one of the eight indicators that has not been heading in the desired direction. In this case that trend has been true for most of the past two decades (see page 27), although the last two years have seen a welcome reversal.

This reversal is certainly encouraging, but if we want to get closer to “the way things ought to be” it will need to be sustained. In addition, the other indicators that have not been trending in the desired direction will have to

Going “behind the numbers” to tell the story of the indicators is one way to make them come alive. Another way is to tell the story of a real person who is part of these numbers. This year the Positive Living for Special Populations Outcome Team is introducing two new indicators to help capture the challenges that people in special populations face in trying to participate in the economic life of the community. Anthony is one of those people. We thank Goodwill Easter Seals Miami Valley for telling us his story:

Anthony faced many barriers and challenges in his life. He graduated from high school but struggled to figure out what was next.

Anthony was referred to our Youth Employment Training Services program in 2008. He was diagnosed with autism and difficulties with expressive and receptive language skills, as well as challenges with his social skills and interpersonal relationships. Anthony had no previous work experience, but a strong desire for employment in order to achieve some level of financial and personal independence.

The staff helped Anthony learn valuable job-seeking skills and provided guidance on his journey toward independence. He began to interact more positively with others and learned acceptable social practices. Anthony was very diligent in keeping detailed information and records while completing applications for employment. He never used his disability as an excuse but focused on his organizational and time management skills, believing that the perfect job was out there for him.

With the help of Beth Kelso, Youth Employment Specialist, Anthony learned the public transportation system and became more comfortable taking public transportation to his appointments with potential employers. Over several months, Anthony interviewed for various jobs but was not hired. He did not give up hope, but continued to improve his interviewing and people skills.

His open-mindedness and determination paid off in September of 2009 when Anthony was hired at Kingston Rehabilitation Center as a Dietary Aide. His job responsibilities include setting up the dining room, serving patients, prepping desserts, bussing tables and assisting on the tray line. He has proven to be a great asset to the dietary team and continues to strive toward total independence.

“To finally get a job after a year of searching, it was the boost of confidence that I needed,” Anthony said. “It was an exciting moment.”

Beth Kelso said, “Anthony is always friendly and kind to everyone he meets. He’s come such a long way! He’s a great example of how persistence and hard work truly pays off.”

Knowing there are more mountains to climb ahead, Anthony continues to learn new skills and build his experience, making many friends along the way. He also spends time volunteering at a local church and said, “I enjoy helping others.”
turn around…and the ones that have been going in the desired direction will need to keep their momentum.

The TOTS program has already been mentioned as one example of an effort to drive an indicator in the desired direction or, to put it another way, to write a more positive story for that indicator. It will take time to see how that story evolves, as it will for all the initiatives underway in the community, some of which are described on the other pages of this Report.

Taken together, then, these indicators are telling us that we face serious challenges, challenges that include turning the curves of some indicators and making sure that other indicators keep moving in the desired direction. Going “behind the numbers” gives us a better understanding of the story that the indicators are telling so that we can tell that story to others and engage them in responding, both to the challenges and to the opportunities that they present.

The most important thing to remember is that the story is still being written. We invite the readers of this Report to help us write it. What are the indicators saying to you? What other information do we need to consider? Contact us at communityconversations@fcfc.montco.org. And thanks for helping us write our community’s story.

Figure 3. There are significant differences in the Kindergarten Readiness Assessment – Literacy results for students depending on whether they are identified by the school district as economically disadvantaged or not. An economically disadvantaged student is almost 3 times as likely to be assessed in Band 1 (needing broad intense instruction) and less than half as likely to be assessed in Band 3 (needing enriched instruction). Source: Ohio Dept. of Education. (ODE)

1 How “Economic Disadvantagement” is determined is explained in the Ohio Dept. of Education’s Education Management Information System (EMIS) Manual available from their Web site, http://www.ode.state.oh.us/. Because of the way the data are reported by ODE, Figure 3 represents about 87% of the Montgomery County kindergartners who took the KRA-L Test in the fall of 2009.
Although implementation of the Homeless Solutions Plan continued in 2010 with the opening of new permanent supportive housing units and the launch of a comprehensive front door assessment process, the impact of the recession became apparent with unprecedented numbers of individuals and families seeking shelter. Homelessness is considered a lagging indicator of economic conditions—people who are struggling financially do not immediately become homeless, they rely on their own financial and social resources for as long as they can and only enter shelter when there is no other option.

The Gettysburg Gateway Shelter for Men, which opened in November 2009, has provided critical capacity to meet the high level of demand. In addition more than a thousand households have received financial assistance through the Homelessness Prevention and Rapid Rehousing Program to prevent loss of housing and entry into homelessness.

FRONT DOOR ASSESSMENT
On August 1, 2010 a new Front Door Assessment process at all the gateway shelters and in the street outreach program began. The new process is the result of almost three years of work by the Front Door Committee. The process includes a standardized assessment tool to identify the issues that have led to a person’s or family’s homelessness and to determine the most appropriate program in the homeless system to help the household stabilize. The development of the Front Door Assessment fulfills the Homeless Solutions Plan’s vision of a unified homeless assistance system that meets the needs of all homeless families and individuals.

Under the new process all programs receiving funding from the homeless system are required to report any vacancies to a central hub that will then make referrals from a central waiting list. A standardized referral
process based on client needs ensures the most efficient use of resources in the homeless system and the most appropriate level of services to homeless households. Comprehensive data on the needs of the households who are homeless and the effectiveness of programs in the homeless system is essential to future system planning and resource allocation. The front door assessment also positions the homeless system to respond to new federal outcome requirements about recidivism and length of stay.

The Front Door Committee, chaired by Rev. John Paddock and Dr. Vic McCarley, and comprised of members from the homeless system, other social service agencies such as CrisisCare and United Way, and universities, began meeting in October 2007. Since January 2010 the Committee has been working with nationally recognized consultants on the development of the assessment tool and process. Significant client and provider input have been sought at every step of the process. To clarify the purpose of the assessment the following principles have been adopted:

• Rapidly exit people from their homelessness to stable housing
• Ensure that the hardest to serve are served
• Serve clients as efficiently and effectively as possible
• Be transparent and accountable throughout the referral and assessment process

Several reports about the assessment process and the performance of providers and the system will be produced regularly for review by the Homeless Solutions Policy Board, the Front Door Committee, the consultants and the front door assessment agencies. These reports will monitor length of stay in shelter, recidivism, occupancy, program outcomes, and standards for completion of assessments and acceptance of referrals. To minimize concerns about the assessors being less than objective in the referral process, self-referrals by the assessors will be analyzed by the front door consultants. Several situations will trigger a requirement that all programs involved with a client participate in a case conference to develop a housing plan for the client.

PERMANENT SUPPORTIVE HOUSING

For some individuals and families who are homeless the best plan for housing stability is affordable housing with supportive services. This is called permanent supportive housing and has been demonstrated in numerous research projects to save money and improve outcomes for people with a disability who have been homeless. The Homeless Solutions Plan recommends the creation of 750 units of permanent supportive housing.

Substantial progress on this goal has been made since the Plan was adopted in June 2006. In that time 365 units of permanent supportive housing have opened and another 65 units are in development.

### Supportive Housing Progress

<table>
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<th>Target Population</th>
<th>10-Year Goal</th>
<th>Units Added or in Development</th>
<th>Remaining Goal</th>
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<td>Young Adults (18-24)</td>
<td>115</td>
<td>24</td>
<td>91</td>
</tr>
<tr>
<td>Single Adults (25+)</td>
<td>460</td>
<td>368</td>
<td>92</td>
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<tr>
<td>Families</td>
<td>175</td>
<td>38</td>
<td>137</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>750</strong></td>
<td><strong>430</strong></td>
<td><strong>320</strong></td>
</tr>
</tbody>
</table>

An artist’s rendering of River Commons II, an 83 unit permanent supportive housing building slated to open in the summer of 2011.
On November 16, 2010 the Montgomery County Child Fatality Review Board (CFRB) released its fifth Report to the Community covering the deaths of children (less than 18 years of age) in Montgomery County. The Report added data from 311 deaths occurring between 2005 and 2008 to cumulative data going back to 1997, making a total of 1,031 deaths reviewed.

Some of the most significant local findings included:
- 65.0% of all child deaths are to infants less than one year of age;
- 85.9% of all accidental infant deaths and 11.3% of all infant deaths are sleep-related; and
- 25.8% of deaths to children ages 15 – 17 and 12.2% of all deaths to children 1 year and older are the result of firearms.

Locally, at least one out of every three child deaths (33.1%) could have been prevented; one of every five child deaths (19.9%) was due to a preventable accident.

In addition, while local rates of child death (for ages 1 – 14) are consistent with—or slightly lower than—national rates, local rates of child homicide and suicide are higher.

The CFRB concluded that what is occurring in Montgomery County is similar to what is being reported elsewhere. For example:
- Overall, Montgomery County’s child death rates are consistent with state and national rates.
- The majority of child deaths are deaths of infants.
- The majority of child deaths are from natural causes.
- Black children die at a much higher rate than white children.

Finally, although the local infant mortality rate (IMR) is currently within the range of state and national IMRs, it failed to achieve the downward trend experienced by those rates during the last fifteen years.

The CFRB recommended that reduction efforts in infant mortality rates should focus on the specific causes for infant mortality such as prematurity, and the medical risk conditions and behavioral risk factors associated with poor birth outcomes. Therefore, the CFRB endorsed the recommendations of the Ohio Infant Mortality Task Force, and encouraged the community to support continuation of these initiatives:
- The ABC’s of Safe Sleep Public Awareness Campaign;
- The Low Birth Weight Registry;
- The Fetal Alcohol Spectrum Disorders Task Force; and
- The Preconception Education Project.

The CFRB also endorsed the work of the Community Initiative to Reduce Gun Violence, and agreed that public safety is not the exclusive responsibility of law enforcement agencies or the courts, but rather, it is the responsibility of the entire community.

To obtain a copy of the Report, please contact Public Health – Dayton & Montgomery County, at 937-225-4981.
Brother Raymond L. Fitz, S.M., Ph.D. Award

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

Clinton Ralph Wilcoxson II

Changing lives. What an amazing feat, but it is something this year’s recipient of the Brother Raymond Fitz Award does every day. The very first sentence on his nomination speaks volumes: “Some people do great things. Others do small things with great love. Ralph Wilcoxson, II, does both.” Ralph engages and encourages children, youth, men and families in his professional and private life. Ralph’s life is a great example of the essence of the Brother Raymond L. Fitz Award.

Since 1993, Ralph has held many positions, but none as fitting as his current position as Senior Magistrate in the Montgomery County Juvenile Court. As Magistrate, Ralph impacts the future lives of individuals by trying to change behaviors. However, his focus, love and genuine concern for children and young adults go far beyond his employment. In his private life, Ralph volunteers in his church, conducts personal responsibility and development sessions with teenagers, and works with children to build core values and strong positive self images.

He can often be found speaking in our community, at schools and special events regarding personal responsibility and choices to improve lives. He works tirelessly in the community serving on several boards and committees.

For the past 10 years, Ralph has taken a group of 60 to 75 fathers and their children on a weekend camping trip to a local State Park. This group has adopted the name “Iron Sharpens Iron” and focuses on leadership skills, family dynamics and breaking generational curses. This trip is used as a mechanism to save and restore family relationships. This program received a commendation from the State Park Rangers.

Since 2001, Ralph has also taken a smaller group of four to five court-involved youth on a boundary waters wilderness trip to Grand Marquis, Minnesota, where they spend a week developing teamwork skills through support and empowerment while learning positive values, social competence and positive identity.

Ralph also established a weekly community basketball game and study group for disadvantaged or homeless young men. The young men use this activity as a sounding board to express their concerns and experiences that otherwise would not be addressed. Ralph has helped participants prepare for job interviews, employment, family matters and counseling. Forty men now participate in this weekly activity.

For these reasons and many more, Clinton Ralph Wilcoxson, II is the 2010 recipient of the Brother Raymond L. Fitz Award.

*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.
Interagency Collaboration

The Family and Children First Council continue to utilize the strength of interagency collaboration to benefit families and children in Montgomery County. Building bridges across the county’s health and human service organizations increases the community’s capacity to serve the most vulnerable citizens. In Montgomery County, this work is accomplished via two committees: the Agency Directors Committee and the Service Brokers Group.

Agency Directors Committee

James W. Gross
Public Health-Dayton & Montgomery County
Chair

Carol J. Hinton
YWCA of Dayton
Vice Chair

Gayle Bullard
Montgomery County Department of Job and Family Services (starting May 2010)

James D. Cole
Montgomery County Juvenile Court

Mark Donaghy
Greater Dayton RTA (starting Sept. 2010)

Peter L. Geraci
Montgomery County Court of Common Pleas

Mark E. Gerhardstein
Montgomery County Board of Developmental Disabilities Services

Gail Gordon
Emergency Housing Coalition (starting May 2010)

Gregory D. Johnson, PHM
Dayton Metropolitan Housing Authority

Tom Kelley
Office of Family and Children First

Jim Knowles
Montgomery County Veterans Service Commission

Linda L. Kramer
Daybreak

Larry Lewis
Ohio Department of Youth Services

Cecelia M. Long
Emergency Housing Coalition (through April 2010)

Amy Luttrell
Goodwill Easter Seals Miami Valley

Douglas M. McGarry
Area Agency on Aging

Jane McGee-Rafal
Dayton Public Schools

Christy Norvell
Montgomery County Department of Job and Family Services (through April 2010)

Donald H. Sheer, Jr.
Montgomery County Educational Service Center

Joseph L. Szoke
Alcohol, Drug Addiction and Mental Health Services Board for Montgomery County

STAFF:
Andrea Hoff
OFCF

Service Brokers Group

Linda Allen
Montgomery County Department of Job and Family Services

Jan De Veny
Public Health – Dayton & Montgomery County

Cindy Fuhrmann
Montgomery County Juvenile Court

Kay Kelbley
Emergency Housing Coalition

Karla Knox
Dayton Metropolitan Housing Authority (starting Sept. 2010)

Lori Lindeman
Ohio Department of Youth Services

Kaye A. McCarthy
Montgomery County Board of Developmental Disabilities Services

Zelene Minnich
Montgomery County Educational Service Center

Mary Anne Robinson
Montgomery County Department of Job and Family Services – Children Services Division

Dionne Simmons
Kinship Caregiver Coalition, Center for Healthy Communities

Sandra Speed
Alcohol, Drug Addiction and Mental Health Services Board for Montgomery County

Melissa Sutter
Montgomery County Court of Common Pleas

Marianne Urban RN
Dayton Public Schools

STAFF:
Andrea Hoff
OFCF

Rhianna Crowe
OFCF

The Agency Directors Committee (ADC) consists of the directors of 18 local government and social service agencies. Utilizing a cross-systems approach, the ADC identifies policy and systemic barriers that have the potential to prevent families from being healthy and self-sufficient. These barriers are examined across the spectrum—locally, statewide, and federally. Time is set aside at each monthly meeting to discuss legislative advocacy opportunities; this provides a venue for brainstorming, consensus building, and
advocating for issues that require the strength of the entire ADC.

Additionally, the work of the ADC Staff Training Subcommittee continued in 2010. Comprised of the Training Managers from each of the ADC organizations, this group was convened to identify cost-sharing efforts aimed at decreasing training costs and enhancing the learning value that produces highly skilled staff. As a result of this work, a central web training calendar was created. This site serves as a central repository for all social service-type trainings that are open to both government and non-profit social service organizations. Participating organizations can both post and view upcoming trainings via the internet. The site went live in 2010 and can be found at [www.mcohio.org/services/fcfc/training_calendar.html](http://www.mcohio.org/services/fcfc/training_calendar.html).

The Service Brokers, made up of 13 members from various government and social service organizations, continue to work collaboratively on individual family cases. Cases brought to the attention of the Service Brokers are those families with the greatest needs. The following is an example of a family that was assisted by the Service Brokers in 2010:

Ms. Smith’s nine year old son, Shaun, has special needs and his behavior has resulted in him constantly being sent home from school. With this challenge, in addition to the challenges of being a single mother of three children, Ms. Smith has not been able to maintain employment. With a lack of consistent financial support, the family was at risk of becoming homeless. A Service Coordination meeting was conducted with Ms. Smith, her Family Advocate, and Service Brokers representing six different agencies. Three key issues were discussed: stabilizing housing, obtaining a stable educational environment for Shaun, and securing after school childcare so Ms. Smith could return to work. During this meeting, a plan was developed to assist Ms. Smith in overcoming these issues. Since the meeting took place, Ms. Smith and her children are still in their home, Shaun has been transferred to a school that specializes in special needs children, daycare has been established, and Ms. Smith has returned to work. Support from the Service Brokers continues to be provided to the Smith family to ensure that they can maintain their stability.
The Montgomery County Office of Family and Children First (OFCF) provides professional staffing support to the Montgomery County Family and Children First Council (FCFC), the Montgomery County Human Services Levy Council (HSLC), the Montgomery County Homeless Solutions Policy Board (HSPB), the Montgomery County Job Center and other duties as assigned by the Montgomery County Commissioners. Organizationally, OFCF is a department of the Montgomery County Board of County Commissioners. The OFCF staff ensures effective collaborative health and human services planning, the development of strategies to improve community conditions, effective communication and collaboration with agencies and community partners, and program and financial accountability for significant public resources. The 2010 combined annual expense budget of the MCOFCF was approximately $155 million.

**Family and Children First Council (FCFC)**

FCFC responsibilities include staffing for the following: the Council, Executive Committee, Outcome Teams, Outcome Team projects and special initiatives, Children’s Trust Fund, Help Me Grow, Family Centered Support Services, 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 2010 FCFC annual budget was approximately $4.8 million.

**Human Services Levy Council (HSLC)**

HSLC responsibilities are unique to Montgomery County, as one of only two counties in Ohio that use combined health and human services property tax levies to finance the local cost of services. The combined levies began in Montgomery County in the early 1980’s and have established a foundation of collaboration and shared decision-making. Funding is allocated to support the local cost of state-mandated agency services (Alcohol Drug Addiction and Mental Health Services, Job and Family Services – Children Services Division, Developmental Disabilities Services and Public Health – Dayton and Montgomery County) plus other essential community service needs, including Juvenile Court Services, Frail Elderly Senior Services, Indigent Hospital Services, Family and Children First Council Initiatives and many others. The OFCF staff facilitates the volunteer-driven HSLC process which determines the allocations to each of the levy agencies and programs. Community Review Teams work with the staff and agencies to make funding recommendations on behalf of the community through the HSLC to the County Commissioners, who have the final responsibility. The staff also maintains a liaison relationship with the agencies to ensure accountability and effective communication on programs, practices and policy. In 2010 the County Commissioners supported a replacement levy of 6.03 mills for an eight-year period. This recommendation was accepted and placed on the November 2010 ballot. It received county-wide citizen passage at 70%. The 2010 HSLC annual budget was approximately $147 million.
Office of Family and Children First

Homeless Solutions Policy Board (HSPB)
The HSPB is responsible for implementing Montgomery County’s “10-Year Plan to Eliminate Chronic Homelessness and Reduce Overall Homelessness” in response to HUD requirements and local goals. The HSPB was jointly established by the Montgomery County Board of County Commissioners, the Commissioners of the City of Dayton, and the United Way of the Greater Dayton Area. The HSPB’s coordinated strategies address housing and homeless issues and bring formerly separate resources together to increase effectiveness. The OFCF staff facilitates the volunteer-driven HSPB, its committees, subcommittees, projects and initiatives, and works with providers, agencies, consultants and professionals in the field. The OFCF staff also coordinates the Homeless Management Information System (HMIS), Continuum of Care Grant process, HOME funds, CDBG funds, and others. Federal Stimulus funds supported the Homeless Prevention and Rapid Re-housing Initiative in 2010. These sources of funds totaled approximately $9 million for 2010.

Job Center
During 2010 the OFCF staff assumed responsibility for oversight of the Montgomery County Job Center. These duties include managing Montgomery County’s relationship with the 30+ Job Center partner tenants, supporting collaboration among the Job Center partners as well as partners throughout the community, providing training and technical assistance, and specifically partnering with the Montgomery County Department of Job and Family Services to support community-wide programs focused on self-sufficiency.

Others
The OFCF staff works closely with other agencies and county departments to achieve common goals. This includes special projects, initiatives or committees for the County Commissioners. In 2010 specific examples of this work included:

• Supporting the opening of the Specialized Employment Center (S.E.C.) in the Job Center Mall to assist ex-offenders develop marketable employment skills and to identify employment opportunities throughout the community.

• Supporting the opening of the Office of Ex-Offender Reentry and the Welcome One-Stop Reentry Center (W.O.R.C.) in the Job Center Mall to work with clients and community providers to coordinate services, improve the efficiency of service delivery, and provide public education and advocacy.

• Supporting the Community Initiative to Reduce Gun Violence (CIRGV) to change the violent behaviors of individuals in identified groups and provide case management services to assist them to remain non-violent and move toward productive behaviors and self-sufficiency.

• Supporting the work of the Alcohol and Other Drug Abuse (AOD) Task Force as it developed recommendations to address gaps in services, eliminate systemic barriers, and improve the overall AOD systems and services throughout the community.

• Supporting the work of the Fetal Alcohol Spectrum Disorders (FASD) Task Force in the implementation of their county-wide strategic plan to eliminate the consumption of alcohol by pregnant women, thus eliminating the effects of alcohol on the fetus.

• Supporting the implementation of the recommendations of the Healthcare Safety Net Task Force in expanding healthcare services to uninsured residents of Montgomery County.
Funding Activities

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

Supported Services

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

In 2010, 63 proposals were received in response to the Supported Services Fund RFP which totaled $5.2 million. Of these, 33 proposals received awards totaling $2.4 million. The types of services funded are listed below by outcome area:

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

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

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

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

**Safe and Supportive Neighborhoods:** Neighborhood Development

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

Outcome Team Initiatives

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

In 2010, funding was awarded to the following FCFC Outcome Team Initiatives:

**Young People Succeeding:**
- Mentoring Collaborative $200,000
- Early Care and Education $161,750
- Sinclair Fast Forward Center $500,000

**Positive Living for Special Populations:**
- Fetal Alcohol Spectrum Disorder Project Manager $53,080

**Safe Neighborhoods:**
- Community Initiative to Reduce Gun Violence (CIRGV) $220,000

**Supportive and Engaged Neighborhoods:**
- Comprehensive Neighborhood Initiative $454,663

**Economic Self-Sufficiency:**
- Ex-Offender Reentry Programming $100,000
- Ex-Offender Deconstruction Project $20,000

**FCFC Community Initiatives:**
- Web Site Redesign $30,000

**2010 Total** $1,739,493

Children’s Trust Fund

In 2010 the Family and Children First Council (as authorized by the Montgomery County Board of County Commissioners) continued its plan for utilizing Ohio Children’s Trust Funds, which are designated for primary and secondary prevention of child maltreatment. Primary prevention focuses 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 (physical abuse, sexual abuse, emotional maltreatment and neglect) in Montgomery County, the FCFC has maintained its commitment to achieving the following outcomes:

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

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

- **The Incredible Years** is a comprehensive, developmentally-based intervention with components for parents and children (5-12 years old). Delivered by United Rehabilitation Services, the parent education sessions are designed to promote children’s social, emotional and academic competence while simultaneously strengthening parental competence and family relationships.

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

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

In addition, a portion of the Ohio Children’s Trust Fund allocation to Montgomery County was awarded to Public Health—Dayton and Montgomery County for continued implementation of a safe sleep awareness campaign. The goal of the campaign is to prevent infant deaths by increasing the public’s knowledge of unsafe sleeping environments.

All of these services are part of a strong plan for preventing the occurrence of child abuse and neglect in Montgomery County.
Several years ago the FCFC launched a Web site, www.montgomerycountyindicators.org, providing access to the indicator data included in this report. The site was developed with the help of several teams of students from the University of Dayton School of Business Administration. Over 500 people from 17 different countries (including 11 from Russia!) visited the site in 2010. Locally, it has sparked the interest of a number of community-based organizations who have come together to enhance the site. The goal is to continue to provide the outcome-based indicator data currently on the site as well as a rich supply of additional local data. Such a “one-stop shop” for local health and human services information has long been desired by community activists, grant writers, agency professionals, and local citizens. The FCFC allocated $30,000 for this project, and the expanded site is expected to be available by the fall of 2011.
Ohio Revised Code section 121.37 outlines the memberships, duties and responsibilities of both the Ohio Family and Children First Cabinet Council and the local county Family and Children First Councils.

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

- referrals to the Cabinet Council of those children for whom the county council cannot provide adequate services;
- development and implementation of a process that annually evaluates and prioritizes services, fills service gaps where possible, and invents new approaches to achieve better results for families and children;
- participation in the development of a countywide, comprehensive, coordinated, multi-disciplinary, interagency system for infants and toddlers with developmental disabilities or delays and their families, as established pursuant to federal grants received and administered by the Department of Health for early intervention services under the “Individuals with Disabilities Education Act of 2004”;
- maintenance of an accountability system to monitor the county council’s progress in achieving results for families and children; and
- establishment of a mechanism to ensure ongoing input from a broad representation of families who are receiving services within the county system.

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

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

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

The Montgomery County FCFC implemented its outcomes and indicators process many years prior to the Commitments to Child Well-Being. Montgomery County
integrates its local Outcome Team work and reporting to achieve common priorities with the state's Commitments to Child Well-Being. Montgomery County's 2010 state HB 289 reporting focused on its Young People Succeeding and Healthy People Outcome Teams. Our strategies are focused through the Outcome Team Initiatives and affect all six Commitments to Child Well-Being.

The FCFC also provides access to Service Coordination for children and families with multi-system needs. These families are typically referred for services through consultation with member(s) of the FCFC Service Brokers Committee. Some services are supported through state-funded Family Centered Support Services. These funds are managed to provide specific services which prevent children from moving into out of home placement and which support the parents' ability to maintain them living at home.

It should also be noted that the Montgomery County FCFC is a “Full Life Cycle” council that addresses issues on behalf of adults with no children, single adults, and seniors, in addition to the state mandate for families with minor children.
Staff support for the Family and Children First Council is provided by the Montgomery County Office of Family and Children First (OFCF):

**Tom Kelley**
Director

**Sandra Barnum**
Administrative Secretary

**Rhianna Crowe**
Administrative Secretary

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

**Joyce King Gerren**
Manager of Job Center and Community Outreach

**Andrea Hoff**
Program Coordinator

**Karen Holland**
Job Center Manager’s Assistant

**Roberta E. Longfellow**
Housing Administrator

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

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

**Donna Nettles**
Administrative Secretary

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

**Rita Phillips-Yancey**
Management Analyst

**Catherine A. Rauch**
Program Coordinator

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

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

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

**Joe Spitler**
Executive Director Criminal Justice Council

**John Theobald**
Commission Assistant for Debbie Lieberman

**Amy Piner**
Program Coordinator Administration

**Mike Ward**
Program Coordinator Administration

Additional assistance provided by:

**Karen DeMasi**
Community Development Consultant

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

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

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

**Gayle Ingram**
Clerk of Commission - Montgomery County Board of County Commissioners

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

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

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

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

**Nicholette Smith**
Dayton Civic Scholar – University of Dayton

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

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

**Jennifer E. Subban, Ph.D.**
Center for Urban and Public Affairs, Wright State University

**John Theobald**
Commission Assistant

**Amanda Turner**
Research Assistant – Center for Urban and Public Affairs, Wright State University

**Roberta Weaver, Ed.D.**
University of Dayton

**Pamela Zehringer**
Secretary - Montgomery County Educational Service Center
2010 Montgomery County Family and Children First Council Roster

Christine Olinsky*, Chair .......................................................... OSU Extension, Montgomery County
Clinton Brown* .................................................................................................. Community Leader
Gayle Bullard* .................................................................................................. Montgomery County Dept. of Job and Family Services (starting June 2010)
Mary Burns ........................................................................................................ Miami Valley Child Development Centers
Susan Caperna .............................................................................................................. Family Representative
Laurie Cornett Cross* ................................................................................................... Family Representative
Frank DePalma* ................................................................................................. Montgomery County Educational Service Center
Judy Dodge* ............................................................................................................... Commissioner, Montgomery County Board of Commissioners
Allen Elijah* ........................................................................................................... United Way of the Greater Dayton Area
Brother Raymond L. Fitz S.M., Ph.D* ..................................................................... University of Dayton Fitz Center
Richard Garrison M.D. ................................................................................................. Health Commissioner, City of Oakwood
Mark Gerhardstein ....................................................................................................... Montgomery County Board of Developmental Disabilities Services
William Gillispie* ..................................................................................................... Dayton Urban League (March through September)
Jim Gross* .............................................................................................................. Public Health – Dayton & Montgomery County
Susan Hayes* ............................................................................................................ Community Leader (starting October 2010)
Franz Hoge* .................................................................................................................. Community Leader
Gregory D. Johnson PHM* ....................................................................................... Dayton Metropolitan Housing Authority
David Kinsaul* ............................................................................................................ The Children's Medical Center of Dayton
Thomas Lasley* ........................................................................................................... Learn to Earn™ Dayton (starting March 2010)
Gary LeRoy M.D.* ....................................................................................................... Wright State University–Boonshoft School of Medicine
Larry Lewis ................................................................................................................ Ohio Department of Youth Services
Deborah A. Lieberman* .............................................................................................. Commissioner, Montgomery County Board of Commissioners
Julie Liss-Katz* ............................................................................................................. Premier Health Partners
Amy Lutrell* ................................................................................................................. Goodwill Easter Seals Miami Valley
Douglas M. McGarry .................................................................................................... Area Agency on Aging
Charles Meadows ....................................................................................................... Homeless Solutions Policy Board
Sheldon Mitchell* ....................................................................................................... Dayton Urban League (through February 2010)
John North .................................................................................................................. Better Business Bureau
Christy Norvell* ......................................................................................................... Montgomery County Dept. of Job and Family Services (through May 2010)
Emmett Orr* ................................................................................................................. Community Leader
Maureen Patterson* ................................................................................................... Human Services Levy Council Chair
Kathy Plant .................................................................................................................. Montgomery County Diversion Team/ICAT
Phil Plummer ............................................................................................................... Sheriff, Montgomery County
Claire Renzetti Ph.D.* ............................................................................................... University of Dayton (through July 2010)
Jenni Roer* ................................................................................................................. The Frank M. Tait Foundation
Mari Jo Rosenbauer .................................................................................................. Family Representative
Phillip Shanks ............................................................................................................. Family Representative
Kurt T. Stanic Ed.D* .................................................................................................... Dayton Public Schools (through June 2010)
Diana Stone .................................................................................................................. Family Representative
Ginny Strausburg* ........................................................................................................ DP&L Foundation (starting June 2010)
Joseph L. Szoke* ........................................................................................................ ADAMHS Board for Montgomery County
Donald A. Vermillion ................................................................................................ University of Dayton Fitz Center
Lori Ward* ................................................................................................................... Dayton Public Schools (starting July 2010)
Nan Whaley* .................................................................................................................. Commissioner, City of Dayton
Joey Williams* .............................................................................................................. Commissioner, City of Dayton (starting June 2010)
Joyce Young ................................................................................................................... Trustee, Washington Township Board of Trustees

* Denotes Executive Committee Members
2010 HONORS AND ACCOMPLISHMENTS

Alcohol Screening and Brief Intervention Project
Awarded the Center for Healthy Communities 14th Annual Health Promotion Award. The Project is part of the Fetal Alcohol Spectrum Disorders Prevention Project initiated by the FCFC. (Pictured, left to right, are Tracey Waller, Beatrice Harris, and Dr. Jim Bryant.)

Ann Clutter, PhD
Received, as part of a team of 3, the John Stitzlein Award for Diversity at the 2010 OSU Extension Annual Conference.

Jim Dare
Received the 2010 Reginald A. Wilkinson Award for Excellence in Accreditation at the Correctional Accreditation Managers Association (CAMA)/Correctional Accreditation Association of Ohio (CAAO) Conference held in Columbus, Ohio.

Andrea Hoff
Received Grant Professional Certification from the Grant Professionals Certification Institute in January 2010.

Karla Garrett Harshaw
Elected Secretary of the Association of Fundraising Professionals in 2010.

Su-Ann Newport
Received a Champions Award from the Center for Evidence-Based Practices in Columbus, Ohio.

Tom Kelley
Named Runner-Up, 2010 Leukemia & Lymphoma Society Man of the Year.

Christine Olinsky
Selected to be a Presenter at the National Association of Family and Consumer Sciences Annual Conference. Chris was the presenter and lead author of the manual and curriculum of the Master Money Mentor Training, now being used in several states. Received the Continued Excellence Award from the Epsilon Sigma Phi Alpha Eta Chapter, National Extension Honorary at the 2010 OSU Extension annual conference.

Jenni Roer
Recognized as the 2010 Community Advocate of the Year by the Dayton Association of Young Children (DAYC).

Amy Luttrell
Named one of the “10 Most Influential People of 2010 in the Dayton Region” by the Dayton Business Journal.

Joyce Young
Received the YWCA Women of Influence Lifetime Achievement Award in March 2010.

Connie Melson
Elected Vice-President of the Mary Scott Nursing Home Board.

In Memoriam
We note with sadness the passing of Council member Frederick C. Smith in the past year. His contributions and commitment to the children and families of Montgomery County will be greatly missed.

Data Sources
Center for Healthy Communities
Federal Election Commission
Guttmacher Institute
Montgomery County Board of Elections
Montgomery County Child Fatality Review Board
Montgomery County Office of Family and Children First
Montgomery County Prosecutor’s Office
National Center for Health Statistics
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.
**Healthy People**
- Low Birth Weight Registry
- Healthcare Safety Net Task Force
- Childhood Obesity Prevention

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

**Safe Neighborhoods**
- Data-Driven Project to Identify At-Risk Youth
- Community Initiative to Reduce Gun Violence

**Supportive and Engaged Neighborhoods**
- Comprehensive Neighborhood Initiative

**Positive Living for Special Populations**
- Accessible and Affordable Housing
- FASD Task Force
- Violence Against Women with Disabilities Grant
- PLSP indicators which are more inclusive of the broader community

**Stable Families**
- Fatherhood: support for non-custodial low-income fathers

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

**Outcome Team Duties:**
- Identify related strengths and weaknesses in the community
- Research related causes and effects of related strengths and weaknesses
- Assess needs, gaps and priorities
- Identify and research best-practice models
- Identify projects/subcommittee work
- Identify financial and non-financial resources
- Seek, solicit, negotiate, acquire and leverage other resources
- Develop, recommend and implement community strategies
Vision
Our Vision is that Montgomery County is a place where families, children and adults live in safe, supportive neighborhoods, care for and respect one another, value each other, and succeed in school, the workplace and life.

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

Montgomery County Family and Children First Council

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