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With the generous support of the Frank M. Tait Foundation, Learn to Earn Dayton in 2018 brought together a group of key stakeholders to examine how the Dayton community serves families with infants and toddlers. The charge to the 25-member Community Stakeholders Committee (See Appendix A) and our Birth to 3 consultant was to review the reach and impact of current services to young children and families, and to recommend best practices that support children's health and well-being.

State-mandated Kindergarten readiness assessments show that too few of Montgomery County’s children start school on track. Just over 1 in 3 tests fully ready for Kindergarten. This statistic is critical to understand. The evidence is compelling that achievement gaps early in children’s school careers compound, putting them increasingly behind every year. Thus, it should not come as a surprise that the percentage of children testing ready for Kindergarten is nearly identical to the number of Montgomery County young people who earn a college degree within 6 years of graduating from high school.

The genesis of the achievement gap for high-need children often begins at birth – long before formal schooling begins. It’s for this reason that our Community Stakeholders Committee is eager to build on the foundation that has been created to connect early childhood health and well-being to college and career success by looking even earlier in children’s lives – at the moments when the brain is the most fragile and development is most easily influenced.

Our goal is to improve and leverage efforts to assist families in caring for their children when children are most vulnerable and when care, support and formal intervention can have a life-long impact – in the years from Birth to age 3.
**Vision**
During the ages from Birth to 3, all children have the support they need to thrive and reach their full potential.

**Mission**
To elevate the importance of providing a strong foundation for Montgomery County’s youngest children and advocate for improved access to early intervention programs.

What the research says about early brain development
Development of the human brain begins before birth and continues into adulthood. When young children’s most basic needs aren’t met, when they don’t feel safe or when they lack consistent warm social interaction with caring adults, important connections in the brain simply don’t develop as they should. Doctors have shown that babies and toddlers growing up in these environments experience “ACEs” (Adverse Childhood Experiences), which create “toxic stress.” Prolonged exposure to toxic stress impairs development of the brain, leading to long-term negative effects on children’s health and wellness, as well as their educational achievement. (See Appendix B for more about ACEs and toxic stress.)

The ACE questionnaire, a system developed to measure Adverse Childhood Experiences, measures 10 types of childhood trauma. (See Appendix C for an ACE survey.) As a child’s ACE score increases, so does the risk of disease and social and emotional problems. For example, with an ACE score of 4 out of 10, an individual is 390% more likely to develop chronic pulmonary lung disease, 240% more likely to have hepatitis, 460% more likely to experience depression and 1,220% more likely to attempt suicide.

Traumatic experiences that lead to toxic stress include physical or emotional abuse, neglect, caregiver mental illness, exposure to violence and living in poverty.

In Montgomery County, 22% of white children and 64% of African-American children are born into poverty (for example, a family of three living on less than $21,000 annually). Intractable as poverty can be, ongoing, high quality support for families and children can change the wholly predictable and too often tragic results of growing up poor. We can limit and mitigate poverty’s impact on the next generation by working harder and more intentionally to promote children’s healthy development in the critical early years.

There is no better time to tap a parent’s natural and innate love than in the critically formative years from Birth to 3. When we support families and help them learn how to have positive and enriching relationships with their young children, the impact can be life-long and life-changing.

The programs we focus on in this report are “two-generational”; that is, they work with the child and his or her adult caregiver. We believe that to meaningfully and effectively support babies and toddlers, we must help parents deal with the barriers of poverty and their own traumatic experiences.
The ideal Birth to 3 system

To ensure that all children have a healthy start that positively influences brain development and sets the stage for future success, we must provide a broad base of support for families with infants and toddlers. We must elevate those local, state and federal initiatives that are evidence-based and provide the most benefit to young children. We must find ways to expand the number of families and children we help.

What does a strong start mean?

A strong start means that all infants and toddlers have access to comprehensive medical care that ensures their physical and mental well-being; support services for their families that encourage healthy parenting; and affordable, high quality early care and education.

Programs that address these needs are critical. However, they will be only as strong as the infrastructure that supports them.

“I don’t compare my kids, but it does help me notice when things are developmentally different. Sometimes I wish I knew what to look out for as they are growing up.”
WHERE WE ARE NOW

Approximately 6,500 babies are born in Montgomery County every year. This means that at any given time, our community is home to about 26,000 children under the age of 4. Approximately 41% of these children are born into dire poverty.

Because family income is a key predictor of future school readiness and success, we can assume that many young children will start school emotionally, socially and academically behind. The disparities in healthy development that we see in at-risk children are noticeable as early as nine months of age and continue to grow, often leaving children from high-need families two years behind their peers by the time they start school.

The infographic on the following page provides a snapshot of Montgomery County families and their children. Taken as a whole, the data illustrate the scope of the needs of many of Montgomery County’s families.

Another critical metric to understand is our community’s infant mortality rate (defined as the death of a baby before his/her first birthday and measured as the number of infant deaths for every 1,000 live births). Leading causes of deaths for infants include birth defects, Sudden Infant Death Syndrome (SIDS), injuries such as suffocation, preterm births and maternal complications in pregnancy.

The “Healthy People 2020 Goal,” set by the Federal Office of Disease Prevention and Health Promotion, aims for just 6 deaths per 1,000 live births. While Montgomery County’s 2016 infant mortality rate of 6.8 deaths per 1,000 was only slightly higher than that target, when data are disaggregated by race, we see a shocking disparity. The 2016 infant mortality rate for African-American babies was 12.6 per 1,000 births, more than twice the rate for whites at 5 deaths per 1,000.

The Infant Mortality Task Force led by Montgomery County Public Health is aggressively addressing infant mortality in our community. We compliment Public Health’s critical leadership. (See Appendix D for a detailed breakdown of countywide data.)

The disparities in healthy development that we see in at-risk children are noticeable as early as nine months of age and continue to grow, often leaving children from high-need families two years behind their peers by the time they start school.
Too many moms struggle during their baby’s first year of life

4 of 5 African-American new moms & 2 of 5 white new moms are single heads of household

40% live on less than 100% of the Federal Poverty Level*

$ Fewer than 1 in 10 receive Temporary Assistance for Needy Families

65% work outside the home

40% of babies are born into dire poverty*

Almost 2 in 3 African-American babies are born into dire poverty

More than 1 in 5 white babies are born into dire poverty

Families need better childcare choices

50% of infants and toddlers are cared for outside the home

Just 10% are cared for in 3-Star to 5-Star centers

70% of 3-year-olds are cared for outside the home

Just 25% are cared for in 3-Star to 5-Star centers

*The Federal Poverty Level for a family of 3 is $20,780.
**About our Birth to 3 service providers**

Our community has essential programs that are doing important work to support and strengthen families with infants and toddlers. Miami Valley Child Development Centers (Head Start), Help Me Grow Brighter Futures, Five Rivers Health Center’s Healthy Start and Catholic Social Services are key programs that collectively touch the lives of nearly 2,000 families every year through early childhood education, home visiting and parenting classes.

But these organizations can’t begin to meet the needs of all families who could benefit from parent education, early intervention services and the one-on-one support they offer. Together, they reach only about 1 in 5 families with infants and toddlers with incomes below 100% of the Federal Poverty Level.

As important, many families who do not live in such dire poverty struggle to find high quality early care while they work. Considering that 65% of mothers with children under age 5 are in the workforce, addressing that need is critical. Licensed childcare programs serve approximately 3,000 infants and toddlers in center-based or home-based settings.

Meanwhile, community centers and gathering places like the Wesley Community Center, East End Community Services and Dayton Metro Library offer programming and free resources to support families, while Omega Community Development Corp. and The Glen at St. Joseph support families through two-generational models designed to strengthen parents, alongside their children. Again, though, many programs struggle to meet the demand for their services, even as other families are unaware of where to go for assistance.

For a more comprehensive look at service providers and their reach, see Appendix E.

**About our food and nutrition programs**

Low-income families are eligible for Women, Infants, and Children Food and Nutrition Service (WIC) benefits and the Supplemental Nutrition Assistance Program (SNAP), both of which offer nutrition assistance and education. WIC serves more than 5,300 families every year; SNAP serves more than 35,000 families. Eight percent of new moms receive public assistance income, including general assistance and Temporary Assistance to Needy Families (TANF).

**About our Medicaid providers**

Approximately 83% of low-income families have Medicaid health insurance provided by CareSource; as part of their managed care plan, parents and children benefit from holistic programs designed to prevent diseases and poor health, and that provide early intervention.

**About our pediatric health care system**

According to the Dayton Children’s Hospital 2017 Community Health Needs Assessment, 30% of children 0 to 5 have public health insurance.

Children in Montgomery County have access to pediatricians in private practice and at two Federally Qualified Health Centers for their primary care. Some children also see family practice physicians. Several urgent care centers, some of which are designed specifically for children, also are available.
Young children in Montgomery County have access to Dayton Children’s Hospital for specialty care and trauma/emergency services. Dayton Children’s is a 178-bed pediatric hospital serving over 320,000 patients each year. The hospital offers over 50 pediatric subspecialties and is designated a Level II Pediatric Trauma Center by the American College of Surgeons Committee on Trauma.

The 2017 health assessment found 96% of parents reported their child had been to a doctor for preventive care in the past year, while 82% of children age 2 and older had been to a dentist in the past year. Of children 0 to 11, more than half (55%) received the seasonal flu vaccine. Nine out of 10 children had received all recommended vaccinations.

WHERE WE WANT TO GO

The 3 building blocks of success

The Community Stakeholders Committee recommends that to improve Birth to 3 services in Montgomery County, we must focus on 3 building blocks:

- Expanding the # of children enrolled in Birth to 3 services
- Increasing the quality of services to infants and children, taking into account the revolutionary science around brain development
- Educating the community about the importance of ensuring children get a healthy start from Birth to 3

Though 4 in 10 of all Montgomery County babies are born to mothers who are poor, the greatest need for support is among African-American families, where almost 2 of every 3 babies start life in poverty. We recommend aligning with the Infant Mortality Task Force to prioritize services in zip codes with the greatest needs.
Recommendation #1: Increase enrollment in home visiting programs from 19% to 25% of families earning 200% or below the Federal Poverty Level by 2025.

Our task force strongly advocates for increasing the number of families receiving home visiting services. We cannot improve the lives of young children without working directly with those who are closest physically and emotionally to children. Our highest-need population is under-supported and severely stressed young women, particularly African-American young mothers.

The home visiting strategy holds great promise for significantly impacting children because it meets the parent and child where they are, at home, and allows for a strong and trusting relationship to be built between the parent and the home visitor. This is a key aspect of our recommendations.

Through home visiting programs, trained practitioners nurture bonds with families, most often helping mothers navigate life and provide the enriching relationships and environments that make a difference in the development of young children.

Research shows that high quality home visiting programs increase children’s school readiness, enhance parents’ abilities to support their children’s development, improve child health and development outcomes and promote family economic self-sufficiency.

In July 2017, the National Bureau of Economic Research released findings from a 12-year study on the Nurse-Family Partnership (NFP) program in Memphis, TN. The study followed the lives of more than 1,000 families, the majority of whom were low-income, African-American single mothers under the age of 18. This sample group shares similar characteristics to the moms enrolled in our Montgomery County Nurse-Family Partnership today.

Following the children’s outcomes until age 12, the study found:
- Participating families had lower anxiety, better mental health and stronger parenting skills
- Children (boys and girls) had better cognitive skills at the age of 6
- Participating families had reduced incidences of child abuse/neglect
- Participating children had decreased behavior and aggression problems
Because of the effectiveness of home visiting, we believe these services should be expanded through existing providers such as MVCDC, Help Me Grow Brighter Futures, Healthy Start and Catholic Social Services.

Cost Estimate: The cost of evidence-based home visiting programs range from $5,000 to $9,000 annually per child, depending on the specific program. In the first year, additional investment is required to cover start-up costs.

To reach 25% of families earning 200% or less of the Federal Poverty Level, we would need to add 635 children at an estimated cost of $3.2 million to $5.7 million. Ohio has just elected a new Governor who has committed to tripling the number of children in home visiting, so we hope to see an increase in state investment beginning in Fiscal Year 2020.

Recommendation #2: Increase the availability of Star-Rated childcare programs for infants and toddlers.

Given that an estimated 65% of Montgomery County mothers who gave birth in the past 12 months are in the workforce, childcare is a critical component of the care and education a child receives in the early years. Many families are placed on waiting lists for childcare; some register their child months before their infant is born.

Miami Valley Child Development Centers (MVCDC) is the Early Head Start/Head Start agency for Montgomery County and the largest provider of early childhood education services to low-income families. Thanks to MVCDC’s leadership, it has been awarded Federal Early Head Start Expansion grants that have allowed it to expand to serve over 300 infants and toddlers at its sites, in home-based programs and at partnering childcare providers.

While this expansion is significant, there still is a shortage of infant and toddler slots in area childcare programs. Of particular concern is the fact that capacity likely will be reduced in 2020 when Ohio requires families to choose a Step Up to Quality Star-Rated program as a condition of receiving Publicly Funded Child Care. Our fear is that many programs are not likely to earn a Star Rating or are unaware of this imminent change.

Families receiving this critical subsidy – and who are at risk of losing the affordable care that allows them to work – are among our highest-need families.

The expensive nature of providing infant care, coupled with low reimbursement rates for publicly subsidized care, leads many childcare programs to limit the number of slots they have for infants and toddlers. We recommend first assisting the estimated 25 “unrated” childcare centers that serve infants and toddlers receiving Publicly Funded Child Care earn a Star distinction. Attention then should turn to the estimated 60 family childcare providers that are “unrated”. The next priority is to identify neighborhoods where more capacity in infant and toddler classrooms is needed.

Cost Estimate: There is insufficient funding to provide coaching about Step Up to Quality to infant/toddler childcare providers that are not yet Star-Rated. In order to meet the 2020 deadline, we recommend offering mentoring/coaching to programs that show strong interest and have leadership capacity. Approximately $75,000 per year is needed to provide coaching and mentoring, as well as funding for resources needed for their staff and classrooms to meet the Star Rating guidelines.

Creating new slots for infants and toddlers will require additional funding to build out classrooms and potentially subsidize programs’ operational costs; therefore, it is recommended that priority be given to advocating for increased investment in reimbursement rates from the State.
Recommendation #3: Increase access to developmental screenings.

Developmental screenings are a critical tool in identifying children with developmental delays and the first step to providing early intervention. Many times speech and other delays that are identified during the infant and toddler years can be addressed and rectified by the time the child starts school. Early intervention often can result in better outcomes and save money because a problem doesn't worsen or takes less time to treat in the early years.

Every year Goodwill Easter Seals Miami Valley sends professional staff to childcare centers to conduct developmental screenings using the BRIGANCE® assessment. The organization assesses about 1,200 infants and toddlers annually, at no cost to families. Goodwill Easter Seals prioritizes screenings at unrated, 1-Star and 2-Star programs, in recognition that more highly rated childcare centers conduct screenings themselves. When appropriate, families are referred to early intervention services.

Developmental screenings also are provided through home visiting programs and at select pediatrician offices. While an estimated 15% of Montgomery County children are screened, we do not have data on what percentage of those screenings are of low-income children. Lack of access to screenings is deeply concerning because children from low-income families are more likely to experience developmental delays than children from middle-income families. It is critical to reach high-need children.

Goodwill Easter Seals provides a free online version of the Ages Stages Questionnaire (ASQ), a nationally recognized developmental assessment to parents and caregivers. Heretofore, the ASQ has not been well used, but it also has not been widely promoted. We believe that by partnering with other service providers to inform families about the ASQ’s value, we could leverage Goodwill Easter Seals’ ability to serve more families.

We encourage providers of developmental screenings of infants and children to partner with other entities that are trusted and/or frequented by families, including pediatricians, Medicaid providers, WIC and SNAP, as well as organizations such as school districts that may have contact with older siblings.

Cost Estimate: Goodwill Easter Seals only has funds to provide developmental screenings in childcare centers. We recommend a pilot program be conducted to offer developmental screenings with CareSource, WIC, SNAP or similar programs to reach additional families. The cost of a pilot is approximately $35,000.
Recommendation #4: Simplify the home visiting intake process for families.

Families need and deserve a centralized intake to access home visiting services. Adopting this strategy would:

- Link pregnant women and parents with other community-based programs in addition to home visiting
- Improve coordination among home visitation providers
- Allow for uniform data collection and analysis

A centralized intake process also would:

- Make services more accessible to families
- Create a formal and standardized process for following up with families
- Allow home visiting and other family support programs to focus on providing direct services
- Eliminate potential duplication of services

The Ohio Department of Health recently selected Help Me Grow as the central intake and referral system for our community. It is recommended that Help Me Grow incorporate other home visiting services into the OCHIDS system, including Catholic Social Services and Five Rivers Center for Women’s Health, to provide a centralized intake process.

Cost Estimate: The cost of central intake at a state level is estimated to be about $55/per referral. Assuming 1,300 referrals were processed in a year and 50% enrolled, then the 650 enrolled would cost approximately $71,500 annually.

Recommendation #5: Pilot LENA Start with parents.

Our stakeholder group has spent considerable effort this last year researching LENA, a so-called “talk pedometer” that helps families see how much they’re engaging with their children. The technology encourages serve-and-return conversations that create bonds and improve children’s brain development and early literacy.

The LENA Start program is designed to address the early talk gap for high-need children in a way that is cost-effective, scalable and data-driven. It combines feedback from LENA’s wearable talk pedometer technology with a complete curriculum that teaches parents simple strategies to help babies learn through conversation.

We believe that by partnering with social service organizations, including Medicaid providers, WIC, SNAP, etc., we can cost effectively reach families who are not already enrolled in home visiting and encourage them to consider participating in LENA Start.

Cost Estimate: The cost of LENA Start is $350 per family, with a one-time start-up fee of $19,000. This estimate includes LENA’s 12-week class and incentives for families. A 1-year pilot of 90 families would require $50,000. The cost for parent group facilitators and data analysis will vary.
Recommendation #6: Pilot LENA Home and/or LENA Grow with home visitors/childcare programs.

While the LENA technology and its supplementary program LENA Start is an effective intervention on its own, LENA technology also can be used to increase the quality of home visiting and childcare services.

LENA Home can be added to any parent-coaching curriculum. Supplying home visitors with LENA technology will equip them with a parent-friendly, easy-to-use tool to measure language development. It is consistent with the home visiting philosophy of supporting families through education and encouragement.

As valuable, LENA Grow is a cost-effective intervention that can be used in infant/toddler childcare classrooms. Teachers are able to see data on the frequency of their interaction with each child, thereby promoting equitable treatment of all children.

MVCDC intends to implement LENA Home in partnership with Help Me Grow Brighter Futures with its Early Head Start children starting in 2019. This is an important opportunity to understand how LENA can strengthen critical language development in different settings.

Piloting various LENA programs will allow us to determine which is most beneficial in supporting children’s language development.

Cost Estimate: The cost of the LENA Home Program is $200 per child, with a one-time start-up fee of $9,500. This estimate includes associated costs of a 9-week to 13-week intervention, but does not include the cost of staff supervision and data analysis. A 1-year pilot of LENA Start with 120 families would cost $35,000 to $50,000.

The cost of the LENA Grow program, assuming it was a multi-classroom effort, would be about $2,500 per center or $45 per child. This does not include professional development and staffing costs.

“I wish the community had events for us to attend and could provide childcare at the same time. I have no one I trust to watch my kids.”
Recommendation #7: Develop a common data tracking system for home visiting programs.

Montgomery County currently lacks a central data management system for home visiting programs. While national data show that high quality home visiting programs help families and children be successful, this evidence is not enough. We also need to show local results.

Developing a common data tracking system for programs will give us the ability to sift through important data points that programs already are collecting. Analysis of this information is critical to communicating the return on investment for home visiting.

The good news is that Ohio has developed a data collection system for state-funded home visiting programs called the Ohio Comprehensive Home Visiting Integrated Data System (OCHIDS) that will track 22 outcomes and multiple supporting measures. State officials are willing to engage with us and allow other home visiting providers to submit their data for analysis, even if they are not receiving state funding.

We recommend inviting all local home visiting programs to join in a countywide data collection effort. We also suggest identifying 2-3 outcome measures that allow for meaningful program evaluation. The ASQ assessment and the Edinburgh, a recognized maternal depression screener, are 2 possibilities for analysis.

We also recommend partnering with the Ohio Department of Education to consider using the SSID (Statewide Student Identifier) to track longitudinal impact of state-funded Birth to 3 interventions. The SSID assigns a unique ID number to every child receiving state-funded services, beginning at birth. Currently, there is no analysis being done using SSIDs to evaluate the impact of Birth to 3 services on children’s later academic achievement.

We should support a local data analyst who would regularly track aggregate level-data from publicly funded entities (Help Me Grow, CenteringPregnancy®, and Mom’s and Babies First). The analyst also should incorporate data from other programs and identify trends and findings for purposes of improving each program.

Given the close connection, we propose leveraging Public Health’s epidemiological resources that monitor infant mortality related interventions to also look at Birth to 3 interventions. (For example, interventions such as home visiting are proven to reduce infant mortality rates while also setting up mothers and their babies for success in the years from Birth to age 3.) Public Health’s epidemiologist also may partner with the University of Dayton’s Business Research Group to connect outcomes with cradle-to-career pipeline data.

An important discovery in all of Learn to Earn Dayton’s work is that data analysis is essential to improving services and documenting trends. Many programs and even school districts lack funding to dive deeply into data and tease out critical takeaways.

Cost Estimate: Staff expenses for collecting and managing this data needs to be calculated based on the capacity of Public Health’s epidemiologist and the scope of work determined by the availability of state data.

An important discovery in all of Learn to Earn Dayton’s work is that data analysis is essential to improving services and documenting trends.
Recommendations for educating the community

Recommendation #8: Advocate for policies that support Birth to 3 services.

Public education about the significance of the first 3 years of a child’s life is critical. Common sense tells people that children need to be stimulated and supported in the early years, but there is not widespread understanding of the lasting effect of Adverse Child Experiences and toxic stress on brain development.

Just as significant, there is not yet widespread understanding of the return on investing in quality early care and learning experiences. If we want to have a significant impact on children’s success in school and later as adults, we need to build public support for investment in the early years.

We propose using the Learn to Earn Dayton platform to connect our Birth to 3 agenda to the long-term college and career pipeline. While we know that elected officials, including Governor-elect Mike DeWine, have committed to prioritizing early childhood, we also know that historically there has been very little public investment in Ohio’s youngest children.

While there is no one simple intervention to address the systemic issues facing our most at-risk babies and toddlers, increased investment is critical if we are to make progress. We recommend dedicating a percentage of staff time and resources to ensure Montgomery County is at the table for state conversations and grant opportunities at the state and federal levels.

Cost Estimate: Staff expenses for organizing advocacy efforts would be approximately $15,000 annually.

Recommendation #9: Increase awareness about the importance of brain development from Birth to 3 and the impact of ACEs and toxic stress.

Adverse Child Experiences and toxic stress often have lasting detrimental physical and emotional impact on children. The public and even many professionals don’t fully understand the impact on brain development that can occur, forever limiting a child’s potential. There is growing interest in learning about “Trauma Informed Care” to help teachers, caregivers and professionals understand how to work with children who have experienced these life-altering challenges.

Our committee believes we must go beyond training only teachers and doctors, for example, on how to provide Trauma Informed Care. We imagine a “Trauma Informed Community” that passionately works to create safe and healthy home environments for all young children.

Today’s brain research shows that healthy development can be derailed by excessive or prolonged stress even in the early years when we think children are incapable of remembering or fully experiencing stress-inducing trauma. Our community and families need to be better educated about how ACEs affect children and their later success. To that end, we believe the Dayton region would benefit from bringing in an expert to educate professionals in multiple sectors, including health care and education.

Cost Estimate: Expenses for bringing an expert to our community range from $5,000 to $20,000 for a speaking fee, in addition to hosting costs.
Recommendation #10: Create strong support systems for at-risk moms and ensure support to them continues after they graduate from home visiting.

Our aspiration as a community should be to help low-income parents of young children break out of poverty, secure a job with living wages and be successful in providing secure and enriching environments for their families.

We know that in order for the child in a low-income setting to be successful, parents often need assistance with education, employment, creating safe home environments, finding childcare, securing reliable transportation, managing money and more. Home visiting uses coaching to help parents establish goals and work toward self-sufficiency.

Our committee is concerned about the many families who are left to fend for themselves once their child turns 2 or 3 and they no longer receive the personal support and individualized case management and coaching that is critical to the success of home visiting and Early Head Start programs. Helping families permanently escape poverty requires sustained outreach. As a community, we need to build on the progress home visiting/Early Head Start professionals make. Families need to be connected to other services such as Miami Valley Works job coaching, CareSource Job Connect and other resources that can help them and their children join and remain in the middle class.

Integrating, coordinating and aligning services that can support families at every stage of their child’s life can help ensure that all children have the support they need to thrive and reach their full potential. In addition, we recommend considering additional models to support families of children from Birth to age 3 who do not currently receive coaching. Models such as EMPath, which uses the Bridge to Self-Sufficiency® approach, is one such example worthy of exploration. Mobility Mentoring uses the Bridge approach to help families identify goals and reach self-sufficiency. Clearly, assisting parents in achieving self-sufficiency is a critical part of helping infants and toddlers reach their full potential.

Cost Estimate: In order to better connect home visiting to continued coaching services, it is recommended that a facilitator be identified to bring together appropriate entities – this could be incorporated into a Learn to Earn staff person’s role. Bringing in additional coaching services would require more significant investment, which needs to be explored further.

“When I started out as a first time mom, Help Me Grow was great. I learned so much through the different stages with my baby because of them. They genuinely cared for me and my baby.”
A. Stakeholders Committee Roster

**Shauna Adams**  
Associate Professor of Early Childhood Teacher Education, & Executive Director, Center for Early Learning, University of Dayton  
**Organization Type:** University  
**Programs Serving Birth to 3:** Infant and Toddler Certificate Program

**Pam Albers**  
Director, Help Me Grow Brighter Futures  
**Organization Type:** Home Visiting  
**Programs Serving Birth to 3:** Nurse Family Partnership, Healthy Families America, Early Head Start, Early Intervention

**Mary Burns**  
Chief Executive Officer, Miami Valley Childhood Development Center, Inc.  
**Organization Type:** Head Start  
**Programs Serving Birth to 3:** Early Head Start

**Heather Clutter**  
Enterprise Life Services Specialist, Education Team, CareSource Life Services  
**Organization Type:** Medicaid  
**Programs Serving Birth to 3:** Job Connect, Life Services

**Cindy Currell**  
Director of Social Services, Catholic Social Services  
**Organization Type:** Nonprofit Community Services  
**Programs Serving Birth to 3:** Mothers Empowered, Parent Link, Co-Parenting, Teen Parents Learn

**Matt Dunn**  
Manager, Community Programming, Human Services and Development, Montgomery County  
**Organization Type:** Government

**Brother Ray Fitz**  
Professor; Fr. Ferree Professor of Social Justice, Fitz Center  
**Organization Type:** University

**Pam Hume**  
Healthy Start Project Coordinator, Five Rivers Health Center  
**Organization Type:** Medical  
**Programs Serving Birth to 3:** Healthy Start

**Maleka James**  
Birth Outcomes Supervisor, Dayton & Montgomery County Public Health  
**Organization Type:** Public Health  
**Programs Serving Birth to 3:** Baby & Me, Tobacco Free

**Diane Acton Johnson**  
Director of Early Childhood Education, Miami Valley Childhood Development Center, Inc.  
**Organization Type:** Head Start  
**Programs Serving Birth to 3:** Early Head Start

**Sharon Johnston**  
Care4U Women’s and Children’s Health Program Lead, CareSource  
**Organization Type:** Medicaid  
**Programs Serving Birth to 3:** Maternal Child Health Program, Care4U Women’s and Children’s Health

**Toni Jones**  
Director, Enterprise Life Services, CareSource Life Services  
**Organization Type:** Medicaid  
**Programs Serving Birth to 3:** Job Connect, Life Services

**Yvette Kelly-Fields**  
Executive Director, Wesley Community Center  
**Organization Type:** Nonprofit Community Services

**Jan Lepore-Jentleson**  
Executive Director, East End Community Services  
**Organization Type:** Nonprofit Community Services  
**Programs Serving Birth to 3:** Family Coaching EMPath model and MVCDC partnership in the works
Vivica Montgomery-Gibson
Maternal Child Regional Coordinator, CareSource
Organization Type: Medicaid
Programs Serving Birth to 3: Maternal Child Health Program, Care4U Women’s and Children’s Health

Kathleen Moore
Early Literacy Specialist, Birth to Age 5, Dayton Metro Library
Organization Type: Library
Programs Serving Birth to 3: Text Tips, Love Them Outloud Kits for 0-24 months

Beverly Mountjoy
Five Rivers Health Center
Organization Type: Medical
Programs Serving Birth to 3: Healthy Start

Donna O’Neill
Manager, Pregnancy & Parenting Support Programs, Catholic Social Services
Organization Type: Nonprofit Community Services
Programs Serving Birth to 3: Mothers Empowered, Parent Link, Co-Parenting, Teen Parents Learn

Geraldine Pegues
Deputy Director, Human Services Planning & Development, Montgomery County
Organization Type: Government

Molly Sayre
Professor, Social Work, University of Dayton
Organization Type: University

Jessica Saunders
Director, Community Engagement, Dayton Children’s Hospital
Organization Type: Medical
Programs Serving Birth to 3: Dayton Asthma Alliance, Family Resource Connection

Ashley Seybold
Epidemiologist, Dayton & Montgomery County Public Health
Organization Type: Public Health
Programs Serving Birth to 3: Infant Mortality Task Force, Ohio Equity Institute

Richard Stock
Director, University of Dayton Business Research Group
Organization Type: University

Bob Stoughton
Research Administrator, Fitz Center/ Montgomery County FCFC
Organization Type: Government

Tracy Waller
Supervisor WIC Program, Dayton & Montgomery County Public Health
Organization Type: Public Health
Programs Serving Birth to 3: Women, Infants, and Children assistance program

Rev. Vanessa Oliver Ward
President, Omega CDC
Organization Type: Nonprofit Community Services
Programs Serving Birth to 3: The Hope Center for Families

Terra Williams Fox
Director Health Promotion Public Health, Dayton & Montgomery County Public Health
Organization Type: Public Health
Programs Serving Birth to 3: Infant Mortality Task Force, Ohio Equity Institute

Betsy Krise
Child Outreach Specialist, Goodwill Easterseals Miami Valley
Organization Type: Nonprofit Community Services
Programs Serving Birth to 3: Child Screening Service

Rachel Ward
Manager, Community Programming, Montgomery County
Organization Type: Government

Teresa Hottel
CareSource Life Services
Organization Type: Medicaid
Programs Serving Birth to 3: Job Connect, Life Services

FACILITATORS:
Hope Collins
Birth to 3 Consultant, Learn to Earn Dayton
Organization Type: Nonprofit

Robyn Lightcap
Executive Director, Learn to Earn Dayton, Preschool Promise
Organization Type: Nonprofit
B. How ACEs Lead to Toxic Stress

"ACEs" stands for "Adverse Childhood Experiences." These experiences can include things like physical and emotional abuse, neglect, caregiver mental illness, and household violence. The more ACEs a child experiences, the more likely he or she is to suffer from things like heart disease and diabetes, poor academic achievement, and substance abuse later in life.

Toxic stress explains how ACEs "get under the skin." Experiencing many ACEs, as well as things like racism and community violence, without supportive adults, can cause what's known as toxic stress. This excessive activation of the stress-response system can lead to long-lasting wear-and-tear on the body and brain.

The ideal approach, however, is to prevent the need for these responses by reducing the sources of stress in people's lives. This can happen by helping to meet their basic needs or providing other services. Likewise, fostering strong, responsive relationships between children and their caregivers, and helping children and adults build core life skills, can help to buffer a child from the effects of toxic stress.

For those who have experienced ACEs, there are a range of possible responses that can help, including therapeutic sessions with mental health professionals, meditation, physical exercise, spending time in nature, and many others.

ACEs affect people at all income and social levels, and can have serious, costly impact across the lifespan. No one who's experienced significant adversity (or many ACEs) is irreparably damaged, though we need to acknowledge trauma's effects on their lives. By reducing families' sources of stress, providing children and adults with responsive relationships, and strengthening the core life skills we all need to adapt and thrive, we can prevent and counteract lasting harm.

Learn more about ACEs from the Centers for Disease Control and Prevention. For more information, visit http://developingchild.harvard.edu/ACEs.
C. ACEs Survey

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often …
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes  No  If yes enter 1  __________

2. Did a parent or other adult in the household often …
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes  No  If yes enter 1  __________

3. Did an adult or person at least 5 years older than you ever…
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Try to or actually have oral, anal, or vaginal sex with you?
   Yes  No  If yes enter 1  __________

4. Did you often feel that …
   No one in your family loved you or thought you were important or special?
   or
   Your family didn’t look out for each other, feel close to each other, or support each other?
   Yes  No  If yes enter 1  __________

5. Did you often feel that …
   You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes  No  If yes enter 1  __________

6. Were your parents ever separated or divorced?
   Yes  No  If yes enter 1  __________

7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes  No  If yes enter 1  __________

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes  No  If yes enter 1  __________

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes  No  If yes enter 1  __________

10. Did a household member go to prison?
    Yes  No  If yes enter 1  __________

   Now add up your “Yes” answers:  ________  This is your ACE Score
Background Data for Age 0 to 3 Discussion

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

&

Ashley Seybold, MPH, CHES
Epidemiologist
Public Health - Dayton & Montgomery County
Montgomery County Teen Births, (as percent of all Births), by Race, 2006-2017

- Total
- African American
- White

- 2006: 18.3%
- 2017: 9.4%

- 2007: 20.4%
- 2012: 9.5%

- 2008: 20.1%
- 2013: 8.6%

- 2009: 20.3%
- 2014: 7.2%

- 2010: 18.4%
- 2015: 6.5%

- 2011: 15.6%
- 2016: 5.7%

- 2012: 15.2%
- 2017: 4.4%
Montgomery County Births to Unmarried Mothers, (as percent of all Births), by Race, 2006-2017

- **Total**
- **African American**
- **White**
Percent of New Mothers in Poverty, Birth in last 12 months, by School District

- Montgomery County: 41%
- Jefferson Township: 63%
- Northridge: 61%
- Dayton: 59%
- New Lebanon: 52%
- West Carrollton: 46%
- Valley View: 44%
- Miamisburg: 41%
- Trotwood-Madison: 41%
- Northmont: 35%
- Kettering: 33%
- Brookville: 29%
- Mad River: 25%
- Vandalia-Butler: 25%
- Huber Heights: 12%
- Oakwood: 0%
- Centerville: 0%
Percent of New Mothers in Poverty by Marital Status by School District, (as Percent of All New Mothers), Birth in last 12 months

<table>
<thead>
<tr>
<th>School District</th>
<th>In Poverty Married</th>
<th>In Poverty Not Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery County</td>
<td>9%</td>
<td>31%</td>
</tr>
<tr>
<td>Jefferson Township</td>
<td>0%</td>
<td>63%</td>
</tr>
<tr>
<td>Northridge</td>
<td>12%</td>
<td>44%</td>
</tr>
<tr>
<td>Dayton</td>
<td>14%</td>
<td>45%</td>
</tr>
<tr>
<td>New Lebanon</td>
<td>9%</td>
<td>43%</td>
</tr>
<tr>
<td>West Carrollton</td>
<td>4%</td>
<td>42%</td>
</tr>
<tr>
<td>Valley View</td>
<td>0%</td>
<td>44%</td>
</tr>
<tr>
<td>Miamisburg</td>
<td>15%</td>
<td>26%</td>
</tr>
<tr>
<td>Trotwood-Madison</td>
<td>0%</td>
<td>41%</td>
</tr>
<tr>
<td>Northmont</td>
<td>20%</td>
<td>15%</td>
</tr>
<tr>
<td>Kettering</td>
<td>7%</td>
<td>23%</td>
</tr>
<tr>
<td>Brookville</td>
<td>0%</td>
<td>20%</td>
</tr>
<tr>
<td>Mad River</td>
<td>6%</td>
<td>20%</td>
</tr>
<tr>
<td>Vandalia-Butler</td>
<td>0%</td>
<td>23%</td>
</tr>
<tr>
<td>Huber Heights</td>
<td>7%</td>
<td>20%</td>
</tr>
<tr>
<td>Oakwood</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Centerville</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

In Poverty Married | In Poverty Not Married

Percentages are listed for various school districts, showing the proportion of new mothers in poverty, both married and not married, within the last 12 months.
Percent of New Mothers receiving Public Assistance by School District, Birth in last 12 months

- Montgomery County: 8%
- Dayton: 16%
- Trotwood-Madison: 12%
- Kettering: 11%
- Mad River: 10%
- Huber Heights: 8%
- Northridge: 6%
- West Carrollton: 0%
- Vandalia-Butler: 0%
- Valley View: 0%
- Oakwood: 0%
- Northmont: 0%
- New Lebanon: 0%
- Miamisburg: 0%
- Jefferson Township: 0%
- Centerville: 0%
- Brookville: 0%
Percent of New Mothers in Labor Force by School District, (Birth in Last 12 months)
Percent of New Mothers with College Degree by School District, (Birth in Last 12 months)

- Montgomery County: 18%
- Oakwood: 100%
- Centerville: 88%
- Kettering: 36%
- Mad River: 24%
- Brookville: 21%
- Huber Heights: 17%
- Valley View: 14%
- Northmont: 13%
- Miamisburg: 10%
- Dayton: 10%
- West Carrollton: 10%
- New Lebanon: 10%
- Trotwood-Madison: 6%
- Vandalia-Butler: 5%
- Northridge: 0%
- Jefferson Township: 0%
Percent of Children Age 0 to 2 Cared for "Only at Home" & at Childcare Center by School District

- Montgomery County
- Dayton
- Northridge
- Jefferson Twp.
- Mad River
- West Carrollton
- Huber Heights
- Trotwood Madison
- Northmont
- Miamisburg
- Kettering
- Vandalia Butler
- New Lebanon
- Valley View
- Centerville
- Oakwood
- Brookville

- Child Care/ Toddler Program
- Cared for ONLY at home
Percent of Children Age 0-2 in High Quality Preschool/Childcare by School District

- Montgomery County: 9.5%
- Trotwood Madison: 12.7%
- Oakwood: 12.2%
- West Carrollton: 11.0%
- Miamisburg: 9.7%
- Kettering: 9.6%
- Centerville: 8.8%
- Dayton: 8.8%
- Northridge: 8.6%
- Huber Heights: 8.3%
- Northmont: 7.7%
- Jefferson Twp.: 7.1%
- Mad River: 7.0%
- Vandalia Butler: 4.6%
- Valley View: 2.6%
- Brookville: 2.2%
- New Lebanon: 0.0%
Percent of Children Age 3 Cared for "Only at Home" & at Childcare Center by School District

- Montgomery County: 29% Cared for ONLY at home, 57% Child Care/Toddler Program
- Dayton: 42% Cared for ONLY at home, 46% Child Care/Toddler Program
- Northridge: 42% Cared for ONLY at home, 42% Child Care/Toddler Program
- New Lebanon: 36% Cared for ONLY at home, 38% Child Care/Toddler Program
- West Carrollton: 33% Cared for ONLY at home, 50% Child Care/Toddler Program
- Northmont: 32% Cared for ONLY at home, 51% Child Care/Toddler Program
- Trotwood Madison: 31% Cared for ONLY at home, 62% Child Care/Toddler Program
- Mad River: 31% Cared for ONLY at home, 52% Child Care/Toddler Program
- Jefferson Twp.: 31% Cared for ONLY at home, 66% Child Care/Toddler Program
- Huber Heights: 29% Cared for ONLY at home, 55% Child Care/Toddler Program
- Miamisburg: 29% Cared for ONLY at home, 57% Child Care/Toddler Program
- Vandalia Butler: 23% Cared for ONLY at home, 58% Child Care/Toddler Program
- Kettering: 21% Cared for ONLY at home, 67% Child Care/Toddler Program
- Valley View: 18% Cared for ONLY at home, 53% Child Care/Toddler Program
- Centerville: 17% Cared for ONLY at home, 67% Child Care/Toddler Program
- Brookville: 13% Cared for ONLY at home, 63% Child Care/Toddler Program
- Oakwood: 9% Cared for ONLY at home, 85% Child Care/Toddler Program
Percent of Children Age 3 in High Quality Preschool/Childcare by School District

- Montgomery County: 25%
- Trotwood Madison: 33%
- Oakwood: 31%
- Northridge: 30%
- Jefferson Twp.: 29%
- Kettering: 27%
- West Carrollton: 25%
- Northmont: 25%
- Mad River: 25%
- Dayton: 25%
- Huber Heights: 23%
- Vandalia Butler: 21%
- Centerville: 21%
- Brookville: 19%
- Valley View: 18%
- Miamisburg: 17%
- New Lebanon: 5%
Percent of All STAR Assessments with Moderate or High Risk Level by Issue Area, Source: Help Me Grow Brighter Futures

- Depression, Anxiety and other Mental Health Issues: 38%
- Economic Adversity: 38%
- Maternal Education and Work: 37%
- Pregnancy Planning: 21%
- Pregnancy Complication or Chronic Illness: 21%
- Loneliness and Social Isolation: 16%
- Substance Use and Abuse: 16%
- Use of Other Community Services: 12%
- Intimate Partner Violence: 10%
- Environmental Health: 10%
- Homelessness and Residential Instability: 9%
- Caregiving Attitudes & Behaviors: 8%
- Home Safety: 8%
- Developmental and Intellectual Disability: 7%
- English Literacy Limitations: 7%
- Health Services Utilization: 6%
- Child Care: 6%
- Criminal Justice/Legal Issues: 6%
- Child Health and Development (Infancy/Toddlerhood Only): 6%
- Well-Child Care: 1%
### Table 14: Co-Occurrence of Moderate and High Risk by Assessment Area on STAR (Strength and Risk Framework) Assessments

<table>
<thead>
<tr>
<th>Assessment Area</th>
<th>Depression, Anxiety and other Mental Health Issues</th>
<th>Economic Adversity</th>
<th>Maternal Education and Work</th>
<th>Loneliness and Social Isolation</th>
<th>Pregnancy Planning</th>
<th>Pregnancy Complication or Chronic Illness</th>
<th>Substance Use and Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression, Anxiety and other Mental Health Issues</td>
<td>100%</td>
<td>47%</td>
<td>48%</td>
<td>68%</td>
<td>52%</td>
<td>52%</td>
<td>57%</td>
</tr>
<tr>
<td>Economic Adversity</td>
<td>45%</td>
<td>100%</td>
<td>68%</td>
<td>57%</td>
<td>48%</td>
<td>48%</td>
<td>50%</td>
</tr>
<tr>
<td>Maternal Education and Work</td>
<td>48%</td>
<td>70%</td>
<td>100%</td>
<td>55%</td>
<td>43%</td>
<td>43%</td>
<td>55%</td>
</tr>
<tr>
<td>Loneliness and Social Isolation</td>
<td>29%</td>
<td>25%</td>
<td>24%</td>
<td>100%</td>
<td>17%</td>
<td>17%</td>
<td>25%</td>
</tr>
<tr>
<td>Pregnancy Complication or Chronic Illness</td>
<td>29%</td>
<td>27%</td>
<td>24%</td>
<td>22%</td>
<td>100%</td>
<td>100%</td>
<td>28%</td>
</tr>
<tr>
<td>Pregnancy Planning</td>
<td>29%</td>
<td>27%</td>
<td>24%</td>
<td>22%</td>
<td>100%</td>
<td>100%</td>
<td>28%</td>
</tr>
<tr>
<td>Substance Use and Abuse</td>
<td>18%</td>
<td>16%</td>
<td>18%</td>
<td>18%</td>
<td>16%</td>
<td>16%</td>
<td>100%</td>
</tr>
<tr>
<td>Sample Size</td>
<td>312</td>
<td>300</td>
<td>309</td>
<td>133</td>
<td>172</td>
<td>172</td>
<td>98</td>
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</tbody>
</table>
### Table 15: Edinburgh Score Range for Nurse Family Partnership and Healthy Start, All Clients First Observation, 2012-2018

<table>
<thead>
<tr>
<th>Row Labels</th>
<th>Low Probability (0-8)</th>
<th>Just Baby Blues, (9-12)</th>
<th>Possible Post Partum, (13-14)</th>
<th>High Probability Clinical Depression, (15 and up)</th>
<th>Sample Size</th>
<th>Percent Post Partum plus High Probability Clinical Depression</th>
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</thead>
<tbody>
<tr>
<td>45439</td>
<td>10</td>
<td>8</td>
<td>5</td>
<td>3</td>
<td>26</td>
<td>30.8%</td>
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<tr>
<td>45432</td>
<td>11</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>20</td>
<td>25.0%</td>
</tr>
<tr>
<td>45342</td>
<td>33</td>
<td>6</td>
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<td>18.8%</td>
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<tr>
<td>45403</td>
<td>39</td>
<td>18</td>
<td>3</td>
<td>10</td>
<td>70</td>
<td>18.6%</td>
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<tr>
<td>45449</td>
<td>20</td>
<td>9</td>
<td>2</td>
<td>4</td>
<td>35</td>
<td>17.1%</td>
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<tr>
<td>45405</td>
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<td>21</td>
<td>5</td>
<td>12</td>
<td>102</td>
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<td>45420</td>
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<td>2</td>
<td>31</td>
<td>16.1%</td>
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<tr>
<td>45417</td>
<td>122</td>
<td>27</td>
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<td>16</td>
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<tr>
<td>45402</td>
<td>42</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>55</td>
<td>14.5%</td>
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<td>45424</td>
<td>43</td>
<td>11</td>
<td>9</td>
<td>63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45404</td>
<td>20</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>29</td>
<td>13.8%</td>
</tr>
<tr>
<td>45410</td>
<td>43</td>
<td>8</td>
<td>3</td>
<td>5</td>
<td>59</td>
<td>13.6%</td>
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<td>45458</td>
<td>24</td>
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<td>45414</td>
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<td>15</td>
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<td>45426</td>
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<td>45406</td>
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<td>8</td>
<td>1</td>
<td>20</td>
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<td>45416</td>
<td>17</td>
<td>2</td>
<td>1</td>
<td>20</td>
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<tr>
<td>All Others</td>
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<td>18</td>
<td>7</td>
<td>8</td>
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<td>12.4%</td>
</tr>
<tr>
<td>Total</td>
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<td>203</td>
<td>68</td>
<td>102</td>
<td>1224</td>
<td>13.9%</td>
</tr>
</tbody>
</table>
Table 13: Home Visiting, Early Head Start and Parent Education Programs Penetration Rates by Zip Code in 0 to 3 population (Zip Codes Sorted by New Mother Poverty Rate)

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Age 0 to 3 Population</th>
<th>Mothers and Children Reached of 0 to 3 Population in Home Visiting and Other Programs</th>
<th>Overall Penetration Rate of Programming</th>
<th>Penetration Rate of Programming Relative to Number in Poverty</th>
<th>Zip Code Socioeconomic Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>45416</td>
<td>278</td>
<td>85</td>
<td>30%</td>
<td>30%</td>
<td>Percent Poverty Level, New Mothers</td>
</tr>
<tr>
<td>45402</td>
<td>532</td>
<td>161</td>
<td>30%</td>
<td>33%</td>
<td>Estimated Number in Poverty</td>
</tr>
<tr>
<td>45408</td>
<td>1220</td>
<td>360</td>
<td>30%</td>
<td>39%</td>
<td>Percent African American</td>
</tr>
<tr>
<td>45403</td>
<td>996</td>
<td>211</td>
<td>21%</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>45417</td>
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<td>42%</td>
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<td>10%</td>
<td>18%</td>
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<td>254</td>
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<td>2%</td>
<td>5%</td>
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</tr>
<tr>
<td>45406</td>
<td>1116</td>
<td>331</td>
<td>30%</td>
<td>64%</td>
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<td>45327</td>
<td>404</td>
<td>20</td>
<td>5%</td>
<td>11%</td>
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<tr>
<td>45415</td>
<td>492</td>
<td>53</td>
<td>11%</td>
<td>26%</td>
<td></td>
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<td>45342</td>
<td>1864</td>
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<td>3%</td>
<td>8%</td>
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<tr>
<td>45322</td>
<td>820</td>
<td>43</td>
<td>5%</td>
<td>14%</td>
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<td>45309</td>
<td>448</td>
<td>6</td>
<td>1%</td>
<td>4%</td>
<td></td>
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<tr>
<td>45420</td>
<td>1220</td>
<td>66</td>
<td>5%</td>
<td>16%</td>
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</tr>
<tr>
<td>45449</td>
<td>958</td>
<td>90</td>
<td>9%</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>45429</td>
<td>1030</td>
<td>41</td>
<td>4%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26794</strong></td>
<td><strong>3356</strong></td>
<td><strong>13%</strong></td>
<td><strong>31%</strong></td>
<td><strong>41%</strong></td>
</tr>
</tbody>
</table>

Birth-3 Recommendations Report
% of Montgomery County Kindergarteners "Demonstrating" Readiness for Kindergarten

2015-2016
- Black, Non-Hispanic: 23.2%
- White, Non-Hispanic: 43.7%

2016-2017
- Black, Non-Hispanic: 18.8%
- White, Non-Hispanic: 41.0%
<table>
<thead>
<tr>
<th>E. Inventory of Programs</th>
<th>Eligibility</th>
<th>Capacity</th>
<th>Enrolled</th>
<th>Available</th>
<th>Child/Parent Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nurse Family Partnership</strong> (Help Me Grow Brighter Futures)</td>
<td>International program with rigorous research; provides home visits weekly for first 4 weeks, then every two weeks up to birth, then weekly until child is 6 weeks old, then every 2 weeks until child is 21 months then monthly visits until child is 2 years old. Registered Nurses provide the home visits.</td>
<td>First time moms Prenatal moms, in first 28 weeks of pregnancy, low income and high-risk</td>
<td>406</td>
<td>299</td>
<td>107</td>
</tr>
<tr>
<td><strong>Nurse Family Partnership - NFP Pilot for Multiples</strong> (Help Me Grow Brighter Futures)</td>
<td>International program with rigorous research; provides home visits weekly for first 4 weeks, then every two weeks up to birth, then weekly until child is 6 weeks old, then every 2 weeks until child is 21 months then monthly visits until child is 2 years old. Registered Nurses provide the home visits.</td>
<td>Pregnant but not first time moms who have medical concerns and are low-income and high-risk</td>
<td>200</td>
<td>111</td>
<td>89</td>
</tr>
<tr>
<td><strong>Healthy Families America (HFA)</strong> (through Help Me Grow Brighter Futures)</td>
<td>Home visits to children at risk from birth to age three. Uses HFA model and the Growing Great Kids curriculum.</td>
<td>Prenatal to 3 years old, targeted towards first time parents, low income Have at-risk factors provided by state Expanding by 120 due to new grant, hiring underway</td>
<td>289</td>
<td>243</td>
<td>46</td>
</tr>
<tr>
<td><strong>Early Intervention</strong> (through Help Me Grow Brighter Futures)</td>
<td>Also referred to as the “Part C” program, offers services to families with a child birth to age three identified with a developmental delay</td>
<td>Child must be identified with a developmental delay; All incomes</td>
<td>700</td>
<td>650</td>
<td>50</td>
</tr>
<tr>
<td><strong>Early Head Start (EHS)</strong> (through Help Me Grow Brighter Futures)</td>
<td>Federal program through Early Head Start, provides weekly home visits using the Parents As Teachers curriculum.</td>
<td>Child birth to age 3 at or below 100% Federal Poverty Level</td>
<td>108</td>
<td>108</td>
<td>0</td>
</tr>
<tr>
<td><strong>Early Head Start (EHS)</strong> (through Miami Valley Child Development Centers MVCDC)</td>
<td>Federally funded Early Head Start program provides comprehensive services to children six weeks to age 3 in childcare settings in a home or center. Must offer 6 hours a day, year round, five days a week. Families receive support and assistance toward self-sufficiency. Offer parent events and series of workshops based on Family Stability Matrix results. Group size no more than 8, ratio 2:8. Both teachers are credentialed with at least a CDA. No transportation provided.</td>
<td>Income below the Federal Poverty Level; can take up to 10% over income Six weeks to 3 years old Under new grant 430 EHS run by MVCDC, 228 in partnership - including Home Visiting</td>
<td>144</td>
<td>144</td>
<td>0</td>
</tr>
<tr>
<td><strong>Early Head Start Partnership Sites - at Childcare Centers</strong> (subgranted from MVCDC)</td>
<td>Federally funded Early Head Start - MVCDC subgrants to private Family Childcare providers and Center based providers. Programs offer 10 hours a day, five days a week, year round. Parent events and a variety of workshops are also offered. The maximum group size is 8, ratio 2:8. Both teachers are credentialed with at least a CDA.</td>
<td>Income below the Federal Poverty Level; can take up to 10% over income Six weeks to 3 years old</td>
<td>74</td>
<td>74</td>
<td>0</td>
</tr>
<tr>
<td>Program Name</td>
<td>Description</td>
<td>Eligibility</td>
<td>Capacity</td>
<td>Enrolled</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>-------------</td>
<td>----------</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>Mothers Empowered - Postnatal</td>
<td>Postnatal group led by Family Life Coach. Begins with a brief initial linkage. Participants receive home visiting, case management, and parenting education.</td>
<td>Women who have completed prenatal care and are parenting.</td>
<td>Capacity varies</td>
<td># enrolled varies</td>
<td>For adolescent and adult parents of one or more children up to entering school age. Women who are seeking to improve their parenting skills and strengthening their family through completion of the Nurturing Parenting curriculum.</td>
</tr>
<tr>
<td>Mothers Empowered - Postnatal</td>
<td>Prenatal education and parent group led monthly by Family Life Coach. Participants receive home visiting, case management, and parenting education.</td>
<td>Women who are parenting at least one child each month for parenting education and case management.</td>
<td>Capacity varies</td>
<td># enrolled varies</td>
<td>For the 101 class, a child support customer, or anyone in a co-parenting situation. For the nurturing series, any parents of children, ages 12 and under.</td>
</tr>
<tr>
<td>Learn to Earn Dayton</td>
<td>Parent support program that has been in existence for 30 years.</td>
<td>Parents who are teen parents and are enrolled in an alternative high school program or want to obtain a high school degree.</td>
<td>Capacity varies</td>
<td># enrolled varies</td>
<td>Teen Parents Learn provides a full range of parenting education and case management.</td>
</tr>
<tr>
<td>ParentLink - home based parenting education and case management</td>
<td>Any child up to entering school age. Women who are seeking to improve one’s co-parenting situation, offering skills and techniques to make life easier for your child. The nurturing series, any parents of children, ages 12 and under.</td>
<td></td>
<td>Capacity varies</td>
<td># enrolled varies</td>
<td>Have a child born to 3 is enter only.</td>
</tr>
<tr>
<td>Mommy &amp; Me</td>
<td>Parent support program that has been in existence for 30 years.</td>
<td>Parents who are teen parents and are enrolled in an alternative high school program or want to obtain a high school degree.</td>
<td>Capacity varies</td>
<td># enrolled varies</td>
<td>Teen Parents Learn provides a full range of parenting education and case management.</td>
</tr>
<tr>
<td>Teen Parents Learn</td>
<td>Parent support program that has been in existence for 30 years.</td>
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<td># enrolled varies</td>
<td>Teen Parents Learn provides a full range of parenting education and case management.</td>
</tr>
<tr>
<td>Women, Infants, and Children (WIC)</td>
<td>Federally funded supplemental nutrition program that provides supplemental foods, health care referrals, and nutrition education</td>
<td>Low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and infants and children up to age 5 who are found to be at nutritional risk</td>
<td>Capacity varies</td>
<td># enrolled varies</td>
<td>Women with children 0-5 who are enrolled in an alternative high school program or want to obtain a high school degree.</td>
</tr>
</tbody>
</table>