Ohio Family and Children First
SFY18 FCSS Semi-Annual Report Summary
April 2018

In SFY 2018, Family-Centered Services and Supports (FCSS) funds were designated through the Ohio Department of Mental Health and Addiction Services for the purpose of providing supports and services to achieve optimal outcomes for children and youth while maintaining them safely in their own homes and communities. The FCSS funds are comprised of ODJFS Title IV-B federal funds that are matched with state general funds from OhioMHAS, ODODD, and ODYS. The FCSS funds are available on a reimbursement basis to the county Family and Children First Councils (FCFC) that meet specific requirements.

The target population for Family-Centered Services and Supports (FCSS) is youth (ages 0 through 21) with multi-systemic needs and who are receiving service coordination through the county FCFC. Service coordination is provided by FCFCs according to the Ohio Revised Code section 121.37(C) mandate, with many counties also providing Wraparound as a way to coordinate needs for those with a higher complexity of needs. FCSS funding is designed to meet the unique needs of children and families identified on the county FCFC individualized family service coordination plan (IFSCP) developed through the service coordination process and/or to support the FCFC service coordination process, as described in the county service coordination mechanism. To read more about the purpose and criteria established for use of these funds, refer to the Ohio Family and Children First (OFCF) website http://www.fcf.ohio.gov/Initiatives/System-of-Care-FCSS.

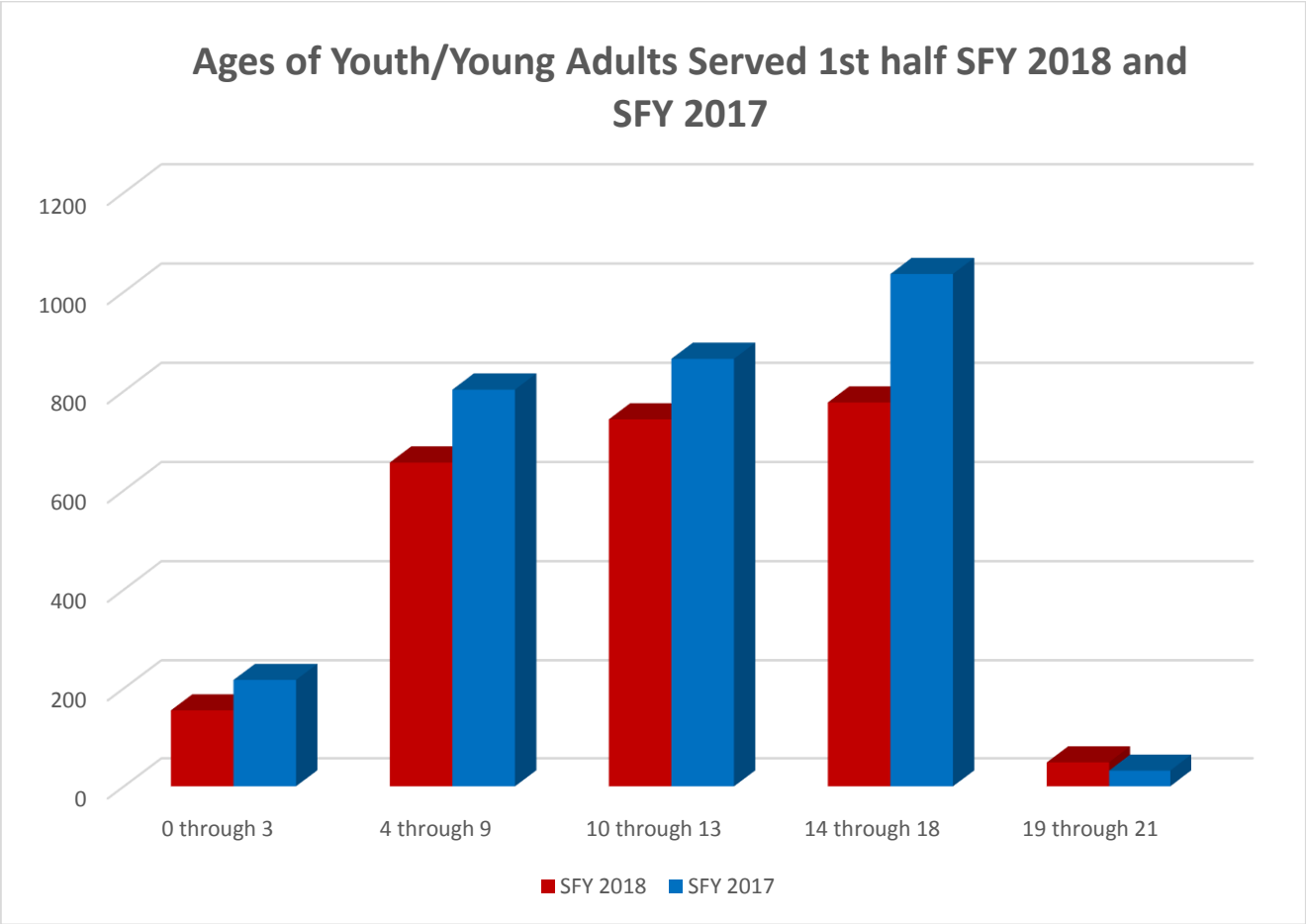
The eighty-eight (88) county FCFCs requesting FCSS funds were required to submit a SFY 18 Semi-Annual Report by February 1, 2018. The following is a brief summary of the information provided in the **submitted county FCSS Semi-Annual Reports**.

Total Number and Ages of Children Served

The total number of children served between the ages of 0-21 during the first half of SFY 2018 was **2,380.** This is **573 less children than were served during the first half of SFY 2017 (2,953).**

The **14 through 18-year-old age group (777 children) is the largest age group** of youth being served through FCFC Service Coordination with FCSS funds. The age range of 10 through 13 was the second highest (743) and the age range of 4 through 9 was the third highest (656). There were more youth served in the 19 through 21-year-old age range than in the first half of SFY 2017 (49).

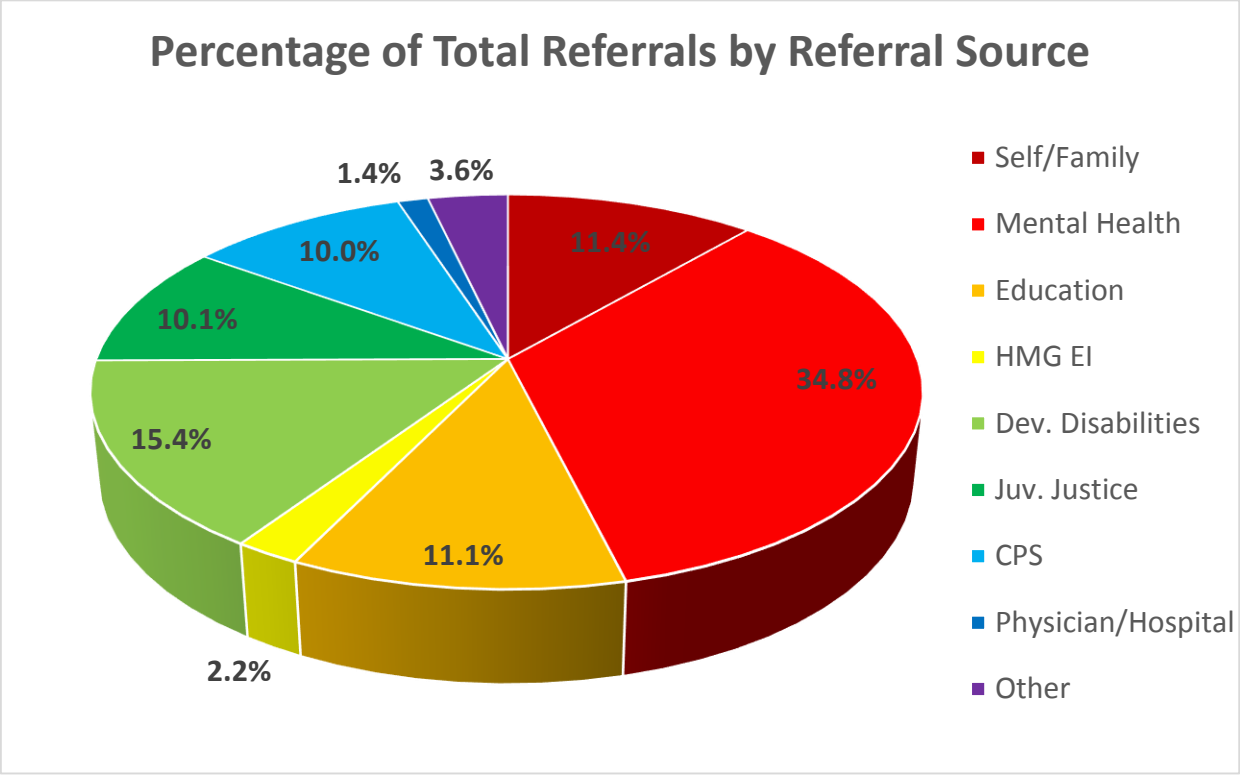
The graph and table below show a comparison of the number of children served in the first six months of SFY 2018 and SFY 2017 in each age group and the percent of the total children served in each age group during the current fiscal year.



Ages of Children	0 – 3	4 – 9	10 – 13	14 – 18	19 - 21	Total
SFY 2018	155	656	743	777	49	2,380
Percent of Total in Age Group	6.5%	27.6%	31.2%	32.6%	2.1%	100%

Number of Referrals by System

Beginning with SFY 2017, we began tracking where the referrals to FCFC Service Coordination/Wraparound were originating by system. Data was grouped across the seven most frequent referrers to FCFC Service Coordination with all other referrers captured under "Other."



Total Number of Families Served

FCFC service coordination is a family-focused process, and thus, addresses the needs of the identified youth and their families. The **total number of families served in the first 6 months of SFY 2018 was 1,869 compared to 2,166 families served in the first half of SFY 2017.**

Children's Service/Support Needs by Category Identified at Intake

The FCSS guidance asked the FCFC to report the identified child's service or support needs at the point of intake, whether or not the child was currently receiving services or supports to address that need at the point of intake. A child or youth must have two or more identified needs to be accepted into the service coordination process.

- There were **5,129 identified needs** (average 2.16 needs per child) during the first half of SFY 2018. The total needs are lower than the 7,770 needs identified in the first half of SFY 2017, and the average needs per child are down from the average of 2.63 per child.
- The top three identified need categories over the past six fiscal years, including the first half of SFY 2018, have consistently been: **Mental Health (60.5% of children had this identified need), Poverty (37.2%) and Special Education (37.6%)**. When combined, these three categories account for 3,219 of the identified needs, or 63% of the total identified needs among 13 categories.

- Beginning in SFY 2014, counties were asked to track the number of youth who presented with a need for supports specific to those on the Autism Spectrum. This need was identified in 12.5% of the youth (297), which is a decrease from the first half of SFY 2017.

The table below shows the number of needs identified in each category.

Category of Service/Support Need	Number of Children Presenting with this Need at Intake-SFY18	Percent of children with this Need SFY18	Percent of Children with this Need SFY17	Percent of Children with this Need SFY16	Percent of Children with this Need SFY15	Percent of Children with this Need SFY14	Percent of Children with this Need SFY13
Mental Health	1439	60.5%	59.7%	57.9%	57.5%	56%	58.5%
Poverty	886	37.2%	43.8%	48.6%	45.4%	50.3%	50.3%
Special Education	894	37.6%	40.7%	43.7%	39.4%	42%	44.1%
Developmental Disability	584	24.5%	26.1%	25.5%	24%	24.8%	27.6%
Unruly	421	17.7%	20.3%	21%	20.1%	18.3%	16.4%
Child Neglect	274	11.5%	11.5%	15%	14%	12.7%	14.7%
Physical Health	202	8.5%	10.2%	11.8%	12.5%	11.6%	12.4%
Delinquent	191	8%	11.1%	11.6%	11.2%	12%	10.5%
Autism	297	12.5%	13%	15.2%	11%	10.8%	NA
Child Abuse	189	7.9%	9.9%	10.5%	10.2%	9.5%	11.6%
Alcohol/Drug	156	6.6%	8.2%	7.4%	7.6%	8.3%	7.4%
Help Me Grow	84	3.5%	4.4%	5.3%	4.6%	6.1%	5.4%
No Primary Care Physician	119	5%	3.8%	9.8%	3.5%	5.4%	14.2%
Total Needs	5129						

FCSS Funded Services and Supports Provided through FCFC Service Coordination

County FCFCs were asked to provide information about the number of different types of services and supports paid for with FCSS funds through FCFC Service Coordination when that service/support was written into a family's Individual Family Service Coordination Plan (IFSCP). The service/support categories were more clearly defined and the way the services/supports are to be counted was more clearly explained in preparation for SFY 2013 reporting. Therefore, five years of data is available for this part of the summary report to assure valid comparisons.

The **total number of various types of services/supports** provided with FCSS funding during the first half of SFY 2018 was **3,625,** which is a decrease from the first half of SFY 2017 (4,821).

- **Service coordination accounted for 34% of all types of services** provided and was the most frequently reported individual type of service/support for which FCSS funds were used. All families must be enrolled in FCFC Service Coordination in order to access FCSS funding, however, some counties have access to other funding sources to support the operational costs of service coordination and/or Wraparound.
  - 55 counties (63%) reported using FCSS funds to assist in the support of service coordination and to provide other services and supports for families in service coordination.

- 24 counties (27%) reported that they used none of the FCSS funds to support the FCFC service coordination process and used all of their funds to provide services and supports to families in service coordination.
- 7 counties (8%) used their total FCSS allocations to assist in the support of the service coordination process.
- 2 counties (2%) reported not spending any of its allocation during the first 6 months of SFY 2018.

The chart below provides the details of the frequency of all service types reported.

Type of Service/Support Provided	**Number/Percent of Families Receiving** Service/Support **(**1st half of **SFY 18)**	**Percent of total services and supports** provided in 1st half **SFY 18**	Percent of **Families Receiving** Service/Support **(**1st half of **SFY 17)**	**Percent of total services and supports** provided in 1st half **SFY 17**	Percent of **Families Receiving** Service/ Support **(**1st half of **SFY16)**	**Percent of total services and supports** provided 1st half **SFY16**
Service Coordination	1238/ (66.2%)	34.2%	63.7%	28.6%	62.8%	29%
Social/Recreational Supports	656/ (35.1%)	18.1%	37.1%	16.7%	34.1%	15.8%
Respite	481/ (25.7%)	13.3%	24.2%	10.8%	21.2%	9.8%
Transportation	334/ (17.9%)	9.2%	27.1%	12.2%	23%	10.6%
Structured activities to improve family functioning	286/ (15.3%)	7.9%	18%	8.1%	16.6%	7.7%
Non-clinical in-home parenting/coaching	151/ (8.1%)	4.2%	10.9%	4.9%	16.7%	4.9%
Mentoring	164/ (8.8%)	4.5%	12.6%	5.6%	12.8%	5.6%
Parent Education	77/ (4.1%)	2.1%	9.3%	4.1%	12.8%	3.9%
Parent Advocacy	120/ (6.4%)	3.3%	8.3%	3.7%	9.2%	4.2%
Safety and Adaptive Equipment	103/ (5.5%)	2.8%	7.2%	3.2%	7%	3.3%
Youth/Young Adult Peer Support (new category)	2/ (0.1%)	0.1%	0.8%	0.3%	2.1%	0.9%
Non-clinical Parent Support Groups	6/ (0.3%)	0.2%	1.6%	0.7%	1.7%	0.8%
Other	7/ (0.4%)	0.2%	1.6%	0.4%	0.7%	0.3%
Total	3625	100%	-------	100%	-------	100%

Number of Children/Families connected to a primary care physician during Service Coordination

Beginning in SFY 2013, families entering FCFC service coordination were asked if they and/or their children have a primary care physician. The families of those children without a primary care physician have the opportunity to be connected one during the service coordination process. In the first half of SFY 2018 there were 72 children identified during the intake process who did not have a primary care physician. This is 103 less than in the first half of SFY 2017 (275). Perhaps this is an indication that multi-system families are being connected to primary care earlier and at a much higher rate than in previous years. Of the 72 total children in SFY 2018 that were identified to be without a primary care physician, 66 were connected to a physician during the service coordination

process. No FCSS funds were used to provide medical services. The benefit for the families is to be connected to a physician with the goal of better integrating physical and behavioral health.

Conclusion

This summary provides a snapshot of how the FCSS funds were used by counties during the first half of SFY 2018. **The significant decrease in the number of youth and families served in the first half of SFY 2018 is being attributed to the delay in the release of FCSS funding. In many counties, services are not able to be provided until a notice of award is received which guarantees the receipt of funding along with the amount of funding that is to be allocated to the county. Due to the delay of the state providing this notice, many counties were unable to provide services to eligible families until late in the 2nd quarter of the fiscal year.**

It should be remembered that the number of youth and families served through FCFC Service Coordination/Wraparound and the services and supports included in this report only include those supported through FCSS funding. FCFCs may use other available funding, especially at the local level, to serve referred families, provide needed services and supports and to support the FCFC Service Coordination/Wraparound Process. In addition, services and supports needed by youth and families may not meet the criteria of FCSS funding. Often, the FCFC Service Coordination/Wraparound teams find community resources that are donated or have no cost associated with the service or support. In addition, FCSS funding is not used unless other resources have been exhausted. As reported by the county FCFCs, these funds are highly valued to meet the needs of families when other funding sources are unavailable to meet the unique family needs.

These children are at the highest risk for failure within our traditional service systems, and are often on the verge of placement outside of their homes. As indicated in this report, these are not "one size fits all" youth or with one particular need. The power of this type of service coordination/Wraparound with the support of FCSS funding is the opportunity for families to creatively design integrated family service plans with trusted and unique teams.

The reporting connected to the use of FCSS funding demonstrates how these funds and the FCFC Service Coordination Process are leading to a cost-effective method of obtaining better outcomes for the children and families being served. The required SFY 2018 FCSS Annual Report is due in August, 2018. The annual report will contain additional information about the family goal attainment success rate and the numbers of children placed out of home while being served through FCFC Service Coordination and supported with FCSS funding.

Addendum to the SFY 2018 FCSS Semi-Annual Report

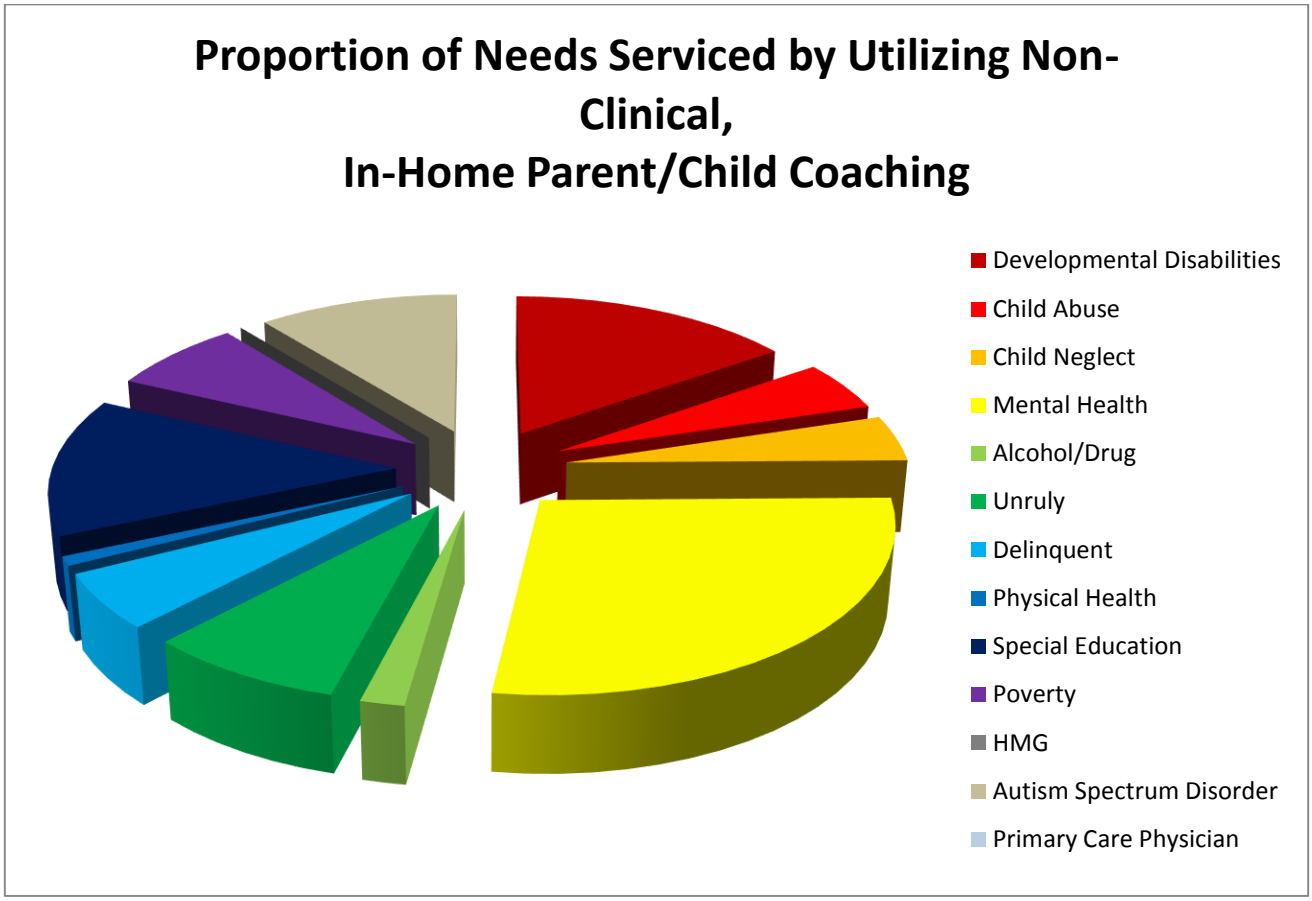
April 2017

Starting in SFY 2017, we began to collect data in a way that would allow for the analysis of how the needs identified at enrollment intersect with the use of the identified services and supports provided in the plan of care.

What services were most frequently used to address an identified need?

The following data set provides analysis on the proportion of needs serviced by a specific service or support identified below:

- Non-Clinical In-Home Parent/Child Coaching
- Non-Clinical Parent Support Groups
- Parent Education
- Mentoring
- Respite Care (including camp)
- Transportation
- Social/Recreational Supports
- Safety and Adaptive Equipment
- Structured Activities to Improve Family Functioning
- Parent Advocacy
- Service Coordination
- Youth/Young Adult Certified Peer Support
- Other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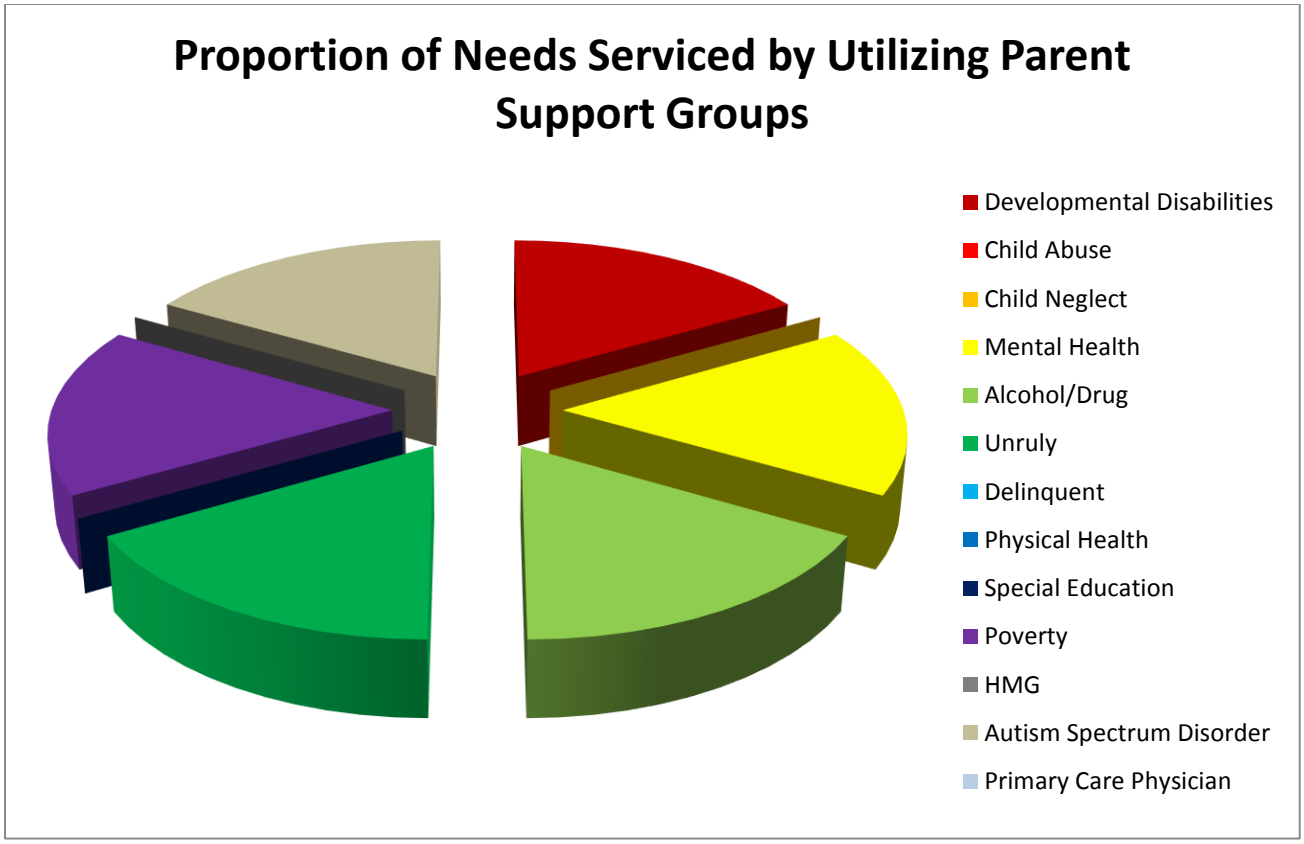
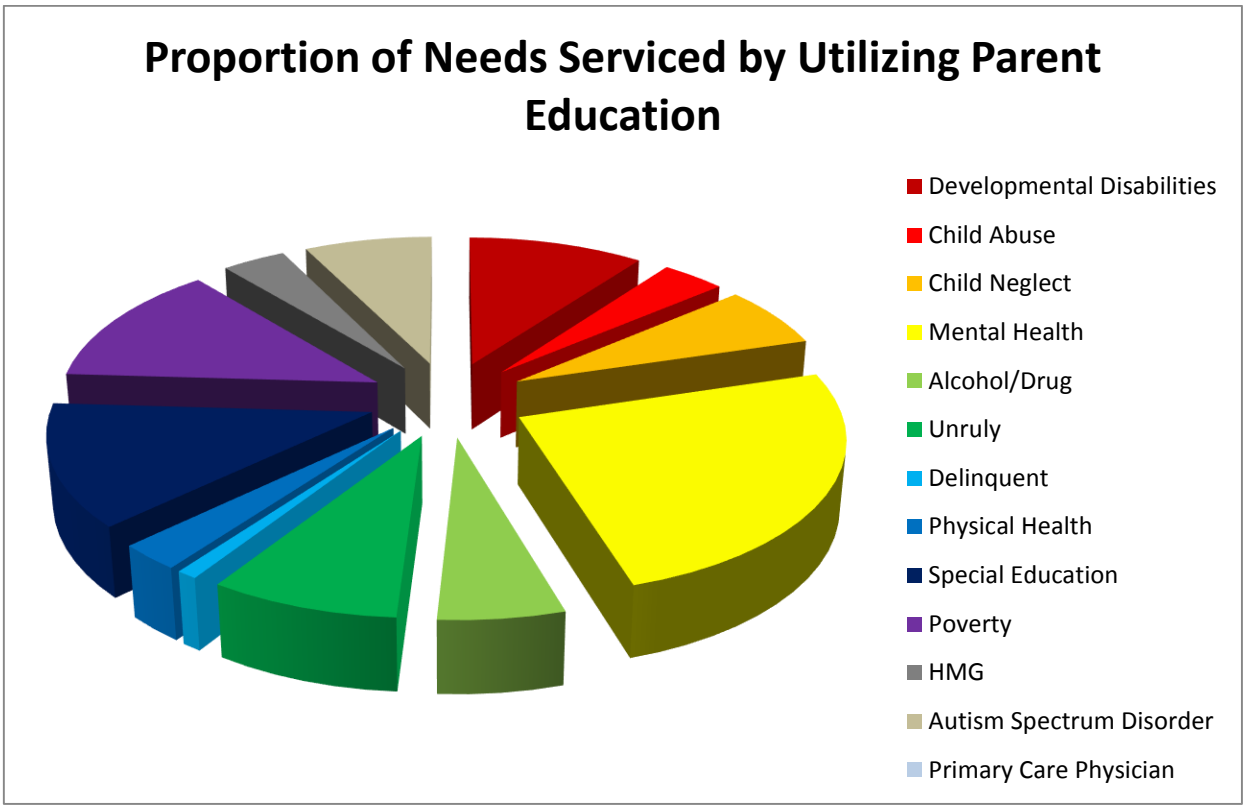
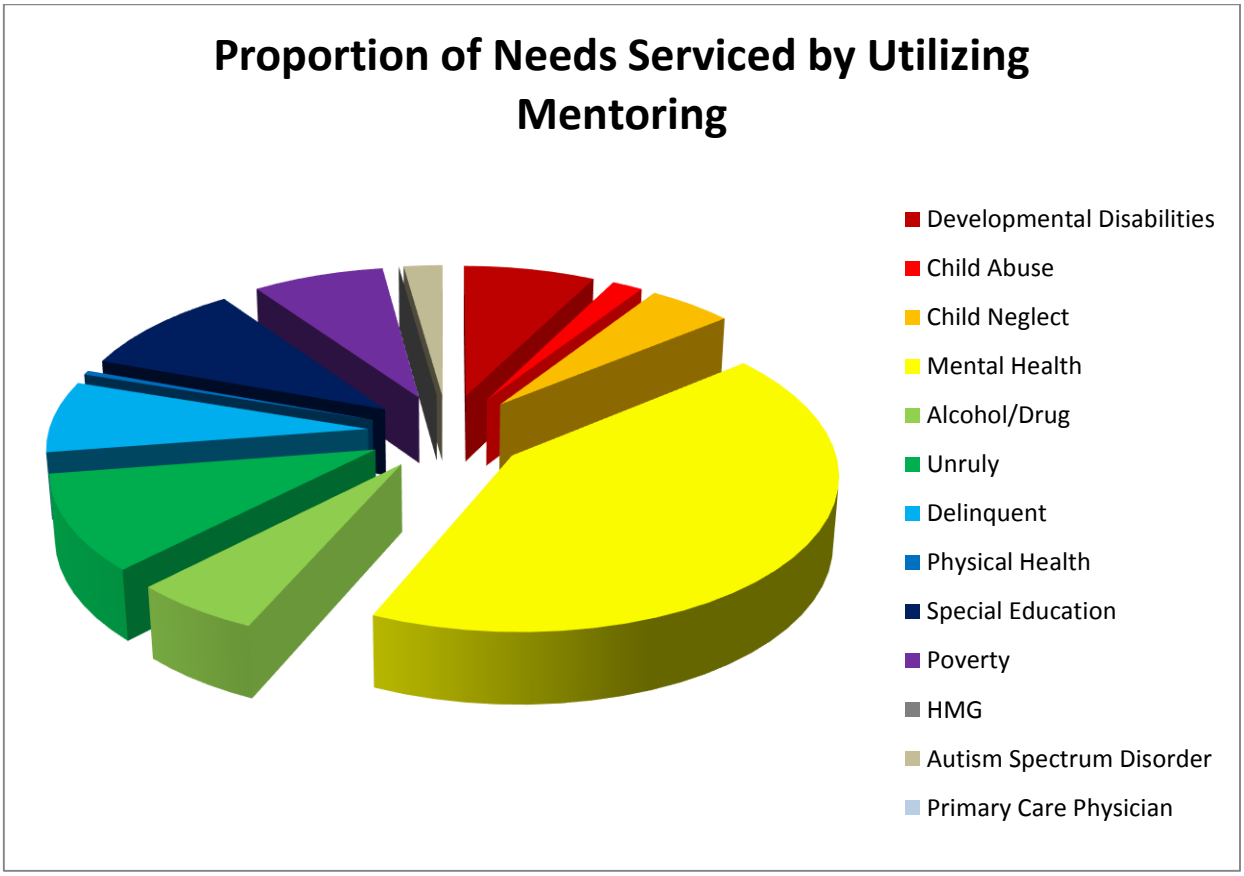
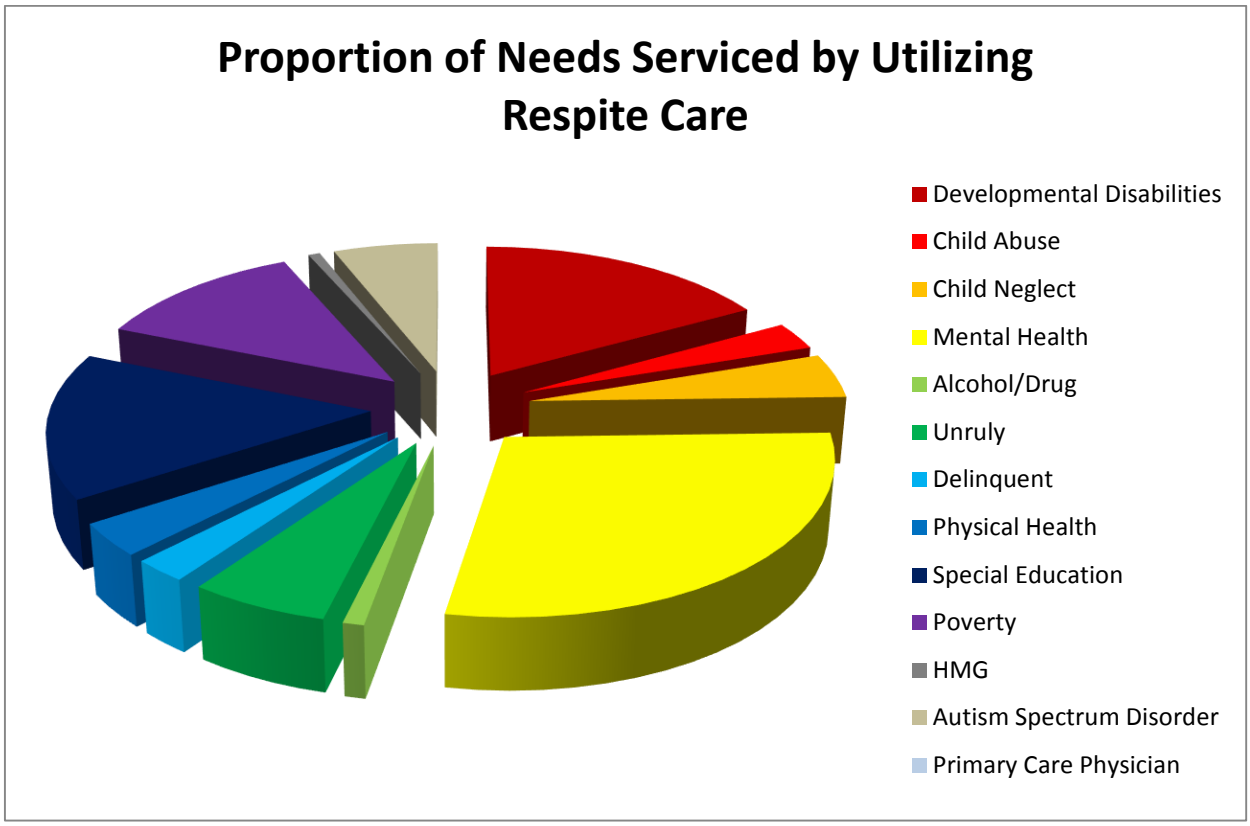
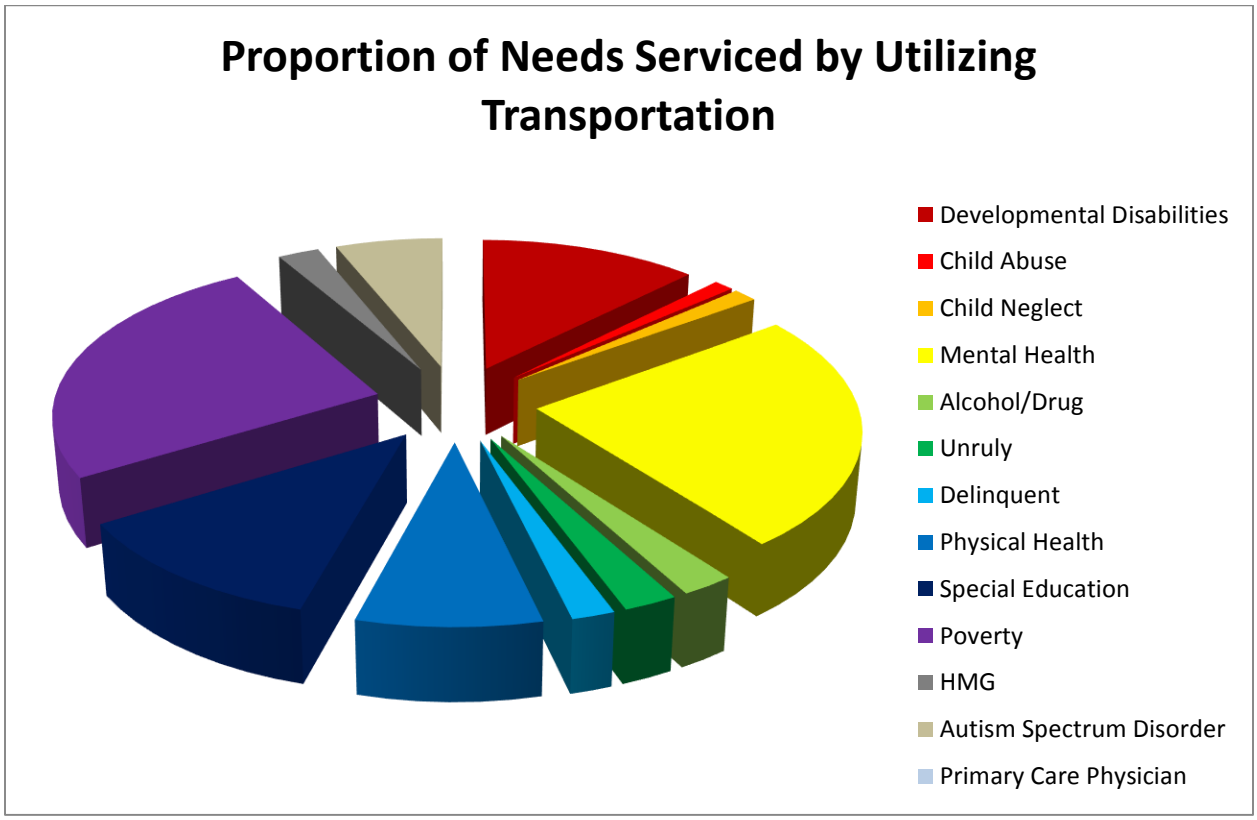
In-Home Parent/Child Coaching
Developmental Disabilities
Child Abuse
Child Neglect
Mental Health
Alcohol/Drug
Unruly
Delinquent
Physical Health
Special Education
Poverty
HMG
Autism Spectrum Disorder
Primary Care Physician


Proportion of Needs Serviced by Utilizing Parent Support Groups
Developmental Disabilities
Child Abuse
Child Neglect
Mental Health
Alcohol/Drug
Unruly
Delinquent
Physical Health
Special Education
Poverty
HMG
Autism Spectrum Disorder
Primary Care Physician


Proportion of Needs Serviced by Utilizing Parent Education
Developmental Disabilities
Child Abuse
Child Neglect
Mental Health
Alcohol/Drug
Unruly
Delinquent
Physical Health
Special Education
Poverty
HMG
Autism Spectrum Disorder
Primary Care Physician


Proportion of Needs Serviced by Utilizing Mentoring
Developmental Disabilities
Child Abuse
Child Neglect
Mental Health
Alcohol/Drug
Unruly
Delinquent
Physical Health
Special Education
Poverty
HMG
Autism Spectrum Disorder
Primary Care Physician


Proportion of Needs Serviced by Utilizing Respite Care
Developmental Disabilities
Child Abuse
Child Neglect
Mental Health
Alcohol/Drug
Unruly
Delinquent
Physical Health
Special Education
Poverty
HMG
Autism Spectrum Disorder
Primary Care Physician


Proportion of Needs Serviced by Utilizing Transportation
Developmental Disabilities
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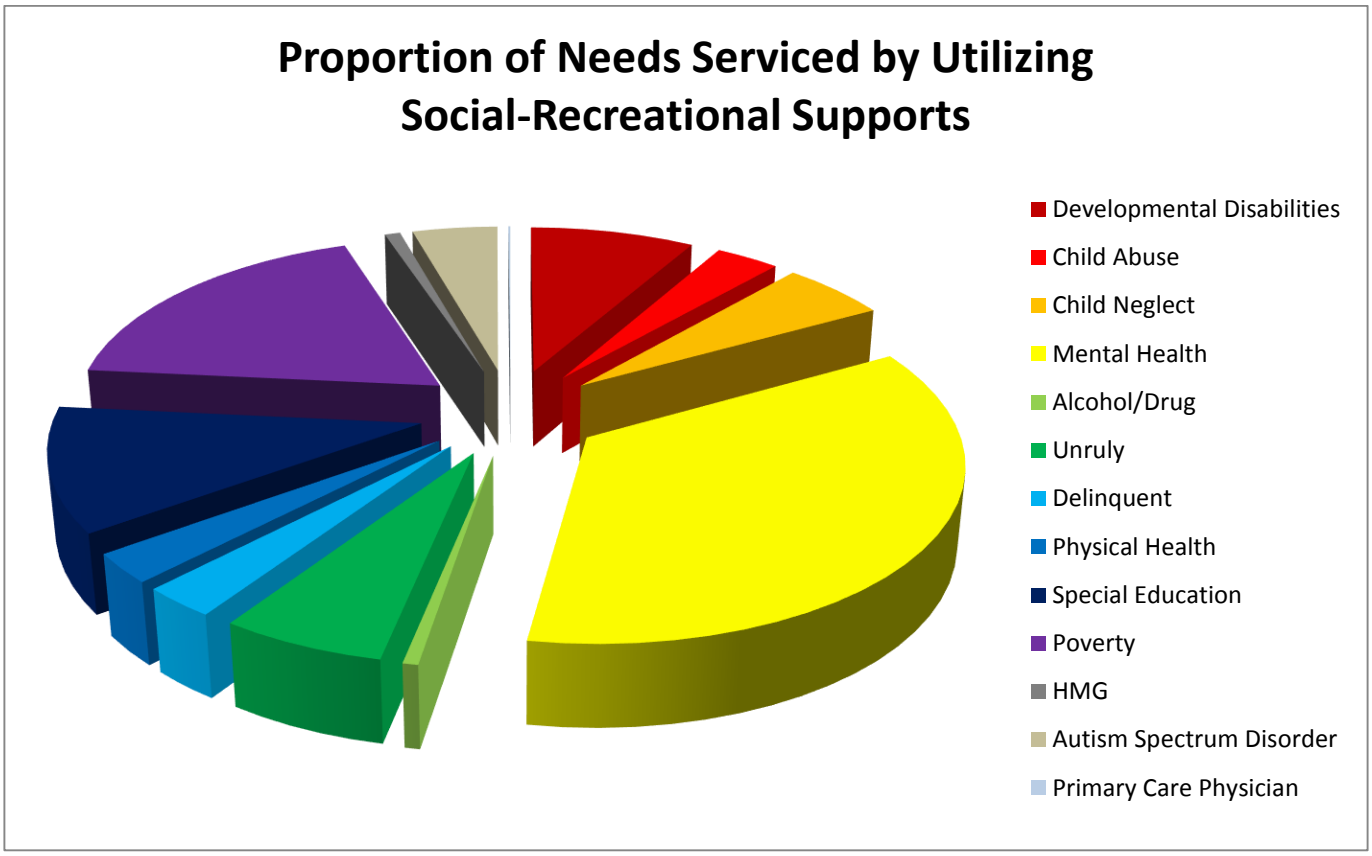
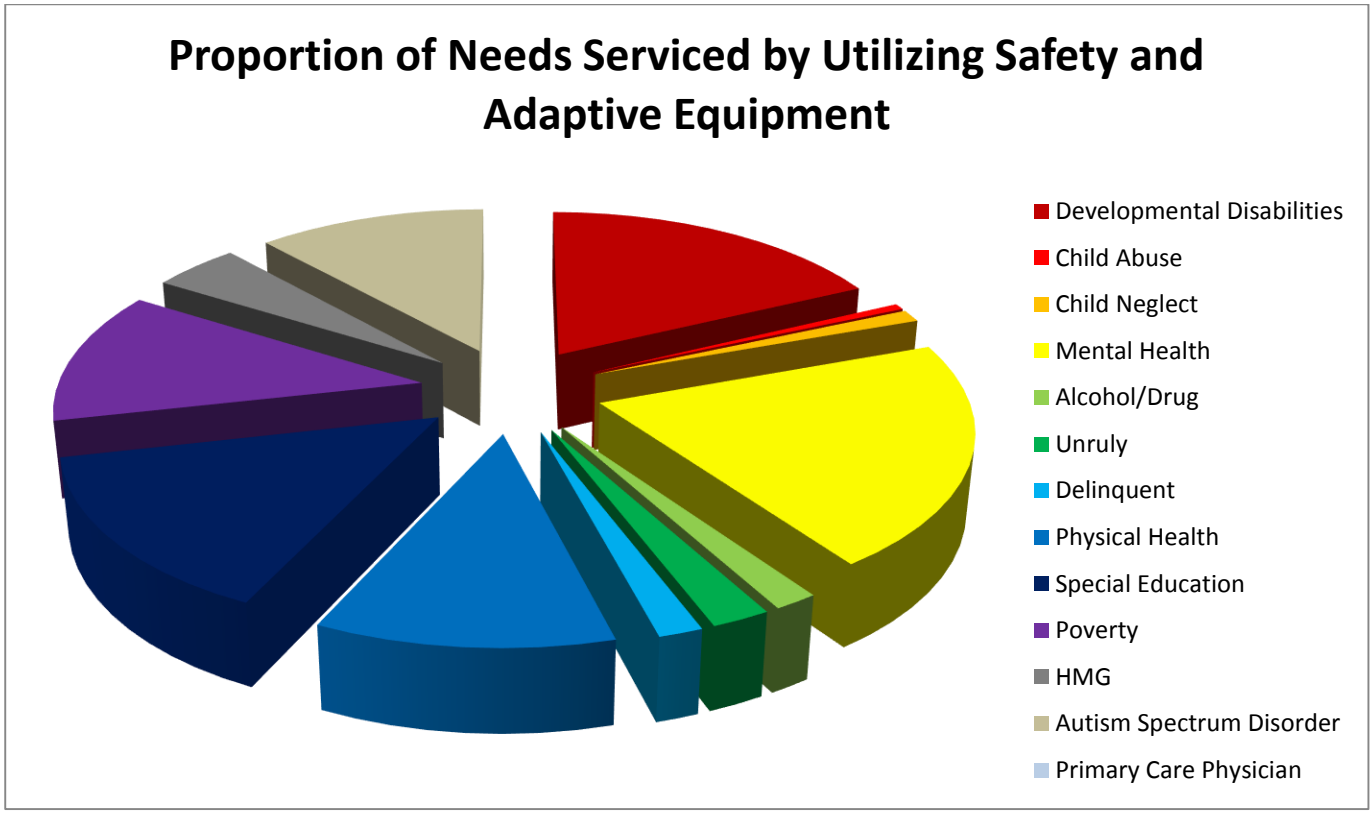
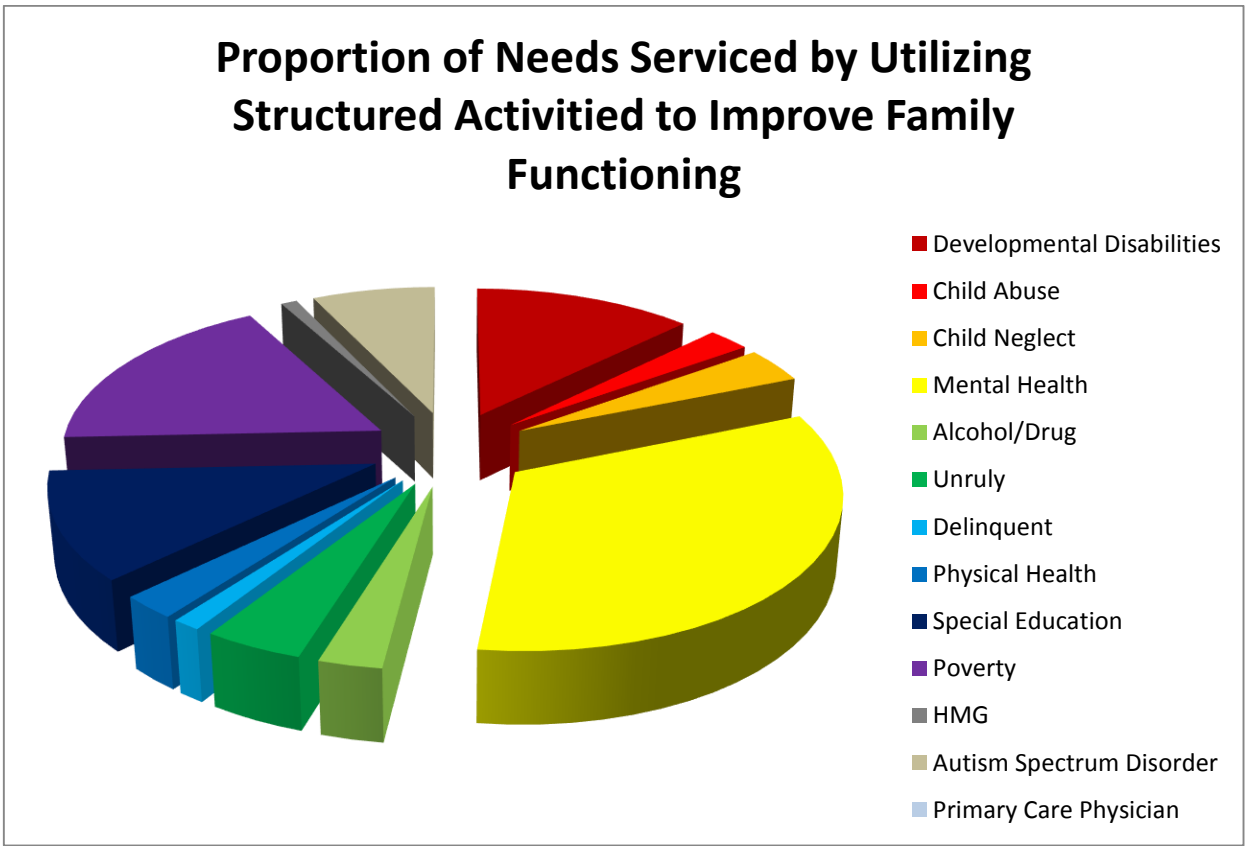
Child Neglect
Mental Health
Alcohol/Drug
Unruly
Delinquent
Physical Health
Special Education
Poverty
HMG
Autism Spectrum Disorder
Primary Care Physician


Proportion of Needs Serviced by Utilizing Social-Recreational Supports
Developmental Disabilities
Child Abuse
Child Neglect
Mental Health
Alcohol/Drug
Unruly
Delinquent
Physical Health
Special Education
Poverty
HMG
Autism Spectrum Disorder
Primary Care Physician


Proportion of Needs Serviced by Utilizing Safety and Adaptive Equipment
Developmental Disabilities
Child Abuse
Child Neglect
Mental Health
Alcohol/Drug
Unruly
Delinquent
Physical Health
Special Education
Poverty
HMG
Autism Spectrum Disorder
Primary Care Physician


Proportion of Needs Serviced by Utilizing Structured Activitied to Improve Family Functioning
Developmental Disabilities
Child Abuse
Child Neglect
Mental Health
Alcohol/Drug
Unruly
Delinquent
Physical Health
Special Education
Poverty
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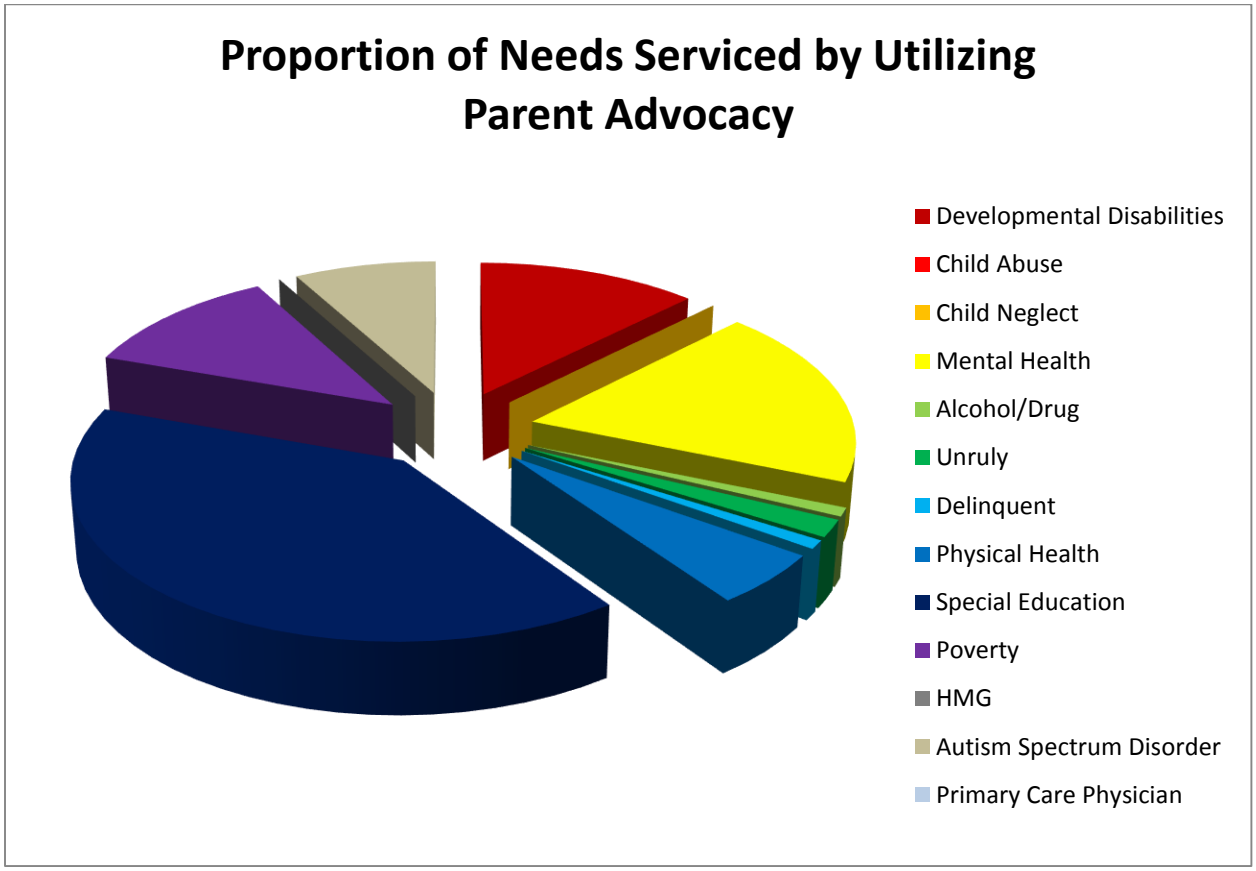
Autism Spectrum Disorder
Primary Care Physician


Proportion of Needs Serviced by Utilizing Parent Advocacy
Developmental Disabilities
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Child Neglect
Mental Health
Alcohol/Drug
Unruly
Delinquent
Physical Health
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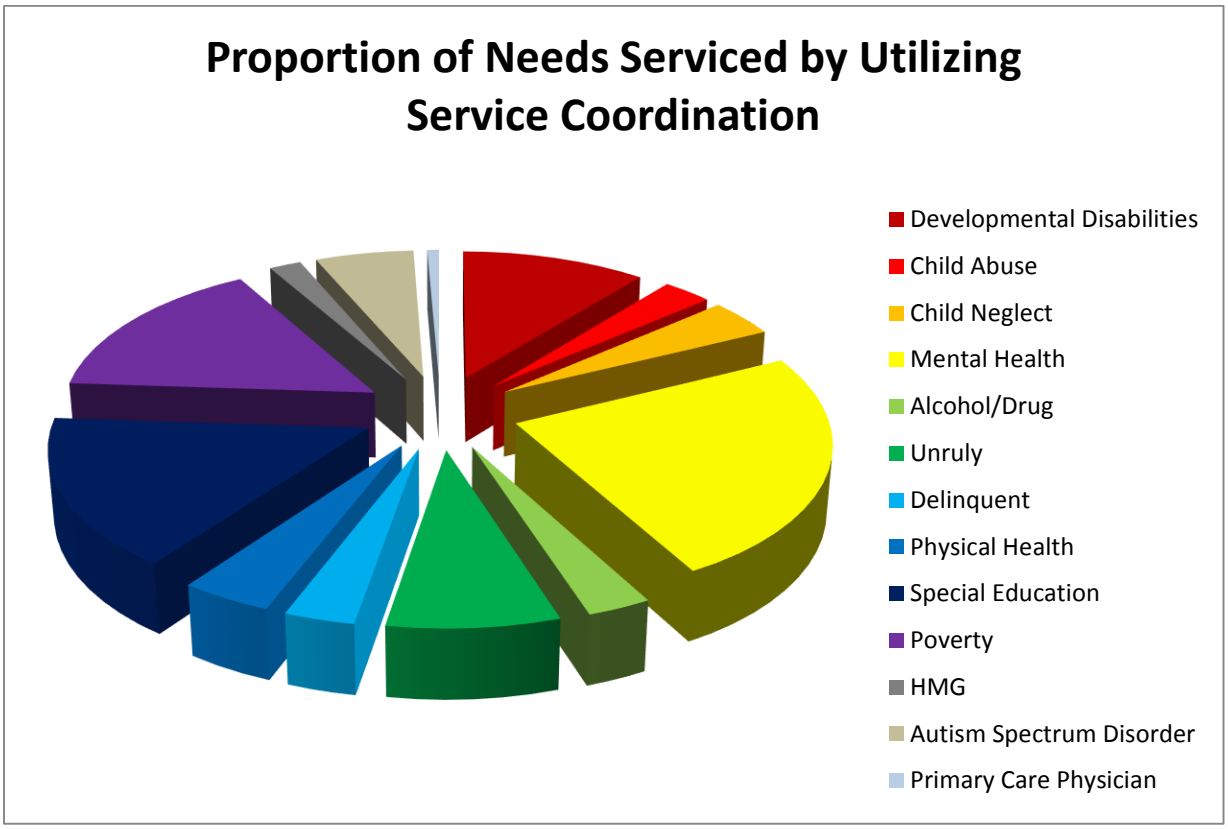
Poverty
HMG
Autism Spectrum Disorder
Primary Care Physician


Proportion of Needs Serviced by Utilizing Service Coordination
Developmental Disabilities
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Child Neglect
Mental Health
Alcohol/Drug
Unruly
Delinquent
Physical Health
Special Education
Poverty
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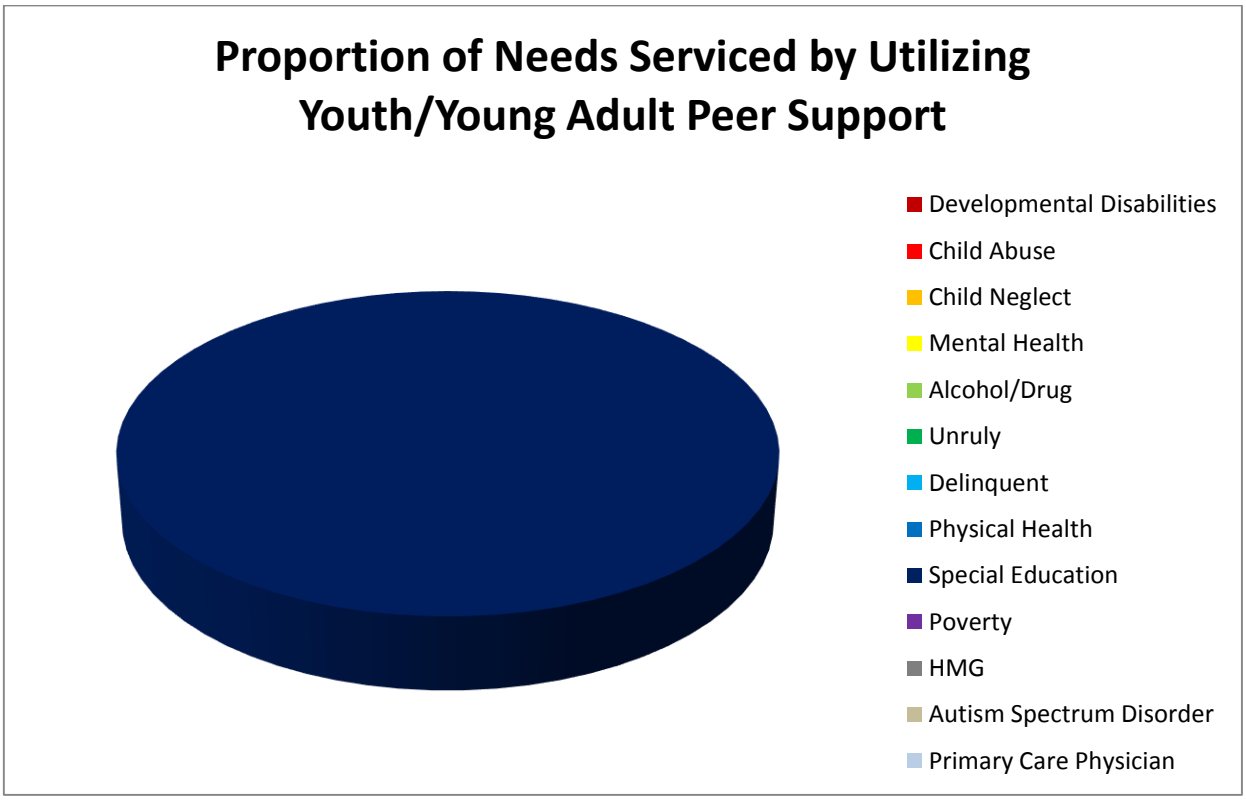
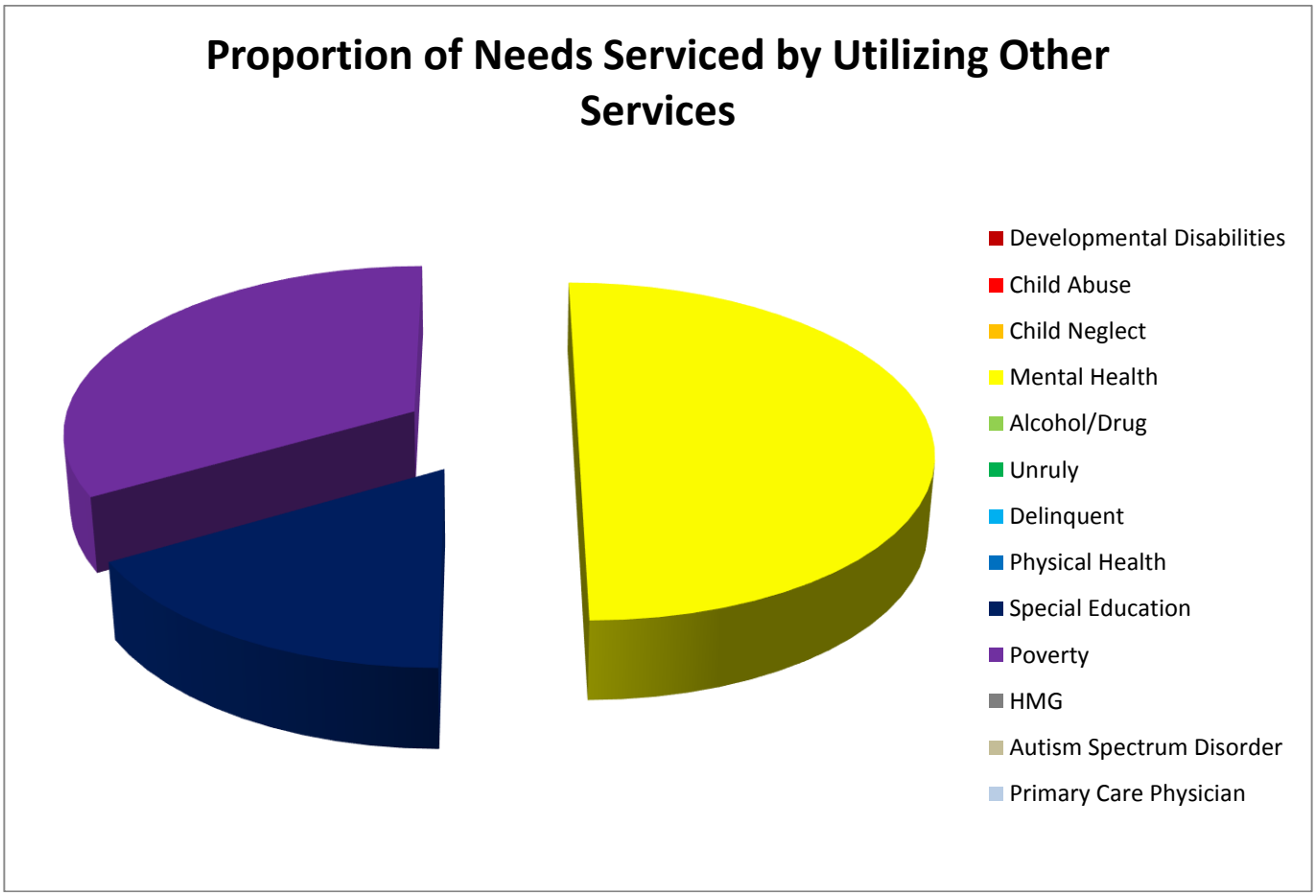
Autism Spectrum Disorder
Primary Care Physician


Proportion of Needs Serviced by Utilizing Youth/Young Adult Peer Support
Developmental Disabilities
Child Abuse
Child Neglect
Mental Health
Alcohol/Drug
Unruly
Delinquent
Physical Health
Special Education
Poverty
HMG
Autism Spectrum Disorder
Primary Care Physician


Proportion of Needs Serviced by Utilizing Other Services
Developmental Disabilities
Child Abuse
Child Neglect
Mental Health
Alcohol/Drug
Unruly
Delinquent
Physical Health
Special Education
Poverty
HMG
Autism Spectrum Disorder
Primary Care Physician