



## Ohio Family and Children First SFY17 FCSS Semi-Annual Report Summary May 2017

In SFY 17, 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 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 the Ohio Revised Code section 121.37(C) mandate and many counties are also providing Wraparound as a way to coordinate service needs for those with higher intensity 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://fcf.ohio.gov/Initiatives/SystemofCareFCSS.aspx>

The 88 county FCFCs requesting FCSS funds were required to submit a SFY 17 Semi-Annual Report by February 1, 2017. The following is a brief summary of the information provided in the **88 submitted county FCSS Semi-Annual Reports**.

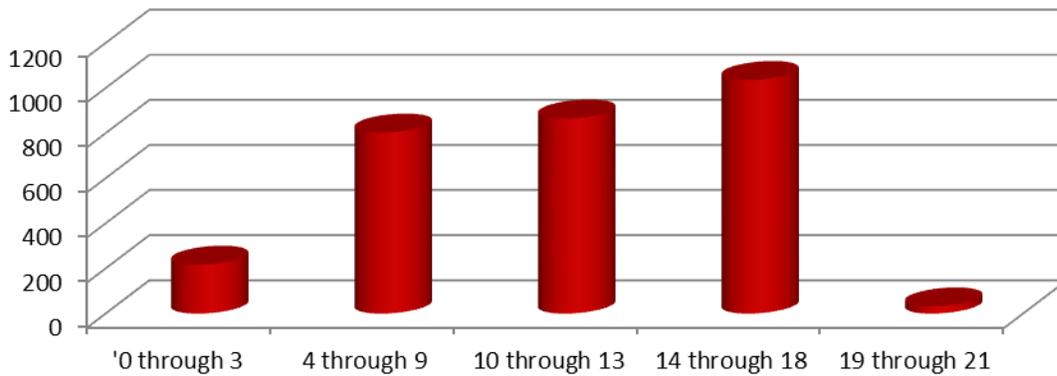
### **Total Number and Ages of Children Served**

The total number of children served between the ages of 0-21 during the first half of SFY17 was **2,953**. This is **136 more children than were served during the first half of SFY16 (2,817)**.

The **14 through 18 year old age group (1,036 children) is the largest age group** of children being served through service coordination with FCSS funds. The age range of 10 through 13 was the second highest (865) and the age range of 4 through 9 was the third highest (803). There were less youth served in the 19-21 year olds' age range as in first half of SFY16 (32).

The graph and table below show a comparison of the number of children served in the first six months of SFY17 in each age group and the percent of the total children served in each age group.

## Ages of Children/Young Adults Served 1st half SFY 2017

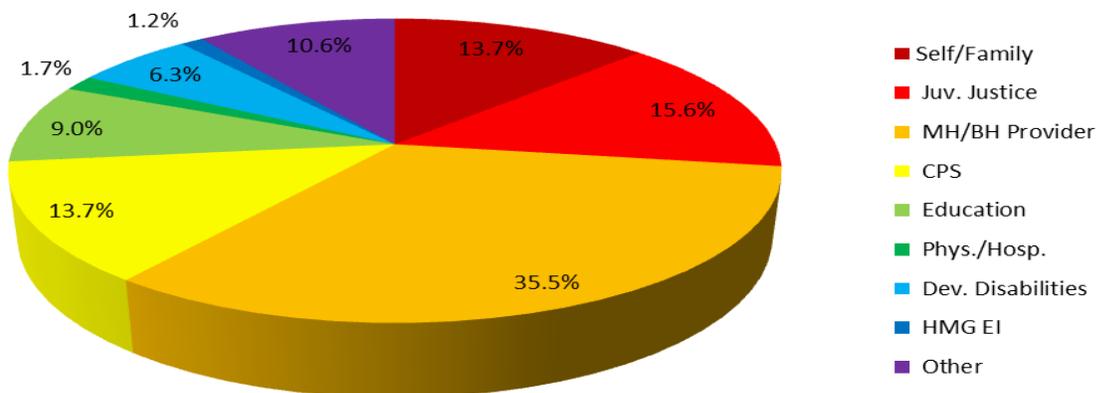


Ages of Children	0 - 3	4 - 9	10 - 13	14 - 18	19 - 21	Total
SFY 16	217	803	865	1036	32	2953
Percent of Total in Age Group	7.35%	27%	29%	35%	1%	100%

### Number of Referrals by System

Beginning with SFY 2017, we began tracking where the referrals to FCFC Service Coordination/Wraparound were originating by system. This data will be yet another indicator identifying the presenting needs of youth as they enter FCFC Service Coordination/Wraparound. We tracked this data across the eight most frequent referrers to service coordination.

### Percentage of Total Referrals by Referral Source



### **Total Number of Families Served**

FCFC service coordination is a family focused process, and thus, addresses the needs of the identified child(ren) and the child’s family. The **total number of families served in the first 6 months of SFY17 was 2,166, compared to 2,144 families served in the first half of SFY16.**

### **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 **7,700 identified needs** (average 2.63 needs per child) during the first half of SFY17. The total needs are lower than the 7,980 needs identified in the first half of SFY16, and the average needs per child are down from the average of 2.83 per child.
- The top three categories of needs identified for the past six fiscal years, including the first half of SFY17, have consistently been **Mental Health (59.7% of children had this identified need), Poverty (43.8%) and Special Education (40.7%)**. When combined, these three categories account for 4,265 of the needs identified, or 54% of the total identified needs in 13 categories.
- Beginning in SFY 2014, counties were asked to track how many children presented with a need for supports specific to those on the Autism Spectrum. In an effort to reduce duplication, they were only asked to include these children in the Developmental Disabilities category if the child/youth had additional needs above those on the Autism Spectrum. This need was identified in 13 % of the children/youth (384), which is a decrease from SFY 16.
- All bolded percentages 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-SFY17	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	Percent of Children with this Need SFY12
Mental Health	1765	<b>59.7%</b>	<b>57.9%</b>	<b>57.5%</b>	56%	58.5%	62.4%
Poverty	1296	43.89%	<b>48.6%</b>	45.4%	50.3%	50.3%	52.9%
Special Education	1204	40.77%	<b>43.7%</b>	39.4%	42%	<b>44.1%</b>	38%
Developmental Disability	773	<b>26.1%</b>	<b>25.5%</b>	24%	24.8%	<b>27.6%</b>	23.5%
Unruly	600	20.3%	<b>21%</b>	<b>20.1%</b>	<b>18.3%</b>	16.4%	21%
Child Neglect	342	11.5%	<b>15%</b>	<b>14%</b>	12.7%	<b>14.7%</b>	13.5%
Physical Health	296	10.2%	11.8%	<b>12.5%</b>	11.6%	<b>12.4%</b>	9.5%
Delinquent	328	11.1%	<b>11.6%</b>	11.2%	<b>12%</b>	10.5%	12.3%
Autism (new category in SFY 14)	384	13%	<b>15.2%</b>	<b>11%</b>	10.8%	NA	NA
Child Abuse	294	9.9%	<b>10.5%</b>	<b>10.2%</b>	9.5%	<b>11.6%</b>	8%
Alcohol/Drug	242	<b>8.2%</b>	7.4%	7.6%	<b>8.3%</b>	7.4%	8%

Help Me Grow E.I.	132	4.4%	<b>5.3%</b>	4.6%	<b>6.1%</b>	5.4%	5.8
No Primary Care Physician (new category in SFY 13)	114	3.86%	<b>9.8%</b>	3.5%	5.4%	14.2%	NA
<b>Total Needs</b>	<b>7770</b>						

### **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 categories of services were more clearly defined and the way the services/supports are to be counted was more clearly explained during SFY13 reporting. Therefore, four years of data have been included for this part of the summary report to assure valid comparisons.

The **total number of various types of services/supports** provided with FCSS funds during the first half of SFY17 was **4,821**, which is an increase from the first half of SFY 16 (4,641).

- **Service coordination accounted for 28.6% 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.
  - 30 counties (34%) 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.
  - 1 county (1%) reported not spending any of its allocation on any service during the first 6 months of SFY 17.

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 17)	Percent of total services and supports provided in 1 <sup>st</sup> half SFY 17	Percent of Families Receiving Service/Support (1 <sup>st</sup> half of SFY 16)	Percent of total services and supports provided in 1 <sup>st</sup> half SFY 16	Percent of Families Receiving Service/Support (1 <sup>st</sup> half of SFY15)	Percent of total services and supports provided 1 <sup>st</sup> half SFY15
Service Coordination	1380/ (63.7%)	28.6%	62.8%	29%	68.3%	33.4%
Social/Recreational Supports	805/(37.1%)	16.7%	34.1%	15.8%	28.6%	14%
Respite	525/(24.2%)	10.8%	21.2%	9.8%	25.1%	12.3%
Transportation	589/ (27.1%)	12.2%	23%	10.6%	22%	10.8%
Structured activities to improve family functioning	391/ (18%)	8.1%	16.6%	7.7%	11%	5.4%
Non-clinical in-home	238/ (10.9%)	4.9%	16.7%	7.7%	12.5%	6.1%

parenting/coaching						
Mentoring	274/ (12.6%)	5.6%	12.8%	5.9%	10.4%	5.1%
Parent Education	202/ (9.3%)	4.1%	12.8%	3.9%	8.5%	3%
Parent Advocacy	181/ (8.3%)	3.7%	9.2%	4.2%	10.4%	5.1%
Safety and Adaptive Equipment	158/ (7.29%)	3.2%	7%	3.3%	7.2%	3.5%
Youth/Young Adult Peer Support (new category)	19/ (0.8%)	0.3%	2.1%	0.9%	0.7%	0.4%
Non-clinical Parent Support Groups	36/ (1.6%)	0.7%	1.7%	0.8%	1.5%	0.7%
Other	23/ (1.6%)	0.4%	0.7%	0.3%	0.8%	0.4%
Total	4821	100%	-----	100%	-----	100%

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

Beginning in SFY 13, 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 to a primary care physician. In the first half of SFY 17, there were 114 children identified during the intake process who did not have a primary care physician. This is 161 less than in SFY 16 (275). Perhaps this is indication that multi-system families are being connected to primary care earlier and at a much higher rate than in previous years. Of the 275 total children in SFY 2016 that were identified to be without a primary care physician, 94 were connected to a primary care 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 primary care physician through the service coordination process 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 SFY17. It should be remembered that the number of children and families served through FCFC Service Coordination/Wraparound and the services and supports included in this report only include those attached to the FCSS funds. FCFCs may use other available funding, especially at the local level, to serve the families referred, provide services and supports needed and to support the FCFC service coordination/Wraparound process. In addition, services and supports needed by children and families may not meet the eligibility criteria to use 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, 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 the unique family needs.

These children are at an elevated 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 with one particular need. The power of this type of service coordination/Wraparound with the support of FCSS funds is the opportunity for families to creatively design integrated family service plans with trusted and unique teams.

The reporting connected to the use of the FCSS funds is demonstrating 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 SFY17 FCSS Annual Report is due in August, 2017. 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 funds.