2012 Progress Report
on Community Outcomes, Indicators and Strategies

Montgomery County Family
and Children First Council
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December 2012

This is the 14th annual Progress Report of the Montgomery County Family and Children First Council. The Council released its first Report to the Community in 1998.

The Council’s early efforts began by working with community stakeholders to endorse a framework and build consensus around Six Community Outcomes that collectively describe the attributes of a thriving and healthy community. We also selected specific Indicators to measure our success in achieving these Outcomes. Our measured tracking over time of the Indicators has identified trends for Montgomery County. By having this data we are also uniquely positioned to make like comparisons to other Ohio counties, the state of Ohio and the nation. This prompts community dialogue about how we are doing and how we may make result-oriented investments to enhance positive change. We have adjusted this work over the past fourteen years by periodically assessing our Indicators and making revisions as needed to be sure we are measuring the most relevant community attributes. (2012 Indicator changes may be found on page 5.)

In 2005, the Council adopted an approach of appointing Champions to lead Outcome Teams, made up of Council members plus additional volunteers from all sectors of the community to analyze the data; identify strengths, weaknesses, gaps and needs; and recommend strategies to create improvement. This report captures the results of their work during 2012. You’ll also read about the Council’s other important 2012 activities, including a strengthened partnership with United Way of the Greater Dayton Area through a joint selection process of our health and human services safety net contracted services. We organized this work into similar Impact areas of Education, Health and Income so we may better understand the use of our collective resources. (More information may be found on page 59.)

If you would like more information on general or specific activities prior to 2012, please review our earlier Progress Reports at www.fcfc.montco.org or contact the Montgomery County Office of Family and Children First at 937-225-4695 to receive information by mail.

The success of this work depends on our volunteers and staff. My thanks go to all who have willingly shared their time, knowledge and viewpoints, and the citizens of Montgomery County for their interest and support. With everyone’s help, we continue to strive to make our community a better place to live, work and grow.

Sincerely,

Clinton J. Brown
Chair, Montgomery County Family and Children First Council
How Are We Doing?
The FCFC is currently tracking 27 indicators—for thirteen of them the historical trend is in the desired direction, and for seven of them the historical trend is flat.

What Are We Doing?
Lots! The indicators are grouped under six outcomes and the Outcome Teams have all been busy and productive in 2012. Here, at a glance, are some highlights.

Healthy People
- After reviewing the first Montgomery County Community Health Assessment, the Team chose chronic diseases, tobacco-related illnesses, and oral health as the three top health priorities for Montgomery County. (See pages 6 - 7.)
- The Team revised its indicators to include: low birth weight, access to healthcare, childhood obesity and tobacco use. (See pages 5, 7, 9 – 11, and 52 – 54.)

Economic Self-Sufficiency
- In 2012, a national evaluation of Pathways Out of Poverty praised the local Program for having “developed a dynamic and comprehensive approach to assessing clients through a strong partnership” between service providers. (See page 44.)
- Since opening in November 2010, over 4,000 women and men had engaged with the Montgomery County Office of Ex-Offender Reentry. Of those, 1,371 were eligible for formal programs and had a recidivism rate of 9.3%. (See page 46.)
Note: The short-term trend is considered in the “desired direction” if either the value or the rank has moved in the desired direction, or if the value has remained unchanged.

### Short-term trends in desired direction vs. Historical trends in desired direction

<table>
<thead>
<tr>
<th>Short-term trends in desired direction</th>
<th>Historical trends in desired direction</th>
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</tr>
<tr>
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<td>9/10</td>
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</tr>
<tr>
<td><strong>20/27</strong></td>
<td><strong>13/27</strong></td>
<td><strong>7/27</strong></td>
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</tbody>
</table>

### Positive Living for Special Populations

- Thirteen (13) agencies in Montgomery County have partnered in 2012 on emergency preparedness for special populations. (See page 30.)
- As part of fetal alcohol spectrum disorders (FASD) prevention efforts since 2008, WIC clinics have screened 11,791 women in Montgomery County for alcohol use during their pregnancies. Of the 526 who received a brief intervention, 97% abstained from alcohol use after the intervention. (See page 32.)
What’s in our "Outcomes and Indicators" Toolbox?

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

Montgomery County is a place where families, children and adults live in safe, supportive neighborhoods, care for and respect one another, value each other, and succeed in school, the workplace and life.

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

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

- Collectively, these Vision Statements answer the question “Where do we want to be as a community?”

Indicators are quantifiable measures that can be attached to the outcomes. The FCFC is currently tracking 27 indicators distributed among the six outcomes. (The table on the opposite page highlights the changes being made this year as a result of our ongoing conversation.) The most recent values for each of the indicators are shown in the tables and graphs on the following pages.

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

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

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

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

1 This approach to organizing our community conversation is modeled on the Results-Based Accountability™ framework developed by Mark Friedman. To learn more visit www.resultaccountability.com or www.raguide.org or www.resultleadership.org.
Tools for Understanding and Interpreting the Data

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

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

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

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

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

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

In 2012 the Healthy People Outcome Team concluded a conversation regarding its desire to present a clear picture of the health status of Montgomery County residents through the indicators published in these Reports. As a result, two indicators previously published in these Reports are being discontinued (but the data for Premature Mortality will continue to be reported at www.montgomerycountyindicators.org), one indicator is being revised to reflect an improved data source, and two indicators are being added. One more indicator is under development, and will be added to these Reports when a reliable data source is identified.

**INDICATORS BEING DISCONTINUED**
- Childhood Immunizations
- Premature Mortality

**INDICATOR BEING REVISED**
- Access to Healthcare

**INDICATORS BEING ADDED**
- Childhood Obesity
- Tobacco Use

**INDICATOR UNDER DEVELOPMENT**
- Dental Care Access

Another Tool

In last year’s Report the FCFC announced the redesign of its Community Indicators Web site, www.montgomerycountyindicators.org. The redesign improved the navigation and appearance of the site and affords the opportunity to present more data. All of the indicator data from this Report are on the site, as well as additional data requested by some of the Outcome Teams. The Web site also provides data for entities such as municipalities, ZIP Codes™, Census tracts, school districts, and individual school buildings when available. The FCFC has established a mechanism whereby additional data sets can be added, making the site an expanding resource. If you have suggestions for additional content please contact us at indicators@montgomerycountyindicators.org.
In 2012, the Healthy People Outcome Team (HPOT) included representatives from 17 agencies and was chaired by the Montgomery County Health Commissioner, Jim Gross and by Dr. Gary LeRoy. As in preceding years, HPOT members worked to identify community needs and align resources to achieve improved health outcomes. Significant accomplishments in 2012 included the following:

- participating in community health assessment and improvement planning;
- adopting a leadership role for a high profile, Centers for Disease Control and Prevention (CDC), chronic disease prevention grant award; and
- revising the Healthy People indicators to better reflect and monitor population health.

1. Building Public Health System Infrastructure and Capacity

In these challenging economic times, community engagement, community health assessment and improvement planning, and partnerships are critical to ensuring that health services match community needs and are cost-effective and efficient. Accordingly, HPOT is working closely with Public Health – Dayton & Montgomery County (PHDMC) and other stakeholders to initiate Mobilizing for Action through Planning and Partnerships (MAPP), a nationally recognized strategic approach to community health improvement.

To begin the process, in March 2011 the first Montgomery County Community Health Assessment was published by PHDMC and reviewed by the HPOT. The report provided an overview of the health of residents and helped identify trends in health status. The data indicated that the leading causes of death and disability in Montgomery County were cancer, cardiovascular disease, stroke and diabetes and to improve health residents needed to exercise more, eat a healthier diet, reduce alcohol consumption, stop smoking and pay closer attention to oral health.

As a next step in the MAPP process, in 2012 a multidisciplinary team identified the strengths and weaknesses of the local public health system, and assessed existing resources. Early in 2013, all the MAPP assessment results will be reviewed by the HPOT and other County leaders and the process of drafting Montgomery County’s first Community Health Improvement Plan will begin.

2. Community Transformation Grant

In July 2011 PHDMC, the HPOT, and other supportive community partners submitted a proposal to the CDC for a Community Transformation Grant (CTG). The goals of the CTG program are to reduce heart disease, stroke, cancer, diabetes and other leading causes of death and disability by having communities collaboratively implement evidence-based, high impact policy, systems and environmental change strategies. In September 2011, PHDMC was selected as one of 61 organizations nationally and one of two in Ohio to receive a CTG award. A proposal strength identified by the reviewers was the willingness of the Healthy People Outcome Team to serve as the Leadership Team for the grant and the extensive experience of the members in assessing, promoting, and evaluating community health.
HEALTHY PEOPLE

initiatives. Another plus was the positive momentum that had already been established by the community’s support of GetUp Montgomery County, a sector-based initiative to address childhood obesity and promote healthier lifestyles for children and families.

During 2012 the HPOT helped CTG staff complete a policy scan around three focus areas: tobacco-free living, healthy eating and active living, and clinical preventive services. The Team also helped identify tobacco-free living and healthy eating/active living strategies and evaluated them based on impact and value. Strategic recommendations for Clinical Preventive Services and addressing health disparities will be forthcoming in 2013 as will the development of a CTG Community Transformation Implementation Plan. The Team will also be augmenting existing assessment data by taking a more in-depth look at populations experiencing health disparities.

3. Indicator Revisions
To better evaluate the health of the community and measure the effectiveness of interventions, the HPOT spent a significant amount of time reviewing and revising key health indicators. Early in 2012 the recommendations were finalized and measures approved for adoption.

- Keep the Low Birthweight indicator
- Eliminate the Childhood Immunization indicator
- Eliminate the Premature Mortality indicator as a primary indicator but track it under “other data” on the Community Indicators Web site, www.montgomerycountyindicators.org.
- Change the data source for the Access to Healthcare indicator to improve validity and reliability.
- Add the following indicators:
  - childhood obesity
  - tobacco use

The Team believes that dental care access is an unmet need in Montgomery County and will work with community partners to address this issue. If the Team can identify a reliable, timely source of annual data regarding local dental care access, it will include this as an indicator in future Reports.

In addition, chronic disease information will be collected and displayed on the Community Indicators Web site under “other data.” The information will include:

- uncontrolled diabetes
- congestive heart failure
- hypertension
- pediatric asthma
- chronic obstructive pulmonary disease (COPD)

4. Supporting Public Health Accreditation
Beginning in 2013, state and local public health agencies throughout the United States will be able to seek accreditation through a National Public Health Accreditation Board. Although the accreditation process is voluntary, many health departments, including PHDMC, are preparing to apply. The benefits to the community of having an accredited health department include improved performance and accountability as well as a potential for increased access to resources for creating a healthier Montgomery County. The activities previously mentioned in this 2012 HPOT annual report will directly support PHDMC’s efforts to become accredited by 2015.
Outcome: Healthy People
Indicator: Low Birth Weight

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

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

New Data
The preliminary value for Montgomery County for 2011 is 9.1%. The preliminary values for Ohio and the United States are 8.7% and 8.1% respectively.

Short-Term Trends
The short-term trend from 2010 to 2011 – from 9.5% to 9.1% – is in the desired direction. The county comparative rank also moved in the desired direction, changing from 6th to 5th.

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<th>Ohio</th>
<th>United States</th>
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<td>2009</td>
<td>7.6</td>
<td>7.8</td>
<td>9.1</td>
</tr>
<tr>
<td>2010</td>
<td>7.1</td>
<td>7.6</td>
<td>9.4</td>
</tr>
</tbody>
</table>

*2011 values are preliminary.
Background
Reducing the rate of childhood obesity is a priority for the community (see page 7) and this new indicator will help track our progress.

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

The data reported here come from the Pediatric Nutrition Surveillance System (PedNSS), a child-based public health surveillance system that describes the nutritional status of low-income U.S. children who attend federally-funded maternal and child health and nutrition programs. PedNSS provides data on the prevalence and trends of nutrition-related indicators, using existing data from the following public health programs for nutrition surveillance:
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program; and
- Title V Maternal and Child Health Program (MCH).

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

New Data
Because this is a new indicator, all of these data are new.

Short-Term Trends
The short-term trend from 2010 to 2011 – from 9.6% to 12.6% – is not in the desired direction. The county comparative ranking also did not move in the desired direction, changing from 1st to 7th.
Background - Promoting tobacco-free living is a priority for the community (see page 7) and this new indicator will help track our progress.

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

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

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

New Data - Because this is a new indicator, all of these data are new.

Short-Term Trends
The short-term trend from 2010 to 2011 – from 54.2% to 54.6% – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 7th to 2nd.

PERCENT WHO SMOKE CIGARETTES NOT AT ALL

<table>
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<th>Year</th>
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<tr>
<td>2009</td>
<td>54.3%</td>
<td>55.9%</td>
<td>55.9%</td>
</tr>
<tr>
<td>2010</td>
<td>54.2%</td>
<td>52.1%</td>
<td>59.4%</td>
</tr>
<tr>
<td>2011</td>
<td>54.6%</td>
<td>50.0%</td>
<td>55.1%</td>
</tr>
</tbody>
</table>

Montgomery Co. | Ohio | United States

Most desirable ranking is number one.
**Outcome:** Healthy People  
**Indicator:** Access to Healthcare

**Background** - Previously, for the purposes of this indicator, “access to healthcare” was 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; what we reported was the “Percentage of Known Safety Net Clients with Access to Healthcare” as documented by the HIEx™ system, a health information exchange operated by the HealthLink Regional Health Information Organization in Montgomery County and serving citizens who use multiple safety net organizations. This gave us Montgomery County data but no data for the other counties, the state or the nation.

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

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

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

**New Data** - Because this is a revised indicator, all of these data are new.

**Short-Term Trends**

The short-term trend from 2010 to 2011 – from 87.9% to 83.6% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 6th to 7th.

---

**Percent with Any Kind of Health Care Coverage**

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>88.7%</td>
<td>86.9%</td>
<td>83.7%</td>
</tr>
<tr>
<td>2005</td>
<td>82.1%</td>
<td>86.8%</td>
<td>83.6%</td>
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<td>87.3%</td>
<td>84.0%</td>
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<tr>
<td>2007</td>
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<td>87.8%</td>
<td>87.8%</td>
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<tr>
<td>2008</td>
<td>89.1%</td>
<td>87.3%</td>
<td>84.5%</td>
</tr>
<tr>
<td>2009</td>
<td>85.7%</td>
<td>87.6%</td>
<td>86.5%</td>
</tr>
<tr>
<td>2010</td>
<td>87.9%</td>
<td>86.9%</td>
<td>84.5%</td>
</tr>
<tr>
<td>2011</td>
<td>84.7%</td>
<td>80.8%</td>
<td>81.3%</td>
</tr>
</tbody>
</table>

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

The Young People Succeeding Outcome Team continues to invest in the early learning years, the critical years from birth to age five when a child is developing important pre-literacy, cognitive, social, emotional, and problem-solving skills. Currently, just over one-third of kindergartners in Montgomery County are fully ready for a successful start to school and life (as measured by the Kindergarten Readiness Assessment – Literacy (KRA-L)). Given that students who enter kindergarten ready to learn are more likely to be proficient readers in third grade and more likely to graduate from high school and post-secondary programs, improving the kindergarten readiness level in the county is an important investment.

ReadySetSoar, the early care and education initiative for Montgomery County, began in 2007 with funding from the Montgomery County Family and Children First Council and The Frank M. Tait Foundation. The vision of ReadySetSoar is to ensure that every child in Montgomery County is fully ready for kindergarten.

ReadySetSoar uses the “School Readiness Formula” that states Ready Families + Ready Communities + Ready Schools = Ready Children. In 2012, FCFC funding allowed ReadySetSoar to lead efforts in each aspect of the formula, including:

**Ready Families**
ReadySetSoar launched the new “5 to Thrive” campaign that promoted kindergarten awareness and registration, resulting in spring registration more than doubling in some low-income districts. ReadySetSoar also continued to facilitate the PNC-funded Passport to Kindergarten program working in multiple school districts with over 300 preschoolers. In October 2012 the fifth annual Voyage on the Parkway event – attended by over 2,000 people – was held to give families hands-on experiences about preparing children for kindergarten.

**Ready Communities**
ReadySetSoar continues to focus on increasing the quality of preschool and child care programs as indicated by the state’s Step Up To Quality Star Rating system. In 2012, 65 programs were Star Rated (29% of eligible programs), up from 52 programs in 2011. ReadySetSoar is now embedded within Learn to Earn Dayton™, the region’s newly formed cradle-to-career education pipeline. This alignment has positioned ReadySetSoar to engage more business and community leaders in the importance of investing in early years.

**Ready Schools**
The third annual Kindergarten Readiness Summit was held in March 2012 with over 300 early learning providers and K-12 educators. Eight of Montgomery County’s 16 school districts have a “Readiness Coalition” to work with early childhood providers to improve kindergarten readiness at a district level.

**Ready Children**
Progress is being made on improving kindergarten readiness as indicated by the gains in KRA-L scores over the past few years. (See page 15.) Local research conducted in 2012 confirmed that attending preschool or child care at the age of four had the most positive impact on improving KRA-L scores, emphasizing the need to expand high-quality preschool and child care to Montgomery County children.

For additional information on ReadySetSoar, please see readysetsoar.org and fivethroughdayton.org.
The Sinclair Fast Forward Center was established in 2001 to decrease the dropout rate in Montgomery County. The Center serves youth, ages 16-21, who have previously dropped out of or who are not regularly attending high school. The Center partners with alternative high schools to reclaim the futures of out-of-school youth. The Fast Forward Center is a nationally recognized Dropout Recovery “Model” Program as determined by the National Dropout Prevention Center. Since inception of the Fast Forward Center, 2,648 out-of-school youth have earned their high school diploma through partner high schools, with 226 of those graduating in the 2012 school year.

In 2007, local philanthropists John and Connie Taylor established the Taylor Endowment Scholarship at Sinclair Community College to benefit the graduates of Fast Forward Center partner high schools. The scholarship allows former out-of-school youth to pursue post-secondary education, which will increase their income potential within the Montgomery County workforce and bring them closer to self-sufficiency. There have been 156 Taylor Scholarships awarded since its establishment with 18 being awarded for the 2011-12 school year.

The Fast Forward Center continues to strengthen its program by incorporating additional support services for youth through community organization partnerships within Montgomery County. Students involved with the Fast Forward Center have access to resources for job training and placement, life skills training for young women, tutors, interview/job attire, Sinclair’s Academic Resource Center, Early College Credit Options, Ohio Graduation Test (OGT) intervention, and more.

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

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

In recent years, the Mentoring Collaborative was awarded AmeriCorps grants from the State of Ohio to expand and enhance mentoring programs in Montgomery County. The AmeriCorps Program began serving K-12 “at-potential” youth in Montgomery County at 11 host sites in 2011 utilizing the support of 20 AmeriCorps members who serve as Mentoring Project/Service Coordinators. This work was continued in 2012.

During 2012, the Mentoring Collaborative broadened the reach of peer mentoring. Peer mentoring programs match older youth with young students in one-to-one relationships to provide guidance for the younger children. The Mentoring Collaborative was able to coordinate and train peer mentors within several school districts within Montgomery County. This initiative builds on the Collaborative’s efforts to develop life-long mentors.

Each year during its Mentor of the Year Awards Luncheon, the Collaborative recognizes individuals who display extraordinary commitment assisting young people in achieving their full potential. The 2012 Outstanding Mentor Award recipients (listed below) were also recognized by the Montgomery County Board of County Commissioners.

- Phil Bowling, East End Community Services
- 1st Lieutenant (USAF) Patricia Brennan, ACE-E
- Eddie Davis, Jr., Jefferson Twp. Jr./Sr. High School
- LaVar A. Glover, Glover Youth Program, Inc.
- Joe Kauslick, The Victory Project
- Andrea Larson, Parity Mentoring Program
- Meredyth Moore, Big Brothers Big Sisters of the Greater Miami Valley
- B. J. O’Brien, Miamisburg City Schools
- Delores Robinson, High Rise Services
- Darryl and Julianne Williams, Reclaiming Futures
- Miriam Works, Mountain Top Ministries

2012 Montgomery County Mentoring Collaborative Mentor of the Year Award Recipients:

Back Row (Left to Right): Dominique Williams (accepting on behalf of her father Darryl Williams), Julianne Williams, Andrea Larson, Joe Kauslick, LaVar Glover, B.J. O’Brien,

Vulnerable Youth in Transition to Adulthood

In September 2011, the Montgomery County Family and Children First Council approved the creation of an ad hoc committee to address concerns about vulnerable youth in transition in our communities. This action was taken in response to a report completed by a Young People Succeeding work group that sounded an alarm about gaps in services to youth in transition and the need for a coordinated system of care.

The Vulnerable Youth in Transition Committee (hereafter “Committee”) began meeting in December 2011 under an aggressive timeline to complete its work by September 2012. Almost 50 representatives from multiple sectors of the community, including youth in transition, participated on the Committee and four subcommittees. The Committee focused its attention on youth and young adults aged 16 to 24 with little or no family support and who are experiencing one or more of the following:

- Aging out of foster care
- Transitioning out of the juvenile justice system
- Mental illness
- Disabilities
- Homelessness

The Committee heard about best practices for serving vulnerable youth in transition and conducted an analysis of the current environment’s strengths, weaknesses, opportunities and threats. Four subcommittees were created to address the most pressing areas of concern:

- Data
- Education, training and employment
- Housing
- Mental health and case management

Subcommittee findings include:

- More affordable housing options are needed for youth transitioning to adulthood.
- More life skills education opportunities are needed to help vulnerable youth in transition become independent.
- There is no systemic gathering or sharing of client data about vulnerable youth in transition.
- The quality of case management varies by organization and youth would be better served if case management practices met certain quality standards.

Each of the subcommittees worked independently and developed recommendations of their own. In some cases there were similar recommendations from more than one subcommittee. To make them more functional, subcommittee recommendations were consolidated into the following five overarching recommendations:

1. Designate the Office of Family and Children First as the lead organization to take responsibility for ensuring a more seamless approach to navigation and resolution of service needs that exist “in the gaps” for multi-systems youth and on behalf of the service delivery system.

2. Establish an IT system which can access, store, share and aggregate data for vulnerable youth in transition, ages 16-24, who access governmental or other support systems.

3. Develop a youth resource center that would provide access to information and resources for youth in transition and adults involved with them, such as parents/guardians, educators, social service professionals, and others.

4. Adopt a consistent set of high quality case management standards and practices that build on existing regulatory structures.

5. Develop and/or expand supportive housing programs for vulnerable youth in transition ages 16-24.

The recommendations of the Vulnerable Youth in Transition Committee provide next steps to begin the process of ensuring we know how many vulnerable youth in transition need assistance as well as preparing to improve coordination of services to them. Planning for implementing the recommendations is underway and initial steps will be taken during 2013.

To review the report issued by the Committee, please go to www.mcohio.org/services/fcfc and click on the Vulnerable Youth in Transition box on the left side of the page.
**Outcome:** Young People Succeeding  
**Indicator:** Kindergarten Readiness

**Background**

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

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

**New Data**

The preliminary value for Montgomery County for 2011 is 38.3%. The preliminary value for Ohio for 2011 is 40.7%. The 2011 KRA-L scores for the other counties had not been released by the Ohio Department of Education when this Report was being prepared. When they are released they will be available at www.montgomerycountyindicators.org.

**Short-Term Trends**

The short-term trend from 2010 to 2011 – from 36.8% to 38.3% – is in the desired direction. The county comparative rank for 2011 is not available yet.

![Graph showing percentage of students scoring in Band 3 on the Kindergarten Readiness Assessment – Literacy Test](image-url)

*Note: The KRA-L Test is administered in October of the year indicated. Ohio began conducting KRA-L Tests in 2005 but the first year that all Montgomery County districts participated was 2006.*
To be consistent with the federal No Child Left Behind legislation, Ohio has phased out its proficiency tests and replaced them with achievement and diagnostic tests. As discussed in the 2011 Report, we have aligned the Young People Succeeding indicators with the indicators adopted by Learn to Earn Dayton™. As a result we are now publishing the 3rd-grade reading and 4th-grade math achievement scores.

The overall 3rd-grade reading achievement score for all of the districts in Montgomery County for 2011-12 had not been released by the Ohio Department of Education when this Report was being prepared. The scores for the individual districts for 2011-12 HAVE been released and are available at www.montgomerycountyindicators.org. When the overall score is released it will also be available at that Web site.

The short-term trend from 2009-10 to 2010-11—from 77.0% to 78.2%—is in the desired direction. The county comparative rank remained unchanged, at 7th.

Note: Each school year is named by the year in which it ends, e.g., the 2009-10 school year is shown as 2010.
**Outcome:** Young People Succeeding

**Indicator:** Student Achievement—4th-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. As discussed in the 2011 Report, we have aligned the Young People Succeeding indicators with the indicators adopted by Learn to Earn Dayton™. As a result we are now publishing the 3rd-grade reading and 4th-grade math achievement scores.

**New Data**
The overall 4th-grade math achievement score for all of the districts in Montgomery County for 2011-12 had not been released by the Ohio Department of Education when this Report was being prepared. The scores for the individual districts for 2011-12 HAVE been released and are available at www.montgomerycountyindicators.org. When the overall score is released it will also be available at that Web site.

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

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Note: Each school year is named by the year in which it ends, e.g., the 2009-10 school year is shown as 2010.
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 overall score for all of the districts in Montgomery County for 2011-12 had not been released by the Ohio Department of Education when this Report was being prepared; neither had the scores for the individual districts. When these scores are released they will be available at www.montgomerycountyindicators.org.

Short-Term Trends
The short-term trend from 2009-10 to 2010-11 – from 64.7% to 67.9% – is in the desired direction. The county comparative rank also moved in the desired direction, from 7th to 6th.

Note: Each school year is named by the year in which it ends, e.g., the 2009-10 school year is shown as 2010.
**Outcome:** Young People Succeeding  
**Indicator:** High School Graduation

**Background**  
The graduation rate of all students receiving instruction in a Montgomery County school district is considered for this indicator. It is a lagged rate, always one year behind, allowing the Ohio Department of Education to include summer graduates. The graduation rate for 2010-11 was scheduled to be released in June 2012; see “New Data” (below). The graduation rate for 2011-12 is scheduled to be released in June 2013.

**New Data**  
The overall graduation rate for all of the districts in Montgomery County for 2010-11 had not been released by the Ohio Department of Education when this Report was being prepared. The graduation rates for the individual districts for 2010-11 HAVE been released and are available at www.montgomerycountyindicators.org. When the overall graduation rate is released it will also be available at that Web site.

**Short-Term Trends**  
The short-term trend from 2008-09 to 2009-10 – from 83.0% to 82.7% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 4th to 5th.

Note: Each school year is named by the year in which it ends, e.g., the 2009-10 school year is shown as 2010.
Background
Currently 35.8% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Enrollment” measure tracks the percentage of high school graduates who enrolled in a 2- or 4-year college at any time in the first two years after graduation. The indicated year is the year of high school graduation.

The source of these data is the National Student Clearinghouse. More than 3,300 colleges and universities, enrolling over 96% of all students in public and private U.S. institutions, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate’s, bachelor’s and advanced degrees are counted in the graduation rates. Certificates are not included.

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

New Data
The value for 2010 is 76.6%. The value for 2003, 68.5%, is being reported for the first time. The values for the years 2005 – 2009 have been revised; see the note above.

Short-Term Trends
The short-term trend from 2009 to 2010 – from 76.9% to 76.6% – is not in the desired direction.

* Includes enrollment in any college term ending before August 14 of the year which is two years after the high school graduation year. Only classes for which two full years of post-graduation data are available are reported here.
**Outcome:** Young People Succeeding  
**Indicator:** College Persistence

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

The source of these data is the National Student Clearinghouse. More than 3,300 colleges and universities, enrolling over 96% of all students in public and private U.S. institutions, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate's, bachelor's and advanced degrees are counted in the graduation rates. Certificates are not included.

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

### New Data
The value for 2010 is 84.4%. The value for 2003, 82.9%, is being reported for the first time. The values for the years 2005 – 2007 and 2009 have been revised; see the note above.

### Short-Term Trends
The short-term trend from 2009 to 2010 – from 85.0% to 84.4% – is not in the desired direction.

---

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

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

The source of these data is the National Student Clearinghouse. More than 3,300 colleges and universities, enrolling over 96% of all students in public and private U.S. institutions, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate’s, bachelor’s and advanced degrees are counted in the graduation rates. Certificates are not included.

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

**New Data**
The value for 2006 is 35.8%. The value for 2003, 31.9%, is being reported for the first time. The value for 2005 has been revised; see the note above.

**Short-Term Trends**
The short-term trend from 2005 to 2006 – from 35.8% to 35.8% – remained flat.

*Includes students who complete their college degrees before August 14 of the year which is six years after the high school graduation year. Only classes for which six full years of post-high school graduation data are available are reported here.*
Background
The attendance of all students, kindergarten through 12th-grade, receiving instruction in a Montgomery County school district is considered for this indicator.

New Data
The overall attendance rate for all of the districts in Montgomery County for 2011-12 had not been released by the Ohio Department of Education when this Report was being prepared. The attendance rates for the individual districts for 2011-12 HAVE been released and are available at www.montgomerycountyindicators.org. When the overall attendance rate is released it will also be available at that Web site.

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

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

Note: Each school year is named by the year in which it ends, e.g., the 2009-10 school year is shown as 2010.

PUPIL ATTENDANCE RATE

Montgomery County  Ohio

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<th>Year</th>
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</tr>
</thead>
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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 2011 values were not available for publication when this Report was being prepared. When they are available we will post them to our Web site, www.montgomerycountyindicators.org.

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

---

*Teen Pregnancy = (Births + Abortions + Fetal Losses)*

---

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>6.3%</td>
<td>5.7%</td>
<td>5.1%</td>
</tr>
<tr>
<td>1998</td>
<td>5.7%</td>
<td>5.4%</td>
<td>4.7%</td>
</tr>
<tr>
<td>1999</td>
<td>5.4%</td>
<td>5.4%</td>
<td>4.6%</td>
</tr>
<tr>
<td>2000</td>
<td>4.9%</td>
<td>5.0%</td>
<td>4.6%</td>
</tr>
<tr>
<td>2001</td>
<td>4.9%</td>
<td>6.0%</td>
<td>4.7%</td>
</tr>
<tr>
<td>2002</td>
<td>6.0%</td>
<td>4.6%</td>
<td>7.0%</td>
</tr>
<tr>
<td>2003</td>
<td>4.7%</td>
<td>4.7%</td>
<td>4.6%</td>
</tr>
<tr>
<td>2004</td>
<td>4.7%</td>
<td>4.7%</td>
<td>4.6%</td>
</tr>
<tr>
<td>2005</td>
<td>4.7%</td>
<td>4.7%</td>
<td>4.7%</td>
</tr>
<tr>
<td>2006</td>
<td>4.7%</td>
<td>4.7%</td>
<td>4.7%</td>
</tr>
<tr>
<td>2007</td>
<td>4.7%</td>
<td>4.7%</td>
<td>4.7%</td>
</tr>
<tr>
<td>2008</td>
<td>3.7%</td>
<td>3.7%</td>
<td>3.7%</td>
</tr>
<tr>
<td>2009</td>
<td>3.7%</td>
<td>3.7%</td>
<td>3.7%</td>
</tr>
<tr>
<td>2010</td>
<td>3.7%</td>
<td>3.7%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

Note: n/a is not available.
In 2012, the Stable Families Outcome Team continued extensive research into support systems for fathers, primarily those who may have been low income and/or non-custodial parents. This research led to discussions with other stakeholders in the community as well as grass roots non-profit organizations who administer programs to support and encourage fathers. The outcome was an initiative called Celebrate Fatherhood 2012. Held on Father’s Day weekend, the goal of this two-day event was to celebrate fatherhood by shining the spotlight on responsible fathers and father figures in the community while encouraging them to mentor other fathers, challenging them to be a consistent presence in the lives of their children.

The weekend began with a Friday night ice cream social with local and state officials lending their support as well as readings and entertainment by community groups. The Saturday event was an outdoor information fair with 18 service providers, in addition to activities, food and entertainment for the children. An Essay/Art contest about fatherhood was held in conjunction with Dayton Public Schools.

The individuals involved in the planning and execution of this event have maintained their collaboration and are called The Montgomery County Fatherhood Initiative. They continue to work on issues surrounding fathers in the community and have partnered with a number of organizations to educate them on fatherhood including Marriage Works!, Montgomery County Office of Ex-offender Reentry, Arbor Education, Unified Health Solutions (going into high schools and Job Corps), and Goodwill Easter Seals (Dayton Correctional Institution). The initiative is also working to develop a formal partnership with Dayton Public Schools.

This group continues to reach out, maintaining relationships with the local Black Man’s Think Tank, the Ohio Child Support Director’s Association Spring Conference, the Federal Re-entry Court, and the Ohio Commission on Fatherhood.

The Stable Families Outcome Team continued to look at other initiatives needing more exploration. A proposal was reviewed regarding the increase in prostitution and its link with human trafficking and sexual exploitation of young girls. This proposal, called Prostitution Intervention Services, provides a staff person within the county jail system to work with women charged for this type of offense and to assist them in developing the necessary strategies to become self-sufficient and lead more productive lives. As a result of this presentation and subsequent discussion, the Team and the FCFC approved the Prostitution Intervention Services project, scheduled to begin January 2013.
**Outcome:** Stable Families  
**Indicator:** Avoiding Poverty

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

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

**New Data**
The 2011 values for Montgomery County and Ohio have been revised and are 41.6% and 44.7% respectively. The 2011 values for most of the other counties have also been revised and, as a result, the county comparative rankings have changed; Montgomery County’s rank for 2011 is now 8th.

**Short-Term Trends**
The short-term trend from 2010 to 2011 – from 40.6% to 41.6% (revised) – is in the desired direction. The county comparative rank, after being revised for 2011, did not change, remaining at 8th.

---

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>52.5%</td>
<td>51.6%</td>
</tr>
<tr>
<td>1993</td>
<td>51.5%</td>
<td>50.3%</td>
</tr>
<tr>
<td>1994</td>
<td>50.8%</td>
<td>50.3%</td>
</tr>
<tr>
<td>1995</td>
<td>50.2%</td>
<td>50.0%</td>
</tr>
<tr>
<td>1996</td>
<td>49.6%</td>
<td>50.0%</td>
</tr>
<tr>
<td>1997</td>
<td>48.9%</td>
<td>50.0%</td>
</tr>
<tr>
<td>1998</td>
<td>47.8%</td>
<td>49.7%</td>
</tr>
<tr>
<td>1999</td>
<td>48.6%</td>
<td>49.3%</td>
</tr>
<tr>
<td>2000</td>
<td>48.5%</td>
<td>49.7%</td>
</tr>
<tr>
<td>2001</td>
<td>46.7%</td>
<td>49.8%</td>
</tr>
<tr>
<td>2002</td>
<td>45.7%</td>
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<tr>
<td>2003</td>
<td>45.5%</td>
<td>49.5%</td>
</tr>
<tr>
<td>2004</td>
<td>44.4%</td>
<td>49.7%</td>
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<td>2005</td>
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<tr>
<td>2010</td>
<td>39.1%</td>
<td>38.4%</td>
</tr>
<tr>
<td>2011</td>
<td>40.6%</td>
<td>39.1%</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
**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.

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

### New Data

The preliminary value for Montgomery County for 2012 is 4.8 and for Ohio it is 4.7. The 2010 values for Montgomery County, Ohio, and most of the counties reported here have been revised. As a result, there have been changes in the county comparative rankings for 2010 but Montgomery County’s ranking remained the same, 4th.

### Short-Term Trends

The short-term trend from 2011 to 2012 – from 5.0 to 4.8 – is in the desired direction. The county comparative ranking remains unchanged, 4th.

*2012 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 2011, there were 77 deaths of children residing in Montgomery County. 73 of those deaths had been reviewed when this Report was being prepared and 13 were determined to be “Probably Preventable.” In addition, the review of all deaths occurring in 2010 has now been completed and the number determined to be “Probably Preventable” for that year has been revised to 20.

Short-Term Trends
The short-term trend from 2010 to 2011 – from 20 to 13 – is in the desired direction.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery Co.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>32</td>
</tr>
<tr>
<td>2002</td>
<td>32</td>
</tr>
<tr>
<td>2003</td>
<td>31</td>
</tr>
<tr>
<td>2004</td>
<td>23</td>
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<tr>
<td>2005</td>
<td>26</td>
</tr>
<tr>
<td>2006</td>
<td>25</td>
</tr>
<tr>
<td>2007</td>
<td>24</td>
</tr>
<tr>
<td>2008</td>
<td>27</td>
</tr>
<tr>
<td>2009</td>
<td>19</td>
</tr>
<tr>
<td>2010</td>
<td>20</td>
</tr>
<tr>
<td>2011</td>
<td>13</td>
</tr>
</tbody>
</table>
Background
The Family and Children First Council has zero tolerance for domestic violence-related homicides. The number of domestic violence deaths is a solid indicator of the prevalence of domestic violence in a community.

Note that in 1992 there were 23 deaths due to domestic violence in Montgomery County, the highest number in all the years that we have been tracking this indicator. The full dataset is available at www.montgomerycountyindicators.org.

New Data
In 2012 there were 7 deaths due to domestic violence in Montgomery County.

Short-Term Trends
The short-term trend from 2011 to 2012 – from 15 to 7 – is in the desired direction.

Note: Data include victims of all ages and genders. Information is not available from other counties.
Accessibility is a key element to realize the PLSP vision that special populations participate in every aspect of the community living that they desire. In 2012, the PLSP Team continued to explore how to improve accessibility in Montgomery County:

- The PLSP Team had dialogue with Five Rivers Metro Parks about current accessibility of its locations and programming for people with special needs. Five Rivers Metro Parks also actively sought PLSP members’ feedback on how it could improve accessibility of trails and facilities, as well as allow special populations to participate more fully in outdoor experiences.

- The Team created a subcommittee to review and make recommendations concerning a new resource developed by a New York professor called Access Together. This free application uses smart phones or computers and crowd-sourcing to gather information about accessibility of local locations for people with disabilities, as well as senior citizens. A local private entity to lead this project will be sought in 2013.

- In September 2012, Montgomery County Commissioners Debbie Lieberman and Judy Dodge led
a local delegation of County, PLSP, and Wright State University representatives in meeting Swedish visitors Karin Nordh (KTH Royal Institute of Technology) and Nils Ohlson to tour the Living Laboratory Smart Technology House on the grounds of Bethany Village in Centerville (see 2010 Annual Report). The group also discussed possible future collaboration between KTH and Wright State University, as well as economic development opportunities from technology such as that displayed at the Living Lab. Such technology could help both Sweden and the U.S. meet similar growing demographic trends and facilitate aging at home.

Other areas of interest in 2012 included:

- Many people who have physical or mental disabilities or are frail and elderly rely to a large extent on federal and state programs to help them. Therefore, the PLSP Team continues to monitor and discuss legislative changes that affect special populations. State Medicaid changes and the state biennial budget are examples of two areas for legislative monitoring and possible advocacy, especially in 2013.

- FACES (Facilitating Access, Choice, Empowerment, and Safety) of Montgomery County (see 2011 Annual Report), a local community partnership, completed a needs assessment in 2012 for addressing violence against women with disabilities in Montgomery County. Input for the needs assessment and strategic plan was received from 61 consumers and 56 staff from agencies who serve people with disabilities, as well as 16 domestic violence survivors and 8 members of the Artemis staff. FACES will complete its strategic plan and federally funded grant activities in 2013.

- Helping Ohioans More, Expanding Choice (HOME Choice) is the federal grant that Ohio received to allow people currently living in long term care facilities, such as nursing homes, to return to home and community settings. In 2012, 51 participants from Montgomery County enrolled in HOME Choice. Since the inception of the program, 142 individuals from our county have returned to the community. The following story is adapted from Goodwill Easter Seals Miami Valley about one of its clients.

**Returning to the community through HOME Choice**

Nate, a native Daytonian, has faced some medical challenges. After 10 years of lengthy hospitalization and living in four different nursing homes, Nate wanted to see what options might be available for the future. His brother has been actively engaged, visiting Nate in the nursing home, helping with transportation, and providing assistance. Through the Goodwill Easter Seals HOME Choice transition coordinator, Nate was able to move into a Graceworks Housing Services apartment community, which is only 10 minutes away from his brother’s house. HOME Choice relocation funds paid for Nate’s deposit, first month’s rent, some new furniture, and start-up groceries. Nate is excited to be back in the community where he truly has found a home.
Montgomery County FASD Task Force

Fetal Alcohol Spectrum Disorders (FASD) continued to be a priority issue for the Positive Living for Special Populations Outcome Team in 2012. Prenatal alcohol exposure, and its impacting conditions, affects an estimated 70 to 80 children annually here in Montgomery County. These children suffer mental, cognitive, behavioral, and physical ailments for which there is no cure. Unlike many other childhood disorders, the spectrum of disorders caused by prenatal alcohol exposure is 100% preventable. It is due to this fact that the Montgomery County FASD Task Force was created in 2008 and has been working diligently to address the FASD issue throughout Montgomery County.

As a part of these efforts, the Task Force has participated in the Prevention of Substance Exposed Pregnancies Practice Collaborative through City Match (first mentioned in the 2011 FCFC Report). These efforts focus on the expansion of SBIRT (Screening, Brief Intervention, and Referral to Treatment) services in primary care settings with women of childbearing age in order to prevent future mothers from drinking alcohol during pregnancy. SBIRT is an evidence-based, cost effective model found to reduce substance abuse problems, and is endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the federal government. The model screens individuals to assess their drinking and other drug use patterns and assists in identifying those at risk of either developing or already experiencing an abuse problem. Individuals assessed to be at moderate to high risk of alcohol abuse receive a brief intervention. The brief intervention focuses on raising awareness of the possible consequences of abuse with the goal of increasing their motivation to change their future behavior. For pregnant women, this education includes the awareness of the harm that alcohol consumption has on their growing baby. Those individuals identified as having substance dependence are referred to an appropriate treatment provider. Benefits to using SBIRT include the reduction of alcohol and drug abuse in individuals who are not yet ready to seek total abstinence. Additional benefits include fewer arrests, improved stability in the areas of housing and employment, and improved emotional and physical health.1 Continuing efforts focus on identifying and providing SBIRT services in settings that reach a large volume of women of childbearing age who are not yet pregnant. This includes primary healthcare settings as well as the implementation of a pilot project that will work with the business community to target individuals who have failed their drug test for employment.

Montgomery County’s Women, Infants, and Children (WIC) program has been utilizing SBIRT for the past four years and has been recognized at the national level as a leader in this model. It is the intention of the FASD Task Force to replicate these successes in other settings. In fact, conversations have been conducted with the Ohio WIC Department to implement this model in WIC offices across the state. The key to addressing the FASD issue is PREVENTION and SBIRT services have the potential to impact the future of many generations to come.

FASD Task Force Roster

CHAIR Beatrice Harris, MS, RN (Public Health - Dayton & Montgomery County)  VICE CHAIR Jane Dockery, MBA (CUPA, Wright State University)  
Ruth Addison, MS, LPCC (Samaritan Behavioral Health, Inc. - CrisisCare)  Pam Albers, RN, MS (Help Me Grow - Brighter Futures)  
Michelle Beebe, RN, MPH (Southview Medical Center)  James Bryant, M.D. (Ohio Pediatrics, Inc.)  Susan Caperna (Family Representative)  
Leroy Cothran, D.Min., M.Div. (United Missionary Baptist Church)  Julie Dversdall, RN (The Children’s Medical Center of Dayton - Through May 2012)  
Wendy Franck, MA, PC (Samaritan Behavioral Health)  Melanie Glover, M.D. (Miami Valley Hospital)  
Tracey Jackson, MST (The Children’s Medical Center of Dayton - Beginning Sept. 2012)  Barbara Jacobs, RD, LD, MA (Public Health - Dayton & Montgomery County)  
Su-Ann Newport, RN, MS, CNS, LICDC (ADAMHS Board - Montgomery County - Through April 2012)  Jeff Ochs, M.Ed. (Montgomery County Educational Service Center - Beginning July 2012)  
Sara J. Paton, Ph.D. (Public Health - Dayton & Montgomery County / Wright State University)  Belinda Peugh, MSW (Montgomery County Department of Job and Family Services, Children Services Division - Beginning Sept. 2012)  
Tim Pfister (Montgomery County Board of Developmental Disabilities Services)  Carrie Rogge, MSW (ADAMHS Board - Montgomery County - Beginning July 2012)  
Tracey Waller, MBA, RD, LD, IBCLC (Public Health - Dayton & Montgomery County)  Josephine F. Wilson, D.D.S., Ph.D. (Wright State University - Boonshoft School of Medicine - SARDI Program)

STAFF: Andrea Hoff, MPA (Office of Family and Children First / ADAMHS Board - Montgomery County)

The path to school readiness begins with the prenatal to three 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 models; assessments and developmental evaluations; service coordination and linkage to community resources; family support, and other services until the child’s 3rd birthday.

Help Me Grow Central Coordination (formerly called Central Intake & Referral), ongoing early intervention services and home visiting services were provided in 2012 by the Greater Dayton Area Hospital Association’s Help Me Grow Brighter Futures program. Developmental evaluations were provided by the Montgomery County Board of Developmental Disabilities Services PACE Program, with assistance from Public Health-Dayton & Montgomery County and Help Me Grow Brighter Futures.

Help Me Grow Central Coordination handled 2,634 referrals in 2012 from a variety of sources (see chart). As of December 31st, a total of 678 service plans were in place daily for young children and their families in the Help Me Grow program.

As part of the state’s Autism Diagnosis Education Pilot Project, a team of trained Help Me Grow and PACE staff are using the evidence-based Autism Diagnostic Observation Schedule (ADOS). The goal is to achieve earlier and more reliable identification of developmental disorders, including autism spectrum disorders, in children under age 3. The Montgomery County ADEPP team has administered the ADOS to 28 children to date, and 16 of those children were referred to Children Medical Center’s developmental clinic. The ADOS identified 7 children with criteria specific for autism and 8 children with findings related to being on the autism spectrum. All of the children were eligible to continue in Help Me Grow and receive early intervention services.

**CHILDM ANDENentifier ONGOING HMG SERVICES**

<table>
<thead>
<tr>
<th>(DAILY COUNT AS OF 12/31/12)</th>
<th>Under 12 months (includes prenatal)</th>
<th>12 – 23 months</th>
<th>24 – 35 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME VISITING*</td>
<td>81</td>
<td>51</td>
<td>16</td>
</tr>
<tr>
<td>SUSPECTED/DIAGNOSED DELAY OR DISABILITY</td>
<td>62</td>
<td>164</td>
<td>304</td>
</tr>
</tbody>
</table>

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

Source: Ohio Department of Health Early Track

Referrals - In 2012, there were 2,634 referrals to Help Me Grow from a variety of sources

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary caregivers/family members</td>
<td>914</td>
<td>35%</td>
</tr>
<tr>
<td>Physicians</td>
<td>590</td>
<td>22%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>564</td>
<td>21%</td>
</tr>
<tr>
<td>Children Services (including CAPTA)</td>
<td>293</td>
<td>11%</td>
</tr>
<tr>
<td>Help Me Grow (including transfers between counties)</td>
<td>134</td>
<td>5%</td>
</tr>
<tr>
<td>Community screenings/referrals</td>
<td>72</td>
<td>3%</td>
</tr>
<tr>
<td>Other health and behavioral health providers</td>
<td>67</td>
<td>3%</td>
</tr>
</tbody>
</table>

**TOTAL HMG REFERRALS - 2012**

2,634 100%

Source: Ohio Department of Health Early Track
HELP ME GROW (HMG)
SUCCESS STORIES

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

Jada enrolled in Help Me Grow as a pregnant 17 year old while living with her family. Her HMG home visitor, Jessica, helped Jada learn—both prenatally and after Jada’s full-term daughter, Serenity, was born—about child development and positive parenting using the Parents as Teachers model. Jada is very interested in her daughter’s development and later success in life. Jessica also has helped Jada apply for childcare subsidy so she can get Serenity in a quality child care center where Serenity can be in a supportive, safe environment and can learn and grow while Jada is at school. With Jessica’s support, Serenity is thriving and Jada is on track to graduate and plans to attend college. She is looking at housing options so she and Serenity can have a place of their own soon. With Jessica’s home visiting support, Jada’s positive attitude and determination will help her achieve the goals she has set.

When Chloe entered Help Me Grow, she was in her 9th week of pregnancy and living in a local homeless shelter. Leah, her HMG Nurse-Family Partnership home visitor, developed a positive, respectful, trusting relationship with Chloe. Chloe shared with Leah that she had a history of drug use. Leah educated and had discussions with Chloe about prenatal care, fetal development, nutrition, the risk of drug use, and the need for a stable home. Together, Chloe and her NFP nurse set two goals: delivering a healthy baby and for Chloe and her baby to have a stable place to live. Leah noticed that Chloe’s greatest strengths were her positive attitude and motivation to make a better life for herself and her child. With three months left in the pregnancy, Leah helped Chloe find and move into her own apartment. Chloe also wanted a stable income. She now works as a Certified Nursing Assistant and also is enrolled in a dental hygiene program. Her grades are excellent and she expects to graduate two months before the baby is born. With Leah’s support, encouragement, and teaching about her pregnancy, Chloe is keeping her prenatal visits, is drug free, avoids second hand smoke, and is having a healthy pregnancy. Chloe is looking forward to her son’s arrival soon, and her NFP home visitor will continue regular visits, parenting education, and support after the baby is born. Chloe says, “I am happy with my life and proud for pushing myself, even when I wanted to give up.” Leah is very proud of Chloe. “Despite the obstacles she’s faced, Chloe continues to prove she can overcome them and is going to be a wonderful mother to her son.”

Jayden entered Help Me Grow just before his second birthday. His mom, Amber, was worried about his development. Jayden used very few words, was extremely active, and displayed tendencies that made her suspect that Jayden had autism. Jayden participated in an Autism Diagnostic Observation Scale (ADOS) evaluation, conducted by HMG. Based on the results, Jayden was seen by a developmental pediatrician at Dayton Children’s Medical Center and was diagnosed with Pervasive Developmental Disorder. With delays in communication and socialization skills, PACE early intervention services built Jayden’s skills in interacting with peers and adults and also greatly improved Jayden’s language development. A year after the initial diagnosis, the developmental pediatrician examined Jayden and removed the diagnosis. Jayden has made great progress in interacting with others, communicating, and focusing on tasks. Amber was thrilled with the advances that her son has made in his development, thanks to the support of Help Me Grow and early intervention services.
Outcome: Positive Living for Special Populations
Indicator: Nursing Home Population

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

New Data
The 2009 survey is the most recent one for which the data analysis has been completed. The results of the 2009 survey were first published in last year’s Report. The results of the 2011 survey are expected to be available in 2013.

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

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

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

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

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

New Data
All values for 2011 are new. For comparison, the 2011 employment rates for persons without a disability are as follows:

- Montgomery County: 62.6%
- Ohio: 64.8%
- US: 64.4%

Short-Term Trends
The short-term trend from 2010 to 2011 – 21.1% to 22.2% – is in the desired direction. The county comparative rank remained the same, 3rd.

* The sample size for the American Community Survey means that comparative data are currently not available (n/a) for some of the nine other counties.
**Outcome:** Positive Living for Special Populations  
**Indicator:** Poverty Rate for Persons with a Disability

### Background

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

The US Census Bureau, using thresholds which are adjusted annually for inflation, determines the percentage of people who are living in poverty. For example, in 2011 a two-parent family with two children under 18 was considered to be in poverty if the family income was below $22,811. The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).

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

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

### New Data

All values for 2011 are new. For comparison, the 2011 poverty rates for persons without a disability are as follows:

- Montgomery County: 13.8%
- Ohio: 12.5%
- US: 12.8%

### Short-Term Trends

The short-term trend from 2010 to 2011 – 26.9% to 25.9% – is in the desired direction. The county comparative rank remained the same, 4th.
SAFE AND SUPPORTIVE NEIGHBORHOODS

Safe Neighborhoods Outcome Team

CO-CHAMPION  The Honorable Jeffrey E. Froelich (Second District Court of Appeals of Ohio)  CO-CHAMPION  Commissioner
Joey D. Williams (City of Dayton)  Stephanie Cook, Esquire (City of Dayton - Beginning April 2012)  James Dare
(Wright State University - Boonshoft School of Medicine - SARDI Program - Beginning April 2012)

STAFF:  Joe Spitler (Montgomery County Criminal Justice Council)

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

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

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

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

During the planning process, a partnership with the Community Initiative to Reduce Gun Violence (CIRGV) was formed. Once the collaboration efforts were underway, the goal was developed and is as follows:

Reduce Part I and Part II Violent Crimes in designated Montgomery County neighborhoods (Westwood, North Riverdale, Harrison Township and Trotwood) by 10% over 3 years ending December 31, 2014, thus ultimately reducing group-member involved (GMI) gun violence.

The Safe Neighborhoods Outcome Team believes that prevention is the key to reaching that goal. Therefore, we supported the efforts of UAVGD and their partner agencies in providing Second Step: A Violence Prevention Curriculum, an evidence-based best practice violence-prevention program, in a minimum of 14 schools in the four designated high-violence areas of Montgomery County: North Riverdale, Westwood, Trotwood, and Harrison Township. The program will be offered to pre-school classes, and to either 4th or 5th grade classrooms based on input by the school principals. Approximately 300-400 children will receive the program during the 2012-2013 school year.

Outcome measures will monitor changes in behavior, attitudes, and knowledge. Measures such as behavioral observation, discipline referrals, surveys/questionnaires, and teacher ratings will be used to measure changes in children’s behavior. Pre- and post-tests will be utilized to measure
SAFE AND SUPPORTIVE NEIGHBORHOODS

changes in attitude and knowledge of children regarding approval of aggression and exclusion of other children, empathy skills, consequential thinking skills, confidence in regulating emotion, and social competence. Behavioral observations will examine the frequency of physical and verbal aggression, hostile and aggressive comments, need for adult intervention, disruptive behaviors, and friendly behaviors, as described in the Second Step training materials.

The measurements are reflective of students who participate in the program. Dayton Public Schools has agreed to provide data from their systems.

- Physical violence will be reduced by 50%.
- 90% of the students who begin the program will complete all 10 sessions, excluding students with poor attendance or students who have left the school entirely.
- Discipline referrals will be decreased by 15% in the 2012-13 school year compared to the 2011-12 school year.
- Verbal aggression (bullying) will be reduced by 50%.
- 70% of students will demonstrate an increase in protective factors and social skills as observed and documented by their teachers.

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

The program will be provided by staff from Samaritan Behavioral Health, National Conference for Community and Justice of Greater Dayton, South Community Behavioral Health, Public Health – Dayton & Montgomery County, and Unified Health Solutions.

1 As used here, Part 1 Violent Crimes are murder, robbery and violent assaults; Part 2 Violent Crimes are simple assault and menacing.
SAFE AND SUPPORTIVE NEIGHBORHOODS

Comprehensive Neighborhood Initiative Policy Team Roster


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

COMPREHENSIVE NEIGHBORHOOD INITIATIVE

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

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

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

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

Using Supported Services Funds, the FCFC allocated $200,000 per year for three years for each neighborhood and $50,000 per year for three years for evaluation for a total of $1.35M. As of December 2012, Miami Valley Child Development Centers and East End Community Services are in the third year of their contracts to deliver the TOTS (“Taking Off to Success”) Program in the neighborhoods surrounding Edison and Ruskin Schools respectively.

During the first two years of the contracts, 505 adults and 512 children participated in TOTS at either Edison or Ruskin, with 182 adults and 191 children attending at least four sessions. The programs draw on Parents as Teachers and Systematic Training for Effective Parenting for their curriculum. They conduct Saturday morning sessions, make home visits, take field trips, and invite guest speakers. Parents are very engaged in the program and the number of active “alumni” continues to grow. Alumni have been elected to the Community Education Council – in fact, one was elected Chairperson – and are emerging as natural community leaders in the neighborhoods.

The parents have positive experiences in increasing their skills, e.g., parenting, communication, and interactions with their children, and are very involved in community building activities that are improving their neighborhoods. Most importantly, they are excited and enthusiastic about helping their children prepare for kindergarten and succeed in school.

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

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

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

**New Data**  
The preliminary value for Montgomery County for 2011 is 4.1. For 2011 the preliminary value for Ohio is 3.1 and for the United States it is 3.9. The revised value for Montgomery County for 2010 is 4.4. In addition, the 2010 values for all of the other Ohio counties reported here have also changed; these changes have affected the county comparative rankings for that year, but Montgomery County’s rank for 2010 remains 6th.

**Short-Term Trends**  
The short-term trend from 2010 to 2011 – from 4.4 to 4.1 – is in the desired direction. The county comparative rank remains unchanged at 6th.

*2011 data are preliminary.*

---

**VIOLENT CRIME**

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

<table>
<thead>
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<tr>
<td>2011*</td>
<td>4.1</td>
<td>3.5</td>
<td>3.9</td>
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</table>

*Most desirable ranking is number one.*
**Outcome:** Safe and Supportive Neighborhoods  
**Indicator:** Property Crime

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

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

**New Data**  
The preliminary value for Montgomery County for 2011 is 38.2. For 2011, the preliminary value for Ohio is 33.5 and for the United States it is 29.1. The 2010 values for Montgomery County, Ohio, the United States, and all the other counties reported here have all been revised. As a result, most of the county comparative rankings for 2010 have also changed, including that for Montgomery County which is now 6th (for 2010).

**Short-Term Trends**  
The short-term trend from 2010 to 2011 – from 37.7 to 38.2 – is not in the desired direction. The county comparative rank also did not move in the desired direction, changing from 6th to 7th.

*2011 data are preliminary.*
Outcome: Safe and Supportive Neighborhoods
Indicator: Voter Participation

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 2012 is 69.8% and the value for Ohio is 70.5%.

Short-Term Trends
The short-term trend from 2008 (the previous Presidential election) to 2012 – from 72.0% to 69.8% – is not in the desired direction. The county comparative rank did move in the desired direction, changing from 9th in 2011 to 8th in 2012.
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.

During 2012, the Economic Self-Sufficiency (ESS) Outcome Team continued its efforts to address poverty and unemployment among families and low-skilled adults, especially adult males. The ESS Team also agreed to work with the newly established Vulnerable Youth in Transition Implementation Team (see page 14). During 2013 the ESS Team will begin working on education, training and employment issues facing youth aged 16-24 with disabilities, including those who are aging out of foster care or leaving the Juvenile Justice system.

An important focus of the ESS Team for several years has been our community’s development of transitional jobs for individuals who have barriers to traditional employment. A U.S. Department of Labor’s Pathways Out of Poverty grant was awarded to the Miami Valley Regional Planning Commission (MVRPC) and East End Community Services in late 2009. In 2012, the national evaluation of the Pathways Program¹ said this about the importance of the Dayton program’s use of assessment tools, soft and hard skill development of the program’s participants, and collaboration with other key partners:

¹ Conducted by the National Association of Regional Councils.
“In Dayton, MVRPC has developed a dynamic and comprehensive approach to assessing clients through a strong partnership with East End Community Services. All participants in the MVRPC program receive a needs assessment designed to help them address barriers to training and employment success, as well as academic assessments that provide clients with knowledge of their current academic grade level. While working on the job site, participants are rated each week on characteristics including behavior, punctuality, and attitude. Case managers review this information each week and work closely with employers to address any areas for improvement. MVRPC works with a large population of ex-offenders, and clients with criminal backgrounds receive a risk assessment by the Montgomery County Office of Ex-Offender Reentry. The risk assessment determines each client’s risk of re-offending and identifies specific areas for development among clients. Employers greatly value these assessment tools because they offer specific ways to help clients develop valuable skills and characteristics, and they value the close relationships they have with the case managers to help clients build these skills.”

The ESS Team also received periodic updates about progress being made by the Montgomery County Office of Ex-Offender Reentry (MCOER). As of March 2012 MCOER had placed 341 re-entering citizens into transitional jobs and 67 into permanent jobs. Montgomery County is also working on the “Ban the Box” Campaign that will eliminate the “Have you committed a felony?” box to check on Montgomery County’s application for employment.

The ESS Team also participated in a conference call with staff with the National Transitional Jobs Network regarding the sources of funds used to support transitional job programs. The Team was told that federal funding sources for transitional jobs include the Workforce Investment Act, Temporary Assistance to Needy Families, and the Community Development Block Grant. In a number of communities, philanthropic funding sources are underwriting the start-up of transitional jobs programs. A growing number of non-profit organizations are operating social enterprise businesses that provide both a revenue stream and transitional jobs for their clients. Local examples include the Goodwill Easter Seals Miami Valley, Salvation Army and St. Vincent DePaul thrift stores; Dayton Works Plus partnership with East End Community Services to deconstruct vacant structures and sell the salvaged items for re-use; Homefull’s Micro Farm; and, Daybreak’s Lindy & Company gourmet pet treats bakery.
The Montgomery County Ex-Offender Reentry Policy Board was created in 2010 to support the Montgomery County Office of Ex-Offender Reentry (MCOER), to provide oversight to the MCOER, and to seek long-term stability and financial resources for reentry services for Montgomery County. The Policy Board completes it assignments through several working subcommittees: Housing, Employment and Training, Financial Sustainability, Continuum of Care, Community Education, and Legal and Legislative Issues. During 2012, the Policy Board:

- examined a “Reentry Housing Model” incorporating some best practices from across the country and including recommendations for zoning reform to allow unrelated adults to share single family properties;
- learned that recidivism rates fell from a high of 43% in 2008 to 36.5% in 2010 to 32.2% in 2011 (rates are based on individuals released three years earlier);
- received a marketing and media plan; and

**The Montgomery County Office of Ex-Offender Reentry**

The Montgomery County Office of Ex-Offender Reentry, through the Reentry Policy Board and the Office of Family and Children First, has been serving individuals with criminal histories since opening in July 2010. The formation and early operations of the Board and of MCOER have been described in earlier (2008 – 2011) Reports. In its brief history the MCOER has received national recognition, including the National Association of Counties (NACo) 2011 Achievement Award. Demand for MCOER services increased 45% in 2012, averaging 145 client contacts monthly. As of December 2012, MCOER routine customer requests for service have surged to over 4,000 contacts. Significant progress has been made in meeting the community and policy board goal to reduce felony recidivism in Montgomery County by 50% within 5 years (2015) through “Action, Alliance, and Accountability.” (See chart below.)

### Recidivism Statistics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Reentry</th>
<th>Pathways</th>
<th>ACTS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCOER Client Engagement</td>
<td>879</td>
<td>405</td>
<td>87</td>
<td>1,371</td>
</tr>
<tr>
<td>Number of Clients Sentenced To State After Program</td>
<td>90</td>
<td>34</td>
<td>4</td>
<td>128</td>
</tr>
<tr>
<td>Percentage of Clients Sentenced To State After Program</td>
<td>10.2%</td>
<td>8.4%</td>
<td>4.6%</td>
<td>9.3%</td>
</tr>
</tbody>
</table>
ECONOMIC SELF-SUFFICIENCY

MCOER Motto: Action, Alliance & Accountability
In February 2012 the MCOER Reentry Collaborative scheduled its first bi-monthly meeting to enhance network strategies for reentry providers throughout the community. The MCOER collaborates with the Ohio Adult Parole Authority and reentry stakeholders in the Ohio Ex-Offender Reentry Coalition meetings held at the newly dedicated Benton J. Cooper Reentry Complex (formerly the Montgomery County Education & Pre-Release Center). This meeting highlights local reentry efforts and proposals from the newly formed Ohio Association of Local Reentry Coalitions. As a result of the ongoing efforts of the Reentry Collaborative, the network committed to and conducted two community-based “Open House” forums in July 2012 at the Circle of Vision Keepers, and November 2012 at the Wesley Community Center to strengthen collaborative efforts and provide site visit highlights of shared supportive service opportunities.

Throughout 2012, an academic partnership continued with Kaplan College Internship Program. A new partnership developed with Wilberforce University during the 2012 academic year, consisting of three MCOER-supported internship opportunities.

Advanced Cognitive Treatment Services (ACTS) Grant Project
The Advanced Cognitive Treatment Services (ACTS) project, funded by the U.S. Department of Justice and coordinated by MCOER staff, targeted moderate- to high-risk male and female ex-offenders, 18 years or older, returning to and / or residing in Montgomery County who possessed high criminogenic needs in the areas of antisocial attitudes, peer associations, and personality traits. The ACTS project objective was to serve a total of 168 clients by providing routine cognitive programming to address high priority criminogenic needs and selected cognitive and educational workshops to occupy the free time of ex-offenders on a post-release basis. Orientation sessions were conducted for those clients within 6 months of release from incarceration to assess level of interest, commitment, and eligibility to participate. Participation in the ACTS Project was voluntary and based on a random selection process overseen by the Wright State University School of Professional Psychology, a project partner. MCOER staff worked with prison staff to identify client need for completion or review of the Ohio Risk Assessment System tool for effective reentry decision making. Cognitive behavior intervention programming completed prior to the inmate’s release from incarceration was taken into consideration during the reentry planning process.

From March through October 2012, eligible candidates expressing interest in the ACTS project totaled 171 moderate- and high-risk candidates – all of whom were recruited and referred to Wright State University’s evaluation team for filtering through the random selection process.

MCOER staff and service partners utilized cognitive based approaches in the program. The participants’ participation allowed them to modify their criminal thinking and behavior.
ECONOMIC SELF-SUFFICIENCY

The organizations listed below represent a dynamic and comprehensive collaboration among local government agencies, nonprofit organizations and community stakeholders. The partners in this collaboration are committed to working to serve persons with felony records overcome barriers to effective reentry in Montgomery County, and are to be commended for their commitment to strengthening families and public safety.

Lead Project Applicant:
Montgomery County Office of Ex-Offender Reentry / Office of Family & Children First

Referral Providers:
MonDay Community Based Correctional Facility
Montgomery County Sheriff’s Office
The Ohio Department of Rehabilitation and Correction
   Dayton Correctional Institution
   Lebanon Correctional Institution
   London Correctional Institution
   Madison Correctional Institution
   Warren Correctional Institution
The Volunteers of America

Contracted Service Providers:
Cognitions LLC
Family Services Association
Goodwill Easter Seals of Miami Valley
Think Tank Inc.
Wright State University – SARDI Program

Service Providers & Supportive Agencies:
AccountNow
Baha’i Center
CARE House
Chronic Choice Solutions
Circle of Visionkeepers / Two Trees Inc.
Comtech Realty
Fre-Flo Distribution
Ginghamsburg Church
Good Samaritan House
Gray Hawk Payment Technologies
Greater Dayton RTA
Kaplan College CJ Externship Program
LMK Consulting
Meyot
Miami Valley Career Technology Center
Miami Valley Fair Housing
Montgomery County Administrative Services
Montgomery County Criminal Justice Council
Montgomery County Ex-Offender Reentry Policy Board
Montgomery County Job and Family Services
Montgomery County Job Center
Montgomery County Prosecutor’s Office Victim/Witness Division
Montgomery County Support Enforcement Agency
Mt. Olive Church
Ohio State University Extension, Montgomery County
OPES
Public Health – Dayton & Montgomery County
Sinclair Community College
St. Vincent DePaul Center
The Entrepreneur Center
The House of Bread
The Ohio Ex-Offender Reentry Coalition
Trinity Outreach Ministries
Wilberforce University Internship Program
Wright State University
Outcome: Economic Self-Sufficiency
Indicator: Unemployment

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

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

New Data
The preliminary value for Montgomery County for 2012 is 7.9%. For 2012 the preliminary value for Ohio is 7.3% and for the United States it is 8.1%. The 2011 values for Montgomery County, Ohio, the United States, and most of the other counties reported here have all been revised. As a result, some of the county comparative rankings for 2011 have also changed, but the rank for Montgomery County remained unchanged at 8th.

Short-Term Trends
The short-term trend from 2011 to 2012 – from 9.4% to 7.9% – is in the desired direction. The county comparative ranking remained unchanged at 8th.

*2012 data are preliminary.
**Outcome:** Economic Self-Sufficiency  
**Indicator:** People Receiving Public Assistance

**Background**
Ohio Works First (OWF) is part of Ohio’s Temporary Assistance to Needy Families (TANF) program and provides time-limited cash assistance to eligible needy families for up to 36 months. During that time, county departments of job and family services provide support to adult participants to become job-ready, obtain necessary job skills and find employment. The emphasis of OWF is self-sufficiency, personal responsibility and employment. Eligibility for OWF is governed by federal and state law. Each recipient is part of an “Assistance Group,” which, for practical purposes, can be considered a household. (On average, each Assistance Group has about 2.25 people.) Assistance Groups that are “Child Only” are excluded from this indicator. As a result this indicator tracks the proportion of people in the county who have work activity participation requirements in order to receive OWF.

**New Data**
The 2012 value for Montgomery County is 3.25 and for Ohio it is 2.81. Because the calculation of the values for this indicator uses population estimates prepared by the Census Bureau, some of the county and state values for prior years have been revised slightly based on new population estimates released since the last Report. As a result, the county comparative rankings for 2011 for Montgomery County and three other counties have changed.

**Short-Term Trends**
The short-term trend from 2011 to 2012 – from 6.39 to 3.25 – is in the desired direction. The county comparative rank also moved in the desired direction, changing from 7th to 5th.

**ASSISTANCE GROUPS WITH WORK ACTIVITY PARTICIPATION REQUIREMENTS**

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>4.88</td>
<td>4.21</td>
</tr>
<tr>
<td>2009</td>
<td>5.16</td>
<td>4.50</td>
</tr>
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<td>2008</td>
<td>5.66</td>
<td>4.03</td>
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<td>2007</td>
<td>5.57</td>
<td>3.75</td>
</tr>
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<td>2006</td>
<td>5.06</td>
<td>3.41</td>
</tr>
<tr>
<td>2005</td>
<td>4.34</td>
<td>3.21</td>
</tr>
<tr>
<td>2004</td>
<td>4.33</td>
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<td>5.03</td>
<td>3.51</td>
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<tr>
<td>2002</td>
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<td>4.53</td>
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<tr>
<td>2001</td>
<td>7.38</td>
<td>4.48</td>
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<tr>
<td>2000</td>
<td>6.39</td>
<td>4.49</td>
</tr>
<tr>
<td>2011</td>
<td>3.25</td>
<td>2.81</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.

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

**Population data for 2000-2011 are from the 2000 Census, the 2010 Census, and Census Bureau estimates; 2012 population data are derived from regression analysis of the 2000-2011 data.**
### Background

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

### New Data

The 2011 values are new; the values for 2002 through 2010 have been revised to adjust for inflation.

### Short-Term Trends

The short-term trend from 2010 to 2011 – from $41,900 to $40,602 – is not in the desired direction. The county comparative rank remains unchanged at 8th.

---

**MEDIAN HOUSEHOLD INCOME (in 2011 Constant Dollars)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>48,833</td>
<td>50,886</td>
<td>53,837</td>
</tr>
<tr>
<td>2003</td>
<td>49,201</td>
<td>50,550</td>
<td>53,237</td>
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<tr>
<td>2004</td>
<td>48,779</td>
<td>50,299</td>
<td>53,209</td>
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<tr>
<td>2005</td>
<td>47,227</td>
<td>50,094</td>
<td>53,260</td>
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<tr>
<td>2006</td>
<td>45,926</td>
<td>49,687</td>
<td>54,060</td>
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<tr>
<td>2007</td>
<td>47,678</td>
<td>50,562</td>
<td>55,057</td>
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<tr>
<td>2008</td>
<td>47,064</td>
<td>50,136</td>
<td>54,358</td>
</tr>
<tr>
<td>2009</td>
<td>43,442</td>
<td>52,665</td>
<td>52,663</td>
</tr>
<tr>
<td>2010</td>
<td>41,900</td>
<td>41,877</td>
<td>51,626</td>
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<tr>
<td>2011</td>
<td>40,602</td>
<td>41,827</td>
<td>50,502</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
Childhood Obesity

A regular theme of these Reports is the ongoing community conversation about our efforts to improve conditions for children, adults, families and neighborhoods. For example, in last year’s Report (available at http://montgomerycountyindicators.org/ by clicking on “Annual Reports”) we went “behind the numbers” and looked at the changes which the Young People Succeeding Outcome Team made to the set of indicators associated with that outcome. These changes were made so that the Team and the FCFC could be better aligned with other efforts in the community, notably Learn to Earn Dayton™.

In this year’s Report we are introducing changes to another set of indicators, those associated with the Healthy People Outcome Team. To better evaluate the health of the community and measure the effectiveness of interventions, the FCFC has adopted the recommendations of the Team regarding these indicators. (See page 5 for a list of all of the changes, page 7 for a brief discussion, and pages 9-11 for the new and revised indicators.)

One of the new indicators is Childhood Obesity (page 9). A look “behind the numbers” will help explain the importance of this addition and will extend the community conversation that the FCFC first highlighted in its 2007 Report when it went “behind the numbers” and looked at obesity prevention.

The topic of obesity has been much in the news, and a quick look at Table 1 will reveal why. Obesity rates in the United States have been rising for all age groups for a number of years. Is it any wonder that a recent search on Google produced over 65,000,000 results?

Table 1: U.S. Obesity Rates by Age Groups, Selected Years

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>2 – 5 years old</td>
<td>n/a</td>
<td>n/a</td>
<td>7.2</td>
<td>10.3</td>
<td>12.5</td>
<td>11.1</td>
</tr>
<tr>
<td>6 – 11 years old</td>
<td>4.0</td>
<td>6.5</td>
<td>11.3</td>
<td>15.9</td>
<td>17.0</td>
<td>18.8</td>
</tr>
<tr>
<td>12 – 19 years old</td>
<td>6.1</td>
<td>5.0</td>
<td>10.5</td>
<td>16.0</td>
<td>17.6</td>
<td>18.2</td>
</tr>
<tr>
<td>20 – 74 years old</td>
<td>14.6</td>
<td>15.1</td>
<td>23.3</td>
<td>31.1</td>
<td>34.1</td>
<td>35.3</td>
</tr>
</tbody>
</table>

n/a = not available

The highest obesity rate in each time period is that for adults, but the rate at which the obesity rate has risen since 1988-94 is higher for the children’s age groups than it is for adults (Figure 1). This alone might merit the selection of Childhood Obesity as an indicator worthy of community attention. When coupled with the long-term value of reversing the climb in childhood obesity rates by effective intervention and prevention strategies, the decision makes even more sense.

The benefits of preventing childhood obesity are clear. Research published since the 2007 FCFC Report further emphasizes what we stated there, that obese children “are at increased risk of having high cholesterol, liver abnormalities, diabetes, asthma, bone and joint problems, sleep problems, high blood pressure, early onset of puberty, psychological problems… the list seems endless... (these) children also face the possibility of becoming overweight adults and suffering additional, chronic health problems—heart disease, stroke, certain types of cancer, arthritis…”

A sophisticated model for predicting the human and societal costs of a high rate of obesity has been developed and was recently applied to the United States. The prediction is that by 2030 the US will have 65 million more obese adults and an additional six or seven million cases of diabetes, heart disease, and other obesity-related diseases, and that the combined medical costs for treating these additional cases of preventable disease would be $48 - $66 million per year.
Behind the Numbers

Calculating the Costs of Obesity

The medical costs of obesity represent the monetary value of health-care resources devoted to managing obesity-related disorders, including the costs incurred by excess use of ambulatory care, hospitalization, drugs, radiological or laboratory tests, and long term care (including nursing homes).

In addition to medical costs, society incurs substantial indirect costs from obesity as a result of decreased years of disability-free life, increased mortality before retirement, early retirement, disability pensions, and work absenteeism or reduced productivity (also known as presenteeism).

Because of the 20-year timeframe, we probably underestimated the future effect of childhood obesity. (For example,) high bodyweight early in life increases future cardiovascular disease risk, independent of adult BMI.

Using that model, and making additional refinements based on state-specific data, the Trust for America’s Health and the Robert Wood Johnson Foundation predicted the health and cost savings over the next 20 years if each state could reduce the average BMI of its residents by 5%. We took their findings for Ohio and made some predictions for Montgomery County. The results are summarized in Table 2.

It is staggering to see the local costs of obesity quantified in this way, and to realize that the effects of childhood obesity may be underestimated in this analysis. Therefore it is not surprising that efforts to reduce and prevent childhood obesity have been started all across the country with the support and/or active involvement of schools, faith-based organizations, public health departments, not-for-profit agencies, businesses, and, of course, family members. Many of these programs are local in scope and small in size, but a sufficient number have been evaluated rigorously enough that a meta-analysis of 55 studies was published in 2011.

The authors reviewed policies or programs which had been in place for at least twelve weeks and which targeted children age six to twelve; they found the following to be the most promising:

- School curriculum that includes focus on healthy eating, physical activity and healthy body image;
- Increased sessions for physical activity and the development of fundamental movement skills throughout the school week;
- Improvements to nutritional quality of the food supply in schools;
- Providing an environment and culture that support the ability of children to make healthier choices and be more physically active throughout the entire day;
- Support for teachers and other staff to implement health promotion strategies and activities, such as professional development and capacity building activities; and
- Encouraging parents and other care providers to support children to be more active, eat more nutritious foods and spend less time in screen-based activities at home.

Table 2: Potential Health and Cost Savings for Montgomery County

<table>
<thead>
<tr>
<th>Condition</th>
<th>Potential Cases Avoided by 2020</th>
<th>Potential Cost Savings by 2020</th>
<th>Potential Cases Avoided by 2030</th>
<th>Potential Cost Savings by 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 2 Diabetes</td>
<td>8,089</td>
<td>$143,000,000</td>
<td>15,878</td>
<td>$459,000,000</td>
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<tr>
<td>Obesity-related Cancers</td>
<td>579</td>
<td>$22,000,000</td>
<td>1,066</td>
<td>$45,000,000</td>
</tr>
<tr>
<td>Coronary Heart Disease and Stroke</td>
<td>6,734</td>
<td>$219,000,000</td>
<td>13,596</td>
<td>$544,000,000</td>
</tr>
<tr>
<td>Hypertension</td>
<td>6,964</td>
<td>$29,000,000</td>
<td>11,565</td>
<td>$74,000,000</td>
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<tr>
<td>Arthritis</td>
<td>3,493</td>
<td>$34,000,000</td>
<td>6,717</td>
<td>$99,000,000</td>
</tr>
</tbody>
</table>

Note: These are the savings predicted if the average BMI of county residents were to be reduced by 5%. See the text of this article and the sidebar for more information on the model used for predictions. The figures here are derived from the results published for Ohio and were calculated by the use of a simple proportion based on 2011 Census data for total population.
Behind the Numbers

Two common themes emerge: physical activity and healthy eating. The "Community Health Assessment 2010" published by Public Health – Dayton & Montgomery County (PHDMC) included some regional data on each of these topics; see Tables 3 and 4.

Table 3: Physical Activity of Children 6-14 Years of Age, Montgomery County and Surrounding Region, 2008
Source - 2008 PRC Child Health Assessment, Children's Medical Center Service Area, Dayton Children's Hospital

Key survey findings as reported by the parent:
- 73% of children participate in at least 1 organized sports activity at school (school or community sports team).
- 71% of children engage in vigorous physical activity 3 or more times a week.
- 34% of children engage in moderate physical activity 5 or more times a week.
- 27% of children spend 3 or more hours watching TV on a typical weekday.
- 9% of children spend 3 or more hours playing computer games/using computer on a typical weekday.

Table 4: Children Under 15 Years of Age and Nutrition, Montgomery County and Surrounding Region, 2008
Source - 2008 PRC Child Health Assessment, Children's Medical Center Service Area, Dayton Children's Hospital; Montgomery County Vital Records, 2008

Key survey findings as reported by the parent:
- Almost 70% of Montgomery County mothers initiate breastfeeding with their newborns.
- Approximately 28% of children eat an average of 5+ servings of fruits and vegetables a day.
- The largest group of children who eat 5+ servings of fruits and vegetables a day live under the 200% poverty level.
- Just under 66% of children eat fast food 1-3 times per week.
- Almost 40% of children have 7+ servings of 100% fruit juice per week.
- 44% of children never eat green salad on a weekly basis.

These data will be updated in future progress reports from PHDMC as the community focuses its attention on this important community indicator.

A final note. The obesity rate for children ages 2 – 5 years old was chosen to be one of the new indicators despite the fact that the obesity rates for children ages 6 – 11 years old and 12 – 19 years old are higher. This is because data for the youngest age range are available on an annual basis for Montgomery County but not for the other two age ranges. Perhaps the growing awareness of the need to address childhood obesity will lead to the development of some additional data sources, a not unwelcome contribution to this particular – and ongoing – community conversation.

9 Available at www.phdmc.org. Search for “Community Health Assessment 2010.”

GLOSSARY

BMI or Body Mass Index is a measure of body fat based on height and weight that applies to adult men and women. It is obtained by dividing the individual’s body mass by the square of his or her height; using pounds and inches, the formula is:

\[ \text{BMI} = \frac{\text{Weight in pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \times 703 \]

For an adult, **overweight** refers to a BMI greater than or equal to 25 and **obese** refers to a BMI greater than or equal to 30.

BMI is also a reliable indicator of body fatness for most children and teens. For these age groups, obese refers to a BMI at or above the gender- and age-specific 95th percentile points on growth charts prepared by the US Centers for Disease Control.

Note: This definition for children reflects a recent terminology change; prior to 2008 children whose BMI was at or above the 95th percentile were considered “overweight.” To avoid confusion, all references here to data collected under the old terminology have been changed to the new terminology.

**Figure 1.** The obesity rate for adults in 2007-10 was more than 50% greater than it was in 1988-94, but this increase was exceeded by the increase in rates for children.
Among the main goals of the Homeless Solutions Community 10-Year Plan: A Blueprint for Ending Chronic Homelessness and Reducing Overall Homelessness in Dayton and Montgomery County, OH are ending chronic homelessness and producing 750 new units of supportive housing. Chronic homelessness is a concept developed to help identify the people with the most difficult barriers to leaving homelessness. To qualify as chronically homeless, a person must have a disability and have been homeless for a year continuously or four different times over the last three years. Permanent supportive housing is an evidence-based practice for ending chronic homelessness; it combines both affordable housing and supportive services to help people stabilize in housing.

More than six years after the Plan was adopted, significant progress has been made on these two interrelated goals:

- At the end of 2012, 541 new units of permanent supportive housing are open or under development; this is 72% of the 750 unit goal.

**Chronic homelessness**, which is measured on one day at the end of January every year, has declined 62% from 2006 to 2012.

In addition to opening more housing that can successfully help chronically homeless people move from the shelter or streets, priority for housing placement is given to people who have more than 200 nights in shelter. This local policy effectively prevents chronic homelessness by ensuring that people who are at risk of becoming chronically homeless are targeted for housing.

**Joint Request for Proposals**

One recommendation of the Homeless Solutions Plan is to “Establish a Funders Collaborative to provide formal fiscal oversight for all locally controlled and influenced resource decision-making in the homeless system.” This year progress was made on this recommendation through the issuance of the Homeless and Housing 2012 Request for Proposals. For the first time, Montgomery County, the City of Dayton and the United Way of the Greater Dayton Area committed their resources for homeless and housing activities to a joint funding process. Volunteers from all three funders reviewed and scored the proposals and made funding recommendations to the Homeless Solutions Policy Board and each of the partners in the RFP.

The joint funding process provided a more comprehensive consideration of program budgets, helped the volunteers conducting the proposal reviews to better understand the homeless system, and was more efficient for providers and reviewers. Two examples of increased efficiency with the joint funding process are a reduction in the number of individual contracts with providers to decrease invoicing and reporting activities, and coordination of monitoring between the three funders.
The Brother Raymond L. Fitz, S.M., Ph.D. Award was established by the FCFC in 2001 to honor Brother Raymond L. Fitz, S.M., former president of the University of Dayton, for his years of leadership and service to the community.

The recipient of the 2012 Brother Raymond L. Fitz, S.M., Ph.D. Award was:

Susan Caperna, Community Leader

Courage, focus, energy, commitment, and passion are words used to describe Susan Caperna. Susan is an educator and mother of four. She is devoted to nurturing and protecting not just her own children but in her additional roles caring for children in her church and in the community as a licensed foster parent. Susan was specifically nominated because of her sincere commitment and work with families affected by Fetal Alcohol Spectrum Disorders (FASD).

It was in this role in 1999 that Susan accepted the care of her then infant son Cole (whom she later adopted). As Cole grew and developed, behavioral issues began to surface. He was eventually diagnosed with Alcohol Related Neurodevelopmental Disorder (ARND), one of many disorders under the Fetal Alcohol Spectrum Disorder (FASD) that occur as a result of prenatal exposure to alcohol.

Susan knew she needed to educate herself to help her son – and eventually to help others. And she did. She is now certified to conduct behavior management training for parents and professionals on children with FASDs and periodically offers this training at no charge. Susan volunteered her time to teach these classes to Montgomery County Children Services’ post-adoptive parents in the fall of 2011 and coordinated another series in the spring of 2012.

Susan resigned from her professional role as an educator to devote more time to finding solutions and methodologies so she could better attend to Cole’s needs. Even when the economy forced her to return to work, Susan continued to do research and volunteer her services at the same level of commitment to address FASD needs in the community.

Susan sought out services for her son relentlessly, none of which previously existed in Montgomery County. As part of that effort, Susan has now become the “go to” person for those seeking information or assistance in navigating the system for appropriate services. Susan has become certified to conduct behavior management training for parents and professionals on children with FASDs. She has volunteered with Montgomery County Children Services and Developmental Disability Services to help the families they serve learn about this issue. Seeing a need for support for families raising children with a FASD, she initiated a monthly family support group and has facilitated this group since 2010. Neither the educational trainings nor the family support groups would exist here in Montgomery County if it were not for Susan Caperna. She has mentored countless families.

Due to her contributions to the FASD field, Susan became a part of the Montgomery County FASD Task Force in 2008. During her time on the Task Force, Susan has provided countless volunteer hours and the invaluable insight that can only be provided by the mother of an affected child. She selflessly shares the vast knowledge she has gained through her personal experience to enhance the efforts of the Task Force.

One person who has worked closely with Susan said, “I am amazed at her unfailing efforts and the energy she expends to address this need, not just for herself, but for the community at-large.” Susan serves on the Ohio FASD Statewide Steering Committee and in 2011 received Think TV’s Speaking of Women’s Health award for her outstanding efforts in promoting awareness and prevention for FASD.

*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.

12th Annual
Brother Raymond L. Fitz, S.M., Ph.D. Award

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

The Agency Directors Committee (ADC) is comprised of executive level staff from 18 local government and social service agencies who monitor the pulse of local, state and federal issues related to social welfare, health care and other areas that impact local agencies and their ability to provide services to the community. 2012 brought a number of new challenges with ongoing budget cuts at all levels of government and in the private sector. This group continues to look at “new ways of doing business.” Critical to this is the necessity of ongoing conversations between agency executives, tearing down “silos” and figuring out how agency strengths and resources can be shared to provide services more effectively and to promote financial stability.

The ADC has taken on the responsibility of functioning as an advisory group to a number of community initiatives. An example is the Vulnerable Youth in Transition Committee which addresses the needs of young people transitioning to adulthood who have particular risk factors and/or special needs.

The Service Brokers group consists of front line staff from 14 health and human service organizations from across Montgomery County. The goal of this group is to navigate service barriers and ensure that the agencies stay connected and aware of the current menu of services offered by all agencies within the social service system. As a result, two recently published resources were updated in 2012:

- The No Wrong Door brochure, a referral guide for agencies to aid them in connecting customers with their desired service regardless of the agency they initially contact.
- The Community Resource Guide, a document which provides a snapshot of services and contact information for community agencies. It is made available to any agency, church, or other organization that needs help referring customers to specific agencies for assistance.

Both of these resources will be updated annually.
Office of Family and Children First (OFCF)

Organizationally, the OFCF is a department of the Montgomery County Board of County Commissioners. The OFCF provides professional staffing support to the Montgomery County Family and Children First Council (FCFC), the Montgomery County Human Services Levy Council (HSLC), the Montgomery County Homeless Solutions Policy Board (HSPB), the Montgomery County Job Center (JC), and other duties assigned by the Montgomery 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 2012 combined annual expense budget of the OFCF was approximately $153 million.

Family And Children First Council (FCFC)

FCFC responsibilities include staffing for the following: the Council, Executive Committee, Outcome Teams, Outcome Team projects and special initiatives, Ohio Children’s Trust Fund, Help Me Grow, Family Centered Services and Supports, Agency Directors Committee, Service Brokers Group, Supported Services Awards process, and a variety of other related committees and subcommittees. The staff also works throughout the community to increase cooperative and collaborative relationships among agencies and providers. The 2012 FCFC annual budget was approximately $2.6 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 1983 and have established a foundation of collaboration and shared decision-making. Funding is allocated to support the local cost of state-mandated agency services (Alcohol Drug Addiction and Mental Health Services, Job and Family Services – Children Services Division, Developmental Disabilities Services and Public Health – Dayton and Montgomery County) plus other essential community service needs, including Frail Elderly Senior Services, Indigent Hospital Services, Juvenile Court Services, Family and Children First Council Initiatives and many others. The OFCF staff facilitates the volunteer-driven HSLC process which determines the allocations to each of the levy agencies and programs. The staff also maintains a liaison relationship with the agencies to ensure accountability and effective communication on programs, practices and policy. The 2012 HSLC annual budget was approximately $138 million.

Homeless Solutions Policy Board (HSPB)

The HSPB is responsible for implementing the “Homeless Solutions Community 10-Year Plan” in response to HUD requirements and local goals. The HSPB was jointly established by the Montgomery County Board of County Commissioners, the Commissioners of the City of Dayton, and United Way of the Greater Dayton Area. The HSPB’s coordinated strategies address housing and homeless issues and bring formerly separate resources together to increase effectiveness. The OFCF staff facilitate the volunteer-driven HSPB, its committees, subcommittees, projects and initiatives, and works with providers, consultants and professionals in the field. The OFCF staff also coordinates the Homeless Management Information System (HMIS), Continuum of Care grant process, Montgomery County HOME and CDBG funds, and others. These sources of funds totaled approximately $9.6 million for 2012.

Job Center

OFCF staff is responsible for oversight of the administration of the Montgomery County Job Center. These duties include managing Montgomery County’s relationship with the 30+ Job Center partner tenants, supporting collaboration among the Job Center partners as well as partners throughout the community, providing training and technical assistance and specifically partnering with the Montgomery County Department of Job and Family Services to support community-wide programs focused on self-sufficiency. The 2012 Job Center annual budget was approximately $2.2 million.

Others

The OFCF staff works closely with other agencies and county departments to achieve common goals. This includes support for special projects, initiatives or committees for the County Commissioners. In 2012 specific examples of this work included:

- 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.
- Fetal Alcohol Spectrum Disorder (FASD) Task Force’s implementation plan to eliminate the consumption of alcohol by pregnant women, thus eliminating the effects of alcohol on the fetus.
- Montgomery County Care program, in partnership with CareSource, Public Health – Dayton & Montgomery County and Health Centers of Greater Dayton, to implement the Health Care Safety Net Task Force’s plan to expand health care services to uninsured residents of Montgomery County.
- Youth In Transition implementation plan to improve coordination of services for this population.
- Management of a variety of federal and state grants that support client services and administrative supports to ensure service access.
Funding Activities

The FCFC, through its Outcome Teams, partnered with the Montgomery County Human Services Levy Council, the Montgomery County Board of County Commissioners, United Way of the Greater Dayton Area, and many others, including the Frank M. Tait Foundation, PNC Bank, CareSource, Sinclair Community College, the University of Dayton, Central State University, Wright State University, and the Montgomery County Educational Services Center to make funding and other resources available to support community-based human services safety net services through initiatives, projects and non-profit contracts in 2012.

Supported Services

In 2012, a new partnership was established by the FCFC and United Way of the Greater Dayton Area. A joint RFP process and resulting collaborative team actions were executed to prioritize and select non-profit agency programs to support community-wide health and human services needs. This partnership brought together the largest public and private local funding sources for human services and will provide more strategic outcomes for both organizations and will better leverage all available resources.

The FCFC directed contract awards were $2.2 million to 30 programs; United Way partner agency awards were $2.1 million to 58 programs. These awards are annual awards for 2012 and 2013 and are organized by Education, Health or Income services:

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

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

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

Outcome Team Initiatives

In 2012, the FCFC Outcome Teams and Executive Committee analyzed data and identified strengths, weaknesses, gaps and needs in their respective areas. They considered a variety of strategies to create community improvement and recommended the following continuing or new initiatives:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young People Succeeding:</td>
<td></td>
</tr>
<tr>
<td>Mentoring Collaborative</td>
<td>$200,000</td>
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<tr>
<td>ReadySetSoar</td>
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<tr>
<td>Sinclair Fast Forward Center</td>
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<td>Stable Families:</td>
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<td>Celebrate Fatherhood</td>
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<td>Positive Living for Special Populations:</td>
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</tr>
<tr>
<td>FASD Community Capacity Building</td>
<td>$106,160</td>
</tr>
<tr>
<td>Supportive and Engaged Neighborhoods:</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Neighborhood Initiative</td>
<td>$446,415</td>
</tr>
<tr>
<td>Safe Neighborhoods: United Against Violence – Second Step</td>
<td>$17,935</td>
</tr>
<tr>
<td>Economic Self-Sufficiency:</td>
<td></td>
</tr>
<tr>
<td>Reentry Service Connections</td>
<td>$30,000</td>
</tr>
<tr>
<td>FCFC Community Initiatives</td>
<td></td>
</tr>
<tr>
<td>Web Site Maintenance</td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>2012 Total</strong></td>
<td>$1,311,110</td>
</tr>
</tbody>
</table>

FCFC 2012 Progress Report
Children’s Trust Fund
The Family and Children First Council (as designated by the Montgomery County Board of County Commissioners) has continued its plan for utilizing Ohio Children’s Trust Funds which are designated for primary and secondary prevention of child maltreatment. Primary prevention is focused on activities and services designed to intervene before there is sign of a problem or to prevent or reduce the occurrence of child abuse or neglect. Secondary prevention includes activities and services designed to intervene at the earliest warning sign of a problem, or whenever a person or group can be identified as “at risk” of child abuse and neglect.

In order to realize the goal of reducing child maltreatment in Montgomery County (physical abuse, sexual abuse, emotional maltreatment and neglect), the following prevention services were delivered to benefit Montgomery County families during 2012:

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

- Nurturing Parent Program for teen parents is utilized by Catholic Social Services and by Life Resource Centre. Both agencies deliver parent education sessions designed to prevent child maltreatment and build nurturing parenting skills in teen families – Catholic Social Services in the home and Life Resource Centre in a group setting. Elizabeth New Life Center uses the Nurturing Parent Program for prenatal parents to address parenting and child development, especially with first-time parents.

- The Parent Café model is designed to create opportunities for parents to connect, share and learn from each other and to strengthen parental competence and family relationships. Delivered by United Rehabilitation Services, the primary target is families with children ages 0-21 years experiencing a disability. Meetings are facilitated by parent hosts with staff support.

- Stewards of Children, offered by CARE House, is a sexual abuse prevention program that trains adults to prevent, recognize, and react responsibly to child sexual abuse. The training is offered to staff and volunteers from a variety of child-serving organizations as well as to parents.
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 state requires county councils to implement House Bill (HB) 289 through working with other local agencies to identify common goals as articulated by required state plans and unifying them into a “Shared Plan.”

The Montgomery County FCFC implemented its results-based accountability process many years prior to the requirements of House Bill (HB) 289 and used this strategy in assessing common goals of local planning to serve families and children. Montgomery County’s “Shared Plan” focus is consistent with its integrated local Outcome Team work through partnerships and alignment with other local agencies. Montgomery County's 2012 “Shared Plan” reporting focused on its Young People Succeeding Outcome Team. Our “Shared Plan” strategies are focused through the Outcome Team Initiatives on a) Children Being Ready for School, and b) Children and Youth Succeeding in School.

The FCFC also provides access to Service Coordination for children and families with multi-system needs. 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.
OFCC Staff and Additional Support—2012

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

Tom Kelley  Director
Sandra Barnum  Administrative Secretary
Ed Brannon  Contract Evaluator/Negotiator
Rhianna Crowe  Administrative Secretary
Kima Cunningham  Program Coordinator
Erica Fields  Program Coordinator, Housing and Homeless Solutions
Matt Gemperline  Contracting Supervisor
Joyce King Gerren  Manager of Job Center and Community Outreach
Karen Holland  Job Center Manager's Assistant
Lisa Koppin  Contract Evaluator/Negotiator
Jenny Lesniak  Program Coordinator, Housing and Homeless Solutions
Diane Luteran  Manager of Planning and Research, Help Me Grow Project Director
Joyce Probst MacAlpine  Manager of Housing and Homeless Solutions
Rita Phillips-Yancey  Management Analyst
Catherine A. Rauch  Program Coordinator
Kathleen M. Shanahan  Program Coordinator, Housing and Homeless Solutions
Robert L. Stoughton  Research Administrator – Fitz Center for Leadership in Community, University of Dayton

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

Jamie Gee  Manager
Collette Harris  Volunteer Coordinator
Amy Piner  Program Coordinator, Administration
Mike Ward  Program Coordinator, Administration

Additional assistance provided by:

Rhonda Hamilton  Secretary, Assistant to the Health Commissioner – Public Health - Dayton & Montgomery County
Gayle Ingram  Clerk of Commission - Montgomery County Board of County Commissioners
Heath MacAlpine  Assistant Director – Montgomery County Department of Job and Family Services
Beverly Pemberton  Administrative Assistant – Montgomery County Department of Job and Family Services
Beth Pratt  Research Assistant – Center for Urban and Public Affairs, Wright State University
Darla Rudolph  Administrative Assistant – ADAMHS Board – Montgomery County
Angela Slade  Temporary Administrative Secretary
Joe Spitler  Executive Director – Montgomery County Criminal Justice Council
Richard Stock, Ph.D.  Director – University of Dayton Business Research Group
Jennifer E. Subban, Ph.D.  Center for Urban and Public Affairs, Wright State University
John Theobald  Commission Assistant for Deborah A. Lieberman
Amanda Turner  Research Assistant – Center for Urban and Public Affairs, Wright State University
Lynn Voisard  Executive Administrative Assistant – ADAMHS Board – Montgomery County
Josephine Wilson, D.D.S., Ph.D.  Wright State University – Boonshoft School of Medicine – SARDI Program

United Way of the Greater Dayton Area:

Melissa Bruck  Data Services Manager
Melonya Cook  Director, Community Planning
Laura Engel  Community Relations Assistant
Tanisha Jumper  Vice President, Community Impact
Tracy Sibbing  Manager, Community Initiatives
Clinton Brown, Chair* ................................................................. Community Leader
Gayle Bullard* ................................................................. Montgomery County Department of Job and Family Services
Mary Burns ................................................................. Miami Valley Child Development Centers
Susan Caperna ................................................................. Family Representative
Laurie Cornett Cross* ................................................................. Family Representative
Frank DePalma* ................................................................. Montgomery County Educational Service Center
Commissioner Judy Dodge* ................................................................. Montgomery County Board of County Commissioners
Allen Elijah* ................................................................. United Way of the Greater Dayton Area, Through July 2012
Deborah A. Feldman* ................................................................. The Children's Medical Center of Dayton, Beginning Aug. 2012
Bro. Raymond L. Fitz, S.M., Ph.D.* ................................................................. Fitz Center for Leadership in Community, University of Dayton
Richard Garrison, M.D. ................................................................. Health Commissioner, City of Oakwood
Mark Gerhardstein ................................................................. Montgomery County Board of Developmental Disabilities Services
James W. Gross, MPH* ................................................................. Public Health – Dayton & Montgomery County
Susan Hayes* ................................................................. Community Leader
Franz Hoge* ................................................................. Community Leader
Gregory D. Johnson, PHM* ................................................................. Greater Dayton Premier Management, Through June 2012
Helen Jones-Kelley, J.D. ................................................................. ADAMHS Board - Montgomery County
David Kinsaul* ................................................................. The Children's Medical Center of Dayton, Through June 2012
Thomas Lasley, Ph.D.* ................................................................. Learn to Earn Dayton™
Gary L. Gary LeRoy, M.D.* ................................................................. Wright State University - Boonshoft School of Medicine
Larry Lewis ................................................................. Ohio Department of Youth Services
Commissioner Deborah A. Lieberman* ................................................................. Montgomery County Board of County Commissioners
Julie Liss-Katz* ................................................................. Premier Health Partners
Amy Lutrell* ................................................................. Goodwill Easter Seals Miami Valley
Douglas M. McGarry ................................................................. Area Agency on Aging
Charles Meadows ................................................................. Homeless Solutions Policy Board
David Melin* ................................................................. PNC Bank, Beginning Aug. 2012
Christine Olinsky* ................................................................. Community Leader
Maureen Patterson* ................................................................. Dayton Development Coalition, Through June 2012
Geraldine Pegues ................................................................. Montgomery County Department of Job and Family Services, Children Service Division, Beginning Nov. 2012
Kathy Plant ................................................................. Diversion Team/ICAT
Sheriff Phil Plummer ................................................................. Montgomery County Sheriff Office
Jenni Roer* ................................................................. The Frank M. Tait Foundation
Mari Jo Rosenbauer, RNC, BSN, IBCLC ................................................................. Family Representative
Phillip Shanks ................................................................. Family Representative
Diana Stone ................................................................. Family Representative
Ginny Strauburg* ................................................................. Community Leader
Donald A. Vermillion ................................................................. Fitz Center for Leadership in Community, University of Dayton
Lori L. Ward* ................................................................. Superintendent, Dayton Public Schools
Commissioner Joey D. Williams* ................................................................. City of Dayton
Joyce C. Young ................................................................. Trustee, Washington Township Board of Trustees

* Denotes Executive Committee Members
2012 HONORS AND ACCOMPLISHMENTS

Susan Caperna
Awarded both the 2012 Brother Ray Award and the 2012 Erin Ritchey Memorial Award.

Robyn Lightcap
Received the 2012 Community Advocate of the Year Award from the Dayton Association of Young Children (DAYC).

Lori Ward
Recognized as one of the 2012 Ten Top Women by Dayton Daily News.

Joyce Young
Received the 2012 Marsha Froelich Survivor Award.

Bro. Ray Fitz, S.M.
Inducted into the Dayton Region’s Walk of Fame as a Visionary, Educator, and Servant Leader.

Jenni Roer
Received the 2012 Champion for Youth Award from the Mentoring Collaborative of Montgomery County.

Deborah A. Lieberman
Recognized as one of the 2012 Ten Top Women by Dayton Daily News.
Received the 2012 Dayton Bar Association Liberty Bell Award for her community work in Ex-Offender Reentry.

Tracey Waller
Received the 2012 FASD Professional Advocate of the Year Award.

In Memoriam
We note with sadness the passing of former (1996-2009) Council member Robin Hecht in the past year. Her contributions and commitment to the children and families of Montgomery County will be greatly missed.

Data Sources

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

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

Outcomes Team Framework

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

Young People Succeeding
- Early Care and Education (ReadySetSoar)
- Sinclair Fast Forward Center
- Learn to Earn Dayton™
- Vulnerable Youth in Transition
- Montgomery County Mentoring Collaborative

Stable Families
- Supports to Improve Outcomes for Non-Custodial Low-Income Fathers
- Prostitution Intervention Initiative

Positive Living for Special Populations
- FASD Task Force
- Violence Against Women with Disabilities Grant
- Community Accessibility

Safe Neighborhoods
- Targeted Youth Violence Prevention

Supportive and Engaged Neighborhoods
- Comprehensive Neighborhood Initiative

Economic Self-Sufficiency
- Ex-Offender Reentry Initiative
- Providing a Community Focus on the Creation of Transitional Jobs
- Employment for At-Risk Populations

Outcome Team Duties:
- Identify related strengths and weaknesses in the community
- Research related causes and effects of related strengths and weaknesses
- Assess needs, gaps and priorities
- Identify and research best-practice models
- Identify projects/subcommittee work
- Identify financial and non-financial resources
- Seek, solicit, negotiate, acquire and leverage other resources
- Develop, recommend and implement community strategies
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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Web site: www.montgomerycountyindicators.org