# Table of Contents

1. Letter from the Commissioners
2. Human Services Planning & Development
3. Western Ohio Regional Prevention Council
4. Mandela Washington Fellow
5. Montgomery County Youth Resource Center

**6. FAMILY AND CHILDREN FIRST COUNCIL**

10. Community Overdose Action Team
11. Indicators at a Glance
12. Results-Based Accountability™
13. Fast Forward Center
14. Mentoring Collaborative
15. Interagency Collaboration
16. FCFC State Duties
17. Healthier Buckeye Council
18. Brother Raymond L. Fitz, S.M., Ph.D., Award

**Health and Safety**

19. FASD Coalition
20. Help Me Grow
22. Second Step
24. Prostitution Intervention Collaborative Program
**Indicators:**
25. Access to Health Care
26. Food Insecurity
27. Preterm Births
28. Low Birthweight
29. Infant Mortality
30. Substantiated Child Abuse
31. Teen Pregnancy
32. Mental Health
33. Tobacco Use
34. Binge Drinking
35. Emp. Rate for Persons w/a Disability
36. Pov. Rate for Persons w/a Disability
37. Nursing Home Population
38. Death Rate: Heart Disease
39. Death Rate: Cancer
40. Domestic Violence Deaths
41. Accidental Drug Overdoses
42. Violent Crime
43. Property Crime

**Education and Life Skills**

44. Learn to Earn
45. TOTS Partnership
**Indicators:**
47. Kindergarten Readiness
48. Student Achievement – 3rd Grade Reading
49. Student Achievement – 8th Grade Math
50. High School Graduation
51. College Enrollment
52. College Persistence
53. College Graduation
54. Educational Attainment

**Income and Stability**

55. Homeless Solutions Policy Board
57. Homelessness in Montgomery County 2015
**Indicators:**
59. Avoiding Poverty
60. Concentrated Poverty
61. People Receiving Public Assistance
62. Median Household Income
63. Unemployment
64. Stable Employment
65. Abandoned Housing
66. Homelessness
67. Behind The Numbers

**HUMAN SERVICES LEVY COUNCIL**

69. Human Services Levy Council
72. Partnership with United Way
73. Frail Elderly Services Advisory Committee

**CRIMINAL JUSTICE COUNCIL**

75. Criminal Justice Council
75. JusticeWeb

**EX-OFFENDER REENTRY POLICY BOARD**

77. Ex-Offender Reentry Policy Board

80. 2016 Honors and Accomplishments
80. Data Sources
Staff Roster INSIDE BACK COVER
We are pleased to present the 2016 Human Services Planning and Development Annual Report, which includes the 18th Annual Progress Report on Community Focus Areas, Indicators and Strategies. Since 1998, the Montgomery County Family & Children First Council (FCFC) has provided this report each year to monitor our community’s progress as we strive to improve the health and well-being of our families, children and adults.

Our focus as Montgomery County Commissioners continues to be “Investing in People.” By collaborating with our dedicated volunteers, employees and community partners, we use the data in this progress report to direct services where they are needed most for our citizens.

2016 was a very productive year which brought the completion of our Joint Strategic Plan with United Way of the Greater Dayton Area. The Plan will guide the funding process for the services we will support beginning in 2017. A noteworthy change is our expectation that funded services should be offered through the coordinated efforts of Collective Impact initiatives.

One such Collective Impact initiative was launched in 2016 to address the opioid/heroin crisis in our community. The goals of the Community Overdose Action Team (COAT) are to stabilize the number of people dying from drug overdoses, then reduce the number of fatal overdoses and finally, work on reducing the number of people addicted. COAT includes participation by numerous county agencies as well as the non-profit community, law enforcement and first responders, mental health and medical community, faith-based organizations, addicts, families of addicts, and more. It is a true community-wide initiative bringing everyone together to tackle an issue that has touched many lives in our community.

A significant achievement in 2016, for which we should all be proud, is that according to the US Department of Housing and Urban Development, Montgomery County has effectively ended Veteran homelessness. We congratulate all the entities that make up our homeless solutions network.

This report goes into greater detail about the efforts mentioned above. It also indicates our progress in a variety of areas as measured by a number of indicators. Please review the report to see our progress in Education and Life Skills; Income and Stability; and Health and Safety.

We thank all of our partners, volunteers and committee members who have contributed to this Progress Report and are dedicated to ensuring that Montgomery County is a place where our families, children and adults are safe, supported, valued, respected and given the opportunities to succeed.

We value your input as we move forward in our efforts of “Investing in People.” Please contact our Human Services Planning & Development Department at 937-225-4695 for more information.

Sincerely,

Judy Dodge
Commission President
Dan Foley
County Commissioner
Deborah A. Lieberman
County Commissioner
The Montgomery County Human Services Planning and Development Department (HSPD) operates under the authority of the Montgomery County Board of County Commissioners. HSPD’s role is to work with stakeholders (community volunteers, public and private agencies, funders, individuals, families and children, clients and caregivers, etc.) to ensure that the most effective health and human services are available to Montgomery County residents.

Professional staffing and resources are provided to support the Family and Children First Council, the Human Services Levy Council, the Homeless Solutions Policy Board, the Ex-Offender Reentry Policy Board, Western Ohio Regional Prevention Council, Healthier Buckeye Council and all related committees, as well as other human services-related assignments on behalf of the County Commissioners. HSPD also manages for the Board of County Commissioners the contracting relationships with nonprofit human services organizations. HSPD facilitates and implements the development of public policy to guide the funding of health and human services. These responsibilities include research; identification and examination of needs and priorities; technical assistance; planning; resource and program development; monitoring of programs, outcomes/results; grant/contract management and reporting; and other administrative guidance and support of work products, initiatives and projects.

HSPD staff provide ongoing support for a variety of additional community initiatives or projects, including:

- Montgomery County Ohio Future (MCOF) – Contract administration, monitoring, evaluation and reporting on the Board of County Commission Strategic Initiatives and related projects. Montgomery County Board of County Commissioners approved additional funding for the “Preschool Promise Demonstration Project” to be implemented in Northwest Dayton and Kettering to increase kindergarten readiness through expanded access to high-quality preschool for four-year-olds. (See page 44 for more information.)

- Western Ohio Regional Prevention Council – Montgomery County Human Services Planning and Development Department was selected by the Ohio Children’s Trust Fund as the Western Ohio Region Prevention Coordinator. Montgomery County was also awarded $256,523 over two years to facilitate and lead child abuse and child neglect prevention efforts within the Western Ohio Region consisting of Montgomery County along with 12 other counties: Allen, Auglaize, Hardin, Mercer, Darke, Shelby, Logan, Miami, Champaign, Clark, Greene, and Preble. (See page 3 for more information.)

- Montgomery County Healthier Buckeye Council – The Ohio Department of Job and Family Services awarded the Montgomery County Healthier Buckeye Council $748,967 to implement a pilot program to promote cooperation and coordination to maximize opportunities for individuals and families to achieve and maintain optimal health thereby reducing reliance on publicly funded assistance programs. The Healthier Buckeye Council also used this as an opportunity to align efforts to address food insecurity and substance abuse which are barriers to self-sufficiency and priorities in the Joint Strategic Plan. The Montgomery County Healthier Buckeye Council was one of 22 Councils in Ohio that were recommended for funding. (See page 17 for more information.)

- Various FCFC Community Initiatives – Coordination, funding, and/or liaison activities to support a range of FCFC approved community-based strategies through many contracted partners, including Learn to Earn (formerly ReadySetSoar), Sinclair’s Mentoring Collaborative and Fast Forward Center, FASD Prevention, Taking Off to Success (TOTS), Second Step Violence Prevention, and Prostitution Intervention. (See pages 44, 14, 13, 19, 45, 22 and 24 respectively for more information.)

- Supported Services Contract Administration / Monitoring – Contract administration in partnership with United Way of the Greater Dayton Area and the Department of Job and Family Services Senior Services Network to acquire, monitor, evaluate and report on the delivery of essential (core and other supportive services) safety net human services programs by local community-based non-profit agencies. (See pages 69-74 for more information.)

Additional HSPD supported activities / work products that are described in more detail throughout this Annual Report include:

- Youth Resource Center (see page 5)
- Joint Strategic Planning Process (see page 6)
- Family Centered Support Services (see page 15)
- Help Me Grow (see page 20)
Ohio Children’s Trust Fund is the primary public funding source dedicated to preventing child abuse and neglect in our state. Its mission is to build on existing strengths within families and communities to intervene effectively before child abuse and neglect occur.

Legislation was enacted in 2016 creating eight regions in which child abuse and neglect prevention would be funded by the Trust Fund. Each of the eight regions has a prevention council managed by a coordinator selected through a competitive process.

Montgomery County is part of the Western Ohio Region along with 12 other counties: Allen, Auglaize, Hardin, Mercer, Darke, Shelby, Logan, Miami, Champaign, Clark, Greene, and Preble. The Montgomery County Human Services Planning and Development Department (HSPD) applied for and was awarded a grant to coordinate the Western Ohio Regional Prevention Council activities from April 2016 through June 2021.

As the Western Ohio Regional Prevention Coordinator, HSPD has organized and facilitated completion of several deliverables for the region since April:

- A comprehensive child abuse and child neglect needs assessment;
- A prevention plan identifying strategies to be used for preventing child abuse and neglect; and
- An outreach plan to ensure residents of all 13 counties in the region know about available prevention resources.

Completion of the child abuse and neglect prevention needs assessment involved contracting with Wright State University’s Applied Policy Research Institute which did the following:

- Gathered primary and secondary data;
- Conducted phone interviews with 605 households in the Western Ohio region pertaining to child abuse and protective and risk factors;
- Conducted online surveys of service providers and prevention specialists; and
- Facilitated community forums to identify trends, issues and developments in the area of child well-being, identifying current strategies and gaps in services.

Based on contents of the needs assessment report, the Regional Council selected four priority areas to address:

- Intimate partner violence
- Adult behavioral health (substance abuse and/or mental illness)
- Physical, cognitive, and social development of children
- Emotional and behavioral problems experienced by children

These areas were used to identify strategies that became the basis of the regional Prevention Plan submitted to the Ohio Children’s Trust Fund in November. The Trust Fund Board approved the prevention plan and the outreach plan.

A request for proposals (RFP) will be issued in early January 2017 to secure prevention services to benefit residents of all 13 counties in the region. HSPD’s coordinator role also includes oversight of the selected child abuse and child neglect prevention programming and services.

April is National Child Abuse and Neglect Prevention Awareness month. A plan for increasing awareness of child abuse and neglect during the month will be implemented. This has been accomplished on a very tight schedule from April through November.
On behalf of the Montgomery County Board of County Commissioners, the Human Services Planning and Development (HSPD) Department again hosted a Mandela Washington Fellow for Young African Leaders. Our 2016 Fellow was Jocelyne Sacerdoce, a dedicated activist and rape survivor who fights against sexual violence of young girls and advocates for gender equality and girls’ rights in the Kivu region of the Democratic Republic of Congo. She is the founder and president of a network of girl activists called the Club to Advocate for Girls’ Rights (Club des Défenseurs des Droits de la Fille). These clubs are held in ten different schools where girls are educated about their rights and are encouraged to discuss the difficulties they face as young women and how they can work together to find solutions.

Ms. Sacerdoce works full-time as a designer crafting women’s clothing and accessories with a portion of the proceeds going to pay school fees for the girls she supports and providing food for those who are homeless. She has also trained a group of 20 women to work in her design business and as hair stylists to provide financial support for themselves and for the Club.

Her goal is to develop methods to combat sexual violence and to provide educational opportunities and mentorship for girls, especially rape survivors. Her vision is to end the culture of rape in her country by involving those who were victims and empowering them to change the way society thinks about women and girls. Ms. Sacerdoce holds a university degree in Computer Science and Project Management from Institut Superieur d’Informatique et de Gestion (Higher Institute of Computers & Management).

The Mandela Washington Fellowship is a flagship program of President Barack Obama’s Young African Leaders Initiative (YALI). President Obama launched YALI in 2010 to support young African leaders as they spur growth and prosperity, strengthen democratic governance, and enhance peace and security across the African continent. Out of almost 30,000 applicants for the Fellowship program, only 100 young African professionals, ages 25-35, were selected to complete a six-week Fellowship for academic study, leadership training, and to attend the Presidential Summit in Washington, D.C. The Fellows represented all 49 countries in sub-Saharan Africa and included an equal number of men and women. Montgomery County was selected to receive two of these young leaders.

In collaboration with John Theobald, Commission Assistant for County Commissioner Deborah Lieberman, HSPD staff provided program oversight and were responsible for developing Ms. Sacerdoce’s work plan activities. Ms. Sacerdoce learned about the work of the Victim Witness Division of the Prosecutor’s Office, the Court of Common Pleas Drug Court, Artemis Center, and CARE House and also attended Abolition Ohio human trafficking and prostitution intervention meetings. Ms. Sacerdoce participated in class discussions at the University of Dayton and toured St. Vincent de Paul shelters and Daybreak shelter for youth. She also visited a number of other social service agencies and participated in community events.

In her presentation to the Montgomery County Commissioners, Ms. Sacerdoce stated, “I have realized my goals while here in Montgomery County. I know so much more about how to help girls who have been victims of child abuse or human trafficking. I’ve learned about your shelter system and the various programs you have to support those who are less fortunate. Once you discover a problem, there is a willingness to find answers and ways to address the problems, to make things better for those in your community. This has empowered me and I will work hard to put these skills to use in my community back home.”

For more information about the Mandela Washington Fellowship, please visit https://yali.state.gov/washington-fellowship/.
The following two stories illustrate how youth and young adults with multiple needs are receiving a variety of services with a positive impact in their lives.

A 19 year old male came to the YRC for assistance with a variety of barriers that needed attention. He was homeless and living in the men’s shelter, had educational deficits, was unemployed, and needed behavioral health care. The YRC linked him with Goodwill Easter Seals, with housing assistance in the community, with Fast Forward Center to obtain high school credits at Mound Street Academy, and reconnected him with behavioral health care in which he was a previous participant. As a result of these linkages, the young man is now housed in permanent supportive housing, in school and is benefitting from counseling. In addition, the YRC was able to help the young man get connected for a payee through the state for his disability benefits.

Another example of success is a 21 year old female who had dropped out of school in the ninth grade, was unemployed and living in a motel. As a result of receiving comprehensive services at the Youth Resource Center, she is enrolled now in GED classes at Miami Valley Career Technology Center, has found employment, and obtained needed public benefits. In addition, the YRC staff helped to negotiate her return to living with her mother.

The Youth Resource Center was created to remove barriers to coordinated access to information and resources for youth with multiple needs. This collaboration with community partners is resulting in the efficient delivery of services that will lead to improved outcomes for youth and young adults transitioning into adulthood.

For additional information about the Youth Resource Center and available services, visit [http://www.mc ohio.org/hspd](http://www.mcioho.org/hspd), scroll down and click on Youth Resource Center, and scroll down again, or call 937-496-7987.
The Montgomery County Family and Children First Council (FCFC), established in accordance with state law, is the “lead collaborative” in the community addressing issues affecting children and families. The vision of the FCFC is:

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

The Montgomery County Family and Children First Council framework (below) was utilized during the development of the Joint Strategic Plan. A more tactical approach was taken concentrating on the interconnectedness of the three Focus Areas and selected Strategic Plan Priorities utilizing data and the expertise of its volunteers and community experts.

The FCFC recently completed the Joint Strategic Plan in collaboration with United Way of the Greater Dayton Area by promoting community conversations about achieving better results for families, children and adults. The 2014 Community Needs Assessment was completed to gain both a qualitative and quantitative snapshot of the community and the needs faced by our residents. In 2015, approval was granted to establish the Joint Strategic Plan process and to develop a community plan to guide decision-making. This process utilized the expertise of community stakeholders, volunteers, consumers, and researchers which speaks to the mission of the FCFC:

To serve as a catalyst to foster interdependent solutions among public and private community partners to achieve positive results for the health and well-being of families, children and adults.

Strategic Plan Phase 1

During the first phase of the process five discussion panels were held to further explore data and supporting information on topics that came from the 2014 Community Needs Assessment Report. The topics of the discussion panels were:
- Panel 1 – Transportation, Access, Navigation
- Panel 2 – Income, Public Assistance, Housing, Homelessness
- Panel 3 – Poverty, Discrimination, Culture, Stigma, Fear
- Panel 4 – Health, Healthcare, Crime, Violence, Drugs, Nutrition
- Panel 5 – Education, Employment, Jobs, Wages

Panelists were recruited from service providers and from subject matter and systems experts; very importantly, former and current consumers agreed to participate.
There were several themes that reoccurred during the discussions:
- Improve Coordination
- Strengthen Children and Families
- Increase Income
- Increase Access to Food
- Align Transportation
- Improve Customer Experience

Information gathered from the discussion panels and reoccurring themes were provided to the workgroups as background information for the second phase.

**Strategic Plan Phase 2**

The second phase included a data-driven process focused on identifying priorities and receiving feedback from the three focus area workgroups which included various sectors of our community: non-profit, education, law enforcement, legal, medical, business, and other social services. In addition to the workgroups, input was gathered through facilitated focus groups of current or former consumers of human services or their family members and through public polling of Montgomery County residents. Each of the groups was asked to rank the selected priorities as to their relative importance.

The following diagram depicts the focus areas and the fourteen priorities which were selected. Representing the connection and crossover between focus areas, some priorities are printed in the colors of their primary focus area but appear within a different focus area. Worth noting is that concentrated poverty is at the point where the focus areas converge. For many in our community, concentrated poverty exists because there is disparity in the resources, programs, and services available. To address this, equity should be a lens through which services are implemented. Additionally, in addressing the needs of people receiving services, identifying the connections between the focus areas is very important.

Utilizing data and measuring community progress have always been part of the Family and Children First Council’s framework. Researchers from Public Health–Dayton and Montgomery County, HSPD, Wright State University, Sinclair and the University of Dayton were enlisted to help with data review, data analysis and identifying several new community level indicators based on the selected priorities to track our progress moving forward.

A community presentation about the Joint Strategic Plan was held to share the results of the plan and to receive community feedback. Following the community presentation, two Collective Impact community trainings were held to provide information about the five components of the Collective Impact model and how we could utilize this approach in our community. A video of the presentation and handouts given during the session are available on the website [www.mcohio.org/hspd](http://www.mcohio.org/hspd) (click Strategic Planning). “Collective Impact brings people together, in a structured way, to achieve social change.” (Collective Impact Forum)

Five Conditions of Collective Impact:

- **Common Agenda**: Shared vision for change that includes a common understanding of the problem and a joint approach to solve the problem through agreed-upon actions;
- **Shared Measurement**: All participating organizations agree on the ways success will be measured and reported, with a short list of common indicators identified and used for learning and improvement;
- **Mutually Reinforcing Activities**: A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated activities through a mutually reinforcing plan of action;
- **Continuous Communication**: All agencies engage in frequent communication to build trust, assure mutual objectives, and create common motivation; and
- **Backbone Support Organization**: (Strategic Coordinators) An independent staff dedicated to the initiative provides ongoing support by guiding the initiative’s vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing resources.
Strategic Plan Phase 3

The third phase of the process involved identifying and researching evidence-based strategies that address the community priorities. Evidence-based strategies currently in place or planned for future implementation were also identified. Strategic Coordinators were identified for each of the Priority areas.

Focus Areas, Priorities and Strategic Coordinators

<table>
<thead>
<tr>
<th>Priority</th>
<th>Strategic Priority Coordinators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education and Life Skills:</strong></td>
<td></td>
</tr>
<tr>
<td>Kindergarten Readiness</td>
<td>Learn to Earn Dayton</td>
</tr>
<tr>
<td>Elementary Reading and Middle School Math Proficiency</td>
<td>Learn to Earn Dayton</td>
</tr>
<tr>
<td>High School Graduation</td>
<td>Learn to Earn Dayton</td>
</tr>
<tr>
<td>Career Ready/Post-Secondary Credentials</td>
<td>Learn to Earn Dayton, Montgomery County Development Services-Workforce Division</td>
</tr>
<tr>
<td><strong>Income and Stability:</strong></td>
<td></td>
</tr>
<tr>
<td>Homelessness/Affordable Housing</td>
<td>Homeless Solutions Policy Board</td>
</tr>
<tr>
<td>Stable Employment</td>
<td>Montgomery County Development Services-Workforce Division</td>
</tr>
<tr>
<td>Neighborhood Stability</td>
<td>Montgomery County Development Services-Community and Economic Development</td>
</tr>
<tr>
<td><strong>Health and Safety:</strong></td>
<td></td>
</tr>
<tr>
<td>Food Access</td>
<td>Food Policy Coalition, Hall Hunger Initiative, Public Health-Dayton &amp; Montgomery County</td>
</tr>
<tr>
<td>Community Violence – Gun Violence &amp; Domestic Violence</td>
<td>To Be Determined</td>
</tr>
<tr>
<td>Substance Abuse – Alcohol &amp; Opioids</td>
<td>Alcohol, Drug Addiction and Mental Health Services, Public Health–Dayton &amp; Montgomery County</td>
</tr>
<tr>
<td>Chronic Diseases – Heart Disease, Diabetes, Cancer</td>
<td>Public Health–Dayton &amp; Montgomery County, Greater Dayton Area Hospital Association, Federally Qualified Health Centers</td>
</tr>
<tr>
<td>Brain Health – Depression / Anxiety</td>
<td>Alcohol, Drug Addiction and Mental Health Services, Public Health–Dayton &amp; Montgomery County</td>
</tr>
<tr>
<td>Birth Outcomes</td>
<td>Public Health–Dayton &amp; Montgomery County, Greater Dayton Area Hospital Association, Federally Qualified Health Centers</td>
</tr>
<tr>
<td>Neurodevelopmental Disorders – Fetal Alcohol Spectrum Disorder and Autism</td>
<td>Public Health–Dayton &amp; Montgomery County, Dayton Children’s Hospital, Developmental Disabilities Board</td>
</tr>
</tbody>
</table>

In the Fall of 2016 a collective impact approach was launched by the Montgomery County Board of County Commissioners to address the drug overdose deaths in our community. Details about the Community Overdose Action Team are provided on page 10.
The Joint Strategic Plan document and additional information gathered was utilized to focus discussions regarding the selected priorities and future funding decisions which can be found online at www.mcohio.org/hspd. A redesigned Combined Funding Application was developed to be released in early 2017.

Leadership during the planning and implementation of the strategic planning process:

Co-Chairs:
Family and Children First Council Chair – Deborah Feldman, Dayton Children’s Hospital
United Way of the Greater Dayton Area Former Board Chair – Dave Melin, PNC Bank

Education and Life Skills – Commissioner Debbie Lieberman and Annesa Cheek, Sinclair Community College

Income and Stability – Commissioner Judy Dodge and Dave Melin, PNC Bank

Health and Safety – Commissioner Dan Foley and Gregory Hopkins, Community Health Centers of Greater Dayton

Staff: Human Services Planning & Development Department and United Way of the Greater Dayton Area

Facilitators: Beth Whelley, Fahlgren Mortine; Marva Cosby, Cosby Consulting; and James Gross, Healthy Communities Consulting LLC

Researchers: Robert L. Stoughton, University of Dayton Fitz Center and Human Services Planning & Development Department; Dawn Ebron and Sara Paton, Public Health - Dayton and Montgomery County; Richard Stock, University of Dayton Business Research Group; Kathy Rowell, Sinclair Community College; and Jane Dockery, Wright State University Applied Policy Research Institute

The FCFC continued support to the following initiatives:

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Approved Initiative</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Safety</td>
<td>CIRGV (Community Initiative to Reduce Gun Violence)</td>
<td>$37,758</td>
</tr>
<tr>
<td>Health and Safety</td>
<td>Prostitution Intervention Program</td>
<td>$10,129</td>
</tr>
<tr>
<td>Health and Safety</td>
<td>United Against Violence Greater Dayton - Second Step Program</td>
<td>$64,780</td>
</tr>
<tr>
<td>Education and Life Skills</td>
<td>Taking Off to Success</td>
<td>$233,881</td>
</tr>
<tr>
<td>Education and Life Skills</td>
<td>Learn to Earn (formerly ReadySetSoar; funding provided by Montgomery County, City of Moraine, City of Kettering and Kettering City School District)</td>
<td>$601,563</td>
</tr>
</tbody>
</table>

Total Initiatives Funded $948,111
Unintentional drug overdose deaths in the United States reached record numbers in 2014. It is estimated that 79 Americans die every day from an opioid overdose. The state of Ohio is also struggling to combat an escalating drug overdose death epidemic. Montgomery County has experienced a dramatic increase in unintentional overdose deaths since 2013, with a record number of deaths, 264 in 2014 and 259 deaths in 2015. Through the first three quarters of 2016, 253 deaths have been recorded. Montgomery County’s unintentional drug overdose death rate is the second highest in Ohio. This is a public health and public safety crisis.

In September 2016, the County Commissioners convened a community-wide forum to request community stakeholders to convene and work together to address the epidemic. Participants heard from Ruth Simera, Program Administrator of Northeast Ohio Medical University, and from Jeff Cooper, Health Commissioner, Public Health - Dayton & Montgomery County. The forum addressed the need for a coordinated and committed effort to address the opioid epidemic in Montgomery County.

Through the combined use of the Collective Impact Model and the National Incident Management System framework, Public Health - Dayton & Montgomery County and Montgomery County Alcohol, Drug and Mental Health Services have taken the lead to coordinate these community-wide efforts.

Under this leadership, community partners have come together to form the Community Overdose Action Team (COAT). COAT’s immediate goal is to stabilize the number of people dying from drug overdoses; reduce the number of fatal overdoses; and, finally, reduce the number of people addicted.

The work of the COAT will seek to identify what services are being offered, look for any existing gaps in services and explore potential new or expanded ways to combat the drug overdose problem. As part of this inter-agency collaborative approach, over 60 community leaders from numerous organizations throughout Montgomery County are members of the Steering Committee that will help guide the work. All aspects of reducing deaths due to drug overdoses are included in the effort. Specific branches of the COAT have been developed. The branches will be addressing initiatives in the areas of prevention; treatment and recovery supports; information and education; criminal justice services; prescription overdoses; illegal supply control; harm reduction; and a community response to mass overdoses. Each branch has met to develop specific action steps and timelines. (See chart below.)

It is the team’s hope that this collaborative, community-wide approach will make an impact in combating the problem of rising deaths from drug overdoses in our community.

In August 2016 Montgomery County Alcohol, Drug and Mental Health Services committed an additional 3.5 million dollars in levy funding to expand services and strengthen efforts to combat the epidemic. In December 2016, the Human Services Levy Council approved Montgomery County Alcohol, Drug and Mental Health Services’ request to redirect its levy funding to expand or launch new programs and services. Expansion includes: new ambulatory withdrawal management; 24/7 CrisisCare services for those rescued with Naloxone; an increase in the number of residential treatment beds; programs for pregnant women; expansion of programs in jails; and more. More programs will be expanded and others will be introduced in 2017.
## HEALTH AND SAFETY

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Prior value and county rank</th>
<th>Desired direction</th>
<th>Current value and county rank</th>
<th>Narrative</th>
<th>Is the historical trend in the desired direction?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Care</td>
<td>89.1 / 5th</td>
<td>Up</td>
<td>87.8 / 9th</td>
<td>Has been fluctuating and is flat overall</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>* Food Insecurity</td>
<td>18.5 / 7th</td>
<td>Down</td>
<td>18.4 / 8th</td>
<td>Has fluctuated and is flat overall</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>* Preterm Births</td>
<td>13.8 / 9th</td>
<td>Down</td>
<td>14.4 / 10th</td>
<td>2 big increases in last 4 years</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>Low Birthweight</td>
<td>9.7 / 9th</td>
<td>Down</td>
<td>9.5 / 7th</td>
<td>Has gone down 5 of the last 7 years but still remains high</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>* Infant Mortality</td>
<td>6.1 / 1st</td>
<td>Down</td>
<td>7.5 / 6th</td>
<td>Has fluctuated but is flat overall</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>Substantiated Child Abuse</td>
<td>3.5 / 2nd</td>
<td>Down</td>
<td>2.6 / 1st</td>
<td>Has dropped significantly recently</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>Teen Pregnancy</td>
<td>2.6 / 7th</td>
<td>Down</td>
<td>2.1 / 3rd</td>
<td>Has decreased 6 of the last 7 years</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>* Mental Health</td>
<td>4.2 / 4th</td>
<td>Down</td>
<td>4.8 / 9th</td>
<td>Recent increases negate earlier decrease</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>Tobacco Use (% Not Smoking)</td>
<td>48.7 / 9th</td>
<td>Up</td>
<td>55.5 / 3rd</td>
<td>Has been fluctuating and is flat overall</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>* Binge Drinking</td>
<td>13.1 / 2nd</td>
<td>Down</td>
<td>13.2 / 1st</td>
<td>Sizable decreases 2 of last 3 years</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>Emp. Rate for Persons w/a Disability</td>
<td>22.4 / 3rd</td>
<td>Up</td>
<td>22.4 / 4th</td>
<td>Has increased 2 of last 3 years but remains down overall</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>Pov. Rate for Persons w/a Disability</td>
<td>26.3 / 3rd</td>
<td>Down</td>
<td>23.9 / 2nd</td>
<td>Has fluctuated and remains elevated</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>Nursing Home Population</td>
<td>7.01 / 5th</td>
<td>Down</td>
<td>7.35 / 6th</td>
<td>Has fluctuated and remains flat overall</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>* Death Rate: Heart Disease</td>
<td>183.9 / 7th</td>
<td>Down</td>
<td>195.6 / 7th</td>
<td>Was down for a while but has climbed back up</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>* Death Rate: Cancer</td>
<td>177.8 / 6th</td>
<td>Down</td>
<td>179.1 / 8th</td>
<td>Has increased 2 consecutive years and is flat overall</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>Domestic Violence Deaths</td>
<td>13</td>
<td>Down</td>
<td>9</td>
<td>Has fluctuated for many years and remains flat overall</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>* Accidental Drug Overdoses</td>
<td>264</td>
<td>Down</td>
<td>239</td>
<td>Slight decline following 4 consecutive increases</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>Violent Crime</td>
<td>3.6 / 4th</td>
<td>Down</td>
<td>3.6 / 5th</td>
<td>Has decreased 11 of the last 14 years and is down overall</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>Property Crime</td>
<td>36.5 / 7th</td>
<td>Down</td>
<td>35.5 / 7th</td>
<td>Has decreased 12 of the last 14 years and is down overall</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>Kindergarten Readiness</td>
<td>35.8</td>
<td>Up</td>
<td>37.7</td>
<td>Only two years of data</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>Student Achievement -- 3rd Grade Reading</td>
<td>78.2 / 7th</td>
<td>Up</td>
<td>51.9 / 7th</td>
<td>New test recently introduced</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via.placeholder.com/15" alt="No" /> <img src="https://via.placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>* Student Achievement -- 8th Grade Math</td>
<td>44.8 / 10th</td>
<td>Up</td>
<td>42.0 / 10th</td>
<td>New test recently introduced</td>
<td><img src="https://via.placeholder.com/15" alt="Yes" /> <img src="https://via-placeholder.com/15" alt="No" /> <img src="https://via-placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>HS Graduation</td>
<td>80.1 / 6th</td>
<td>Up</td>
<td>82.2 / 6th</td>
<td>Has increased 5 straight years</td>
<td><img src="https://via-placeholder.com/15" alt="Yes" /> <img src="https://via-placeholder.com/15" alt="No" /> <img src="https://via-placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>College Enrollment</td>
<td>75.6</td>
<td>Up</td>
<td>73.1</td>
<td>Has decreased 5 of last 6 years but is up overall</td>
<td><img src="https://via-placeholder.com/15" alt="Yes" /> <img src="https://via-placeholder.com/15" alt="No" /> <img src="https://via-placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>College Persistence</td>
<td>81.3</td>
<td>Up</td>
<td>80.6</td>
<td>Has decreased 5 of last 6 years and remains flat overall</td>
<td><img src="https://via-placeholder.com/15" alt="Yes" /> <img src="https://via-placeholder.com/15" alt="No" /> <img src="https://via-placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>College Graduation</td>
<td>37.2</td>
<td>Up</td>
<td>35.3</td>
<td>Has declined 2 years in a row but remains up</td>
<td><img src="https://via-placeholder.com/15" alt="Yes" /> <img src="https://via-placeholder.com/15" alt="No" /> <img src="https://via-placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>* Educational Attainment</td>
<td>35.9 / 6th</td>
<td>Up</td>
<td>37.5 / 5th</td>
<td>Has increased 5 consecutive years</td>
<td><img src="https://via-placeholder.com/15" alt="Yes" /> <img src="https://via-placeholder.com/15" alt="No" /> <img src="https://via-placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>Avoiding Poverty</td>
<td>44.1 / 6th</td>
<td>Up</td>
<td>44.7 / 7th</td>
<td>Has increased 7 of last 8 years but remains down overall</td>
<td><img src="https://via-placeholder.com/15" alt="Yes" /> <img src="https://via-placeholder.com/15" alt="No" /> <img src="https://via-placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>* Concentrated Poverty</td>
<td>8.5 / 2nd</td>
<td>Down</td>
<td>8.2 / 3rd</td>
<td>Has decreased 2 consecutive years but remains up overall</td>
<td><img src="https://via-placeholder.com/15" alt="Yes" /> <img src="https://via-placeholder.com/15" alt="No" /> <img src="https://via-placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>People Receiving Public Assistance</td>
<td>1.00 / 2nd</td>
<td>Down</td>
<td>0.67 / 2nd</td>
<td>Has decreased 6 consecutive years</td>
<td><img src="https://via-placeholder.com/15" alt="Yes" /> <img src="https://via-placeholder.com/15" alt="No" /> <img src="https://via-placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>Median Household Income</td>
<td>42.7 / 8th</td>
<td>Up</td>
<td>46.6 / 7th</td>
<td>Has decreased in 9 of the last 12 years and is down overall</td>
<td><img src="https://via-placeholder.com/15" alt="Yes" /> <img src="https://via-placeholder.com/15" alt="No" /> <img src="https://via-placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>Unemployment</td>
<td>5.0 / 5th</td>
<td>Down</td>
<td>4.9 / 4th</td>
<td>Has decreased 6 of the last 7 years and is now considered flat</td>
<td><img src="https://via-placeholder.com/15" alt="Yes" /> <img src="https://via-placeholder.com/15" alt="No" /> <img src="https://via-placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>* Stable Employment</td>
<td>49.2 / 8th</td>
<td>Up</td>
<td>50.9 / 7th</td>
<td>5 consecutive increases following several large decreases</td>
<td><img src="https://via-placeholder.com/15" alt="Yes" /> <img src="https://via-placeholder.com/15" alt="No" /> <img src="https://via-placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>* Abandoned Housing</td>
<td>7.1 / 9th</td>
<td>Down</td>
<td>6.8 / 8th</td>
<td>2 consecutive decreases following 2 increases</td>
<td><img src="https://via-placeholder.com/15" alt="Yes" /> <img src="https://via-placeholder.com/15" alt="No" /> <img src="https://via-placeholder.com/15" alt="Flat" /></td>
</tr>
<tr>
<td>* Homelessness</td>
<td>545</td>
<td>Down</td>
<td>463</td>
<td>Has fluctuated and is flat overall</td>
<td><img src="https://via-placeholder.com/15" alt="Yes" /> <img src="https://via-placeholder.com/15" alt="No" /> <img src="https://via-placeholder.com/15" alt="Flat" /></td>
</tr>
</tbody>
</table>

* New indicator; see pg. 12.
Note: Most desirable county rank is 1st. County rank is not available for all indicators.

1. The historical trend is determined by the changes in the indicator since the time of the earliest reported data.
Early in its history, the Montgomery County Family and Children First Council adopted a Vision Statement that would capture its goals to 1) promote the well-being of Montgomery County’s children, families, adults, and neighborhoods; and 2) make Montgomery County a better place to live, work, and grow:

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.

This Vision Statement – a succinct answer to the question “Where do we want to be as a community?” – launched a community conversation about how close we are to attaining those goals and what we can do to move closer.

To support and advance this community conversation, the FCFC has been tracking a set of Community Indicators since the release of its first report, Turning the Curve, in 1998. Indicators are quantifiable measures that can be attached to the focus areas. Collectively, these indicators answer the question, “Where are we right now?”

One of the outcomes of the recent strategic planning process was the identification of a set of Community Priorities and the adoption of a Collective Impact model for organizing various initiatives and projects within the community. Collectively, these activities help answer the question, “What are we doing to help us get where we want to be?”

Because utilizing data and measuring community progress have always been part of the Family and Children First Council’s framework, the Community Indicators are being updated to reflect the Community Priorities and to establish a baseline to track our progress moving forward. Twenty-one of the twenty-six Community Indicators which we had been tracking can be mapped to the Community Priorities; the remaining five will be discontinued. An additional fourteen Indicators will be added, making a total of thirty-five.

Please visit http://montgomerycountyindicators.org/ for more information about the tools we use to understand and interpret the data.

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.resultseaccountability.com or www.raguide.org or www.resultsladership.org.

2 Preventable Child Deaths, Student Achievement – 4th Grade Math, OGT – 10th Grade, Public School Attendance, and Voter Participation

3 See page 11.
Sinclair Community College’s Fast Forward Center opened in 2001 as a resource center for out-of-school youth to decrease the dropout rate in Montgomery County. The focus of the Center is to reclaim youth between the ages of 16–21 who are out of school or not attending school on a regular basis and assist them in obtaining a high school diploma.

Fast Forward collaborates with county school districts and partners with three alternative high schools that specifically serve dropouts: Life Skills Center of Dayton, Mound Street Academies, and Miami Valley Career Technology Center Youth Connections. They also collaborate with other alternative education programs and non-profit organizations by assisting them in their efforts to improve student retention. Fast Forward Center also partners with Darden Education Consulting Services to deliver an intervention program that helps students who have completed all their credits (known as Senior Plus) to complete their diploma by passing sections of state-mandated tests. Fast Forward uses and encourages all of their partners to use research-based national best practices.

**Fast Forward Center 2015 – 2016 School Year Highlights:**
- 202 students were assessed by Fast Forward Center.
- 21 Senior Plus students (students only needing to pass one or more parts of the Ohio Graduation Test [OGT]) earned diplomas.
- 88 students from the three partner schools earned diplomas.
- 29 students obtained proper interview and workplace attire through Fast Forward’s partnership with Clothes That Work.
- Four students earned college credit while still in high school.
- Fast Forward provided Renaissance Learning STAR Math and Reading assessment software to Wesley Community Center’s After School Program as a means of dropout prevention. Thirty (30) students completed math pre- and post-assessments with 67% showing improvement; 29 completed reading pre- and post-assessments with 59% showing improvement.

Fast Forward Center is a resource to every out-of-school youth by providing them with the skills and support to become a high school graduate and move forward to post-secondary education, a career, or the military.

For more information about the Fast Forward Center, call 937-512-FAST (3278) or visit [https://www.sinclair.edu/academics/k12/fast-forward-center/](https://www.sinclair.edu/academics/k12/fast-forward-center/)
The Mentoring Collaborative of Montgomery County (MCMC) has been networking with agencies providing mentoring services for youth since 2001. The Collaborative works to raise community awareness about the critical need for mentors and provides training for agency staff, mentors, and mentees. The Collaborative also provides background checks for mentoring volunteers at various agencies and sponsors local mentoring events.

The Mentoring Collaborative is now in the first year of another three year AmeriCorps grant which they have been using to expand and enhance mentoring programs in Montgomery County. In 2016, the AmeriCorps Program served 618 K-12 “at-potential” youth in Montgomery County at 12 host sites utilizing the support of 20 AmeriCorps members who served as Mentor Service Coordinators.

Each year during its Mentor of the Year Awards Luncheon the Collaborative recognizes individuals who display extraordinary commitment assisting young people in achieving their full potential. The 2016 Outstanding Mentor Award recipients are listed below:

- Sarah Ellington - Mountain Top Ministries
- David Henderson, Sr. - Montgomery County Juvenile Court Reclaiming Futures
- Taneah Matthews - Independent Living, Montgomery County Job & Family Services - Children Services Division
- Marlon Shackelford - Omega Community Development Corporation
- United States District Judge Walter Herbert Rice - Parity, Inc.

Also in 2016, the Mentoring Collaborative presented the Mike Kelly MVP Mentee Award, the Champion of Youth Award, and the Pioneer Award.

The Mike Kelly MVP Mentee Award is named after the former record-setting University of Dayton football coach who is now the Assistant Vice President for Athletics at U.D. Given to a youth mentee in Montgomery County who best exemplifies the benefits of a mentoring relationship through improved attitude, attendance, grades, pro-social behaviors, and/or family and peer relationships, the 2016 award was presented to Belmont High School Navy Junior ROTC Senior, Cadet Faith Marie Lewis.

The Pioneer Award is given to a person for blazing a trail of hope by promoting and advocating for Mentoring Support for America’s “Youth of Promise.” Robert Johnson, Founder and Director of Fathers in Education, was honored for his years serving in the area of fatherhood and family formation. Mr. Johnson attained national recognition as the architect of the Georgia Fatherhood Initiative and eventually led its transformation into a national model. After development, the Georgia Fatherhood Initiative achieved national distinction as the largest and most comprehensive program of its kind in the United States. Currently Robert serves as the National Director of the Fathers in Education Campaign.

Frank DePalma, current member and past co-chair of the Montgomery County Mentoring Collaborative, was awarded the Champion of Youth Award. Frank began his career as a teacher in Centerville City Schools. He has served as principal, human resources officer and superintendent. During the 2005-2006 academic year, he acted as interim Vice President for Academics at Sinclair Community College. He currently serves as superintendent of the Montgomery County Educational Service Center. Selected through a committee, the award recipient is someone who shows extraordinary dedication and service on behalf of youth.

To become a mentor or for additional information about The Mentoring Collaborative, visit their website at www.mentoringcollaborative.org or visit their offices at The Job Center Mall, 1133 Edwin C. Moses Boulevard, Suite 189.
The Montgomery Council Human Services Planning and Development Department (HSPD) provides assistance and oversight for agencies delivering services to the Montgomery County community. Due to the complex nature of social service systems and the changing economic situations these organizations face, HSPD facilitates a group of Service Brokers whose mission is to stay abreast of these changes and determine how best to manage systemic change and collaboration as well as maintain client access to needed services.

The Service Brokers are key staff from 14 health and human service organizations serving Montgomery County residents. The goal of this group is to navigate service barriers and ensure the agencies stay connected and aware of the current menu of services offered within the social service system. The Service Brokers also work as a team to identify system issues and offer solutions which will be the main focus of their work in 2017.

The Service Brokers also function as resources when Service Coordination requests are received by HSPD from agencies, parents or family members. During 2016 a number of requests were received seeking assistance for a variety of services and supports including insurance coverage for mental health services and parental support for unruly children.

One method of meeting these needs is through Family Centered Supportive Services (FCSS) funding awarded to HSPD through the Ohio Family and Children First Council. FCSS funds are a combination of federal child welfare funds (Social Security Act Title IV-B) from the Ohio Department of Job & Family Services and state general revenue funds from the Ohio Departments of Mental Health and Addiction Services (OMHAS), Youth Services (DYS), and Developmental Disabilities (DODD). FCSS funding is to provide supportive services to children with multi-system needs in an effort to help them maintain placement in their homes. Montgomery County was awarded $86,935 for State Fiscal Year 2016. During the year, 63 children were supported with this funding.

Success Story

Sam’s mom says, “For several years, Sam had been approved to receive System of Care funds to provide a number of therapeutic and community involvement/recreational opportunities, including the Equine Assisted Growth and Learning Association (EAGALA) Equine Therapy. When Sam began equine therapy, he often had a difficult time transitioning from car to stable and on more than one occasion, he could not transition at all and was unable to participate. He would frequently become overwhelmed and melt down in the car, even before reaching the barn. By continuing to access funds to provide equine therapy, a consistent routine was established, and Sam was able to count on his Thursday trip to the stables. With the help of his therapists, Sam began looking forward to his time there and the activities planned for him. Now we check the calendar each morning and count down the days until equine therapy as he very much looks forward to going. He tells his teachers at school that it’s “horse day” and he quickly changes into his horse boots in the car before jumping out to run in and hug everyone. These funds have been instrumental in providing him with an opportunity he might not otherwise have had. It has given him confidence, taught him skills he wouldn’t have learned elsewhere, and has improved his quality of life tremendously. We are so grateful for these funds.”
The purpose of the local county Family and Children First Council (FCFC) is to streamline and coordinate existing governmental services for families seeking services for their children. To fulfill the duties of section 121.37 of the Ohio Revised Code which 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 local Council may provide the following:

- referrals to the Cabinet Council of those children for whom the county council cannot provide adequate services;
- development and implementation of a process that annually evaluates and prioritizes services, fills service gaps where possible, and invents new approaches to achieve better results for families and children;
- maintenance of an accountability system to monitor the county council’s progress in achieving 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; 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. Service Coordination is provided for children and families with multi-system needs and can be accessed by agencies or families voluntarily seeking services. Families are typically referred for services through consultation with member(s) of the FCFC Service Brokers Committee. Some services are supported through the Family-Centered Services and Supports (FCSS) state-funded program. The FCSS funds are locally managed to provide specific services to support the parents’ ability to maintain their children at home, preventing out of home placement.

The state requires county councils to implement House Bill (HB) 289 through working with other local agencies to identify common goals and align resources as articulated by required state plans and unifying them into a “Shared Plan.” Through the Joint Strategic Plan, our FCFC and United Way of the Greater Dayton Area worked together with numerous stakeholders and service providers to identify and address critical issues impacting Montgomery County residents. Such efforts have been viewed through the lens of “collective impact.” Collective impact occurs when organizations from different sectors come together to “solve” social problems by developing a common agenda, using a shared measurement system, engaging in mutually reinforcing activities, maintaining communication, and employing “backbone” support.

The goals of Montgomery County’s “Shared Plan” are attained by supporting the activities of local partners and agencies whose impact on families and children is measured against common metrics. While Montgomery County supported numerous services in the community, Montgomery County’s 2016 “Shared Plan” focused on the following strategic initiatives: a) Children Being Ready for School, b) Children and Youth Succeeding in School and c) Young People Being Ready to Earn a College Degree or a Career-Ready Credential.
In February 2016, in accordance with Ohio Revised Code section 355.02, the Board of County Commissioners created The Montgomery County Healthier Buckeye Council. The purpose of the Healthier Buckeye Council is to promote effective environments and coordination for delivering human services, to maximize opportunities for individuals and families to achieve and maintain optimal health in all aspects, and to reduce reliance on publicly funded assistance programs. The Council is staffed by the Human Services Planning and Development Department.

In March, the Ohio Department of Job and Family Services initiated a pilot program to award grants to local Healthier Buckeye Councils to promote the development of self-sufficiency and reduce reliance on public assistance through a community environment that maximizes opportunities for individuals and families to achieve optimal health. As a result, the Montgomery County Healthier Buckeye Council affirmed and adopted the Joint Strategic Plan of the Montgomery County Family and Children First Council and United Way of the Greater Dayton Area. Furthermore, it selected two priorities within the plan - Food Access and Substance Abuse - as issues that directly impact an individual’s health and self-sufficiency and should be the focus of the Council’s efforts.

Through a competitive process, the Council reviewed multiple proposals and selected three to include in separate applications to the State. In June 2016, the Council learned its CareSource Life Services application received funding of $748,967. The Montgomery County Healthier Buckeye Council is one of 22 local councils that received funding.

In July, CareSource Life Services and its partners began working together to coordinate services in the Westwood neighborhood and the Burkhardt/Springfield neighborhood. Partners include Citywide Development, The Foodbank, Homefull, Life Enrichment Center, Five Rivers Federally Qualified Health Centers, Addiction Services, Montgomery County Drug Court and the Hall Hunger Initiative.

**Examples, and results, of some of the activities include:**

- An employment fair in September, attended by 177 job seekers, 20 employers, and 14 community partners. 8 individuals are employed as a result
- Distribution of 7,323.5 pounds of food at mobile pantry locations
- 377 participants in Life Enrichment recovery programs
- 2,162 transactions at the Market at Wright Stop Plaza
- 95 CareSource members became employed
- Implement new mobile farmers markets in targeted neighborhoods
- Creation of a business plan to establish a grocery store in West Dayton
- Homefull delivered 8,600 fresh fruits and vegetables from Wright Stop Plaza to make available in Five Rivers Health Centers’ waiting rooms
- Community engagement through neighborhood meetings and door-to-door visiting
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 2016 Brother Raymond L. Fitz, S.M., Ph.D. Award was:

**Khadijah Ali, Returning Citizens Advocate**

Khadijah Ali is an advocate for returning citizens in Montgomery County, as well as a mentor and role model for children of incarcerated parents. Ms. Ali’s work has changed the lives of children, families, and people from all walks of life. Her ability to see past the negative and bring forth the positive in people is her special gift.

Khadijah is the Circle of Vision Keepers (CVK) Program Director and Co-founder. She holds a Chemical Addiction Assistance license from the State of Ohio, and is studying to become a drug/addictions counselor. She is the Volunteer Community Outreach Coordinator for the Dayton Emerging Fashion Incubator DE-FI, and is on the Advisory committee for the ALVIS Halfway House. Khadijah is the Tehrik e Jedid Secretary for Lajna Imaillah Dayton/Fazel e Umar Mosque. Khadijah is also an active executive board member for the ABLE Law Board.

As noted by U.S. District Court Judge Walter Rice, “There is no warmer, more welcoming face of reentry than our friend Khadijah Ali. She gives so much of her strength and her soul to the cause.”

State and County Officials have recognized Khadijah for her work with the Montgomery County Office of Ex-Offender Reentry. Khadijah Ali received the “Outstanding Service Club Member” award from the Presidents Club of Dayton, in recognition for her service to the Exchange Club of Dayton.

* 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.
Fetal Alcohol Spectrum Disorders (FASD) Coalition

Prenatal alcohol exposure can have detrimental effects on a fetus which are irreversible, yet Fetal Alcohol Spectrum Disorders (FASD) are 100% preventable by not drinking alcohol while pregnant. Past research estimated that 1 out of 100 children are impacted by an FASD. However, a new research study published in the November 2014 issue of Pediatrics estimates that as many as 1 out of 20 children are impacted by an FASD.

Children who are affected by an FASD may exhibit cognitive, behavioral and physical impairments which can substantially impact a family and community. In 2008, the Montgomery County FASD Task Force was created in an effort to raise awareness of the impact FASD has on the community. In 2015, the Task Force transitioned to the FASD Coalition.

The FASD Coalition met in early 2016 to update the strategic and action plans. Coalition representatives shared the dangers of prenatal alcohol exposure at many health fairs and community events. The Coalition also hosted another well-attended Screening, Brief Intervention, Referral to Treatment (SBIRT) and Motivational Interviewing (MI) training for community healthcare providers. Exploration of a sustainable diagnostic center continued as well as exploring point of alcohol sales educational materials.

Staffing changes prompted a hiatus for the second half of 2016 with plans already underway for reorganization going forward in 2017. Goals for 2017 include completion of a toolkit for prenatal care providers, exploring the feasibility of increasing our multidisciplinary diagnostic capacity, and continuing to offer SBIRT training to a variety of community providers. The Coalition will be updating the ThinkforTwo website and educational materials as well as exploring support services and resources for families affected by an FASD diagnosis and providing education at community events throughout the coming year.

For more information about FASD or attending a coalition meeting, please contact Barbara Jacobs at 937-225-4542 or bjacobs@phdmc.org.

FASD Coalition Roster

| ACTING CHAIR | Tracey Waller, MBA, RD, LD, IBCLC (Public Health - Dayton & Montgomery County) |
| VICE CHAIR | Jane Dockery, MBA (Wright State University, Applied Policy Research Institute - formerly Center for Urban & Public Affairs) |
| | Pam Albers, MS, RN (Help Me Grow Brighter Futures) |
| | Michelle Beebe, MPH, RN (Kettering Health Network) |
| | Chief Richard Biehl (Dayton Police Department) |
| | James Bryant, M.D. (Ohio Pediatrics) |
| | Susan Caperna (Family Representative) |
| | Dawn Cooksey (Goodwill Easter Seals Miami Valley) |
| | Rev. Leroy Cothran, D.Min., M.Div. (United Missionary Baptist Church) |
| | Pam Cottrell (Ohio Coalition of Education of Children with Disabilities) |
| | Gokce Durmusoglu, Ph.D. (Wright State University - School of Professional Psychology) |
| | Wendy Franck, MA, PC (Samaritan Behavioral Health) |
| | Melanie Glover, M.D. (Miami Valley Hospital) |
| | Jackie Hagan-Gross (CareSource) |
| | Cheryl Hough (Montgomery County Board of Developmental Disabilities Services) |
| | Gokce Durmusoglu, Ph.D. (Wright State University - School of Professional Psychology) |
| | Janine Howard, MS, RN (Public Health - Dayton & Montgomery County) |
| | Sheila Jenkins (Montgomery County Juvenile Court) |
| | Connie Kinsella (Family Representative) |
| | Nicole Kinzeler, Ph.D. (Wright State University - Boonshoft School of Medicine - SARDI Program) |
| | Mindy Leab (Montgomery County Board of Developmental Disabilities Services) |
| | Madonna Marable (Public Health - Dayton & Montgomery County - Addiction Services - Beginning January 2016) |
| | Cynthia Mockabee (ADAMHS Board - Montgomery County) |
| | 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) |
| | Joseph Warden (Advocates for Basic Legal Equality -ABLE) |
| | Kristy Williams (CareSource) |
| | Terra Williams (Public Health - Dayton & Montgomery County) |
| | Heather Workman, MS, CGC (Dayton Children’s Hospital) |
A healthy pregnancy and the first three years of life are most critical to a child’s development. Help Me Grow has been a program of the Ohio Department of Health for many years. It is designed to serve eligible expectant mothers, newborns, infants, and toddlers to help give young children the best possible start in life.

Help Me Grow Central Coordination is the central point of contact for families referred for home visiting or early intervention services in Montgomery County. Central Coordination services were provided in 2016 by the Greater Dayton Area Hospital Association’s Help Me Grow Brighter Futures program. When referrals are received, preliminary eligibility is determined and families are directed to their desired program: early intervention, home visiting, or other early childhood health and education programs. Help Me Grow Brighter Futures Central Coordination handled 3,040 referrals in 2016 from a variety of sources (see chart below).

Sometimes as children grow, they have trouble seeing, hearing, talking, walking, or have other special needs. Through the Early Intervention program, children with suspected delays or diagnoses resulting in delays or disabilities receive services to help the child get on track developmentally. Services focus on infant and toddler development, and families choose services and resources to help them reach goals they find important. Participation is voluntary.

Early Intervention services funded through FCFC were provided by Help Me Grow Brighter Futures. As of December 31, a total of 462 early intervention service plans were in place for young children and their families living in Montgomery County and participating in the Help Me Grow Early Intervention program.

<table>
<thead>
<tr>
<th>2016 REFERRALS CHART</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician</strong></td>
</tr>
<tr>
<td><strong>Primary caregiver</strong></td>
</tr>
<tr>
<td><strong>Hospital</strong></td>
</tr>
<tr>
<td><strong>HMG system</strong></td>
</tr>
<tr>
<td><strong>Children Services</strong></td>
</tr>
<tr>
<td><strong>Other</strong></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

For additional information about Help Me Grow services in Montgomery County, contact Central Coordination at 208-GROW (4769).

<table>
<thead>
<tr>
<th>EARLY INTERVENTION SERVICES BY AGE OF CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>462</td>
</tr>
</tbody>
</table>

8% 31% 61%

Originally, Help Me Grow included central coordination, home visiting and early intervention services. State officials decided Early Intervention services should be moved under the auspices of the Ohio Department of Developmental Disabilities. This move took effect July 1, 2016 and means Early Intervention is no longer a part of the Help Me Grow program. Central Coordination and Home Visiting services remain with the Ohio Department of Health Help Me Grow program.
Our daughter Madeline was born prematurely at 26 weeks gestation. She weighed 1 lb. and 12 oz. and was 12.75 inches long. I had severe preeclampsia and HELLP syndrome during my pregnancy. HELLP (hemolysis, elevated liver enzymes, low platelet count) syndrome usually develops before the 37th week of pregnancy. Many women are diagnosed with preeclampsia.

We were told Madeline’s chance for survival was around 60%. Her stay in the Neonatal Intensive Care Unit (NICU) was like a roller coaster ride. At around 50 days of life she fought a life-threatening infection of the bowel called NEC (necrotizing enterocolitis). NEC is a disorder in newborns caused by bacterial or viral invasion of vulnerable intestinal tissues.

We were told about early intervention services during our NICU stay and referred to Help Me Grow for further evaluation and support. After 117 days in the NICU, Madeline finally came home.

Once home we were contacted by Help Me Grow. Our Service Coordinator visited us in our home and assessed Madeline to determine what services were needed to help her continue to make progress. During Madeline’s first evaluation she was struggling to hold up her head.

Madeline seemed to get stronger with each therapy visit. By 13 months (10 months adjusted) Madeline was walking. She graduated from the therapy program after meeting all of the goals we had set for her. We will forever be thankful for the support we received from Help Me Grow. All of the therapies helped our daughter make progress and eventually meet the developmental milestones we were working toward. We hope our journey can give hope to other parents of preemies!

Our son, James, was born in November 2013. Other than ten months of rough nights, the first year of his life went quite well. He walked at 10 months, he said roughly 6 words by his first birthday and his laugh could often be heard throughout our home.

The following six months marked a very gradual decline. His language skills ceased to progress. He said a few new words, but had stopped using others and was seldom inclined to speak at all. Over time, he increasingly preferred to play alone and his eye contact decreased. These changes happened so slowly they were hard to detect. We spent some time over Memorial Day weekend 2015 researching his language deficit and came to the startling realization that James might be autistic.

At 18 months, James was too young to display many of the classic behaviors associated with autism and only matched a small portion of the list of early signs found online. Eventually, we found a video posted online by the Kennedy Krieger Institute that alternated between typically developing children 18-24 months of age and children in the same age group showing the early signs of autism.

In each case, James more closely resembled the autistic children.

One of the first calls we made was to Help Me Grow. Our niece had benefited from Help Me Grow services and her team had a positive impact on her early development. We met with our Service Coordinator a few days later and James was assessed for services in less than a month, long before he could be formally evaluated for autism. James qualified for speech/language services and began therapy immediately. Help Me Grow gave us the opportunity to take action before months of medical wait lists and evaluations were complete. In July 2015, James was diagnosed with Autism Spectrum Disorder and a language delay by Nationwide Children’s Hospital in Columbus. With his diagnosis came the opportunity to participate in the PLAY Project. On Monday mornings, James eagerly watched out the door for his Developmental Specialist to arrive.

We are very lucky to have a great deal of support from our extended family who helped us take full advantage of the resources and services offered by Help Me Grow and their partners at PACE* and the Montgomery County Board of Developmental Disabilities Services. James frequently participated in scheduled activities and loved spending time at the Southview Family Center gym. Our family has also benefited from multiple family support activities offered through Help Me Grow.

One year into our adventure, fear was slowly replaced with determination and routine. James began flourishing. The PLAY Project, speech therapy and occupational therapy provided by PACE made a huge impact on his life. His speech/language skills grew exponentially. We saw significant improvement to his interactive skills and his desire to use them. Our family greatly appreciates the support and services we received from Help Me Grow.

*Parent and Child Enrichment, a program of Montgomery County Board of Developmental Disabilities Services.
In 2009 Samaritan Behavioral Health received initial funding from Catholic Health Initiatives (CHI) for a community-wide violence prevention project, United Against Violence of Greater Dayton (UAVGD). The project is now in its eighth year and continues to serve children, youth and their families in our community through various programs: Second Step, Male to Men, Female to Women, Family Engagement, and the Young Adult Focus Council.

Samaritan Behavioral Health, Inc. serves in the role of “convener” and program manager for the project.

The overall goal for UAVGD is:
Reduce Part I and Part II violent crimes in designated Montgomery County neighborhoods (Westwood, North Riverdale, Harrison Township and Trotwood) thus ultimately reducing group-member gun violence.

The Family and Children First Council of Montgomery County believes that prevention is the key to reaching that goal. Therefore, they supported the efforts of UAVGD and their partner agencies in providing Second Step: A Violence Prevention Curriculum, an evidence-based best practice violence-prevention program. During the 2015-2016 school year the program was delivered in the four designated high-violence areas of Montgomery County (North Riverdale, Westwood, Trotwood, and Harrison Township).

New this year the project was expanded to serve schools located outside those neighborhoods.

- **Dayton Public Schools**: Horace Mann, Westwood, World of Wonder, Dayton Boys Prep, Edison, Meadowdale, Cleveland, Kemp, Charity Earley Adams, Fairview, Rosa Parks, Edwin Joel Brown, Ruskin, Wogamon, and Bellehaven
- **Charter School**: Dayton Leadership Academy
- **Trotwood Schools**: Westbrook Village and Trotwood Middle School
- The Montgomery County Sheriff’s department also provided the program to students at Blairwood Elementary in **Jefferson Township** at no cost to FCFC.

The program was expanded in 2016 to Pre-K through 8th grades. 1,433 students received this program one class period a week for 8 weeks throughout the school year.

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

The measurements are reflective of students who participated in the program (based on teacher observations). The various forms of measurement described took place at various intervals throughout the program period. Outcomes are analyzed and reported by the Wright State University SARDI Program.

---

1 Homicide, rape, robbery, aggravated assault, and arson
2 Simple assault, weapons violations, and threats against families and children
Outcomes

### Early Education (Pre-K, Kindergarten, 1st-3rd grades)

<table>
<thead>
<tr>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce physical violence</td>
<td>50%</td>
</tr>
<tr>
<td>Decrease discipline referrals</td>
<td>25%</td>
</tr>
<tr>
<td>Reduce verbal aggression (bullying)</td>
<td>25%</td>
</tr>
<tr>
<td>Students demonstrating an increase in protective factors, social skills</td>
<td>70%</td>
</tr>
</tbody>
</table>

### Grades 4 and 5

<table>
<thead>
<tr>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce physical violence</td>
<td>50%</td>
</tr>
<tr>
<td>Decrease discipline referrals</td>
<td>25%</td>
</tr>
<tr>
<td>Reduce verbal aggression (bullying)</td>
<td>50%</td>
</tr>
<tr>
<td>Students demonstrating an increase in protective factors, social skills</td>
<td>70%</td>
</tr>
</tbody>
</table>

### Grade 6

<table>
<thead>
<tr>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce physical violence</td>
<td>50%</td>
</tr>
<tr>
<td>Decrease discipline referrals</td>
<td>25%</td>
</tr>
<tr>
<td>Reduce verbal aggression (bullying)</td>
<td>50%</td>
</tr>
<tr>
<td>Students demonstrating an increase in protective factors, social skills</td>
<td>70%</td>
</tr>
</tbody>
</table>

### Grade 7

<table>
<thead>
<tr>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce physical violence</td>
<td>50%</td>
</tr>
<tr>
<td>Decrease discipline referrals</td>
<td>25%</td>
</tr>
<tr>
<td>Reduce verbal aggression (bullying)</td>
<td>50%</td>
</tr>
<tr>
<td>Students demonstrating an increase in protective factors, social skills</td>
<td>70%</td>
</tr>
</tbody>
</table>

### Grade 8

<table>
<thead>
<tr>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce physical violence</td>
<td>50%</td>
</tr>
<tr>
<td>Decrease discipline referrals</td>
<td>25%</td>
</tr>
<tr>
<td>Reduce verbal aggression (bullying)</td>
<td>50%</td>
</tr>
<tr>
<td>Students demonstrating an increase in protective factors, social skills</td>
<td>70%</td>
</tr>
</tbody>
</table>

The Second Step program was provided by staff from Samaritan Behavioral Health, National Conference for Community and Justice, and Public Health - Dayton and Montgomery County.

Second Step instructors provide valuable support to the social and emotional health of students in each school building. They also provide support to teachers by giving them practical Second Step tools for solving classroom problems and challenges. Teachers encourage students to use these skills throughout the week. This empowers children to make better decisions and problem solve with a little “coaching” from their teacher.

One instructor was able to provide information about mental health services provided in the building by Samaritan Behavioral Health. Five students were given referrals the very next day.

In addition to the regular school year classroom instruction, a new program was piloted during the summer. 240 students of various ages were provided the Second Step program at Freedom Schools: Grace United Methodist Church, Dayton Boys Prep, Westwood, and Dakota Center. Children attending the Trotwood Kardio Kids Kamp also participated in Second Step. Due to the fact that kids come and go from week to week at these programs it was impossible to get an accurate outcome measurement. We do know, however, that the summer programs served as a refresher for many children who commented that they had been in Second Step during the school year and were glad to see their teachers over the summer.
Prostitution Intervention Collaborative Program

The Montgomery County Criminal Justice Council established the Prostitution Intervention Subcommittee (PIC) on October 18, 2007. Since that time we have seen many improvements in the communities’ ability to assist women engaged in prostitution. Many of these improvements were made, not particularly due to actions of the subcommittee, but because community organizations stepped forward to meet the needs of this vulnerable population. While the subcommittee has served as a catalyst for change and new initiatives formed to assist in dealing with the issue of prostitution, focus has been transitioned into concern for Human Trafficking.

Human Trafficking is a global issue with unique circumstances impacting many communities, not only in Ohio, but across the nation. It is for this reason that organizations and law enforcement task force operations have been formed at the local, state, and federal levels of government to combat this devastating crime.

Here, in Montgomery County, local resources have been committed to enhancing the efforts to confront this problem. Aided by state and federal authorities, the determination to take on this issue has been brought to the forefront.

Based on this new direction, the Criminal Justice Council felt it no longer necessary to maintain the presence of the Prostitution Intervention Subcommittee and, at its May 2016 meeting, brought the existence of this subcommittee to a close.

We sincerely thank the subcommittee representatives from Montgomery County Common Pleas Court, Sheriff’s Office and Jail, Public Defender’s Office, the Alcohol, Drug Addiction and Mental Health Services Board, the City of Dayton Police Department, Prosecutor’s Office, Probation, researchers from the University of Dayton, and community service providers including Oasis House, East End Community Services, Family Services Association, Artemis Center, YWCA of Dayton, Women’s Recovery Center, Nova Behavioral Health, South Community Behavioral Health, unaffiliated community volunteers, and most importantly, women who are in recovery and healing from prostitution and substance abuse.

The Prostitution Intervention Program was likewise concluded at the end of April 2016 as a standalone program. The “Moving On: A Program for At-Risk Women” curriculum was presented to clients of the female Secure Transitional Offender Program (STOP) of the Montgomery County Adult Probation Department through the first quarter of 2016. Approximately 68 clients received this programming.
Focus Area: Health and Safety
Indicator: Access to Health Care

Background

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

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

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

New Data

The 2015 values are all new: Montgomery County, 87.8%; Ohio, 91.1%; and United States, 87.3%.

Short-Term Trends

The short-term trend from 2014 to 2015 – from 89.1% to 87.8% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 5th to 9th.
Focus Area: Health and Safety
Indicator: Food Insecurity

Background
Food security—access by all people at all times to enough food for an active, healthy life—is one of several conditions necessary for a population to be healthy and well nourished. Most U.S. households have consistent, dependable access to enough food for active, healthy living—they are food secure. But a minority of American households experience food insecurity at times during the year, meaning that their access to adequate food is limited by a lack of money and other resources.

Living with food insecurity can have a number of lifelong health effects that range from developmental delays to physical and mental health concerns. School meal programs that provide children with breakfast and/or lunch have helped students in need of assistance, but childhood hunger can increase during the summer months because many school food programs shut down when school is not in session. Buying food on a tight budget often results in families purchasing foods that are higher in calories, fats or sugars rather than foods that are higher in nutrients but which cost more. This is part of the attempt to stretch the food that they are able to buy to the end of the month. Empty calorie intake can affect physical health and lead to problems like obesity. In addition to physical health effects, the stigma of needing assistance or being food insecure can negatively affect a person’s own self-image and mental well-being.

Sources: Economic Research Service of the U.S. Department of Agriculture; www.ServingFoodSolutions.com

How food insecurity is measured: Every year, the Census Bureau asks about a dozen questions related to food insecurity to thousands of households across the country, for example, “In the last 12 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn’t enough money for food?” Those households who respond “yes” to three or more of these questions are considered to be “food insecure.” Researchers with Feeding America, a nationwide network of food banks, combine the results of this annual survey with some other data (poverty, unemployment, median income, etc.) to estimate the percentage of residents in each county who suffer from food insecurity.

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

Short-Term Trends
The short-term trend from 2013 to 2014 – from 18.5% to 18.4% – is in the desired direction. The county comparative rank did not change in the desired direction, moving from 7th to 8th.

* For a definition of “Food Insecurity” see “How food insecurity is measured,” above.

FOOD INSECURITY*

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>19.1%</td>
<td>17.1%</td>
<td>16.6%</td>
</tr>
<tr>
<td>2010</td>
<td>18.9%</td>
<td>18.1%</td>
<td>16.1%</td>
</tr>
<tr>
<td>2011</td>
<td>18.2%</td>
<td>17.8%</td>
<td>16.4%</td>
</tr>
<tr>
<td>2012</td>
<td>18.0%</td>
<td>17.2%</td>
<td>15.9%</td>
</tr>
<tr>
<td>2013</td>
<td>18.5%</td>
<td>16.9%</td>
<td>15.8%</td>
</tr>
<tr>
<td>2014</td>
<td>18.4%</td>
<td>16.8%</td>
<td>15.4%</td>
</tr>
</tbody>
</table>

2012
1 Butler 14.5
2 Lorain 14.7
3 Stark 15.3
4 Summit 15.8
5 Mahoning 16.6
6 Franklin 17.7
7 Montgomery 18.0
8 Hamilton 18.2
9 Lucas 18.4
10 Cuyahoga 18.7

2013
1 Butler 14.6
2 Lorain 14.9
3 Stark 15.9
4 Summit 16.5
5 Mahoning 17.2
6 Franklin 17.9
7 Montgomery 18.5
8 Hamilton 18.6
9 Lucas 18.7
10 Cuyahoga 19.0

2014
1 Butler 14.0
2 Lorain 14.3
3 Stark 15.2
4 Summit 16.2
5 Mahoning 16.9
6 Franklin 17.9
7 Lucas 18.3
8 Montgomery 18.4
9 Hamilton 18.6
10 Cuyahoga 19.4

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

Preterm birth is when a baby is born too early, before 37 weeks of pregnancy have been completed. A developing baby goes through important growth throughout pregnancy including in the final weeks and months. For example, the brain, lungs, and liver need the final weeks of pregnancy to fully develop. There is a higher risk to the baby of serious disability or death when the baby is born early. About one-third of infant deaths are due to preterm-related causes. Babies who survive may have

- Breathing problems
- Feeding difficulties
- Cerebral palsy
- Developmental delay
- Vision problems
- Hearing impairment

Preterm births may also take an emotional toll and be a financial burden for families.

Source: [https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm](https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm)

**New Data**

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

**Short-Term Trends**

The short-term trend from 2014 to 2015 – from 13.8% to 14.4% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 9th to 10th.
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
All the values for 2015 (Montgomery Co. – 9.7%; Ohio – 8.5%; United States – 8.1%) and 2016 (Montgomery Co. – 9.5%; Ohio – 8.7%) are new; the 2016 values are preliminary. The 2016 value for the United States is not yet available. The county comparative rank for 2015 is 9th and the rank for 2016 is 7th.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 9.7% to 9.5% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 9th to 7th.

2016 values are preliminary.
Background
Infant mortality is a reflection of a society’s commitment to ensuring access to health care, adequate nutrition, a healthy psychosocial and physical environment, and sufficient income to prevent the adverse consequences of poverty.

It is measured by taking the number of live-born babies per thousand who die before their first birthday, producing a number called the infant mortality rate. But infant mortality is much more than a number. It is a personal and family tragedy that profoundly affects all those involved. Infant mortality is a public health crisis both locally and nationally.

The main medical reasons for babies dying are prematurity/low birth weight, congenital anomalies (birth defects), and sleep-related deaths. Babies also die of neglect, injuries, and disease. Poor physical/mental health, obesity, tobacco/alcohol/drug use, having pregnancies too close together, and limited breastfeeding among women of reproductive age also contribute significantly to the problem.

Sources:

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

Short-Term Trends
The short-term trend from 2014 to 2015 – from 6.1 to 7.5 – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 1st to 6th.
**Background**

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

Readers are also cautioned about comparing these data between counties because there is evidence that the change to the Statewide Automated Child Welfare Information System (SACWIS) has caused changes in the number of reports filed by individual county agencies. In addition, the Alternative Response Pilot Project underway in Ohio is having an impact on the reported number of substantiated cases in certain counties. Those counties that are using the Alternative Response for a higher percent of cases have a decrease in the reported number of substantiated cases. A decrease in the number of reports does not necessarily mean fewer instances of abuse.

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

Note that the full dataset, which includes data going back to 1990, is available at [www.montgomerycountyindicators.org](http://www.montgomerycountyindicators.org).

**New Data**

The 2015 value for Montgomery County is 2.6 and for Ohio it is 4.7. The county comparative ranking is 1st.

**Short-Term Trends**

The short-term trend from 2014 to 2015 – from 3.5 to 2.6 – is in the desired direction. The county comparative ranking also changed in the desired direction, moving from 2nd to 1st.
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 2015 values for Montgomery County and for Ohio are both 2.1%; the county comparative rank is 3rd. The 2014 values are now final.

Short-Term Trends
The short-term trend from 2014 to 2015 – from 2.6% to 2.1% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 7th to 3rd.

Teen Pregnancy = (Births + Abortions + Fetal Losses)
**Focus Area: Health and Safety**

**Indicator: Mental Health**

### Background

This indicator tracks the average answer given by a sample of the population to this question in the Behavioral Risk Factor Surveillance System (BRFSS): “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”

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.

### New Data

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

### Short-Term Trends

The short-term trend from 2014 to 2015 – from 4.2 to 4.8 – is not in the desired direction. The county comparative rank did not change in the desired direction, moving from 4th to 9th.

*See description of this indicator in Background section, above.*
**Background**

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

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

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

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

**New Data**

The 2015 values are all new: Montgomery County, 55.5%; Ohio, 53.0%; and United States, 59.4%.

**Short-Term Trends**

The short-term trend from 2014 to 2015 – from 48.7% to 55.5% – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 9th to 3rd.
Focus Area: Health and Safety
Indicator: Binge Drinking

Background
Binge drinking is a measure of substance abuse, one of the priorities adopted in the Joint Strategic Plan. This indicator tracks the percentage of respondents who answered “Yes” to this question in the Behavioral Risk Factor Surveillance System (BRFSS): “Considering all types of alcoholic beverages, how many times during the past 30 days did you have [5 for men, 4 for women] or more drinks on any occasion?”

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.

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

Short-Term Trends
The short-term trend from 2014 to 2015 – from 13.1% to 13.2% – is not in the desired direction. The county comparative rank did change in the desired direction, moving from 2nd to 1st.

---

**BINGE DRINKING**

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>15.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>18.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>14.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>13.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>13.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*See description of this indicator in Background section, above.*
Focus Area: Health and Safety

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 +/- 0.7% and for the county data it is approximately +/- 1% to 3%.

New Data

All values for 2015 are new. For comparison, the 2015 employment rates for persons without a disability are as follows:

Montgomery County 65.2%
Ohio 67.2%
US 66.4%

Short-Term Trends

The short-term trend from 2014 to 2015 – 22.4% to 22.4% – is flat. The county comparative rank did not move in the desired direction, changing from 3rd to 4th.

EMPLOYMENT RATE FOR PERSONS AGE 16 AND OLDER WITH A DISABILITY

Montgomery County
Ohio
United States

Montgomery Co. 27.1% 21.3% 21.1% 22.2% 19.8% 21.5% 22.4% 22.4%
Ohio 25.7% 22.8% 21.8% 21.5% 22.1% 22.6% 23.0% 23.6%
United States 25.4% 23.0% 21.8% 21.5% 21.7% 22.5% 22.5% 22.8%

* 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.

Most desirable ranking is number one.
Focus Area: Health and Safety
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 2015 a two-parent family with two children under 18 was considered to be in poverty if the family income was below $24,036. 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 +/- 0.7% and for the county data it is approximately +/- 1% to 3%. The county comparative ranking may be affected by these margins of error.

New Data
All values for 2015 are new. For comparison, the 2015 poverty rates for persons without a disability are as follows:

<table>
<thead>
<tr>
<th>County</th>
<th>Poverty Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery</td>
<td>13.2%</td>
</tr>
<tr>
<td>Ohio</td>
<td>11.3%</td>
</tr>
<tr>
<td>US</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

Short-Term Trends
The short-term trend from 2014 to 2015 – 26.3% to 23.9% – is in the desired direction. The county comparative rank also moved in the desired direction, changing from 3rd to 2nd.

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>22.0%</td>
<td>21.8%</td>
<td>20.6%</td>
</tr>
<tr>
<td>2009</td>
<td>22.9%</td>
<td>23.6%</td>
<td>21.5%</td>
</tr>
<tr>
<td>2010</td>
<td>26.9%</td>
<td>22.6%</td>
<td>21.0%</td>
</tr>
<tr>
<td>2011</td>
<td>25.9%</td>
<td>23.2%</td>
<td>21.7%</td>
</tr>
<tr>
<td>2012</td>
<td>24.4%</td>
<td>23.9%</td>
<td>22.1%</td>
</tr>
<tr>
<td>2013</td>
<td>23.1%</td>
<td>23.5%</td>
<td>21.6%</td>
</tr>
<tr>
<td>2014</td>
<td>26.3%</td>
<td>23.3%</td>
<td>21.5%</td>
</tr>
<tr>
<td>2015</td>
<td>23.9%</td>
<td>22.1%</td>
<td>20.5%</td>
</tr>
</tbody>
</table>
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 2013 survey is the most recent one for which the data analysis has been completed. The results of the 2013 survey were first published in last year’s Report. The results of the 2015 survey are expected to be available in 2017.

Short-Term Trends
The short-term trend from 2011 to 2013 – from 7.01 to 7.35 – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 5th to 6th.

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

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>2009</th>
<th>2011</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery Co.</td>
<td>7.20</td>
<td>6.92</td>
<td>6.51</td>
<td>7.10</td>
<td>6.80</td>
<td>7.01</td>
<td>7.35</td>
</tr>
<tr>
<td>Ohio</td>
<td>6.88</td>
<td>6.72</td>
<td>6.88</td>
<td>7.07</td>
<td>6.93</td>
<td>6.82</td>
<td>6.73</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
Focus Area: Health and Safety  
Indicator: Death Rate: Heart Disease

Background  
The leading cause of death for both men and women in the U.S. is heart disease. Heart disease accounts for 1 in every 4 deaths (CDC, 2014). The health conditions that put people at higher risk of heart disease are high blood pressure, high cholesterol, obesity, and diabetes. Other behavioral risk factors include smoking, poor nutrition, physical inactivity, and excessive alcohol use.

Source: Community Health Assessment 2014, Public Health - Dayton & Montgomery County

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

Short-Term Trends  
The short-term trend from 2014 to 2015 – from 183.9 to 195.6 – is not in the desired direction. The county comparative ranking remained unchanged, at 7th.
Focus Area: Health and Safety
Indicator: Death Rate: Cancer

Background
Nationally, more than 1.5 million people are diagnosed with cancer each year. In Montgomery County, cancer is the leading cause of death. Tobacco use is the number one risk factor for cancer. An estimated 30% of all cancer deaths and 80% of lung cancer deaths are attributed to smoking. Annually, an additional 3,400 nonsmoking adults die of lung cancer due to exposure to secondhand smoke. An estimated one-quarter to one-half of all cancer diagnoses are attributed to an unhealthy diet, excess weight, and inactivity (American Cancer Society, 2014).

Source: Community Health Assessment 2014, Public Health - Dayton & Montgomery County

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

Short-Term Trends
The short-term trend from 2014 to 2015 – from 177.8 to 179.1 – is not in the desired direction. The county comparative ranking also did not move in the desired direction, changing from 6th to 8th.
Focus Area: Health and Safety
Indicator: Domestic Violence Deaths

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

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

New Data
In 2016 there were 9 deaths due to domestic violence in Montgomery County.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 13 to 9 – is in the desired direction.

Note: Data include victims of all ages and genders. Information is not available from other counties.
Background
Deaths due to accidental drug overdoses are a tragedy for families and friends and for the entire community.
From 2002 to 2015 there was the following:
• a 2.2-fold increase in the total number of overdose deaths involving all drugs;
• a 2.8-fold increase in the total number of overdose deaths involving opioid drugs;
• a 6.2-fold increase in the total number of heroin deaths; and
• a 5.9-fold increase in the total number of overdose deaths involving heroin and non-methadone synthetics from 2002 to 2015. The latter category is dominated by illicit fentanyl overdose; when combined with heroin, these numbers capture illicit opioid deaths.
Drug addiction is a brain disease. Although initial drug use might be voluntary, drugs of abuse have been shown to alter gene expression and brain circuitry, which in turn affect human behavior. Once addiction develops, these brain changes interfere with an individual’s ability to make voluntary decisions, leading to compulsive drug craving, seeking and use. The impact of addiction can be far reaching. Cardiovascular disease, stroke, cancer, HIV/AIDS, hepatitis, and lung disease can all be affected by drug abuse. Some of these effects occur when drugs are used at high doses or after prolonged use, however, some may occur after just one use.

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

Short-Term Trends
The short-term trend from 2014 to 2015 – from 264 to 239 – is in the desired direction.
**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**

For 2015 the preliminary value for Ohio is 2.9 and for the United States it is 3.8. As of the time this Report was being prepared, the county values for 2015 were not fully processed and ready for publication. The preliminary values for 2014 that were previously reported have been revised. As a result, the county comparative rank for one county (Franklin) has changed; the rankings for the rest of the counties (including Montgomery) did not change.

**Short-Term Trends**

The short-term trend from 2013 to 2014 – from 3.6 to 3.6 – is flat. The county comparative rank did not move in the desired direction, changing from 4th to 5th.
Focus Area: Health and Safety
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
For 2015 the preliminary value for Ohio is 25.9 and for the United States it is 24.9. As of the time this Report was being prepared, the county values for 2015 were not fully processed and ready for publication. The preliminary values for 2014 that were previously reported have all been revised. As a result, the county comparative rank for some of the counties has changed; the ranking for Montgomery County did not change.

Short-Term Trends
The short-term trend from 2013 to 2014 – from 36.5 to 35.5 – is in the desired direction. The county comparative rank remained unchanged at 7th.

*2015 data are preliminary.
ReadySetSoar began in 2007 as Montgomery County’s early care and education initiative with funding from the Montgomery County Family and Children First Council (FCFC) and The Frank M. Tait Foundation. In 2016, ReadySetSoar officially merged with Learn to Earn Dayton to form one nonprofit focused on the entire continuum from birth through college and career, with the goal of ensuring all of Montgomery County’s young people reach their full potential.

With the sponsorship of FCFC and other partners, ReadySetSoar/Learn to Earn Dayton held the seventh annual Readiness Summit in March 2016 with over 500 early learning providers, K-12 educators, and community stakeholders. The Readiness Summit brings together school districts, childcare, preschool, afterschool, and summer program providers to discuss the most effective strategies to serve young children and their families to improve kindergarten readiness and third grade reading.

Montgomery County is part of the National Campaign for Grade Level Reading network of communities and is focused on three research-based strategies shown to improve early learning outcomes:

1) improving quality and access to preschool and home visiting

Preschool Promise is the initiative underway to ensure all children have access to high quality preschool. In 2014 Montgomery County Board of County Commissioners, City of Kettering, Kettering City Schools and City of Moraine jointly funded a pilot program in Kettering. In 2015, a diverse group of 25 leaders came together to create recommendations for a Preschool Promise model for Montgomery County, building off the Pilot that began in Kettering. The recommendations for the Preschool Promise model were presented to the Montgomery County Board of County Commissioners in November 2015 and included a suggestion to conduct a Preschool Promise Demonstration Project in the 2016-17 school year. The Demonstration Project was designed to implement the recommendations for the Preschool Promise model in two areas of the County to allow for learnings to be captured before taking the initiative to a larger scale. Montgomery County Board of County Commissioners provided the anchor funding to launch the Preschool Promise Demonstration in Kettering and Northwest Dayton and many additional community foundations and funders contributed to make possible the Demonstration.

By the fall of 2016, a total of 33 Preschool sites were participating in the Demonstration in Kettering and Northwest Dayton, with an estimated 800 4-year-olds enrolled in Preschool Promise classrooms and approximately 170 receiving tuition assistance.

The City of Dayton also committed to the continued expansion of Preschool Promise by passing a ballot initiative that funds Preschool Promise expansion to the entire City of Dayton for the next eight years. This is a significant step forward in expanding the Preschool Promise program across Montgomery County.

2) ensuring children continue learning after school and in the summer months

- Learn to Earn Dayton partnered with community organizations to conduct the Read On! book drive that collected 85,000 books, which is enough for every K-3rd grade student in Dayton to have 10 books for 10 weeks of summer reading.
- Learn to Earn Dayton supported the Dayton Metro Library’s Summer Reading Club, which saw a significant increase in the number of pages read in the summer of 2016.
- A partnership between Learn to Earn Dayton, Human Services Planning and Development, and the United Way continued from previous years and expanded high-quality summer learning opportunities in 2016:
  - The BELL (Building Educated Leaders for a Lifetime) summer program had its third year of operation in Mad River and Trotwood school districts. BELL served 500 high-needs youth for five weeks, which resulted in an average of 1.5 months knowledge gain in literacy and 2 months in math.
  - Children’s Defense Fund Freedom Schools provided six weeks of summer learning in seven locations in Dayton, New Lebanon, and Northridge. The 400 scholars (children) attending the program were from 68 schools in Montgomery County.

3) making sure children attend school on-time, every day

Children must attend school on time, every day to benefit from the instruction and support at school. Local data show that 1 out of 5 kindergartners is chronically absent – which means missing school 10% or more. Learn to Earn Dayton is working with school districts to promote targeted strategies to help all children attend school regularly.

For additional information on these and other Learn to Earn Dayton initiatives, please see www.learntoearndayton.org.
What is TOTS?

Taking Off to Success (TOTS) is an intensive intervention program designed to assist in breaking the cycle of poverty by preparing parents of children 0-5 years of age in two of Montgomery County’s high poverty neighborhoods with the knowledge, skills, resources, and supportive relations that they need to support the academic and career success of their children. The TOTS program was launched in 2010 and is currently delivered by Miami Valley Child Development Centers in the Rosa Parks Early Learning Center neighborhood and by East End Community Services in the Ruskin PreK-8 neighborhood. TOTS has been supported by the Montgomery County Family and Children First Council (FCFC) since 2010; oversight is provided by the TOTS Partnership Steering Committee whose members are listed in the roster.

More information on the development and implementation of TOTS can be found in prior Reports; in particular, the results of an external evaluation of its first five years can be found in the 2015 Annual Report. In 2016, that external evaluation was extended to cover Year Six of TOTS (July 1, 2015 to June 30, 2016) and focused “on findings relevant to TOTS Parents and their children, especially those children who have become students in Dayton Public Schools.”

Some of the evaluation’s findings are as follows:

- In Years 1-6 TOTS impacted at least 427 TOTS Parents and 555 TOTS Children.
- TOTS Parents’ attendance was erratic.
- TOTS Parents were satisfied with the program and would recommend TOTS to a friend or family member. In fact, of 210 responding TOTS Parents, 96% reported satisfaction with the TOTS program, and 100% of them indicated that they would recommend the program to a friend or family member.
- In school years 2014-2016, TOTS Children in Grades K and 1 performed similarly on measures of academic achievement to a comparison group of students at Ruskin and Edison Schools. Analysis of data from Ohio’s Kindergarten Readiness Assessment and DPS’ STAR Early Literacy Interim Assessments suggest that TOTS Children generally performed as well as others in Ruskin and Edison Schools.

TOTS Partnership

TOTS Partnership Steering Committee Roster

CHAIR  Bro. Raymond L. Fitz, S.M., Ph.D.  (University of Dayton, Fitz Center)  Diane Brogan-Adams  (East End Community Services - Through October 2016)  Branford Brown  (Miami Valley Urban League)  Mary Burns  (Miami Valley Child Development Centers)
As was mentioned in the 2015 Annual Report, the TOTS Partnership believes it is important to add a parent self-sufficiency component to TOTS that would be designed to improve parents’ employability. The TOTS team believes that such a two-generation approach\(^1\) that improves children’s learning and the self-sufficiency of parents will help break the cycle of poverty in the county’s high-poverty neighborhoods. Toward that end, in the fall of 2016 one of the sites (East End / Ruskin) piloted a set of workshops for TOTS parents called “Getting Ahead in a Just-Gettin’-By World” (Getting Ahead).

Getting Ahead\(^4\) is a book and a 45-hour workshop that helps individuals in poverty build their resources for a more prosperous life for themselves, their families, and their communities. It provides people in poverty with the same information found in Bridges Out of Poverty, a well-respected book and program developed for professionals and others in the community working to end poverty. The Getting Ahead curriculum:

- Involves rigorous work done in a safe learning environment with the support of an experienced facilitator and co-facilitator.
- Enables participants, called “investigators,” to examine their own experience of poverty as well as explore issues in the community that impact poverty – banking, housing, jobs, transportation – providing critical information the community can use to take action to end poverty.
- Guides investigators through an assessment of their own resources and how to build those resources as part of their move to self-sufficiency.
- Puts the concepts, tools, and relationships in the hands of people in poverty to make a difference in their own lives and in the life of their community.

In the words of Philip DeVol, the book’s author, Getting Ahead...

...uses life itself as the principal context for learning. Investigators (in this case, the TOTS parents themselves) are understood to be and are treated as problem solvers. Getting Ahead is agenda free; investigators make their own arguments for change. Facilitators do not teach; they guide the sequenced learning process and participate in discussions as co-investigators.\(^5\)

In October, 2016, nine TOTS parents became the first graduates of the TOTS Getting Ahead program.

---

\(^1\) Available at http://montgomerycountyindicators.org/page/reports


\(^3\) See the 2014 Annual Report, pages 57-59, for a discussion of “Childhood Poverty, School Readiness and Two-Generation Programs.”


---

*Faith is playing with colored blocks at the Rosa Parks TOTS program in order to strengthen her hand muscles and to promote color recognition and matching. Helping toddlers develop control of their hands will help them hold a crayon and scribble on paper, thus “inspiring a love for writing” in the words of one of the TOTS staff.*
Focus Area: Education and Life Skills
Indicator: Kindergarten Readiness

Background
The comprehensive Kindergarten Readiness Assessment (KRA) began in the 2014-2015 school year, replacing the Kindergarten Readiness Assessment – Literacy (KRA-L) which had been in use since 2005-2006. The new assessment considers four areas of a student’s development and learning:
• language and literacy;
• mathematics;
• social skills; and
• physical development and well-being.

These areas all play a significant role in each child’s success during the first year in school.

Kindergarten teachers administer the new assessment to all children in their classrooms. It occurs during the school day between the first day of school and Nov. 1. The assessment consists of a variety of items. Teachers observe children doing daily activities and completing specific tasks. Children can, but are not required to, complete some items on a computer or tablet. Children receive supports, as appropriate and when possible, so they can demonstrate their skills and knowledge.

The results provide a measure of a child’s level of readiness for kindergarten instruction. Performance on the Kindergarten Readiness Assessment does not prevent or prohibit a child from remaining in kindergarten. The results, coupled with other information about the child, inform decisions about instruction in kindergarten.

Teachers enter the score for each item into a secure online data system. The system calculates scores for each area and overall performance. The overall score determines the child’s performance level:

**Demonstrating Readiness:** The child demonstrates foundational skills and behaviors that prepare him or her for instruction based on kindergarten standards.

**Approaching Readiness:** The child demonstrates some foundational skills and behaviors that prepare him or her for instruction based on kindergarten standards.

**Emerging Readiness:** The child demonstrates minimal foundational skills and behaviors that prepare him or her for instruction based on kindergarten standards.

This indicator will track the percentage of Montgomery County public school kindergartners whose score is in the “Demonstrating Readiness” band.

New Data
The value for Montgomery County for 2015 is 37.7%. In last year’s Report we said that, because of the way the KRA scores are being reported by the Ohio Department of Education, we would not have statewide results or results for other counties. We have now established a process for getting statewide results which, for 2014 and 2015 respectively, are 37.3% and 40.1%

Short-Term Trends
The short-term trend from 2014 to 2015 – from 35.8% to 37.7% – is in the desired direction.

PERCENTAGE OF STUDENTS SCORING IN THE “DEMONSTRATING READINESS” BAND ON THE KINDERGARTEN READINESS ASSESSMENT

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery Co.</td>
<td>35.8%</td>
<td>37.7%</td>
</tr>
<tr>
<td>Ohio</td>
<td>37.3%</td>
<td>40.1%</td>
</tr>
</tbody>
</table>

Note: The data for Ohio in 2015 was previously reported as 40.1%, but has now been revised to 37.3%.
Focus Area: Education and Life Skills
Indicator: Student Achievement – 3rd-Grade Reading

Background
To be consistent with the federal No Child Left Behind legislation, Ohio has phased out its proficiency tests and replaced them with achievement and diagnostic tests. As discussed in the 2011 Report, we have aligned the FCFC indicators with the indicators adopted by Learn to Earn™ Dayton. As a result we are now publishing the 3rd-grade reading and 8th-grade math achievement scores.

This indicator had been trending up until the large drop reported here. Note that the Ohio General Assembly directed the Ohio Department of Education to transition to new state tests in English language arts for the 2014-2015 school year; the large drop in 2015-2016 is probably related to this transition. Therefore the historical trend will be considered flat until a new trend develops.

New Data
The 2015-2016 values for Montgomery County and for Ohio are 51.9% and 54.9% respectively. The county comparative ranking is 7th.

Short-Term Trends
The short-term trend from 2014-15 to 2015-16 – from 78.2% to 51.9% – is not in the desired direction. The county comparative rank remains unchanged, at 7th.

Note: Each school year is named by the year in which it ends, e.g., the 2015-16 school year is shown as 2016.
Focus Area: Education and Life Skills
Indicator: Student Achievement – 8th-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 FCFC indicators with the indicators adopted by Learn to Earn™ Dayton. As a result we are now publishing the 3rd-grade reading and 8th-grade math achievement scores.

This indicator had been trending up from 2005-2006 to 2013-2014. Note that the Ohio General Assembly directed the Ohio Department of Education to transition to new state tests in mathematics for the 2014-2015 school year; the large drop in 2014-2015 is coincident with this transition. Therefore the historical trend will be considered flat until a new trend develops.

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

Short-Term Trends
The short-term trend from 2014-15 to 2015-16 – from 44.8% to 42.0% – is not in the desired direction. The county comparative rank remains unchanged, at 10th.

Note: Each school year is named by the year in which it ends, e.g., the 2015-16 school year is shown as 2016.
Focus Area: Education and Life Skills
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 2015-16 is scheduled to be released in June 2017.

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

New Data
The 2014-2015 rates for Montgomery County and for Ohio are 82.2% and 83.0% respectively. The county comparative rank is 6th.

Short-Term Trends
The short-term trend from 2013-14 to 2014-15 – from 80.1% to 82.2% – is in the desired direction. The county comparative rank remains unchanged, at 6th.

Note: Each school year is named by the year in which it ends, e.g., the 2014-15 school year is shown as 2015.
Focus Area: Education and Life Skills
Indicator: College Enrollment

Background
According to the 2015 American Community Survey, 39.6% 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 3,600 colleges and universities, enrolling over 98% of all students in public and private U.S. institutions, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate’s, bachelor’s and advanced degrees are counted in the graduation rates. Certificates are not included.

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

New Data
The value for 2014 is 73.1%. The values for 2009 through 2012 have been revised; see the note above.

Short-Term Trends
The short-term trend from 2013 to 2014 – from 75.6% to 73.1% – 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.
Focus Area: Education and Life Skills
Indicator: College Persistence

Background
According to the 2015 American Community Survey, 39.6% 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 3,600 colleges and universities, enrolling over 98% of all students in public and private U.S. institutions, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate’s, bachelor’s and advanced degrees are counted in the graduation rates. Certificates are not included.

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

New Data
The value for 2014 is 80.5%. The values for 2009 through 2011 have been revised; see the note above.

Short-Term Trends
The short-term trend from 2013 to 2014 – from 81.3% to 80.5% – is not in the desired direction.

* Includes enrollment in any college term ending before August 14 of the year which is two years after the high school graduation year 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.
Focus Area: Education and Life Skills
Indicator: College Graduation

Background
According to the 2015 American Community Survey, 39.6% 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 3,600 colleges and universities, enrolling over 98% of all students in public and private U.S. institutions, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate’s, bachelor’s and advanced degrees are counted in the graduation rates. Certificates are not included.

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

New Data
The value for 2010 is 35.8%.

Short-Term Trends
The short-term trend from 2009 to 2010 – from 37.2% to 35.8% – is not in the desired direction.

* Includes students who complete their college degrees before August 14 of the year which is six years after the high school graduation year. Only classes for which six full years of post-high school graduation data are available are reported here.

PERCENT OF HIGH SCHOOL CLASS WITH A COLLEGE DEGREE*

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>31.9%</td>
</tr>
<tr>
<td>2004</td>
<td>34.3%</td>
</tr>
<tr>
<td>2005</td>
<td>35.3%</td>
</tr>
<tr>
<td>2006</td>
<td>35.2%</td>
</tr>
<tr>
<td>2007</td>
<td>38.3%</td>
</tr>
<tr>
<td>2008</td>
<td>38.8%</td>
</tr>
<tr>
<td>2009</td>
<td>37.2%</td>
</tr>
<tr>
<td>2010</td>
<td>35.8%</td>
</tr>
</tbody>
</table>
Background
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.

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

Short-Term Trends
The short-term trend from 2014 to 2015 – from 35.9% to 37.5% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 6th to 5th.

PERCENTAGE OF POPULATION (25 AND OVER) WITH AN ASSOCIATE’S DEGREE OR HIGHER

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>31.6%</td>
<td>30.2%</td>
<td>34.6%</td>
</tr>
<tr>
<td>2006</td>
<td>31.6%</td>
<td>30.1%</td>
<td>34.4%</td>
</tr>
<tr>
<td>2007</td>
<td>32.3%</td>
<td>31.2%</td>
<td>34.9%</td>
</tr>
<tr>
<td>2008</td>
<td>33.0%</td>
<td>31.5%</td>
<td>35.2%</td>
</tr>
<tr>
<td>2009</td>
<td>32.4%</td>
<td>31.4%</td>
<td>35.4%</td>
</tr>
<tr>
<td>2010</td>
<td>33.2%</td>
<td>32.4%</td>
<td>35.7%</td>
</tr>
<tr>
<td>2011</td>
<td>33.7%</td>
<td>32.4%</td>
<td>36.3%</td>
</tr>
<tr>
<td>2012</td>
<td>35.1%</td>
<td>33.4%</td>
<td>37.1%</td>
</tr>
<tr>
<td>2013</td>
<td>35.9%</td>
<td>34.3%</td>
<td>37.7%</td>
</tr>
<tr>
<td>2014</td>
<td>37.5%</td>
<td>35.1%</td>
<td>38.3%</td>
</tr>
<tr>
<td>2015</td>
<td>37.5%</td>
<td>35.4%</td>
<td>38.8%</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
The Homeless Solutions 10-Year Plan for Ending Chronic Homelessness and Reducing Overall Homelessness was adopted by the City of Dayton, Montgomery County and United Way of the Greater Dayton Area in 2006. In the ten years since the Plan’s adoption there has been tremendous progress under the leadership of the Homeless Solutions Policy Board towards reaching the Plan’s goals. As the visionary Plan developed over a decade ago by committed leaders and stakeholders from all parts of the community reaches its 10th year, there remains a strong commitment to reaching the Plan’s goals and addressing the housing needs of vulnerable people in Montgomery County.

### Homeless Solutions Plan Goals

Supportive housing – rental assistance combined with supportive services – is a key strategy for ending homelessness. The support may be temporary, designed to help homeless households without significant housing barriers stabilize in housing, or permanent, for those persons with serious disabilities such as severe mental illness and/or chronic substance abuse. One of the key goals of the Homeless Solutions Plan was to develop 750 units of supportive housing. The other primary numeric goal was to end chronic homelessness – homelessness for people who have a disability and seem to get “stuck” in homelessness, either remaining homeless for longer than one year or experiencing repeated episodes of homelessness over time. These goals are related because the solution for many people who experience chronic homelessness is permanent supportive housing.

As the chart indicates, we have surpassed the supportive housing target, with 767 units created or under development at the end of 2016. This number includes 155 temporary supportive units and 644 permanent supportive housing units. The supportive housing units are a combination of scattered-site and facility-based housing and have been created through new construction, rehabilitation of existing buildings, and rental assistance and services provided to formerly homeless households residing in private housing throughout Montgomery County. The fluctuation in the supportive housing inventory indicates the loss and gain of supportive housing inventory over time.

While the Homeless Solutions Policy Board has not yet reached the goal of ending chronic homelessness, there has been a 56% reduction in the number of persons experiencing chronic homelessness, as measured during the annual point-in-time count on the 4th Tuesday in January. In January 2016, HUD changed its definition of chronic homelessness. This change resulted in an increase in the number of chronically homeless persons in the January point-in-time count from 24 to 56. Despite this setback, the Homeless Solutions Policy Board expects to meet its original goal of ending chronic homelessness by the 2018 point-in-time count.

### HUD Policy Priorities

In addition to being the largest single funding source for homeless housing and services in our community, the U.S. Department of Housing and Urban Development establishes policy priorities that help guide the work of homeless Continuums of Care across the country. The following policies have been adopted by the Homeless Solutions Policy Board:

1. **Systemic Response to Homelessness**
   - Measure system performance
   - Create effective coordinated entry process

2. **Strategic Resource Allocation**
   - Comprehensive review of project quality, performance and cost effectiveness
   - Maximize use of mainstream and other community resources

3. **End Chronic Homelessness – January 2018**
   - Target persons with highest needs
   - Increase permanent supportive housing

4. **End Family Homelessness – 2020**
   - Expand rapid rehousing
   - Increase access to affordable housing

5. **End Youth Homelessness – 2020**
   - Serve youth fleeing violence or trafficking
   - Comply with HUD’s final rule on Equal Access to Housing Regardless of Sexual Orientation or Gender Identity

6. **End Veteran Homelessness – 2017**
   - Prioritize homeless Veterans who cannot be assisted with VA services
   - Coordinate with Veteran and VA-funded housing and services

7. **Housing First**
   - Use data to quickly and stably house homeless persons
   - Remove barriers to entry
   - Engage property owners and landlords
Effectively Ending Veteran Homelessness

In 2009, the U.S. Department of Veteran Affairs (VA) launched a federal initiative to end Veteran homelessness by 2015. Joined by the U.S. Department of Housing and Urban Development and the U.S. Interagency Council on Homelessness additional resources and tools were allocated to address homelessness among Veterans.

The Homeless Solutions Policy Board adopted a Community Plan to End Veteran Homelessness in 2014; a work team comprised of staff from the Dayton VA Medical Center, Montgomery County Homeless Solutions, Greater Dayton Premier Management, and nonprofit services providers with funding for Veteran-specific programs was established to implement the Plan’s objectives. Through the efforts of the work team a comprehensive inventory of Veterans housing and service resources, in addition to a by-name master list of homeless Veterans, was developed. These strategies have helped the community better deploy resources and reduce the number of Veterans who experience homelessness.

In November 2016, the City of Dayton and Montgomery County announced that the Federal Benchmarks and Criteria for Ending Veteran Homelessness had been successfully met, thus effectively ending Veteran homelessness.

Effectively ending Veteran homelessness does not mean that no Veteran in our community will ever experience a housing crisis again. Economic uncertainty, personal setbacks and unsafe or unwelcoming living environments may create situations where Veterans experience homelessness or are at risk of homelessness. However, local efforts have led to a systematic response that ensures homelessness among Veterans is prevented whenever possible and is otherwise rare, brief, and non-recurring.

This accomplishment was made possible through the work of many partners including Dayton VA Medical Center, Montgomery County Homeless Solutions, Greater Dayton Premier Management, Holt Street Miracle Center, Homefull, Miami Valley Housing Opportunities, St. Vincent de Paul and Volunteers of America.

Federal Benchmarks for Ending Veteran Homelessness

A. Have you ended chronic homelessness among Veterans in your community?
B. Do Veterans have quick access to permanent housing?
C. Does the community have sufficient permanent housing capacity?
D. Is the community committed to Housing First and provides service-intensive transitional housing to Veterans experiencing homelessness only in limited instances?

Veteran Homeless Point-In-Time Count 2009-2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered</td>
<td>75</td>
<td>139</td>
<td>132</td>
<td>124</td>
<td>128</td>
<td>128</td>
<td>112</td>
<td>60</td>
</tr>
<tr>
<td>Unsheltered</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>12</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>139</td>
<td>135</td>
<td>136</td>
<td>131</td>
<td>128</td>
<td>114</td>
<td>61</td>
</tr>
</tbody>
</table>

(left to right) Antonio R. Riley, HUD Midwest Regional Administrator; City of Dayton Mayor Nan Whaley; Montgomery County Commissioner Judy Dodge; Tom Leach, HUD Columbus Field Office Director; Glenn Costie, CEO, Dayton VA Medical Center)
A key indicator of the extent of homelessness or lack of housing stability in a community is an annual count of the number of households who, as the result of having no other safe place to sleep, spend at least one night in an emergency gateway shelter or are unsheltered, residing on the street or in an abandoned building. This article provides summary information about homeless households in 2015. Annual statistics for 2016 will not be available until after the publication date for this Report.

In 2015, 4,452 different people stayed at least one night in one of the community’s gateway shelters – Daybreak, Gettysburg Gateway for Men, St. Vincent Gateway for Women & Children, and the YWCA. There were 535 families, 2,449 single adults, and 120 unaccompanied minors. This is in addition to 161 individuals who did not access shelter but who spent at least one night sleeping unsheltered, for a total of 4,613 people in 3,420 households. The majority of homeless households (81%) are single adults; 16% of homeless households are families; 4% are unaccompanied minors.

Looking just at the gateway shelters, the numbers were flat from 2014-2015, with less than a 1% increase in the number of households who spent at least one night in shelter in 2015. This slight increase is the result of a 3% reduction in the number of homeless families, a 23% decrease in single adults and a 52% increase in the number of unaccompanied minors sheltered at Daybreak. The increase in unaccompanied minors is consistent with the numbers accessing shelter in 2011 and 2012.

Of the households sheltered at the two adult gateway shelters, Gettysburg Gateway for Men and St. Vincent Gateway for Women & Children, 37% stayed in shelter for 7 nights or less. This is a 16% improvement since 2011, when 32% of the households spent 7 nights or less in shelter. There was also a 7% increase since 2011 in the percentage of households (63%) who spent 30 nights or less in shelter over the course of the year. The reduction in length of stay is partially attributable to an increase in rapid rehousing resources which quickly move households out of shelter and into permanent housing.

The following tables provide a demographic breakdown of the households who experienced a housing crisis resulting in a shelter stay or a night on the street in 2015.

**The following tables include a demographic breakdown of the households sheltered in 2015:**

<table>
<thead>
<tr>
<th>Single Adult Men – 1,774</th>
<th>Family Households – 535</th>
</tr>
</thead>
<tbody>
<tr>
<td>52% of ALL homeless households</td>
<td>16% of ALL homeless households</td>
</tr>
<tr>
<td>64% of homeless single adult households</td>
<td></td>
</tr>
</tbody>
</table>

**Profile:**
- Median age 41
- GED/High School Diploma or better (71%)
- Disabled (68%)
- White (53%)
- Stay 30 nights or less in shelter (60%)
- 10% are Veterans

<table>
<thead>
<tr>
<th>Single Adult Women – 991</th>
<th>Unaccompanied Minors – 120</th>
</tr>
</thead>
<tbody>
<tr>
<td>29% of ALL homeless households</td>
<td>4% of ALL homeless households</td>
</tr>
<tr>
<td>36% of homeless single adult households</td>
<td></td>
</tr>
</tbody>
</table>

**Profile:**
- Median age 40
- GED/High School Diploma or better (72%)
- Disabled (74%)
- White (53%)
- Stay 30 nights or less in shelter (66%)
- 2% are Veterans

**Profile:**
- Male (51%)
- Non-White (75%)
- Disabled (52%)
- Median Age: 15 years old

*Source: Dayton-Montgomery County HMIS and YWCA of Dayton.*
**System Performance Measures**

Improving the efficiency and effectiveness of the local homeless assistance system is a crucial element of the Homeless Solutions Plan. Through the Homeless Management Information System (HMIS) database, the homeless system has extensive data on the community’s shelter and housing projects. The HMIS data can be used to understand better how well we are meeting the Plan goals of preventing and ending homelessness.

The U.S. Department of Housing and Urban Development has developed six system-level performance measures which together provide a picture of the system’s performance. For example, a community could have a very short length of stay which, taken on its own, would look very positive. If, however, a high percentage of households returned to shelter, then the positives of a shorter length of stay would be negated. Because these are system-level measures, communities can use these data to evaluate and improve their performance. System performance measure data for Federal Fiscal Year 2015 (October 1, 2014 – September 30, 2015) form the baseline against which future progress will be measured.

The system performance measures include:

1. Length of time persons remain homeless;
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;
3. Number of homeless persons;
4. Jobs and income growth for homeless persons in Continuum of Care Program-funded projects;
5. Number of persons who become homeless for the first time; and

### 2016-2017 Homeless Supported Services

<table>
<thead>
<tr>
<th>Agency</th>
<th>Service</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daybreak</td>
<td>Overnight Shelter</td>
<td>$189,408</td>
</tr>
<tr>
<td>Daybreak</td>
<td>Transitional Housing</td>
<td>$25,000</td>
</tr>
<tr>
<td>Homefull</td>
<td>Permanent Supportive Housing</td>
<td>$70,152</td>
</tr>
<tr>
<td>Homefull</td>
<td>Gateway Shelter Case Management</td>
<td>$399,250</td>
</tr>
<tr>
<td>St. Vincent de Paul Society</td>
<td>Overnight Shelter</td>
<td>$1,246,648</td>
</tr>
<tr>
<td>YWCA of Dayton</td>
<td>Homeshare Case Management</td>
<td>$13,067</td>
</tr>
<tr>
<td>YWCA of Dayton</td>
<td>Overnight Shelter</td>
<td>$151,775</td>
</tr>
<tr>
<td>YWCA of Dayton</td>
<td>SRO Case Management</td>
<td>$27,700</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,123,000</strong></td>
<td></td>
</tr>
</tbody>
</table>

In addition to the 2016-2017 Homeless Supported Services funding, the Dayton-Kettering-Montgomery County Continuum of Care received grant awards totaling $8,478,888 from the U.S. Department of Housing and Urban Development (HUD) as part of the 2015 Continuum of Care (CoC) competition. The local CoC’s score allowed the community to receive funding for three new permanent supportive housing projects and a continuum planning grant in addition to funding for 19 renewal programs. Most of the funding awarded through the CoC provides support to permanent supportive housing.

Dayton and Montgomery County provided $757,878 in Emergency Solutions Grant and HOME funding from HUD to support emergency shelter operations, transitional housing, permanent supportive housing and prevention and rapid rehousing for 2016-2017. Montgomery County also grants $364,300 in Homeless Crisis Response Program funding from the Ohio Development Services Agency to provide prevention and rapid rehousing assistance.

**HSPB Roster**

<table>
<thead>
<tr>
<th>CO-CHAIR</th>
<th>Charles Meadows (Community Leader)</th>
<th>Rev. John Paddock (Rector, Christ Episcopal Church)</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Bohardt</td>
<td>(St. Vincent de Paul - Emergency Housing Coalition)</td>
<td>Mike Brigner (Sinclair Community College)</td>
</tr>
<tr>
<td>Dwendolyn Chester</td>
<td>(PNC Bank - Beginning August 2016)</td>
<td>Herb Burton (Southwest Priority Board)</td>
</tr>
<tr>
<td>Glenn Costie</td>
<td>(Dayton VA Medical Center)</td>
<td>Judy Cook (ADAMHS Board - Montgomery County)</td>
</tr>
<tr>
<td>William Couts</td>
<td>(Mound Street Academy)</td>
<td>Matthew Currie (Advocates for Basic Legal Equality-ABLE)</td>
</tr>
<tr>
<td>Dr. Dan Curan</td>
<td>(University of Dayton - Ending June 2016)</td>
<td>Shelley Dickstein (City of Dayton)</td>
</tr>
<tr>
<td>Deborah A. Feldman</td>
<td>(Dayton Children’s Hospital)</td>
<td>Paul Dorsten (United Way of the Greater Dayton Area)</td>
</tr>
<tr>
<td>Mayor Bill Flauce</td>
<td>(Mayors and Managers Association)</td>
<td>Kelly Fackel (Kettering Health Network)</td>
</tr>
<tr>
<td>Toni Perry Gillispie</td>
<td>(Dayton Public Schools - Through November 2016)</td>
<td>Beth Geiger (Dayton Foundation - Through May 2016)</td>
</tr>
<tr>
<td>Cindy Hatton-Tepe</td>
<td>(Gem Real Estate Advisory Group - Beginning August 2016)</td>
<td>Sandy Gudorf (Downtown Dayton Partnership)</td>
</tr>
<tr>
<td>Gregory Hopkins</td>
<td>(Community Health Centers of Greater Dayton)</td>
<td>Walt Hibner (Vectren Energy)</td>
</tr>
<tr>
<td>Karen Levin</td>
<td>(Levin Family Foundation)</td>
<td>Rev. Robert E. Jones (Faith Community)</td>
</tr>
<tr>
<td>Julie Liss-Katz</td>
<td>(Premier Health)</td>
<td>Chris Kershner (Dayton Area Chamber of Commerce)</td>
</tr>
<tr>
<td>Victor J. McCarley</td>
<td>(Psych, D.)</td>
<td>John Kinzie (Ohio Governor’s Office)</td>
</tr>
<tr>
<td>Jim McCarthy</td>
<td>(Miami Valley Fair Housing Center)</td>
<td>Tom Mihntz (Ohio Hispanic Link)</td>
</tr>
<tr>
<td>David Melin</td>
<td>(PNC Bank - Human Services Levy Council)</td>
<td>David Ray (Ohio Mental Health Coalition)</td>
</tr>
<tr>
<td>Tina Patterson</td>
<td>(Homefull - Emergency Housing Coalition)</td>
<td>Hugo Rodriguez (Ohio Housing Coalition)</td>
</tr>
<tr>
<td>Sheriff Phil Plummer</td>
<td>(Montgomery County Sheriff’s Office)</td>
<td>Laura Roesch (Catholic Social Services)</td>
</tr>
<tr>
<td>Sham Reddy</td>
<td>(Real Living Realty Services - GDREIA)</td>
<td>Rev. Wilbur O. Shanklin (Greater Dayton Premier Management - Beginning March 2016)</td>
</tr>
<tr>
<td>Major Wendy Stiver</td>
<td>(Dayton Police Department - Beginning September 2016)</td>
<td>Nancy Schiffer (Community Leader)</td>
</tr>
<tr>
<td>Sarah Twill, Ph.D.</td>
<td>(Wright State University)</td>
<td>County Administrator Joseph P. Tuss (Montgomery County)</td>
</tr>
<tr>
<td>Major David Wolford</td>
<td>(Dayton Police Department - Through September 2016)</td>
<td>Joyce Young (Township Trustees Association - Beginning March 2016)</td>
</tr>
</tbody>
</table>
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 2015 values for Montgomery County and Ohio are 44.1% and 46.9% respectively; the 2016 values are 44.7% and 47.9% respectively. The comparative county ranking for 2015 is 6th and for 2016 it is 7th.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 44.1% to 44.7% – is in the desired direction. The county comparative rank did not move in the desired direction, changing from 6th to 7th.
Background
Poverty rates are determined by the Census Bureau using a set of income thresholds that vary by family size and composition. For example, the 2016 threshold for a family of four with two children was $24,339 and for a single parent with one child it was $16,543.

While every jurisdiction within Montgomery County has at least some poverty, about one-third of the County’s 153 Census tracts have a poverty rate above 20%. These Census tracts are almost all contiguous, and almost half of these tracts have poverty rates greater than 40%. The geographic proximity of neighborhoods with such high and very high rates of poverty is often called “concentrated poverty.”

One proxy for concentrated poverty can be what is called “extreme poverty,” incomes which are below 50% of the federal poverty level (fpl). For this indicator we are tracking the percentage of residents who are living in extreme poverty, i.e., who have incomes below 50% fpl.

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

Short-Term Trends
The short-term trend from 2014 to 2015 – from 8.5% to 8.2% – is in the desired direction. The county comparative rank did not change in the desired direction, moving from 2nd to 3rd.
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.

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

New Data
The 2016 value for Montgomery County is 0.67 and for Ohio it is 1.09. Because of updates to the population estimates, some of the previously reported values for some of the counties, but not Montgomery County, have been revised. The county comparative rankings for those years have not changed.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 1.00 to 0.67 – is in the desired direction. The county comparative rank did not change, remaining at 2nd.

ASSISTANCE GROUPS WITH WORK ACTIVITY PARTICIPATION REQUIREMENTS*

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery Co.</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>5.57</td>
<td>4.03</td>
</tr>
<tr>
<td>2005</td>
<td>5.06</td>
<td>3.75</td>
</tr>
<tr>
<td>2006</td>
<td>4.34</td>
<td>3.41</td>
</tr>
<tr>
<td>2007</td>
<td>4.33</td>
<td>3.21</td>
</tr>
<tr>
<td>2008</td>
<td>5.03</td>
<td>3.51</td>
</tr>
<tr>
<td>2009</td>
<td>6.59</td>
<td>4.53</td>
</tr>
<tr>
<td>2010</td>
<td>7.36</td>
<td>5.19</td>
</tr>
<tr>
<td>2011</td>
<td>6.40</td>
<td>4.49</td>
</tr>
<tr>
<td>2012</td>
<td>3.22</td>
<td>2.82</td>
</tr>
<tr>
<td>2013</td>
<td>2.26</td>
<td>1.94</td>
</tr>
<tr>
<td>2014</td>
<td>1.63</td>
<td>1.52</td>
</tr>
<tr>
<td>2015</td>
<td>1.80</td>
<td>1.26</td>
</tr>
<tr>
<td>2016</td>
<td>0.67</td>
<td>1.09</td>
</tr>
</tbody>
</table>

* 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 2004-2015 are from Census Bureau estimates; 2016 population data are derived from regression analysis of the 2010-2015 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 2015 values are new; the values for 2002 through 2014 have been revised to adjust for inflation.

Short-Term Trends
The short-term trend from 2014 to 2015 – from $42,695 to $46,561 – is in the desired direction. The county comparative rank also moved in the desired direction, changing from 8th to 7th.
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 child care, work skills, and the economic climate.

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 2016 is 4.9% and the county comparative rank is 4th. For 2016 the preliminary value for Ohio is 4.9% and for the United States it is also 4.9%. The 2015 values for many of the counties reported here (but not Montgomery County) have been revised. As a result, some of the county comparative rankings for 2015 have also changed; the rank for Montgomery County for 2015 remains unchanged at 5th.

Short-Term Trends
The short-term trend from 2015 to 2016 – from 5.0% to 4.9% – is in the desired direction. The county comparative ranking also moved in the desired direction, changing from 5th to 4th.

*2016 data are preliminary.
**Background**

In 2015, the poverty rate for those (16 years and over) who worked full time, year-round was 3.0% while the poverty rate for those who worked part-time or part-year was 17.7%. Thus, stable employment is desired, both for individuals and for the community, because it promotes economic self-sufficiency. Of those individuals who did any work at all in 2015 as paid employees, worked in their own business or profession, worked on their own farm, or worked 15 hours or more as unpaid workers on a family farm or in a family business, 70% worked 35 or more hours per week for 40 or more weeks.

**New Data**

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

**Short-Term Trends**

The short-term trend from 2014 to 2015 – from 49.2% to 50.9% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 8th to 7th.

### Percentage of Population (16 to 64 Years Old) Working 35+ Hours/Week for 40+ Weeks/Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>53.7%</td>
<td>53.8%</td>
<td>54.7%</td>
</tr>
<tr>
<td>2006</td>
<td>50.2%</td>
<td>52.2%</td>
<td>53.5%</td>
</tr>
<tr>
<td>2007</td>
<td>50.9%</td>
<td>53.9%</td>
<td>53.6%</td>
</tr>
<tr>
<td>2008</td>
<td>51.9%</td>
<td>53.9%</td>
<td>55.0%</td>
</tr>
<tr>
<td>2009</td>
<td>49.0%</td>
<td>50.3%</td>
<td>51.9%</td>
</tr>
<tr>
<td>2010</td>
<td>46.6%</td>
<td>48.6%</td>
<td>49.7%</td>
</tr>
<tr>
<td>2011</td>
<td>46.7%</td>
<td>49.0%</td>
<td>49.6%</td>
</tr>
<tr>
<td>2012</td>
<td>47.8%</td>
<td>49.9%</td>
<td>50.4%</td>
</tr>
<tr>
<td>2013</td>
<td>48.8%</td>
<td>50.8%</td>
<td>50.9%</td>
</tr>
<tr>
<td>2014</td>
<td>49.2%</td>
<td>51.7%</td>
<td>51.7%</td>
</tr>
<tr>
<td>2015</td>
<td>50.9%</td>
<td>52.6%</td>
<td>52.6%</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.
Background

Properties may become vacant for a variety of reasons, some of which are relatively benign. A property that is for rent or sale can be vacant for a short time, and a vacation home might be vacant for most of the year. If these properties are well maintained by responsible owners, they will not become eyesores or depress neighboring property values. In general, a vacant property becomes a problem when the property owner abandons the basic responsibilities of ownership, such as routine maintenance or mortgage and property tax payments.

Vacant and abandoned properties have negative spillover effects that impact neighboring properties and, when concentrated, entire communities and even cities. Research links foreclosed, vacant, and abandoned properties with reduced property values, increased crime, increased risk to public health and welfare, and increased costs for municipal governments.

Vacant and abandoned properties are widely considered to attract crime because of the “broken windows theory” — that one sign of abandonment or disorder (a broken window) will encourage further disorder. Increased vacancies leave fewer neighbors to monitor and combat criminal activity. Boarded doors, unkempt lawns, and broken windows can signal an unsupervised safe haven for criminal activity or a target for theft of, for example, copper and appliances. One study showed that, after a property becomes vacant, the rate of violent crime within 250 feet of the property is 15 percent higher than the rate in the area between 250 and 353 feet from the property. In addition, longer periods of vacancy have a greater effect on crime rates. In another study, researchers reported an association between vacant properties and risk of assault, finding vacancy to be the strongest predictor among almost a dozen indicators after controlling for other demographic and socioeconomic variables.

Source: Office of Policy Development and Research, U.S. Department of Housing and Urban Development

How abandoned housing is measured: Because there are no universal definitions of “vacancy” and “abandonment,” we are following a generally accepted practice using Census data. From the total number of vacant housing units we subtract the number which are for rent or for sale, the number which have been rented or sold but are unoccupied, the number which are for seasonal, recreational, or occasional use, and the number which are for migrant workers. The resulting total of abandoned housing units is then expressed as a percentage of the total housing units.

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

Short-Term Trends
The short-term trend from 2014 to 2015 – from 7.1% to 6.8% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 9th to 8th.
Background
The Point-in-Time (PIT) count is a count of persons who are unsheltered or residing in emergency shelter on a single night in January. Communities across the country participate in the PIT count. Communities throughout Ohio have agreed to designate the 4th Tuesday in January as the PIT count date. A street count of homeless individuals who slept unsheltered or in places not meant for human habitation (e.g., under bridges, bus station, woods, abandoned building) takes place early the following morning and at area meal sites throughout the day.

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

Short-Term Trends
The short-term trend from 2015 to 2016 – from 545 to 463 – is in the desired direction.
Behind the Numbers

Infant Mortality

Glossary

The **infant mortality rate** is the number of deaths under one year of age occurring among the live births in a given geographical area during a given year, per 1,000 live births occurring among the population of the given geographical area during the same year.

A **premature** birth is one that occurs before the start of the 37th week of pregnancy.

**Low birth weight** is used to describe babies born with a weight of less than 2.500 grams, or 5 lbs. 8 oz.

“Infant mortality is a reflection of a society’s commitment to ensuring access to health care, adequate nutrition, a healthy psychosocial and physical environment, and sufficient income to prevent the adverse consequences of poverty.”[^1] As such, it has been said (over 100 years ago!) that “Infant Mortality is the most sensitive index we possess of social welfare …”[^2]

In many ways, that is still true. Despite a century of advancement in medical technology and the introduction of increasingly sophisticated ways to measure aspects of health, the infant mortality rate (IMR) “remains an important indicator of health for whole populations, reflecting the intuition that structural factors affecting the health of entire populations have an impact on the mortality rate of infants.”[^3]

In Montgomery County, two recent community-wide planning activities reached the same conclusion: reducing our local IMR should be a community priority.

- In April 2016, Public Health – Dayton & Montgomery County began implementation of the recently completed Community Health Improvement Plan (CHIP), covering the years 2016-2019. The CHIP made Birth Outcomes a priority, stating that “Infant Mortality is the key long-term indicator for birth outcomes as well as for overall community health and well-being.”[^4]
- Also in 2016, Montgomery County and United Way of the Greater Dayton Area completed the Joint Strategic Plan which established fourteen Community Priorities, one of which is Birth Outcomes. (See pages 6 – 8.) In response to the Joint Strategic Plan, the FCFC has added over a dozen Community Indicators, including Infant Mortality, to the set we have been tracking for years.

So what are the numbers telling us? To help visualize an answer, the data from the Infant Mortality indicator (pg. 29) have been separated into Figures 1a and 1b. To put it succinctly, the numbers are telling us that we are not making progress. Regular fluctuations over the past ten years, during which there have been five decreases and four increases, have left the local IMR essentially unchanged. This means the historical trend for this indicator is considered flat. This raises a question: During a time period when Ohio and the US were trending down, why did we fail to see any improvement locally?

Some of the main reasons that babies die are prematurity and low birth weight. Each of these is also a Community Indicator (pages 27 and 28, respectively) … and for each, distressingly, the historical trend is not in the desired direction.

Therefore, given that none of these three indicators has a favorable trend, it’s easy to understand why Birth Outcomes was chosen as a priority by both the CHIP process and the Joint Strategic Plan.

Figure 1a.

![Ohio and US IMR](image)

Ohio and US IMR

<table>
<thead>
<tr>
<th>Year</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>7.8</td>
<td>7.1</td>
</tr>
<tr>
<td>2007</td>
<td>7.7</td>
<td>7.0</td>
</tr>
<tr>
<td>2008</td>
<td>7.7</td>
<td>6.8</td>
</tr>
<tr>
<td>2009</td>
<td>7.7</td>
<td>6.6</td>
</tr>
<tr>
<td>2010</td>
<td>7.6</td>
<td>6.2</td>
</tr>
<tr>
<td>2011</td>
<td>7.6</td>
<td>6.1</td>
</tr>
<tr>
<td>2012</td>
<td>7.4</td>
<td>6.0</td>
</tr>
<tr>
<td>2013</td>
<td>6.8</td>
<td>6.0</td>
</tr>
<tr>
<td>2014</td>
<td>5.9</td>
<td>5.9</td>
</tr>
<tr>
<td>2015</td>
<td>5.2</td>
<td>5.9</td>
</tr>
</tbody>
</table>

Figure 1b.

![Montgomery County IMR](image)

Montgomery County IMR

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery Co.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>7.4</td>
</tr>
<tr>
<td>2007</td>
<td>7.2</td>
</tr>
<tr>
<td>2008</td>
<td>8.0</td>
</tr>
<tr>
<td>2009</td>
<td>7.9</td>
</tr>
<tr>
<td>2010</td>
<td>7.4</td>
</tr>
<tr>
<td>2011</td>
<td>8.8</td>
</tr>
<tr>
<td>2012</td>
<td>8.0</td>
</tr>
<tr>
<td>2013</td>
<td>9.0</td>
</tr>
<tr>
<td>2014</td>
<td>6.1</td>
</tr>
<tr>
<td>2015</td>
<td>7.5</td>
</tr>
</tbody>
</table>

FCFC 2016 Progress Report

[^1]: Source: [Infant Mortality](https://www.cdc.gov/nchs/fastats/infant-mortality.htm)
[^3]: Source: [Infant Mortality and Structural Factors](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047767/)
[^4]: Source: [CHIP Priority](https://www.publichealthdayton.com/CHIP-2016)
The task of reversing these trends and moving them in the desired direction is certainly a formidable one, as is the challenge to reduce the racial disparities in birth outcomes. It has long been known that there are large differences in the rates of prematurity, low birth weight, infant mortality, and other measures when these data are analyzed by race. Consider Figures 2 and 3, showing the local disparity for infant mortality and preterm births (PTB). Low birth weight rates (not shown) display a similar disparity, as do the rates for Ohio and for the nation as a whole.5

Figure 2. On average, the Black infant mortality rate during this time period was 2.6 times as large as the White infant mortality rate; it was more than 3 times as large in each of the last 3 years shown here.

Figure 2, in addition to showing the large disparity between black and white infant mortality rates, also shows their trend lines. Strikingly, during this time period, and based solely on the trend line comparison, the black infant mortality rate in Montgomery County was apparently decreasing while the white rate was increasing. This would need to be examined further before reaching a conclusion, but it might offer at least a partial answer to the question raised above: “During a time period when Ohio and the US were trending down, why did we fail to see any improvement locally?”

The persistent disparity has attracted much attention from researchers but few definitive answers. For example, when examining differences between two groups of people who are separated by race, a host of social, economic, and behavioral factors can also distinguish those two groups from each other. There is a large body of evidence that when things such as income, maternal age, parity, marital status, smoking, alcohol use, and health insurance coverage are taken into account, birth outcome disparities continue to exist.6 This has led to the theory that racism itself is a causal factor in the disparity of birth outcomes, and that the body’s stress hormones play a role in mediating this effect.7 A model emerging from research begins with the findings that chronic exposure to racism and/or experiencing specific instances of discrimination causes stress, leading to measurably higher levels of stress hormones. This leads to a chronic state of activation, sometimes called the “wear and tear” effect or, more technically, the “allostatic load.” According to this model, a pregnant woman with chronically elevated stress levels (a high allostatic load) is at increased risk for, among other things, delivering her baby prematurely. With increased rates of prematurity come increased rates of infant mortality.

Racial disparities in birth outcomes did not develop overnight and they will not be eliminated quickly. Several years ago, Public Health – Dayton & Montgomery County convened the Infant Mortality Coalition whose leadership and members have begun planning and implementing clinical and community-based responses.


2 This quote has been attributed to several people; the earliest citation found, 1910, was to Sir Arthur Newsholme, a leading British public health expert during the Victorian era.


4 Available at www.phdmc.org, search for Community Health Improvement Plan 2016; accessed April 12, 2016.

5 See the Report of the Secretary’s Advisory Committee, op. cit., for some discussion.


Background:

The Montgomery County Board of County Commissioners (MCBCC) is charged with providing local funding for health and human services as promulgated in the Ohio Revised Code (ORC). From the early 1930s until the early 1980s the MCBCC secured and administered local funds dedicated to these purposes through successful voting ballot placement and citizen approval of county-wide special purpose property tax levies, with some supplemental obligation of resources from the County’s general fund.

By 1980, six separate special purpose levies (2 Children’s Levies, Mental Retardation, Indigent Sick, Mental Health, Combined Health) were directed into specific services and agencies for five- to ten-year periods regardless of changing priorities or needs. Faced with dwindling resources for human services and a recognized need to take stock of the local taxation process that funded those services, a long-range planning committee was established in 1981. Made up of business, government and community leaders who analyzed and discussed the issues at hand, the committee brought forward a new model to move toward flexibility, accountability and cost savings. A plan for new multi-purpose levies to combine needs and a new structure to support the review and proposed distribution of resources was recommended.

The new multi-purpose Human Services Levy was implemented in August 1983, when the special purpose 1.4 mil Children’s Levy was replaced by a 1.53 mil multi-purpose Human Services Levy with voter approval. The six single purpose levies were replaced and consolidated through 1995 to result in the two multi-purpose Human Services Levies that continue. A Human Services Levy is typically placed on the election ballot about every four years for consideration by the citizens of Montgomery County. In November 2014, voters approved passage of the most recent Human Services ballot issue, a renewal plus one additional mil levy with a 64% passage rate.

Of Ohio’s 88 counties, Montgomery County is one of only two that uses this unique, multi-purpose human services levy which creates value for all taxpayers by (1) limiting the frequency with which agencies can seek levies; (2) expanding the base of agencies funded; and (3) building a balanced system of services to meet community needs. The Human Services Levy is recognized as a national model for the financing and delivery of human services programs. The county’s overall goal is always to maintain or improve the quality of life for its residents.

Structure:

The multi-purpose levy recommendation in 1983 included additional structure for external oversight in decision-making. It recommended the MCBCC appoint a Human Services Levy Council (HSLC) made up of volunteers from business, government, other community representatives, and board designees from the mandated funded agencies to serve in an advisory capacity to the MCBCC. The HSLC is responsible for reviewing and assessing overall needs, assessing millage requirements, assuring the health and human services system is operating collaboratively, effectively and efficiently, and preparing an allocation plan for the use of levy resources. All of this advisory work is provided to the MCBCC for their consideration and approval. The HSLC also appoints ad-hoc subcommittees to assist with carrying out its duties.
These committees have changed over time. The current subcommittees are:

- Frail Elderly Services Advisory Committee – Develops a strategic plan for the use of Human Services Levy resources to support frail elderly senior service needs. It identifies and assesses information on available programs and recommends service program awards to the Human Services Levy Council. (See page 73 for more information.)

- Community Review Teams (CRT) – Review Human Services Levy agency and program information, assesses performance and results, and recommends funding allocations. During the Community Review Team process, an allocation plan is created for a specific timeframe to identify the financial resources available to provide mandated services. Typically, 75%-80% of the funds available for allocation are designated to provide mandated services. Listed below are the agencies that provide mandated services in our community:
  - Alcohol Drug Addiction and Mental Health Services Board (ADAMHS);
  - Job and Family Services - Children Services Division (JFS-CSD);
  - Public Health – Dayton and Montgomery County (PH-DMC); and
  - Developmental Disabilities Services Board (DDS).

Human Services Levy funds also provide support for the following services:

- Frail Elderly Senior Services;
- Homeless Services;
- Juvenile Court;
- Stillwater Center;
- Indigent Healthcare; and
- Other community-based services including those provided by nonprofit agencies.
Below is a list of general community-based services funded in 2016 – 2017 by the Human Services Levy. The selection of the following programs was made during the Joint Supported Services Fund proposal process managed by Montgomery County and the United Way of the Greater Dayton Area:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artemis Center</td>
<td>Domestic Violence Hotline</td>
<td>$136,310</td>
</tr>
<tr>
<td>Artemis Center</td>
<td>Coordinated Intervention and Outreach Services</td>
<td>$68,000</td>
</tr>
<tr>
<td>Big Brothers Big Sisters</td>
<td>Mentoring Services</td>
<td>$45,000</td>
</tr>
<tr>
<td>Boys &amp; Girls Club of Dayton</td>
<td>Project Learn</td>
<td>$40,000</td>
</tr>
<tr>
<td>Catholic Social Services</td>
<td>Erma’s House Family Visitation</td>
<td>$35,000</td>
</tr>
<tr>
<td>Catholic Social Services</td>
<td>Supporting Attachments in Families Effectively (SAFE)</td>
<td>$35,000</td>
</tr>
<tr>
<td>Dakota Center</td>
<td>Homework Club</td>
<td>$20,000</td>
</tr>
<tr>
<td>Dayton Ohio Habitat for Humanity</td>
<td>Family Education and Support</td>
<td>$20,000</td>
</tr>
<tr>
<td>East End Community Services</td>
<td>Family and Job Connection</td>
<td>$106,000</td>
</tr>
<tr>
<td>East End Community Services</td>
<td>Youth Success Zone</td>
<td>$125,300</td>
</tr>
<tr>
<td>East End Community Services</td>
<td>Community Building Project</td>
<td>$84,000</td>
</tr>
<tr>
<td>Foodbank</td>
<td>Emergency Food Assistance</td>
<td>$110,000</td>
</tr>
<tr>
<td>Good Neighbor House</td>
<td>Dental Care for Working Uninsured</td>
<td>$100,000</td>
</tr>
<tr>
<td>House of Bread</td>
<td>Free Lunch 365</td>
<td>$15,000</td>
</tr>
<tr>
<td>Parity</td>
<td>Mentoring Services</td>
<td>$60,000</td>
</tr>
<tr>
<td>Reach Out Montgomery County</td>
<td>Medical and Prescription Services</td>
<td>$102,650</td>
</tr>
<tr>
<td>Reach Out Montgomery County</td>
<td>Pharmaceutical Case Management for Chronic Disease</td>
<td>$26,220</td>
</tr>
<tr>
<td>Senior Resource Connection</td>
<td>Home Delivered Meals, Non-Elderly</td>
<td>$121,000</td>
</tr>
<tr>
<td>United Rehabilitation Services</td>
<td>Pediatric Special Needs</td>
<td>$57,000</td>
</tr>
<tr>
<td>United Rehabilitation Services</td>
<td>Home-based Personal Care</td>
<td>$92,000</td>
</tr>
<tr>
<td>United Rehabilitation Services</td>
<td>Adult Day Care Services</td>
<td>$136,000</td>
</tr>
<tr>
<td>We Care Arts</td>
<td>ArtWORK Skill Development</td>
<td>$43,000</td>
</tr>
<tr>
<td>Wesley Community Center</td>
<td>Youth Succeeding Program</td>
<td>$70,000</td>
</tr>
<tr>
<td>Wesley Community Center</td>
<td>West Dayton Families Success Network</td>
<td>$95,000</td>
</tr>
<tr>
<td>YWCA of Dayton</td>
<td>Teen Services</td>
<td>$34,000</td>
</tr>
<tr>
<td>YWCA of Dayton</td>
<td>After-hours Domestic Violence Hotline</td>
<td>$90,850</td>
</tr>
</tbody>
</table>

$1,867,330
Montgomery County and United Way of the Greater Dayton Area (United Way) continue their partnership which began in 2011 with the combined funding process for the United Way Live United Fund and the Montgomery County Human Services Levy Supported Services Fund. The funding cycle remains from July 1 – June 30. While the joint process was developed to support collaboration around private and publicly raised funds, autonomy is maintained by United Way and Montgomery County. In addition to streamlining the application process, the joint funding process has allowed both funding entities to increase their collaboration and improve their knowledge of community programs funded by the other. Staff from United Way and Human Services Planning and Development Department continue to meet regularly to review and monitor currently funded programs. Joint program monitoring visits to local nonprofits are also conducted.

In 2016, staff and volunteers from United Way, Family and Children First Council members and Human Service Planning and Development staff were instrumental in completing the Joint Strategic Plan. Begun in 2015, planning consisted of meetings, focus area workgroup meetings, five discussion panels, an online survey, focus groups and public polling to gather consumer feedback, and research to assist in the identification of community priorities. The 2014 Community Needs Assessment data were utilized during the Strategic Planning process to spur additional discussion around the needs within our community. The Joint Strategic Plan consists of data, information about the identified priorities, and goals and strategies to address the priorities. The result will be a more directed approach to solicit application for human services funding.

However, the combined funding application process will continue to do the following:

- eliminate duplication of time and effort by community providers completing applications;
- simplify the process for agencies to apply for and receive funding;
- share knowledge between United Way staff, Montgomery County staff, volunteers and other funders;
- make better informed service funding decisions for our community in a climate of tight resources;
- coordinate monitoring and evaluation; and
- maintain separation of private and public funding for accountability.

The Joint Strategic Plan was presented to the community in a public meeting in March 2016. Responses from community stakeholders were very complimentary of the work completed and involvement of various stakeholders in the process. In August 2016, Montgomery County and United Way brought national speaker Paul Schmitz, CEO, Leading Inside Out, and Senior Advisor, Collective Impact Forum, to conduct two one-day training sessions for the community to learn about the Collective Impact model and use within our community. The video of the training presentation is available online at www.mcohio.org/hspd click FCFC Strategic Planning.

Through the remainder of 2016, United Way and Montgomery County staff worked with strategic coordinators to further articulate the use of evidence-based practices and collective impact as methods for implementing strategies in the 2017 funding cycle. A Combined Funding Application was prepared for release in January 2017 for services to begin in July. Additional information about our collaborative work is contained in the Family and Children First Council section of this report pages 6-10.
Overview

The Montgomery County Board of County Commissioners created the Frail Elderly Task Force in November 2001 to examine current and emerging needs of people who are frail elderly and to develop a collaborative plan to ensure appropriate services and supports are made available. The Task Force focused on people who are frail and elderly, which are defined as persons who are 60 years of age and older who are at increased risk of death or functional decline.

At the recommendation of the Frail Elderly Task Force the Board of County Commissioners established the Montgomery County Frail Elderly Services Advisory Committee (MCFESAC) as a subcommittee of the Human Services Levy Council, to provide oversight and recommendations on Human Service Levy funding for this growing segment of the population. Since 2004, the Human Services Levy has allocated resources through the MCFESAC annually to address the needs of frail elderly individuals in Montgomery County.

MCFESAC Structure

The MCFESAC is divided into two groups, the Strategic Planning Subcommittee and the Project Review Subcommittee. The Strategic Planning Subcommittee sets the overall goals and priorities and continues to reassess the needs of individuals who are frail and elderly in Montgomery County. The Project Review Subcommittee reviews proposals submitted to provide services for individuals who are frail and elderly and makes funding recommendations to the MCFESAC.

The Senior Services Network Office, which is a department of the Montgomery County Department of Job and Family Services, provides administrative support to the MCFESAC through information gathering, research, and the coordination of the committee’s activities. Together MCFESAC and the Senior Services Network Office identify and prioritize the needs of the frail and elderly; solicit proposals for providing services to meet those needs; and develop and monitor contracts for service provision.

Funded Services

In 2011 during the Human Services Levy Council Community Review Team process, it was decided that the Frail Elderly funds would be separated into two allocation categories. One category is for ComCare program services and the second category is for all Other Frail Elderly Services. Area Agency on Aging PSA2 is contracted to provide ComCare services in Montgomery County. Area Agency on Aging is a private non-profit organization that has been designated by the State of Ohio to be the contact agency for federal and state aging programs in our nine-county area. ComCare services provide in-home community based care to maintain quality of life and prevent premature nursing home placement for people who are frail and elderly. This program was awarded $8,797,941 for 2015-2016.

The Other Frail Elderly Service Initiatives are provided by various local non-profit organizations in the community. The Other Frail Elderly Services Initiatives category was subdivided into two areas: Other Service Initiatives and One-Time Initiatives. Other Service Initiatives support ongoing services provided to clients that are long term in nature. The One-Time Initiatives are services that are one-time in nature or services that are for a short period of time. The Other variety of Frail Elderly Programs (both Other Service Initiatives and One-Time Initiatives) were awarded $953,640 for 2015 - 2016.

Frail Elderly Services funding of ComCare and Other Frail Elderly Services totaled $9,751,581 for fiscal year 2015 – 2016.

There were 4,157 seniors served under these programs through the end of 2015. The ComCare program served 1,622 clients in 2015. For the 2015-2016 contract year, all other Frail Elderly Programs served 2,535 seniors. Mid-year numbers for other Frail Elderly programs contract year 2016-2017 are not yet available.

The services provided to clients currently target the following areas:

1. Services that help elderly individuals remain as independent as possible (Meals on Wheels, Legal Aid, Home Modifications, etc.)
2. Enhancement of transportation systems for the elderly (Senior Transportation Expansion Program - STEP)
3. Services that support caregivers of the frail elderly (Respite Care, Successful Caregiver of Alzheimer’s patients, etc.)

For additional information about Montgomery County Frail Elderly Services, please contact the Senior Services Network office at (937) 225-5475.
Listed below are the 2015 - 2016 funded Frail Elderly Services:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Services</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ComCare Services</td>
<td>Area Agency on Aging</td>
<td>ComCare</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Frail Elderly Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Service Initiatives</td>
<td>Catholic Social Services</td>
<td>Respite Care</td>
</tr>
<tr>
<td></td>
<td>Catholic Social Services</td>
<td>Senior Visiting</td>
</tr>
<tr>
<td></td>
<td>Life Essentials Inc</td>
<td>Guardianship Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One-Time Initiatives</td>
<td>Alzheimer's Disease &amp; Related Disorders Association</td>
<td>Successful Dementia Caregiver Services</td>
</tr>
<tr>
<td></td>
<td>East End Community Center</td>
<td>Independent Living Elderly Assistance</td>
</tr>
<tr>
<td></td>
<td>Legal Aid of Western Ohio</td>
<td>Legal Services</td>
</tr>
<tr>
<td></td>
<td>Miami Valley Regional Planning Commission</td>
<td>Senior Transportation Services</td>
</tr>
<tr>
<td></td>
<td>Reach Out Montgomery County</td>
<td>Healthcare &amp; Medication Services</td>
</tr>
<tr>
<td></td>
<td>Rebuilding Together Dayton</td>
<td>Neighbor Home Repair Services</td>
</tr>
<tr>
<td></td>
<td>Senior Resource Connection</td>
<td>Geriatric Nurse</td>
</tr>
<tr>
<td></td>
<td>Senior Resource Connection</td>
<td>Emergency Home Delivered Meals</td>
</tr>
<tr>
<td></td>
<td>Wesley Community Center</td>
<td>Case Management &amp; Transportation Services</td>
</tr>
</tbody>
</table>

$953,640

$9,751,581

Frail Elderly Services Advisory Committee Roster

CHAIR  Larry W. Lawhorne, M.D.  (Wright State University - Boonshoft School of Medicine - Department of Geriatrics)
Katherine L. Cauley, Ph.D.  (Wright State University - Boonshoft School of Medicine - Center for Healthy Communities)
Rev. Leroy Chambliss, M.Div.  (Stillwater United Methodist Church)  Mary Garman, MS, RN  (Good Samaritan Hospital)  Deborah Childress  (Community Leader)
Timothy Kernan  (Greater Dayton Area Hospital Association)  John (Jack) Lohbeck, CPA  (JWL Consulting Services LLC)  Marci Vandersluis, MS, LSW, CCM  (Graceworks Lutheran Services)  Eric VanVlymen, MSW  (Alzheimer’s Association)
Monica Wynn  (Community Leader - Through April 2016)
Criminal Justice Council

The Criminal Justice Council (Council) provides leadership in setting goals and priorities for the Montgomery County criminal justice system. The Council facilitates coordination of local justice agency planning and disseminates information to better support efforts to reduce crime and promote safer communities. The Council provides a forum to consider and resolve common policy and operational issues, thereby enhancing the effectiveness, coordination, and efficiency of all components of the Montgomery County criminal justice system.

The membership of the Council consists of the following:

- Common Pleas Court – Administrative Judge;
- County Administrator;
- County Clerk of Courts;
- County Commissioner;
- County Prosecutor;
- Dayton Chief of Police;
- Dayton City Manager;
- Dayton Law Director;
- Dayton Municipal Court – Presiding Judge;
- Juvenile Court – Representative Judge;
- Law Enforcement Representative (appointed by Council for one (1) year term with the option of re-appointment);
- Miami Valley Regional Crime Laboratory – Director;
- Montgomery County Association of Police Chiefs, Inc. – Representative;
- Public Defender;
- County Sheriff;
- Suburban Municipal Court – North Representative Judge;
- Suburban Municipal Court – South Representative Judge

Stephanie Cook, Chief Prosecutor, Dayton Municipal Court, served as chair during the 2015-2016 term.

The Council continues to promote the use of Trauma-Informed Care. Trauma-Informed Care is now utilized in the Common Pleas Courts, Probation Department, and in the Montgomery County Jail. This process continues to gain momentum as other agencies and departments contemplate its use.

During several Council meetings time was devoted to the topic of body-worn cameras for law enforcement officers. This continues to be a controversial topic for many law enforcement agencies. There are many factors to be considered, such as funding for the cameras, storage of data, personnel costs associated with reviewing of the data, security of the data, and agency policies, just to name a few. Several bills were introduced in the Ohio Legislature during 2016 covering a variety of topics relating to body-worn cameras. None of these bills passed both houses by the close of the 131st General Assembly. All of those bills are now dead. Should there be a desire to enact legislation pertaining to the use of body-worn cameras, new bills will need to be introduced in the 132nd General Assembly that begins in January of 2017.

In December 2015, Council Chair Stephanie Cook created the Criminal Justice Public Education Subcommittee and appointed Judge Nick Kuntz, Administrative Judge, Montgomery County Juvenile Court and Rudy Wehner, Montgomery County Public Defender as co-chairs of this subcommittee. The purpose of this subcommittee is to recommend to the Council a manner(s) in which the functionality of the criminal justice system may be effectively explained to the general public. Work continues on this endeavor. It should be noted that outside the scope of this subcommittee a PowerPoint presentation was created by members of the Council to speak to specific members of the immigrant community regarding the criminal justice system, at the request of the Welcome Dayton Committee. This presentation was provided in July and was met with much enthusiasm.

The Council, at its May meeting, discussed the Prostitution Intervention Subcommittee with the Council Chair making a subsequent decision to bring the subcommittee to a close. Additional information regarding this decision may be found in the Prostitution Intervention Collaborative Program article on pg. 24.

JusticeWeb

The Criminal Justice Council also serves as the Governing Board for JusticeWeb, Montgomery County’s criminal justice information system.

JusticeWeb was created to give the criminal justice community a more comprehensive and accurate view of the jail population and criminal justice data. The status of inmates, their charges, bail, and other factors are constantly changing. JusticeWeb provides the ability to stay on top of this critical information. In addition, JusticeWeb provides access to over 4,350 registered users in over 300 agencies in two states to consolidate jail booking information, court case information, dispatch records,
law enforcement data, dog licenses, and death records from 70 agencies in 17 counties in southwest Ohio.

The system automatically notifies Children Services if any foster care parents, adoption applicants, or daycare providers are involved in a criminal activity. Children Services is also notified if a law enforcement agency is dispatched to a location involving an open case or any of the other mentioned classifications. Likewise, a report is sent to the law enforcement agency notifying them that Children Services is actively involved with the family at the given location. Child Support Enforcement is also notified if any of their clients pick up a new case. This aids them in locating individuals. Prosecutors are notified if a defendant with an open case has a new arrest or charges in any jurisdiction. Probation officers are notified if their client has had any recent activity. Courts are notified that people are picked up on warrants. Clerks are notified if there are active warrants on people who are recently deceased. In 2016, through JusticeWeb, the County provided Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) with a daily report of individuals incarcerated in the Montgomery County Jail. ADAMHS runs an automated routine against their database to determine if any of the current jail population has seen an ADAMHS service provider for substance abuse or mental health issues within the past sixty days. If so, the service provider is contacted by ADAMHS so they may continue providing services while their client is in custody, maintaining that critical connection. In addition, law enforcement has the ability to create lineups from mugshots in JusticeWeb that can be used with victims and witnesses to identify suspects. Law enforcement also has the ability to create Wanted Posters within the system.

The Criminal Justice Council, in July of 2015, approved an additional module to JusticeWeb. The Vulnerable Persons Module provides law enforcement agencies the ability to enter data into the system regarding individuals who have been reported as missing or having walked away from private residences or residential care facilities. The ability to upload a photograph of the individual will also be available. It is hoped that this will enhance the identification of these individuals who may wander into jurisdictions beyond where the person was staying and promote a safe return. The effort to create this functionality has been delayed due to the inability to attract and hire a .net programmer for JusticeWeb; that hiring effort continues.

Through the offering of premium services to agencies outside the Montgomery County criminal justice community, JusticeWeb is able to generate over 46% of its total operating budget. The remaining amount is subsidized by the County’s general fund.

JusticeWeb is also available through a mobile application for use on most smart phones.

Community Initiative to Reduce Gun Violence (CIRGV)

CIRGV is a multijurisdictional initiative to reduce group member involved gun violence in partnership with the City of Dayton, City of Trotwood, Montgomery County Sheriff’s Office, and the Montgomery County Prosecutor’s Office. The targeted communities for this project are Westwood, North Riverdale, Trotwood, and Harrison Township.

The initiative has been hosted by the City of Dayton Human Relations Council since January of 2013. Montgomery County has been supportive of the CIRGV initiative through funding for a portion of the Community Police Council Coordinator position and most recently funding for a case manager position. In December 2015, funding of $100,000 per year was approved to continue this support for a 3-year period from 2016 through 2018. To permit better coordination of services for CIRGV and Reentry clients, beginning in January of 2016, the CIRGV case manager moved to the Job Mall, housed and supervised by the Office of Ex-Offender Reentry manager. It was soon determined that clients could be better served by relocating the office of the case manager from the Job Mall to the Reentry Training Center located in the Reibold Building. This arrangement has worked exceptionally well with both CIRGV and Reentry clients receiving excellent case management services.

During the fourth quarter of 2016, after an exhaustive search, an individual was hired by the City of Dayton to fill the position of Community Police Council Coordinator. It is anticipated that this person will have a very positive impact on the CIRGV operation.
The Office of Ex-Offender Reentry and the Reentry Policy Board continue to thrive during its sixth year. The overall focus remains providing a “Helping hand to those that want to help themselves.” The graphic below identifies the steps necessary to go from conviction and incarceration to successful community reintegration.

Reentry staff created and implemented the Reentry Career Alliance Academy (RCAA). In a continued effort to minimize client barriers, the program integrates voluntary pre-employment drug screening into the orientation intake process. The RCAA also involves an accelerated Offender Workforce Development curriculum. It is an opportunity to connect returning citizens to the nearly 100 Reentry Collaborative partners, resources and the local community. The nine-day RCAA model has been expanded to four weeks for 2017 and consists of 27 workshops.

2016 Office of Reentry Highlights and Accomplishments

- Hosted Trauma-Informed Care Training for Reentry Staff and Partners by Montgomery County ADAMHS – “How Being Trauma-Informed Improves Criminal Justice System Responses.”
- Continued bi-weekly cognitive workshops for youthful offenders for the Montgomery County Juvenile Probation Office’s Evening Reporting Center.
- Hosted Certificate of Qualification for Employment Training for Community Reentry Stakeholders in Partnership with the Ohio Justice & Policy Center. The program included “Gateways to Redemption and Retention” and “How to Apply for Certificates of Qualification for Employment.”
- In April, the Office of Reentry received a Reentry Coalition Colleague Appreciation Letter from Ohio Department of Rehabilitation and Correction Director Gary Mohr.
- The last week in April is National Reentry Week. The office supported and participated in many activities such as the following:
  - Office of Reentry Open House and Reentry “Culture Works” Art Display
  - Reentry Training Center Open House
  - Office of Reentry Participation in “Stakeholder Brainstorming Session” hosted by the Ohio Attorney General’s Office, Ohio Department of Rehabilitation and Correction, and Ohio Association of Local Reentry Coalitions
  - Reentry Career Alliance Academy Graduation and Partner Appreciation Ceremony with WHIO Coverage
- Office of Reentry County Commissioners Association of Ohio (CCAO) Panel Presentation on Employment Strategies
- Office of Reentry Panel Discussion Participation – International Dayton Mediation Center Conference
- Office of Reentry Community Expos (Spring and Fall)
- Hosted the Ohio Ex-Offender Reentry Coalition State-wide meeting at Sinclair Community College.
- Office of Reentry Staff Successfully Completed the National Institute of Corrections Employment Retention Specialist Training – Annapolis, MD
- Presentation at University of Dayton Behavioral Social Sciences Symposium with Post Graduate Research Partner, Charles Hunt
- Office of Reentry Staff, three part training “Creating Lasting Family Connections” by UMADAOP
- Office of Reentry Presentation to Montgomery County Workforce Investment Board
- Global Warming – Clothing & Holiday Client Giveaway
Policy Board Committees

Community Education
The Public Education and Advocacy Committee co-chairs, Bonnie Beaman Rice and Rev. Arvin Ridley, focused discussions on the best way to present reentry information to specific groups and the general public. The committee worked closely with the Office of Reentry staff to conduct numerous presentations on Ex-Offender Reentry and the resources available to the reentering community throughout 2016. Highlights include the Montgomery County Police Chief Association, The Montgomery County Sheriff IMPACT (Improving Modern Police And Community Trust) Initiative, and the Greater Dayton Christian Coalition interfaith breakfast.

Committee members were encouraged to use their personal and professional networks to schedule more speaking opportunities. Major themes were identified as volunteer recruitment and employer recruitment.

The subcommittee also supported the creation of a new online Reentry Master Calendar. The live-update calendar can be found on the Montgomery County Office of Ex-Offender Reentry page at www.mcohio.org.

Women in Reentry
Co-chairs Joyce Gerren, Dr. Josephine Wilson and John Theobald facilitated exciting advancements for the Women in Reentry committee through the completion of two critically important reports based on interaction with incarcerated or recently released women.

- The Helping Women Lead Healthy Lifestyles sub-committee, led by co-chairs Susan Gottschalk and Jo Wilson, conducted a series of focus groups to identify barriers to successful reentry for women. The report provided a series of recommendations and initiatives for the full committee to consider.

- The Helping Women Find Safe, Stable Environments for Living sub-committee, led by co-chairs Bonnie Parish and Elizabeth Redmon, obtained permission from the Ohio Department of Rehabilitation and Correction to conduct an online (and paper) survey of women incarcerated at the Dayton Correctional Institution regarding post-release housing concerns and challenges they may face upon release. The full committee is continuing to review the information generated.

The committee also worked with groups developing post-release housing for women throughout the Dayton Region.

Supportive Services
Co-chair Michael Newsom welcomed new co-chair Cheryl Taylor, following years of dedicated service by longtime co-chair Khadijah Ali. The committee continued to focus on its Spring and Fall Reentry Expo, providing informational sessions for Returning Citizens in the community. The Expo was held in cooperation with the Dayton Restored Citizens Safe Haven Summit, where vendors and clients of the Potter’s House were invited and welcomed to join.

The Supportive Services subcommittee worked diligently to obtain uniforms, school supplies and backpacks for the children of Reentry Career Alliance Academy graduates. With the support of the Executive Committee and other subcommittees’ members, families were adopted and school supplies provided.

Supportive Services is currently working to explore transportation assistance resources for Reentry Career Alliance Academy clients who obtain employment. The subcommittee is developing a targeted transportation survey to gain a better understanding of the specific needs faced by clients. A representative from the Greater Dayton Regional Transit Authority is a member of the subcommittee, and is collaborating to help develop a process that works more closely with the transit authority to identify and minimize public transit limitations for specific employers.

Housing
Housing committee co-chairs Jessica Jenkins and John Zimmerman are working diligently to ensure member support and attendance at other subcommittee functions and events.

John Zimmerman provided informative and invaluable reentry housing updates during an Office of Reentry staff presentation at the quarterly statewide Ohio Ex-Offender Reentry Coalition meeting held at Sinclair Community College in June 2016.

The subcommittee regularly updates the Reentry Landlord Resource List and the Housing Resource list.

The Housing committee supports a Move-in Assistance Program to assist in overcoming housing barriers.
Legal Issues
The Legal Issues committee, led by co-chairs Sasha Naiman and Branford Brown, worked in coordination with the Dayton Volunteer Lawyers Project to provide accessibility to services such as record expungement and sealing. Identifying and streamlining the processes for the Certificate of Qualification for Employment (CQE) applications has also been a priority initiative for members.

After receiving feedback from a 2016 CQE training session, the subcommittee developed and scheduled additional training. The Legal Subcommittee successfully coordinated and conducted CQE & Legal Hiring Considerations training, and has organized Continuing Legal Education information for area attorneys interested in receiving additional training.

Employment
Employment committee co-chairs Rev. Sherry Gale and Mr. Rick Wegmann focused on two projects in 2016:

- Planning and executing a Reentry COPE Simulation - a joint collaboration with Sinclair Community College, Montgomery County Office of Reentry and Miami Valley Works scheduled for February 2017.
- Engaging job developers and employers in the community regarding reentry.

The Dayton Rotary Club has appointed a new Chair, Mr. Bill Weaver, for their Restored Citizens Committee, which will provide support for the mock interview process and resume writing.

Ex-Offender Reentry Policy Board Roster

<table>
<thead>
<tr>
<th>CO-CHAIR</th>
<th>Commissioner Deborah A. Lieberman (Montgomery County Board of County Commissioners)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Honorable Walter Rice</td>
<td>United States District Court</td>
</tr>
<tr>
<td>Jamyi Al-Haniyf</td>
<td>(Estate Building Management)</td>
</tr>
<tr>
<td>Khadijah Ali</td>
<td>(Circle of Vision Keepers - Through September 2016)</td>
</tr>
<tr>
<td>Rabbi Bernard Barsky</td>
<td>(Community Leader)</td>
</tr>
<tr>
<td>Jane Benner</td>
<td>(Community Leader)</td>
</tr>
<tr>
<td>Cheryl Bennett</td>
<td>(Federal Public Defender - Southern District of Ohio)</td>
</tr>
<tr>
<td>Chief Richard Biehl</td>
<td>(Dayton Police Department)</td>
</tr>
<tr>
<td>Robert Bishop</td>
<td>(Community Leader)</td>
</tr>
<tr>
<td>Adam Blake</td>
<td>(County Corp)</td>
</tr>
<tr>
<td>Branford Brown</td>
<td>(Miami Valley Urban League)</td>
</tr>
<tr>
<td>Bryan Bucklew</td>
<td>(Greater Dayton Area Hospital Association)</td>
</tr>
<tr>
<td>Catherine Crosby</td>
<td>(City of Dayton - Human Relations Council)</td>
</tr>
<tr>
<td>The Honorable Steven Dankof</td>
<td>(Montgomery County Common Pleas Court)</td>
</tr>
<tr>
<td>James Dare</td>
<td>(Montgomery County Common Pleas Court)</td>
</tr>
<tr>
<td>Herb Davis</td>
<td>(Veteran Service Commission)</td>
</tr>
<tr>
<td>Richard C. Dixon</td>
<td>(Community Leader)</td>
</tr>
<tr>
<td>Commissioner Judy Dodge</td>
<td>(Montgomery County Board of County Commissioners)</td>
</tr>
<tr>
<td>Derrick Foward</td>
<td>(Dayton NAACP)</td>
</tr>
<tr>
<td>Pastor Sherry Gale</td>
<td>(Grace United Methodist Church)</td>
</tr>
<tr>
<td>Joyce Gerren</td>
<td>(Community Leader)</td>
</tr>
<tr>
<td>Robert Gruhl</td>
<td>(Montgomery County Department of Job and Family Services)</td>
</tr>
<tr>
<td>Jessica Jenkins</td>
<td>(Human Services Planning &amp; Development)</td>
</tr>
<tr>
<td>Steven Johnson</td>
<td>(Sinclair Community College)</td>
</tr>
<tr>
<td>Tom Kelley</td>
<td>(Montgomery County Department of Job and Family Services)</td>
</tr>
<tr>
<td>Chris Kershner</td>
<td>(Dayton Area Chamber of Commerce)</td>
</tr>
<tr>
<td>Mayor Mark Kingsseed</td>
<td>(City of Centerville)</td>
</tr>
<tr>
<td>The Honorable Michael Krumholtz</td>
<td>(Montgomery County Common Pleas Court)</td>
</tr>
<tr>
<td>Larry Lane</td>
<td>(Montgomery County Jail)</td>
</tr>
<tr>
<td>Senator Peggy Lehner</td>
<td>(Ohio Senate)</td>
</tr>
<tr>
<td>Michael Newsom</td>
<td>(Montgomery County Job and Family Services)</td>
</tr>
<tr>
<td>Phillip Parker</td>
<td>(Dayton Area Chamber of Commerce)</td>
</tr>
<tr>
<td>Tina Patrick</td>
<td>(Ohio Department of Rehabilitation and Correction)</td>
</tr>
<tr>
<td>Bob Pawlak</td>
<td>(Goodwill Easter Seals Miami Valley)</td>
</tr>
<tr>
<td>Sherif Phil Plummer</td>
<td>(Montgomery County Sheriff's Office)</td>
</tr>
<tr>
<td>Bonnie Beaman Rice, J.D.</td>
<td>(Community Leader)</td>
</tr>
<tr>
<td>Rev. Arvin Ridley</td>
<td>(Victory In Power)</td>
</tr>
<tr>
<td>Chief John Sedlak</td>
<td>(Miamisburg Police Department)</td>
</tr>
<tr>
<td>The Honorable Gregory Singer</td>
<td>(Montgomery County Common Pleas Court)</td>
</tr>
<tr>
<td>Executive Director Joe Spitzer</td>
<td>(Montgomery County Criminal Justice Council)</td>
</tr>
<tr>
<td>State Representative Fred Strahorn</td>
<td>(Ohio House of Representatives)</td>
</tr>
<tr>
<td>John Theobald</td>
<td>(Montgomery County Board of County Commissioners Office)</td>
</tr>
<tr>
<td>County Administrator Joseph P. Tuss</td>
<td>(Montgomery County)</td>
</tr>
<tr>
<td>Rev. Robert C. Walker, D. Min.</td>
<td>(Community Leader/Faith Community)</td>
</tr>
<tr>
<td>Michael Ward</td>
<td>(Cornerstone Project)</td>
</tr>
<tr>
<td>Rick Wegmann</td>
<td>(Digital Concepts, Inc.)</td>
</tr>
<tr>
<td>Director Rudy Wehner, J.D.</td>
<td>(Montgomery County Public Defender's Office)</td>
</tr>
<tr>
<td>Mayor Nan Whaley</td>
<td>(City of Dayton)</td>
</tr>
<tr>
<td>John White</td>
<td>(Dayton Circles Campaign)</td>
</tr>
<tr>
<td>Anthony Whitmore</td>
<td>(Greater Dayton Area Regional Transit Authority)</td>
</tr>
<tr>
<td>Josephine F. Wilson, D.D.S., Ph.D.</td>
<td>(Wright State University - Boonshoft School of Medicine - SARDI Program)</td>
</tr>
<tr>
<td>Gwen Woods</td>
<td>(Ohio Department of Rehabilitation and Correction)</td>
</tr>
<tr>
<td>John Zimmerman</td>
<td>(Miami Valley Fair Housing Center)</td>
</tr>
</tbody>
</table>
2016 Honors and Accomplishments

Bro. Ray Fitz, S.M., Ph.D.
Brother Raymond L. Fitz, S.M. Ph.D. received the Silver Hope Award, Ohio Valley Chapter of the National Multiple Sclerosis Society. He is the past president of the University of Dayton, and first Chair of the Family and Children First Council.

Nancy K. Schiffer, MSSA
Nancy K. Schiffer was selected by Case Western Reserve University to be among the 100 extraordinary alumni who best represent the spirit of the school and embody the Centennial theme: Inspiring Hope, Shaping the Future. She has been named a Distinguished Alumnus, which is the highest honor granted to an alumnus who has demonstrated extraordinary professional success and achievement over the span of her entire career.

County Commissioner Debbie Lieberman
The Dayton Development Coalition awarded Montgomery County Commissioner Debbie Lieberman its Dave Hobson Dayton Region Advocate Award. The award, named after former U.S. Rep. Dave Hobson of Springfield, honors regional leaders for their advocacy on behalf of the Dayton Region.

Rev. John Paddock
Rev. Paddock was honored as a local Peace Hero by the Dayton International Peace Museum as part of its Peace Heroes Walk in part because he helped Christ Episcopal Church become the first faith community to join the United Nations Global Compact.

Homeless Solutions Community 10-Year Plan
The Montgomery County Homeless Solutions Community 10-Year Plan was recognized as this year’s recipient of the HUD Secretary’s Opportunity and Empowerment Award. This award recognizes communities that demonstrate, through provision of various community-oriented services, the ability to address and overcome incredibly difficult social and economic challenges such as poverty, homelessness, and unemployment. The award honors a plan, program, or project that improves the quality of life for the residents of the communities served.

Montgomery County Human Services Planning & Development Department
The Montgomery County Human Services Planning & Development Department was awarded the 2015 Collaborative Impact Award during United Way of the Greater Dayton Area’s “The Big Thanks” reception on April 12, 2016.

Montgomery County Homeless Solutions
In 2016, Montgomery County Homeless Solutions was selected to receive the Community Partner Award from Eastway. Eastway’s Community Partner Award is a recognition of the partnership with Montgomery County Homeless Solutions and its positive impact on persons with severe and persistent mental illness who are experiencing a housing crisis in our community.

Data Sources
Centers for Disease Control and Prevention
Feeding America
Guttmacher Institute
Montgomery County Homeless Solutions Policy Board
Montgomery County Human Services Planning and Development
Montgomery County Prosecutor’s Office
Montgomery County Public School Districts
National Center for Health Statistics
National Student Clearinghouse
Ohio Department of Education
Ohio Department of Health
Ohio Department of Job and Family Services
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.
Staff support is provided by the following:

**Montgomery County Human Services Planning & Development Department**
Tom Kelley, Assistant County Administrator – Human Services/Director
Geraldine Pegues, Deputy Director
Jessica Abernathy, Administrative Secretary
Ed Brannon, Contract Monitor/Program Evaluator
Rhianna Crowe, Administrative Secretary
Kima Cunningham, Program Coordinator
Matt Dunn, Manager of Community Programming
Doris Edelmann, Program Coordinator
Matt Gemperline, Data Systems Coordinator
Jessica Jenkins, Assistant Director
Lisa Koppin, Contract Monitor/Program Evaluator
Jenny Lesniak, Program Coordinator, Housing and Homeless Solutions
Rita Phillips-Yancey, Management Analyst
Catherine A. Rauch, Manager of Community Programming
Kathleen M. Shanahan, Program Coordinator, Housing and Homeless Solutions
Robert L. Stoughton, Research Administrator – University of Dayton Fitz Center

**Montgomery County Communications Department**
Cathy Petersen, Director of Communications
Amanda Riggins, Communications Specialist

**Montgomery County Department of Job and Family Services**
Dwayne Woods, Senior Services Division Manager
Lori Draine, Contract Monitor/Program Evaluator

**Montgomery County Office of Ex-Offender Reentry**
Joe Spitler, Executive Director Montgomery County Criminal Justice Council
Jamie Gee, Manager
Quinn Howard, Program Coordinator, Operations
Amy Piner, Program Coordinator, Administration
Robin Titus, Volunteer Coordinator

**United Way of the Greater Dayton Area**
Tracy Sibbing, Vice President, Community Impact
Melonya Cook, Director – Community Planning
Laura Engel, Community Relations Assistant
Suzzy Nandrasy, Director – Community Initiatives

**Additional assistance provided by:**
Gayle Ingram, Clerk of Commission - Montgomery County Board of County Commissioners
John Theobald, Commission Assistant for Commissioner Deborah A. Lieberman