



Ohio Family and Children First SFY14 FCSS Annual Report Summary November, 2014

In SFY 14, Family-Centered Services and Supports (FCSS) funds were designated through the Ohio Department of Mental Health and Addiction Services for the purpose of providing services and supports 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 IVB 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 (FCFCs) that meet specific requirements.

The target population for Family-Centered Services and Supports (FCSS) is children (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 Ohio Revised Code section 121.37(C) minimally and many counties are also providing Wraparound as a way to coordinate service needs for those with higher intensity needs. FCSS is flexible funding that 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 at <http://www.fcf.ohio.gov/Initiatives/SystemofCareFCSS.aspx>.

The 87 county FCFCs requesting FCSS funds were required to submit a SFY14 Annual Report by August 15, 2014. The following is a brief summary of the information provided in the **87 submitted county FCSS Annual Reports**.

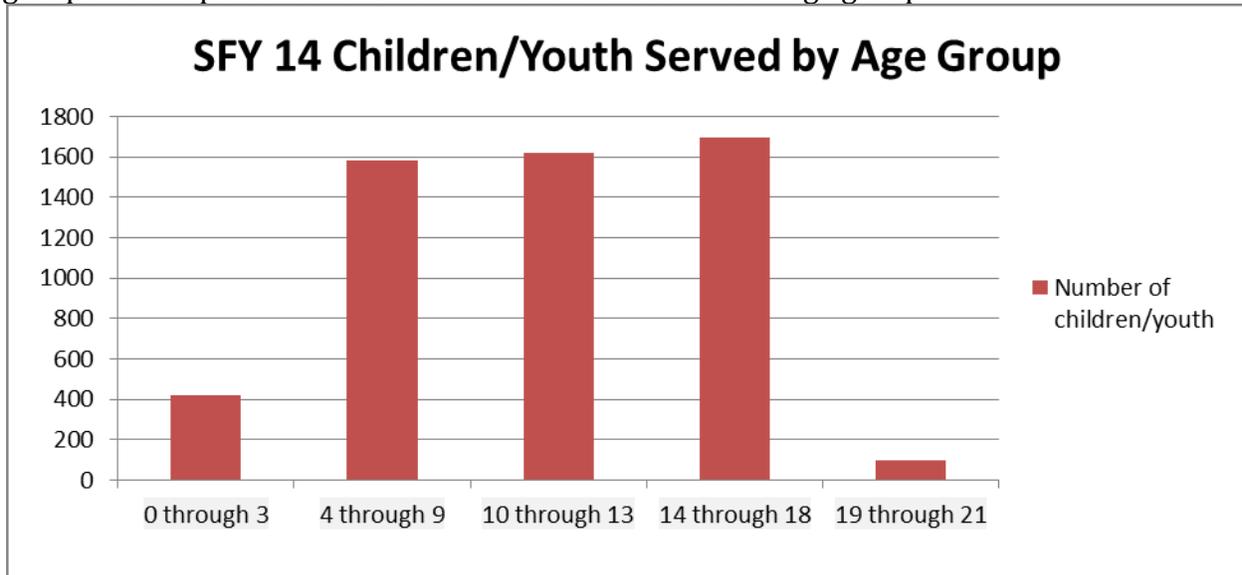
Total Number and Ages of Children Served

The total number of children served between the ages of 0-21 during SFY14 was **5,415**. This is **451 fewer children than were served in SFY13 (5,866)**. The reasons for this are uncertain, but it may be due to the increased number of needs per child served.

The **14 through 18 year old age group (1,696 children) is the largest age group** of children being served through service coordination with FCSS funds. The age ranges of 10 through 13 (second highest with 1,618) and 4 through 9 (third highest with 1,581) also have large numbers of children being served with FCSS funding. The number of youth served in the 19-21 year olds' age range (98) was the lowest of any of the previous four years of reporting. This followed three years of higher numbers 130 (SFY 10), 182 (SFY 11), and 177 (SFY 12). It is unclear why we are seeing this FCSS data trend, when other data sources indicate a large need for transitional youth. In SFY 15, OhioMHAS has implemented a Substance Abuse Mental Health Services Administration System

of Care Grant called ENGAGE (Engaging the New Generation to Achieve their Goals through Empowerment). ENGAGE is targeting this transition-aged population with a High Fidelity Wraparound process that is informed of the developmental needs of this age group and infuses engagement strategies that are targeted to the culture of youth and young adults. This may result in increased numbers served in the future.

The graph and table below show a comparison of the number of children served in SFY14 in each age group and the percent of the total children served in each age group.



Ages of Children	0 - 3	4 - 9	10 - 13	14 - 18	19 - 21	Total
SFY 13	422	1581	1618	1696	98	5415
Percent of Total in Age Group	7.8%	29.2%	29.9%	31.3%	1.8%	100%

Total Number of Families Served

FCFC service coordination is a family focused process, and thus, addresses the needs of the identified child and the child’s family. The **total number of families served in SFY14 was 3,865, compared to 4,724 families served in SFY13.** This was a decrease of **859 families** served in SFY13, while the reasons are unknown for this decrease it may also be due to the increased number of needs of each identified child and family.

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 **13,755 identified needs** (average 2.54 needs per child) during SFY14, as compared to 2.25 needs per child during SFY13.
- The top three categories of children’s needs at intake identified for the past five fiscal years, including SFY14, have consistently been **Mental Health (58%), Poverty (46%) and**

Special Education (40%). When combined, these three categories account for 7,789 of the identified needs, or 57% of the total identified needs in 13 categories.

- For the first time beginning in SFY 14, counties were asked to track children and youth with needs associated with a condition on the Autism spectrum. There were **542(10%)** children/youth presenting with **Autism spectrum related needs** at intake.
- All bolded percentages in the next chart indicate an increase in the percentage of children presenting with the need compared to the previous fiscal year.
- 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 SFY 14	Percent of Children Presenting with this Need at Intake-SFY14	Percent of Children with this Need SFY13	Percent of Children with this Need SFY12	Percent of Children with this Need SFY11	Percent of Children with this Need SFY10
Mental Health	3154	58%	53%	63%	55%	62%
Poverty	2494	46%	43%	40%	45%	37%
Special Education	2141	40%	36%	35%	34%	38%
Developmental Disability	1216	22%	22%	20%	21%	22%
Unruly	968	18%	15%	20%	19%	19%
Child Neglect	668	12%	12%	11%	13%	11%
Delinquent	615	11%	10%	12%	13%	16%
Physical Health	577	11%	10%	10%	8%	8%
Autism Spectrum (new category)	542	10%	NA	NA	NA	NA
Child Abuse	494	9%	9%	9%	9%	9%
Alcohol/Drug	389	7%	7%	7%	8%	9%
No Primary Care Physician	254	5%	4%	NA	NA	NA
Help Me Grow	243	4%	4%	5%	8%	NA
Total Needs	13755					

FCSS Funded Services and Supports Provided through FCFC Service Coordination

County FCFCs were asked to provide information about the number of the 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). Three years of data have been included for this part of the summary report.

The **total number of various types of services/supports** provided with FCSS funds during SFY14 was **8,648**.

- **Service coordination accounted for 27% of all types of services** (24% in SFY13) 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 funds; however, some counties have access to other funding sources to support the operational costs of service coordination and/or Wraparound.
 - 59 counties (68%) reported using FCSS funds to assist in the support of service coordination and to provide other services and supports for families in service coordination.

- 25 counties (29%) 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.
- 3 counties (3%) used their total FCSS allocations to assist in the support of the service coordination process.

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 SFY14	Number/Percent of Families Receiving Service/Support SFY13	Number/Percent of Families Receiving Service/Support SFY12	Percent of total services and supports provided SFY14
Service Coordination	2333/ (43%)	2049/ (43%)	2129 / (50%)	27%
Social/Recreational Supports	1567/ (29%)	1387/ (29%)	1455 / (34%)	18.1%
Respite	1260/ (23%)	1562/ (33%)	1790 / (42%)	14.6%
Transportation	942/ (17%)	1695/ (36%)	1657 / (39%)	10.9%
Structured activities to improve family functioning	506/ (9%)	498 / (11%)	443 / (10%)	5.9%
Non-clinical in-home parenting/coaching	498/ (9%)	348/ (7%)	494 / (12%)	5.8%
Mentoring	383/ (7%)	477 / (10%)	448/ (10%)	4.4%
Parent Advocacy	344/ (6%)	149 / (3%)	279/ (7%)	4%
Parent Education	324/ (6%)	269 / (6%)	404 / (9%)	3.7%
Safety and Adaptive Equipment	278/ (5%)	230 / (5%)	212/ (5%)	3.2%
Non-clinical Parent Support Groups	119/ (2%)	53/ (1%)	62 / (2%)	1.4%
Youth/Young Adult Peer Support (New Support Category)	48/ (1%)	NA	NA	.6%
Other	46/ (1%)	27 / (0.6%)	106 / (3%)	.5%
Total	8,648	8,744	9,417	100%

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

Families entering FCFC service coordination are being 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 to a primary care physician. There were **254** children identified during the intake process who did not have a primary care physician. The counties reported that **156** children were connected to a primary care physician during the service coordination process. This is something new for the counties in the last two years, which requires staff education and revisions to intake and process forms, we are hopeful that the numbers of children identified and

connected with a primary care physician will grow in the future. No FCSS funds were used to provide medical services. The benefit for the families is to be connected to a primary care physician through the service coordination process.

95% of children served with FCSS funds remained in their own homes in SFY 14.

Number of Children in Out-of-Home Placement during Service Coordination

One of the goals of providing service coordination is to prevent or reduce the incidence of out-of-home placement of children. For the purpose of this report, any placement lasting longer than 72 hours is considered to be an out-of-home placement, except that respite care can be provided for up to seven (7) consecutive days without being considered an out-of-home placement. Out-of-home placements include residential treatment facilities, local or state correctional facilities, group homes and foster care. During SFY14, there were **287 children who were placed in an out-of-home placement** while they were actively receiving FCSS funded supports and participating in service coordination. This accounted for **5% of the total number** of children who were receiving FCSS funded supports and participated in service coordination/Wraparound. There was no information collected regarding the length of these placements, but some FCFCs reported that the out of home placements were brief for the purpose of stabilization. Many of the children who enter service coordination are at high risk for out-of-home placement, and in some counties it is a criterion for admittance to the service coordination process. This low incidence of out-of-home placements is considered a very positive outcome.

Number of Families Successfully Completing FCSS Supported Service Coordination

OFCF collects data on the number of families exiting service coordination and the level of successful family goal completion when exiting.

The data submitted from the counties indicated that **62% of the families who exited service coordination were successful in completing the families’ goals** that were written into each family’s Individualized Family Service Coordination Plan. While the number of successful goals completion have been on a three year downward trend, this is still an impressive accomplishment, considering the high level of need of these families when they enter service coordination/Wraparound. These children are at a high level of risk of out-of-home placement and there is a high level of transiency with many of these families.

The goal results reported for, SFY 14, SFY13 and SFY12 are compared in the chart below.

	# Families Exiting Service Coordination	# Families Successfully Completing 75-99% of Family Goals	# Families Successfully Completing 100% of Family Goals	Total # Families Successfully Completing 75-100% of Family Goals
SFY 14 Number of Families Exiting	1545	721	227	948
SFY 14 % of Total Families Exiting	100%	47%	15%	62%
SFY13 Number of Families Exiting	1420	584	500	1084
SFY13 % of Total Families Exiting	100%	41.5%%	35.5%	77%
SFY12 Number of Families Exiting	1515	583	674	1230

SFY12 % of Total Families Exiting	100%	38.5%	42.7%	81%
-----------------------------------	------	-------	-------	------------

Conclusion

This summary provides a snapshot of how the FCSS funds were used by counties during SFY14 and compares the data collected to the SFY10 through SFY13 FCSS data. It should be noted that the number of children and families served through FCFC Service Coordination and the services and supports included in this report only include those families and children for whom FCSS funds were used. FCFCs may use other available local funding to provide services and supports needed and to support the FCFC service coordination process. In addition, services and supports needed by children and families may not meet the criteria for use of the FCSS funds. Often, the FCFC service coordination/Wraparound teams find community resources that are donated or have no cost associated with them. The FCSS funds are not used unless other resources are 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 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” children or children with one particular system need. The power of this type of service coordination with the support of FCSS funds is the opportunity for families to creatively design integrated family service plans with trusted and unique teams.

This summary of the use of the FCSS funds is indicating that using the FCFC service coordination process combined with the FCSS options available for providing services and supports to families is leading to a cost-effective method of obtaining better outcomes for the children and families being served.