



Family-Centered Services and Supports (FCSS) SFY 14 Guidance Document

July 1, 2013 through June 30, 2014

I. Executive Summary

The Ohio Family and Children First (OFCF) Cabinet agencies are committed to continuing the efforts to improve programs, services, and supports for children with multiple systemic issues. One way this commitment is shown is through the continuation of the Family-Centered Services and Supports (FCSS) program. The purpose is to maintain children and youth in their own homes through the provision of non-clinical, community-based services. Families who have children with multiple systemic needs identified through the county Family and Children First Council (FCFC) service coordination process are eligible for FCSS funded services and supports.

II. FCSS Goals

FCSS focuses on maintaining children and youth in their own homes and communities by providing non-clinical family-centered services and supports. FCSS, formerly known as FAST, is built on the foundation that family involvement in service planning and implementation:

- a. is critical to successful treatment outcomes;
- b. strengthens the existing capacity of families to function effectively; and,
- c. ensures the safety and well-being of each family member.

The target population for FCSS are those children (ages 0 through 21) with multi-systemic needs, who are receiving service coordination through the local FCFC. FCSS funding is designed to meet the unique needs of children and families identified on the individualized family service coordination plan (IFSCP) developed through the service coordination process and/or support the FCFC service coordination process, as described in the county FCFC's Service Coordination Mechanism. Single agencies or programs providing service coordination (outside of the FCFC Service Coordination Mechanism) that may not be able to meet the family's needs, may refer families to FCFC service coordination for cross-system team planning. If these families meet the local criteria for FCFC service coordination and a FCFC IFSCP is developed that identifies an FCSS eligible service or support, FCSS funds may be used for the purpose identified in the family plan (IFSCP). In order to prevent duplication of plans or conflicting expectations of the family, the agency/program family service coordination plan should be integrated into or linked to and coordinated with the FCFC IFSCP. Definitions that relate to the FCSS funds can be found in Appendix A.

III. FCSS Guidelines and Requirements

In order to access FCSS funds, FCFCs must assure the service coordination components in this section are in place for SFY 14. Refer to Appendix B of this guidance to access the FCSS Assurance document that must be signed and submitted to OFCF prior to any funds being released to the county. County FCFCs must submit for approval any county Service Coordination Mechanisms that have been revised or updated since their last approval within 10 working days of the county FCFC's approval of the revised document. The most current county SCM will be posted for the county on the OFCF website. Counties should send any revisions of the county Service Coordination Mechanism to Tammy Payton at Tammy.Payton@education.ohio.gov.

Upon receipt of the FCSS Assurance document and depending on availability of funding, ODMH on behalf of OFCF will issue a Notice of Sub-Award (NOSA) to the county FCFC for SFY 14 funding. The following service coordination components must remain in place:

1. Access to FCFC service coordination process is available to children and youth (0 through 21) with multi-systemic needs (i.e., child is not necessarily involved in two or more systems, but child's needs involve more than one system).
2. Clear referral process is established that can be accessed by both families and agencies.
3. Families must be invited and encouraged to fully participate in all family service coordination plan meetings.
4. Team meetings must be individualized to include appropriate agency/ school staff, and family-identified support persons. The family team should be reflective of the child/family needs, in order to assist with the most appropriate individualized family service coordination plan.
5. Meetings will take place before non-emergency out-of-home placements and within 10 days of emergency placements.
6. Issues pertaining to confidentiality, least restrictive environment and cultural sensitivity are addressed in all phases of the service coordination process.
7. A standardized process is used to assess the needs and strengths of the family.
8. An individual, approved by the family, is designated to track the progress of the plan, schedule reviews, and facilitate the service coordination plan meetings.
9. Individualized Family Service Coordination Plans are developed for and with each family.
10. Individualized crisis and safety plans are developed for and with each family.
11. A dispute resolution process is available that can be accessed by both parents and agencies.
12. Families may invite a family advocate, mentor, or support person to participate in service coordination plan meetings.
 - a. When using FCSS funds on behalf of a family connected to FCFC service coordination, family advocates must be offered to families. When access is not possible, please inform your OFCF Regional Coordinator (contact information available in Section VII of this guidance)
 - b. In an effort to support counties, FCSS funds a statewide network of family advocacy through the Parent Advocacy Connection (PAC) that NAMI Ohio oversees. Refer to Section VII of this guidance for PAC contact information. Communities may choose to provide family advocacy through PAC or through other local advocacy networks.

IV. Fiscal Guidelines and Requirements

i. Sources and amount of funds

FCSS funds are a combination of federal child welfare dollars (Social Security Act Title IV-B funds) from ODJFS and state general revenue funds from the ODMHAS, ODYS, and ODODD. The general revenue funds have been allocated under Ohio's Biennial Budget.

FCSS funds support ODJFS' Title IV-B and must be used in accordance with all federal and state requirements. As such, recipients of these funds are deemed to be sub-recipients of the federal grant and must comply with all requirements of the State of Ohio, Ohio Department of Job and Family Services, the Ohio Department of Mental Health and Addiction Services and its Office of Fiscal Administration, Ohio Family and Children First, and this guidance document.

ii. Official name and number for auditors

The official name of these funds is "Family-Centered Services and Supports" and the CDFA # is 93.556.

iii. Availability of funds

The availability of FCSS funds is contingent on Ohio's annual receipt of Title IVB funds which is dependent on federal budget authorization. Please be advised the reimbursement of local FCSS expenses could be delayed should the federal budget not be executed timely. Authorization and disbursement of federal funds is based on the federal fiscal year of October 1 through September 30. In addition, it is estimated that the state will receive a 5% cut in Title IVB funds due to sequestration. Therefore, all counties will receive the 5% cut at the beginning of SFY 14. If funding is maintained and/or additional Title IVB funds become available for Ohio, this cut will be restored up to 5%.

The availability of state general revenue funds and state fiscal requirements are subject to current and future budget directives from the State of Ohio for SFY14.

iv. Allocation process

The county FCFC allocations are based on a formula computed by ODJFS consisting of a county base rate, child population demographics and poverty indices. County allocations may be adjusted based on previous biennium spending or lack thereof for FCSS. A copy of county funding allocation is found in Appendix C. County allocations are rounded to the nearest dollar. The actual county allocation will be reflected on the county FCFC's FCCS Notice of Sub-Award for SFY14.

In lieu of submitting a formal spending plan, FCFCs must apportion local allocations throughout the state fiscal year to effectively meet the needs of the families and their children receiving FCFC service coordination.

v. Local administration and management

FCSS funds will be administered by the county FCFC. The local FCFC and its Administrative Agent must accept the requirements and other conditions outlined in this guidance document and within the ODMHAS Allocation Award Agreement, Assurances and Notice.

The FCFC may negotiate and administer any contracts it chooses to award in connection with the utilization of these funds for services rendered, however the FCFC must maintain responsibility for oversight of the funds and must submit all appropriate reporting forms to OFCF. Subcontracts remain subject to all requirements that accompany these funds, and as referenced in the county Service Coordination Mechanism, this guidance document and with the ODMHAS Allocation Award Agreement, Assurances and Notice.

vi. Disbursement process

After the county FCFC receives a Notice Of Sub-Award (NOSA) from OFCF, the county FCFC can then submit the first quarter Request for Advance or Reimbursement (RAR) form to the OFCF State Office (refer to Appendix D, or available separately on OFCF's website at: <http://www.fcf.ohio.gov/Initiatives/SystemofCareFCSS.aspx>). The earliest date each quarterly RAR form can be submitted is shown in Section VI of this guidance document. Counties are limited to submitting one RAR form per quarter, unless special approval is granted by the OFCF State Office.

For the first quarter of the fiscal year, and upon receipt of the completed RAR form for that quarter, ODMH will advance general revenue funds up to 25% of the county's total allocation to the FCFC as "start up funds". Section 9 of the RAR form must be signed by the FCFC coordinator/director or administrative agent. Note: The RAR form's instructions that state that a PMW is to be submitted, is not applicable for these funds.

For subsequent quarters, the RAR form must reflect funds already spent by the county FCFC and for which it is requesting reimbursement by submitting the quarterly RAR form. Counties are not limited to requesting 25% reimbursement in the last three quarters of the state fiscal year. Federal regulations that govern the 75% federal portion of these funds require that they must be spent on a reimbursement basis only (i.e., the FCSS funds are 75% federal and 25% state GRF match). All reimbursements are subject to funding availability. The 4th quarter RAR form must be received by the OFCF State Office after April 1, 2014 and on or before July 15, 2014.

Counties are prohibited in seeking reimbursements for encumbrances (ie. budgeted funds). Reimbursements for expenditures can be tracked by the date of service since reimbursement is based on services provided/expenses incurred. Expenditures can also be tracked by the date bills are actually paid. It is a local decision that should be discussed with the FCFC Administrative Agent.

vii. Expenditure of funds

All FCSS expenditures must reflect the actual costs of services delivered, and must be spent by county FCFCs between July 1, 2013 and June 30, 2014 for services delivered between those dates. Expenses can be charged back to July 1, 2013, regardless of when the county NOSA is received. Any funds not spent by June 30, 2014 must be returned to the state, per state regulations. Refer to Section IV, xi of this document.

It is important to note that if programming starts in the current fiscal year (by or before June 30th); it is considered a current fiscal year expense (i.e. even if the program continues into the next fiscal year starting July 1st). The entire service must be paid with current fiscal year funds or at least that portion that occurs to June 30th. However, if service does not begin until July 1st or after, then funding for the next fiscal year must be used, even if payment is due in the current fiscal year (before June 30th).

viii. Expenditures allowed and not allowed

There are specific federal restrictions on the use of Title IV-B funds, a primary source of funding for Ohio's FCSS. Federal regulations require these dollars to be used for community-based services which promote the stability and well-being of children and families. These dollars cannot be used for clinical services or as match for other federally-funded programs, including Medicaid. These funds cannot be used to supplant existing funds allocated to support the multiple needs of children and families. Both the 75% IV B Part 2 funds, as well as the 25% state GRF match, must be spent in the same manner.

FCSS funds cannot be used to pay for any administrative costs, which include all indirect expenses, such as payroll, fringe, and operating costs of persons not involved in the direct delivery of services, rent, utilities, equipment, construction, renovation, public awareness, professional development, and all other overhead expenses. Services purchased from non-governmental entities, must be compensated on a uniform fee-for-service basis only.

FCSS funds can support children's medical and psychiatric hospitalizations, as they are not considered out-of-home placements as long as the child's parent/guardian has custody (i.e., not in the custody of a PCSA). The FCSS funds can support services and supports for the family while the child is in a medical or psychiatric hospital, including FCFC service coordination. The FCSS funds cannot be used to pay for the child's medical or psychiatric hospitalization expenses, as FCSS funds are not allowable for medical/clinical services.

Listed below are examples of allowable family support expenditures when identified on the individual family service coordination plan (IFSCP). Please refer to definitions of these categories beginning on page 27 of this Guidance.

- Non-clinical in-home parent/child coaching;
- Non-clinical parent support groups;
- Parent education;
- Mentoring;

- Respite care (including summer camp);
- Transportation (ie. Cab/taxi fares, gas vouchers);
- Social/recreational activities;
- Safety and adaptive equipment;
- Structured activities to improve family functioning;
- Parent advocacy; and,
- Service coordination (to utilize the FCSS funding for FCFC service coordination, a unit rate must be established. See Appendix I on how to calculate a unit rate, or download Appendix I at: [http://www.fcf.ohio.gov/Portals/0/Home/Initiatives/System%20of%20Care%20\(FCSS\)/FCSS%20Service%20Coordination%20Unit%20Rate%20Example%2011.12.09.pdf](http://www.fcf.ohio.gov/Portals/0/Home/Initiatives/System%20of%20Care%20(FCSS)/FCSS%20Service%20Coordination%20Unit%20Rate%20Example%2011.12.09.pdf));
- Youth/Young Adult Certified Peer Support.

Non-allowable expenditures include:

- Out of home placements and services/supports to those children in out of home placements and their families;
- Court related expenses;
- Administrative or operating expenses;
- Federal match;
- Clinical interventions (i.e., services, assessments, and clinical case management);
- Medical services and equipment;
- General programs costs (i.e., non-individualized services);
- Food, clothing, shelter, utilities, and/or household expenses;
- Classroom instruction or any required public education cost or responsibility (to include tutoring, school-based credit recovery, and/or summer school programming); and,
- Family and work related childcare

Please consult your OFCF regional coordinator for consideration of specialized items needed to participate in activities and supports listed on the IFSCP. In addition, a list of commonly asked questions related to allowable expenses can be found on our website at:

<http://www.fcf.ohio.gov/Portals/0/Home/Initiatives/System%20of%20Care%20%28FCSS%29/FCSS%20Questions%20and%20Answers%20for%20SFY13%2010.18.12.pdf>.

ix. Reallocation of Funds

Each county FCFC receiving FCSS funding will need to file the Projected Expenditures Form (refer to Appendix E) for FCSS by February 3, 2014. Funding amount not anticipated to be expended by June 30th will be reallocated to other FCFCs to ensure full utilization of available dollars. FCFC can be considered for additional allocation based on timeliness of request, need

(demonstrated ability to spend current allocation), and ability to spend requested additional amount by the end of the SFY 14. In addition, the FCFC must have completed and submitted on time the FCSS Semi-Annual Report by February 3, 2014 (refer to Appendix F).

The Projected Expenditure Form can be submitted again after February 3rd to notify OFCF if the allocation will not be used in its entirety or if additional funds are being requested. OFCF will make additional reallocation decisions near the end of the fiscal year (May - July). In addition, OFCF will be requesting all counties to submit their 2nd Quarter RAR form no later than March 30, 2014. Any county that fails to submit their 2nd Quarter RAR form by this deadline may receive a reduction in their allocation.

x. Year end

All services must be provided by June 30, 2014, and the expenditures of these funds must reflect the actual costs of services delivered. All funds must be spent or encumbered by FCFC administrative agents and their contract agencies by June 30, 2014, or if not they must be returned to the state, per state regulations. Refer to Section IV, xi below.

The 4th quarter RAR form must be received by OFCF State Office after April 1, 2014 and before July 15, 2014. The processing of all financial transactions associated with these funds must be completed by July 15, 2014.

xi. Return of unspent funds

Any funds drawn down but not spent by June 30, 2014 must be returned to the state by August 1st in compliance with state regulations. The check must be made payable to "*Treasurer, State of Ohio*" and mailed to Ohio Department of Mental Health and Addiction Services, Attn: Mary Kyle, 30 E. Broad Street, 11th Floor, Columbus, OH 43215.

xii. Fiscal questions

All fiscal questions should be directed to Tammy Payton in the OFCF State Office. Contact information is available in Section VII of this guidance.

V. Reporting and Evaluation

Use of these funds is intended to promote results-based interventions while limiting administrative burden to the FCFCs and local community partners. SFY14 program and fiscal reporting is required. All required reports are referenced by date in the Section VI below, and copies of all reports are attached in Appendix D, E, F, and G or at <http://www.fcf.ohio.gov/Initiatives/SystemofCareFCSS.aspx> . Please submit each report to the person and in the manner indicated on each report. Regarding Appendix F and G, the FCSS Semi-Annual Report due February 3, 2014, and the Annual Report due August 15, 2014 are to be submitted via a link that will be provided. A FCSS Annual Report Tracking Spreadsheet (at <http://www.fcf.ohio.gov/Initiatives/SystemofCareFCSS.aspx>) has been created to help aid counties in collecting the required

information throughout the year. This spreadsheet does not need to be returned to OFCF. Appendix H provides guidance on completing the semi-annual and annual FCSS reports.

VI. Timelines

Date	Item
July 1, 2013	State fiscal year and annual funding period begins
July 1, 2013	Earliest date to submit 1 st quarter RAR for funds for advance of 25% of allocation, after the signed FCSS Assurance Statement and NOSA have been received.
October 1, 2013	Earliest date to submit 2 nd quarter RAR for reimbursement funds
January 2, 2014	Earliest date to submit 3 rd quarter RAR for reimbursement funds
February 3, 2014	FCSS Projected Expenditures Form due
February 3, 2014	FCSS Semi-Annual Report due via online survey
March 30, 2014	Deadline for all 2 nd Quarter RAR for reimbursement funds
April 1, 2014	Earliest date to submit 4 th quarter RAR for reimbursement funds
June 30, 2014	Deadline to expend all funds. State fiscal year and annual funding period ends
July 15, 2014	Deadline for ODMH to receive 4 th quarter RAR for funds
August 15, 2014	FCSS Annual Report due via online survey

VII. People to Contact

- i. Program questions about FCSS should be directed to the OFCF Regional Coordinator for your county. The state map showing the Regional Coordinator is available at:
<http://www.fcf.ohio.gov/Portals/0/Home/Resources/OFCF%20Office%20Contacts/OFCF%20%20Regions%20Jan%202013.pdf>.

North Region
 Teresa Reed-McGlashan
 OSU Extension
 240 W. Lake St., Unit C
 Oak Harbor, OH 43449
 (419) 898-3631 (p)
 (419) 579-4397 (c)
reed-mcglashan.1@osu.edu

South Region
 Joyce Calland
 OSU Extension
 1512 South US Hwy 68
 Urbana, OH 43078
 (937) 484-1526 (p)
 (937) 232-4255 (c)
calland.11@osu.edu

- ii. Fiscal questions should be directed to:

Tammy Payton
Ohio Family and Children First
25 South Front Street, Mail Stop 616
Columbus, Ohio 43215
(614)752-4044
(614)728-0170 fax
Tammy.Payton@education.ohio.gov

- iii. Parent advocacy questions should be directed to:
- | | |
|--|--|
| Suzanne Robinson | Angela Schoepflin |
| NAMI Ohio | NAMI Ohio |
| (800) 686-2646 (office) | (937) 508-8359 (cell) |
| suzanner@amiohio.org | seigna72@hotmail.com |

A PAC Regional Map is available at
<http://www.fcf.ohio.gov/Portals/0/Home/Engaging%20Families/Parent%20Advocacy/PAC%20Regional%20Map%208.10.11.pdf>.

Appendix A

Family Centered Services and Supports (FCSS) Definitions

Administrative expenses – means the payroll and fringe benefits of persons who are not providing direct services to youth and families (including supervisors), rent, utilities, postage costs, mileage costs, equipment, construction, renovation, public awareness, professional development, and all other indirect or overhead expenses for direct and indirect staff. Administrative expenses include services purchased from non-governmental entities, for which procurement must be compensated on a uniform fee-for-service basis. SOC funds cannot be used to pay for any administrative expenses. (Note- FCFC service coordination is considered a direct service and, therefore, not considered to be administrative)

Camp – includes day camp or overnight camp. Overnight camp is limited to 6 days per year per child, however there is no limit for day camp. FCSS can be used to support non-therapeutic structured camp activities designed to provide respite and improve social and emotional functioning.

Child with multi-systemic needs – a child who has needs in two or more of the following service systems (but need not be enrolled or receiving services from either or both systems): substance abuse, child welfare, job and family services (i.e., public assistance), education, juvenile justice, mental health, developmental disabilities. In order to utilize FCSS funding, children/families must receive service coordination through the county Families and Children First Council.

Confidentiality is what the FCFC SC team must do to keep information about the child and the child’s family private and protected. Only those with an authorized need to know should have access to protected information. Information cannot be shared with a third party without the written consent (i.e., a release form) of a parent or legal custodian or without a clear legal reason.

Cultural Sensitivity refers to the demonstration of respect for and building on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community. Culture comes in many shapes and sizes. It is not limited to race and ethnicity. Culture includes areas such as politics, family dynamics, history, faith, and lifestyle. The family SC Plan must be designed to build on the particular strengths of family members, and on the assets and resources of their community and culture.

Dispute Resolution – as defined in ORC 121.37I; also further defined in ORC 121.38 and 121.381.

Evidence-based Practice – approach has compelling evidence of effectiveness. Program designers can attribute participant success to the program itself, and have evidence that the approach will work for others in different environments.

Family Advocate – a family or community member who has interest, training, and demonstrated knowledge and skills in working together with families in need of services. Family advocates may be paid staff or volunteers. Friends or family members recruited by families may serve the role of an advocate, mentor or support person. NAMI Ohio oversees the Parent Advocacy Connection (PAC), a statewide network of family advocacy.

Family and Children First Council (FCFC) – the local FCFC in each county as defined in the ORC 121.37(B).

FCFC Service Coordination – a collaborative, coordinated, cross-system team planning process implemented to address the needs of families with multiple and complex problems. The process is family focused and strengths based and is responsive to the culture, race and ethnicity of the family. It results in a unique set of community services and natural supports individualized for the child and family and based on the child and family’s perceptions of their strengths and needs to achieve a positive set of outcomes. The purpose of service coordination is to provide a venue for families to meet the need for services and supports which may not have been adequately addressed within traditional agency systems.

The FCFC service coordination referenced in this document must be developed and implemented by the local Family and Children First Council. The FCFC service coordination must meet all the statutory requirements found in ORC 121.37; must follow the OFCF Service Coordination Guidance; and must be locally described in each county Family and Children First Council’s Service Coordination Mechanism. A council may enter into a contract with a local agency or entity to fulfill its responsibilities per 121.37, but the council remains responsible for compliance with ORC 121.37, Ohio Family and Children First Service Coordination Guidance, the county council Service Coordination Mechanism and all monitoring, fiscal and reporting requirements described in this document for any FCSS funds expended. Administrative costs of FCFCs and/or contract agencies are not allowable FCSS expenditures.

Indirect expenses – see administrative expenses.

Individual Family Service Coordination Plan (IFSCP) – The individual family service coordination plan is a unique written family plan developed with the participation of a family that is accepted into the FCFC service coordination process. The IFSCP for a family is based on the results of the family strengths and needs assessment that was completed with family participation, voice and choice. Each family plan must identify the family’s needs that were discovered through the strengths and needs assessment process. The family plan must also identify the services, supports, activities, objectives, timelines, and responsible parties as determined by the family team to address the identified needs of the family. The required service coordination process and components are described in ORC 121.37, the Service Coordination Mechanism Guidance found on the OFCF website (<http://fcf.ohio.gov>) and the county FCFC Service Coordination Mechanism. This service coordination process, including the individual family plan development, process and outcomes, must be monitored by the FCFC.

Service coordination family plans and processes developed and used by individual agencies or entities, other than council's, do not qualify for FCSS funding. If an FCFC has elected, by full council vote, to contract with another agency or entity to fulfill its service coordination requirements per ORC 121.37 and as described in the county council Service Coordination Mechanism, the contracted entity could access these funds through the FCFC for use as described in this guidance. The FCFC is required to monitor compliance, progress, and outcomes of the service coordination process as provided by the contracted agency; and is responsible for all fiscal and programmatic reporting required by Ohio Family and Children First and the Ohio Department of Mental Health.

Least Restrictive Environment refers to the type of setting in which a child is placed or resides. Law and practice dictate that children be placed in the least restrictive setting. Least restrictive to most restrictive is considered to be as follows:

- Home of Biological Parent (least)
- Home of Relative
- Family Foster Home
- Therapeutic Foster Home
- Group Home
- Residential Facility
- Institution or Hospital (most)

Any child requiring placement outside the family home should be placed in the least restrictive setting which most approximates a family and in which the child's special needs, if any, will be met. The child shall also be placed within reasonable proximity to his or her home, taking into account any special needs of the child.

Operating expenses – see administrative expenses.

Out-of-home placement – Out-of-home placements occur whenever one or more publicly funded systems place children or adolescents out of their homes, regardless of the reasons for placement, and whether or not systems are paying for placements or whether or not children are adjudicated by the juvenile court. Such placements include detention centers, ICF/MR facilities, residential treatment facilities, local or state correctional facilities, foster care homes, nursing homes, etc. FCSS funds cannot be used to pay for out-of-home placements or supportive services for children placed in out-of-home settings or for their families while they are in out-of-home placement. The new OFCF Flexible Funding Pool Option may be used for out-of-home treatment and/or out-of-home placement expenses (<http://www.fcf.ohio.gov/Initiatives/FlexibleFunding.aspx>). Placement does not include kinship care unless an agency also receives temporary custody, non-clinical respite, medically necessary or psychiatric hospitalization or detention time prior to the 72 hour shelter care/detention hearing

Overhead expenses – see administrative expenses.

Parent Advocacy Connection – see Family Advocate.

Primary Care Physician – Primary care physicians are those that are specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern (the "undifferentiated" patient) not limited by problem origin (biological, behavioral, or social), organ system, or diagnosis. Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.). Primary care is performed and managed by a personal physician often collaborating with other health professionals, and utilizing consultation or referral as appropriate. Primary care provides patient advocacy in the health care system to accomplish cost-effective care by coordination of health care services. Primary care promotes effective communication with patients and encourages the role of the patient as a partner in health care. (Note- Physicians that individuals encounter through emergency care are not considered to be primary care physicians, as they are not likely to provide continuing care or to maintain a complete history for the individual)

Promising practice – an approach has been implemented and significant impact evaluations have been conducted. While the data supporting the program is promising, its scientific rigor is insufficient to suggest causality. Multiple, undefined factors may be contributing to the success of participants.

Respite – the temporary care of children by someone other than the primary caregiver(s), where the primary purpose is to provide relief for the primary caregivers. "Temporary" is defined as one week or less (ie. 7 consecutive days). Respite care can be provided in the home of the child or family, or at another location. Respite can be provided by a relative or non-relative. Respite care does not involve a change of custody. Respite does not include an out-of-home placement where one or more publicly-funded systems assist in the planning for or placement of children or adolescents outside of their homes, or other placement into one of the following: psychiatric hospital, detention center, residential treatment facility, local or state correctional facility, foster care, group home or clinically-based interventions. For overnight camp limitations, see camp definition.

Trauma informed care – conveys a purposeful, therapeutic approach to individuals exposed to trauma, and can operate on many levels. It specifically addresses in a positive way the biological, neurological, psychological, social and/or societal consequences of trauma in the individual to facilitate their healing. Providing trauma informed care involves the closely interrelated triad of understanding, commitment, and practices, organized around the goal of successfully addressing the trauma-based needs of those receiving services. Prerequisites for a trauma informed system of care involves: 1) administrative commitment to change, 2) universal screening, 3) staff training and education, 4) hiring practices and 5) review of policies and procedures.

Wraparound – Wraparound is based on a normalization model, and has developed as a way of multiple systems coming together with the child, youth, and family and creating a highly individualized plan to address complex issues and needs. It is not a program or a type of service, but a team based process used to develop individualized plans of care that are based on the strengths and culture of the

children and their family. Plans are family focused and based on needs rather than available services. Wraparound is considered to be an effective practice model of service coordination. For more information see the National Wraparound Initiative <http://www.nwi.pdx.edu>.

Appendix B
FCFC ASSURANCE STATEMENT FOR FCSS FUNDING, SFY 14

The Family Centered Services and Supports funding is made available to county Family and Children First Councils via their administrative agent for purposes outlined in the Family Centered Services and Supports (FCSS) guidance document. In order to access the FCSS dollars, the county Family and Children First Council (FCFC) assures that the following service coordination components are in place, as part of the local FCFC Service Coordination Mechanism approved by Ohio Family and Children First and will be available in SFY 14. The county FCFC further assures that any changes or revisions to the OFCF approved county Service Coordination Mechanism will be submitted to OFCF within 10 working days of the FCFC's approval of the revised document.

Please check the appropriate box to indicate status of each required Service Coordination component:

REQUIRED SERVICE COORDINATION COMPONENTS FOR FCSS FUNDING	COMPONENT CURRENTLY IN PLACE
Access to FCFC service coordination process is available to children and youth (0 through 21) with multi-systemic needs	<input type="checkbox"/>
Clear referral process is established that can be accessed by both families and agencies.	<input type="checkbox"/>
Families are invited and encouraged to fully participate in all family service coordination plan meetings.	<input type="checkbox"/>
Team meetings are individualized to include appropriate agency/ school staff, and family-identified support persons. The family teams are reflective of the child/family needs, in order to assist with the most appropriate individualized family service coordination plan.	<input type="checkbox"/>
Meetings take place before non-emergency out-of-home placements and within 10 days of emergency placements.	<input type="checkbox"/>
Issues pertaining to confidentiality, least restrictive environment and cultural sensitivity are addressed in all phases of the service coordination process.	<input type="checkbox"/>
A standardized process is used to assess the needs and strengths of the family.	<input type="checkbox"/>
An individual, approved by the family, is designated to track the progress of the plan, schedule reviews, and facilitate the service coordination plan meetings.	<input type="checkbox"/>
Individualized Family Service Coordination Plans are developed for and with each family.	<input type="checkbox"/>
Individualized crisis and safety plans are developed for and with each family.	<input type="checkbox"/>
A dispute resolution process is available that can be accessed by both parents and agencies.	<input type="checkbox"/>
Families may invite a family advocate, mentor, or support person to participate in service coordination plan meetings.	<input type="checkbox"/>

On behalf of the _____ County Family and Children First Council, I (we) assure that the above components are currently in place as part of our local FCFC Service Coordination Mechanism (SCM) and will notify OFCF of any changes to the mechanism within 10 working days. The county FCFC understands that removing any of the above components from our FCFC SCM may jeopardize access to FCSS funding.

Acceptable Signatures (from one or more of the following):

FCFC Administrative Agent

Date

FCFC Chair

Date

FCFC Coordinator

Date

Appendix C
Family Centered Services and Supports
SFY 14 County Allocation Table as of 6/27/13

*TBD = County has not finalized SFY 13 FCSS expenses. For the most up to date allocation chart, please check the website at:
<http://fcf.ohio.gov/Portals/0/Home/Initiatives/System%20of%20Care%20%28FCSS%29/FCSS%20County%20Allocations%20SFY13%208.31.12.pdf>

County	Allocation	County	Allocation	County	Allocation
Adams	\$26,560	Allen	TBD	Ashland	\$28,173
Ashtabula	\$17,804	Athens	\$32,041	Auglaize	TBD
Belmont	\$36,011	Brown	\$28,186	Butler	TBD
Carroll	TBD	Champaign	TBD	Clark	TBD
Clermont	TBD	Clinton	\$23,115	Columbiana	TBD
Coshocton	TBD	Crawford	TBD	Cuyahoga	\$407,897
Darke	TBD	Defiance	\$21,912	Delaware	TBD
Erie	TBD	Fairfield	\$32,274	Fayette	\$23,084
Franklin	\$240,837	Fulton	TBD	Gallia	\$29,216
Geauga	TBD	Greene	TBD	Guernsey	TBD
Hamilton	TBD	Hancock	\$27,507	Hardin	TBD
Harrison	\$20,396	Henry	TBD	Highland	TBD
Hocking	TBD	Holmes	\$29,944	Huron	\$22,061

Jackson	\$27,827	Jefferson	TBD	Knox	\$27,646
Lake	TBD	Lawrence	TBD	Licking	TBD
Logan	\$26,607	Lorain	TBD	Lucas	TBD
Madison	\$23,968	Mahoning	TBD	Marion	TBD
Medina	\$32,807	Meigs	\$26,296	Mercer	TBD
Miami	TBD	Monroe	TBD	Montgomery	TBD
Morgan	\$17,507	Morrow	\$18,347	Muskingum	\$41,003
Noble	\$15,400	Ottawa	\$10,733	Paulding	TBD
Perry	TBD	Pickaway	TBD	Pike	\$28,395
Portage	TBD	Preble	TBD	Putnam	TBD
Richland	TBD	Ross	TBD	Sandusky	TBD
Scioto	TBD	Seneca	TBD	Shelby	\$24,788
Stark	TBD	Summit	TBD	Trumbull	\$67,144
Tuscarawas	TBD	Union	TBD	Van Wert	TBD
Vinton	\$23,525	Warren	TBD	Washington	TBD
Wayne	\$37,060	Williams	TBD	Wood	\$0.00

Wyandot	\$19,817		
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APM.6833. Allocation Methodology

The methodology used to distribute available funds is as follows.

- (1) 40% is distributed with each county receiving an equal share.
- (2) 60% is distributed based upon the county's number of children below 100% of the federal poverty as compared statewide in the same category, utilizing the most recent available U.S. Bureau of Census figures.

APM.6834. Expenditure Limitation

Current period Title IV-B expenditures cannot exceed the amount claimed to the federal government in FFY 1978. Therefore, the reimbursement for Foster Care Maintenance and Adoption Assistance payments are limited to the county claim for FFY 1978.

REFERENCE: 45 CFR 1356.70

The Deficit Reduction Act of 2005 changed the claimed year used above (1978) to 2005.

Please note: It is being estimated that the state will receive a 5% cut in Title IVB funds due to sequestration. Therefore, all county FCSS allocations have received the 5% cut. If funding is maintained and/or additional Title IVB funds become available for Ohio, this cut will be restored up to 5%.

Appendix D

(Actual form with instructions posted at: <http://www.fcf.ohio.gov/Initiatives/SystemofCareFCSS.aspx>)

**OHIO DEPARTMENT OF MENTAL HEALTH
REQUEST FOR ADVANCE OR REIMBURSEMENT**

1 Fiscal Year: _____

2 Type of Payment Requested:

Advance Reimbursement

3 For the Period:

Jul 1 - Sep 30

Oct 1 - Dec 31

Jan 1 - Mar 31

Apr 1 - Jun 30

4. Sub-Awardee:	
5. Project Name:	6. ODMH Sub-Award Number (if applicable):

7. Computation of Amount of Reimbursement/Advance Requested			
Expenditures:	This Period	Accumulation to date <small>(include This Period amount)</small>	Sub-Award Balance
7a Total Sub-Award Amount	\$ -	\$ -	\$ -
7b Total Direct Costs	\$ -	\$ -	
7c Total Indirect Costs	\$ -	\$ -	
7d Total Direct & Indirect Costs	\$ -	\$ -	
7e Program Income	\$ -	\$ -	
7f Net Expenditures	\$ -	\$ -	
7g Funds Requested	\$ -	\$ -	\$ -

8. Person Completing This Form (please print):	Title:	Date:
Phone Number:	E-Mail Address:	

SUB-AWARDEE CERTIFICATION

I certify that the amounts recorded above represent expenditures in accordance with all articles of the Sub-Award and to the best of my knowledge, all requirements have been fulfilled.

9. Signature:	Title:	Date:
Mailing Address:	City, State, Zip:	

Phone Number:	E-Mail Address:
---------------	-----------------

For ODMH use only:

10. Project Lead (print name below):	Title:	Phone Number:
ODMH Project Lead Signature:	Date:	

Appendix E

Projected Expenditures Form

**For Family-Centered Services and Supports Funds
To be filed by County Family and Children First Councils**

Due: February 3, 2014

County FCFCs are required to complete and submit this report so any unused funds can be reallocated to another FCFC. The reallocation of unused funds will be at the discretion of OFCF. All reallocated funds must be expended by the recipient by June 30, 2014 or returned to the State of Ohio. This form can be replicated near the end of a fiscal year if a county would like to reduce their allocation or request for additional FCSS funds.

Send completed form by email, fax, or regular mail to:

Tammy Payton
Ohio Family and Children First
25 S. Front Street, Mail Stop 616, Columbus, Ohio 43215
Tammy.Payton@education.ohio.gov
(614)728-0170 fax

County name: _____

Fund Source	Original Allocation Amount	Anticipated Expenditure by June 30, 2014	Amount Anticipated Not Expending by June 30, 2014	or	Amount Requested in Excess of Original Allocation
FCSS					

Certification:

By signing below, I certify that the financial information shown in this Projected Expenditures Form is correct and consistent with approved contracts.

County FCFC Administrative Agent/Authorized FCFC Fiscal Signature:	Date
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Appendix F

Family-Centered Services and Supports Semi-Annual Report for SFY14 (July 1 through Dec 31, 2013)

**Must be filed electronically online via a link to be provided at a later date
Due February 3, 2014**

At mid-point of each fiscal year, FCFCs are required to complete the FCSS Semi-Annual Report detailing use of FCSS dollars. Instructions for completing the required information are provided in Appendix H. An optional excel tracking spreadsheet to assist counties with the collection of the required information is provided on the OFCF website at <http://www.fcf.ohio.gov/Initiatives/SystemofCareFCSS.aspx>

FCSS Semi-Annual Report

PERSON COMPLETING THIS REPORT:

TITLE:

COUNTY:

ORGANIZATION:

PHONE:

E-MAIL:

1. Number of FCSS children/young adults that had needs at intake in the following categories, whether or not those needs were being addressed through December 31, 2013.

<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Special Education
<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Alcohol/Drug	<input type="checkbox"/> Physical Health
<input type="checkbox"/> Child Neglect	<input type="checkbox"/> Poverty	<input type="checkbox"/> Unruly
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Primary Care Physician	<input type="checkbox"/> Help Me Grow
		<input type="checkbox"/> Delinquent

2. Total number of children /young adults served through December 31, 2013 with FCSS funds.

<input type="checkbox"/> 0 through 3 years of age	<input type="checkbox"/> 4 through 9 years of age	<input type="checkbox"/> 10 through 13 years of age
<input type="checkbox"/> 14 through 18 years of age	<input type="checkbox"/> 19 through 21 years of age	

3. Total number of families served through December 31, 2013 with FCSS funds? _____

4. Total number of times each service or support was written into IFSCP's and accessed by using FCSS funds.

<input type="checkbox"/> Non-Clinical In-home Parent/Child Coaching	<input type="checkbox"/> Non-Clinical Parent Support Groups
<input type="checkbox"/> Parent Education	<input type="checkbox"/> Respite (including camp)
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Safety and Adaptive Equipment
<input type="checkbox"/> Transportation	<input type="checkbox"/> Parent Advocacy
<input type="checkbox"/> Social/Recreational Supports	<input type="checkbox"/> Service Coordination
<input type="checkbox"/> Structured Activities to Improve Family Functioning	<input type="checkbox"/> Youth/Young Adult Peer Support
<input type="checkbox"/> Other	

5. Total number of children/young adults who had no primary care physician at intake, but were connected to a primary care physician during the service coordination process. _____

Appendix G

Family-Centered Services and Supports Annual Report for SFY14 (July 1, 2013 - June 30, 2014)

Must be filed electronically online via a link to be provided at a later date
Due August 15, 2014

At the conclusion of each fiscal year, FCFCs are required to complete the FCSS Annual Report detailing use of dollars which supported Family-Centered Services and Supports. Instructions for completing the required information are provided in Appendix H. An optional excel tracking spreadsheet to assist counties with the collection of the required information is provided on the OFCF website at <http://www.fcf.ohio.gov/Initiatives/SystemofCareFCSS.aspx>

FCSS Annual Report

PERSON COMPLETING THIS REPORT:

TITLE:

COUNTY:

ORGANIZATION:

PHONE:

E-MAIL:

1. Number of FCSS children/young adults that had needs at intake in the following categories, whether or not those needs were being addressed through June 30, 2014.

Developmental Disabilities Mental Health Special Education
 Child Abuse Alcohol/Drug Physical Health Help Me Grow
 Child Neglect Poverty Unruly Delinquent
 Autism Spectrum Disorder Primary Care Physician

2. Total number of children /young adults served through June 30, 2014 with FCSS funds.

0 through 3 years of age 4 through 9 years of age 10 through 13 years of age
 14 through 18 years of age 19 through 21 years of age

3. Total number of families served through June 30, 2014 with FCSS funds? _____

4. Total number of times each service or support was written into IFSCP's and accessed by using FCSS funds.

Non-Clinical In-home Parent/Child Coaching Non-Clinical Parent Support Groups
 Parent Education Respite (including camp)
 Mentoring Safety and Adaptive Equipment
 Transportation Parent Advocacy
 Social/Recreational Supports Service Coordination
 Structured Activities to Improve Family Functioning Youth/Young Adult Peer Support
 Other

5. Total number of children/young adults who had no primary care physician at intake, but were connected to a primary care physician during the service coordination process. _____

6. The number of FCSS families who accessed a family advocate in SFY14_____
7. The number of children/young adults served in the community with FCSS funds in SFY14 that ended up in out-of-home placement while involved in the FCFC Service Coordination Process? _____
8. The number of families who exited FCFC Service Coordination during SFY14_____
9. The number of families who exited Service Coordination successfully during SFY 14 by accomplishing either at least 75%, but less than 100% of the family goals on the family IFSCP; or 100% of the family goals on the IFSCP:
 - Number of families completing 75% to 99% of IFSCP goals_____
 - Number of families completing 100% of IFSCP goals_____

Appendix H

Instructions for Completing FCSS Semi-Annual and Annual Reports

The following guidance was created to assist counties in reporting data for SFY14 FCSS Semi-Annual Report due February 1, 2014 and year-end Annual Report due August 15, 2014. If, after reading this guidance, you still have questions about how to count or enter information requested, please contact your regional coordinator before entering your data.

- ❖ **For the Semi-Annual Report:** Reporting should include data for July 1, 2013 through December 31, 2013.
- ❖ **For the Annual Report:** Reporting should include data for July 1, 2013 through June 30, 2014. If, after reading this, you realize that you have reported data incorrectly in the previously submitted Semi-Annual Report, please correct that data before adding it to the final Annual Report. Do not re-do and separately re-submit the Semi-Annual Report.

1. Number of FCSS children/young adults that had needs at intake in the following categories, whether or not those needs were being addressed.

- When reporting the categorical needs at intake, only include the categorical needs of those children/young adults who were accepted into FCFC service coordination and for whom FCSS funds were used to provide family services/supports or to pay for service coordination.
- **Do not** include children/young adults in service coordination for whom FCSS funds were not used.

The purpose of this question is to determine the presenting needs at the time of intake of children/young adults coming into service coordination and using the FCSS funds. The State will be able to see which system needs are most prevalent among the children/young adults in service coordination at intake utilizing FCSS funds.

2. Total number of service coordination children/young adults served with FCSS funds within each age category:

- Count the number of children/young adults served with FCSS funds. This number should not include all children/young adults in service coordination, unless the FCSS funds were used for every child/young adult in the county service coordination process.
- If the services or supports paid for with FCSS funds directly benefited more than one child or young adult in a family count all the children/young adults in the family that benefited.
- Count the children/young adults one time during SFY14, meaning the first time a service/support/service coordination was provided with FCSS funds.
- For children/young adults in service coordination who were carried over from SFY13, and for whom FCSS funds were used to pay for a service/support/service coordination in SFY14, count those children/young adults one time in the first month during SFY14 that a service/support/service coordination was provided using FCSS funds to pay for it.

The purpose of asking this question is to determine which age groups of children/young adults are being served through service coordination with FCSS funds.

3. Total number of families served with FCSS funds during this reporting period:

- Count the number of families served with FCSS funds. This number should not include all

families in service coordination, unless the FCSS funds were used for every family in the county FCFC service coordination process during this reporting period.

- For families in service coordination who were carried over from SFY13, and for whom FCSS funds were used to pay for a service/support/service coordination in SFY14, count those families one time in the first month during SFY14 that a service/support/service coordination was provided using FCSS funds to pay for it.

The purpose of this question is to determine the number of families served through service coordination with FCSS funds during SFY14.

4. Total number of times each type of service or support was written into an IFSCP and accessed using FCSS funds.

- Count each type of service or support provided with FCSS funds one time for each family when it has been written into a family's IFSCP and provided to a family the first time. The key here is to count the service only one time per family.
- Do not count each time it is paid for or provided for the same family.
- Do not count the service each month it is provided to the same individual family.
- Do not report services and supports that were not paid for using FCSS funds.
- Do not report any service or support in more than one category.
- Do not report any activity that is part of the FCFC Service Coordination process in any category other than the service coordination category.
- If a family is provided two different services within the same category (e.g. a YMCA pass and an art class), count those services as "two" in the category of Social/Recreational Supports for that family.
- If families in service coordination were carried over from SFY13, and FCSS funds were used to pay for a service/support/service coordination in SFY14, count those services/supports/service coordination provided and paid for during SFY 14, even if the same services/supports/service coordination were provided during SFY13 and were counted for that FY.

Examples:

- If you are using FCSS funds to pay for the cost of service coordination for a family, only count this one time for each family, not each time there is a billable face to face visit.
- If mentoring is on a family's plan and is being provided, count it only once for that family, not each time a mentor is involved with the same family.
- If parenting classes are on the family plan and are provided, count the classes only once for that family, not each time a parent attends a parenting class.
- If non-clinical in-home parent/child coaching is being provided, count the service only once, no matter how often the visits to the home occur. Do not report face to face service coordination visits as non-clinical in-home parent/child coaching.
- Do not use FCSS funds to pay for tutoring. It has been determined to be an unallowable expense for FCSS funds. If you are using an older tracking spreadsheet that has tutoring as a service type as an option for this question, please contact your Regional Coordinator to obtain an updated version of the spreadsheet.

The purpose of this question is to show the overall frequency at which various categories of services/supports are being provided to families with FCSS funds, not to count the number of times each individual service or support within a category are being provided to each family. In other words, the

report is not trying to capture the frequency or intensity of the provision of any individual service. The report is trying to capture the frequency of use of the service categories.

- **Definitions of Service/Support Categories:**

Non-Clinical In Home Parent/Child Coaching: Parent/Child Coaching is a non-clinical intensive program where a parent coach works with the family in the home to improve parenting and communication skills, address specific behavior, and reduce family stress through a strengths-based, individual family-centered approach. The coach and family develop a plan together to achieve individual family goals. The Parenting Coach provides support and guidance while providing developmental stages information, observing current family functioning, modeling effective parenting and communication skills, and encouraging parents as they build skills and confidence in their parenting abilities. Issues addressed may include developing positive parent/child relationships, family communication, establishing family boundaries and rules, problem solving, age appropriate /effective discipline techniques, school concerns, and managing feelings, stress and family time.

Parent Education: Parent education is provided in a group or classroom setting. The curriculum used provides guidance in developing and practicing positive parenting techniques. Goals of the program include increasing parents' confidence and competence in enhancing their children's development, learning and social skills. Included are age appropriate/effective discipline techniques, knowledge of child development stages, and establishing age-appropriate parental expectations. Issues addressed may include developing positive parent/child relationships, family communication, establishing family boundaries and rules, problem solving, school concerns, and managing feelings, stress and family time.

Mentoring: Mentoring is a developmental partnership through which one person shares knowledge, skills, information, perspective and friendship to foster the personal growth of someone else. It is a relationship between an experienced person and a less experienced person for the purpose of helping the one with less experience by providing wisdom, guidance and support. It can be provided in multiple settings, such as in the home, school or other community locations.

Transportation: Transportation assistance is provided to a family to accommodate the family in getting from one place to another that is essential for accomplishing a necessary life function. It can be in the form of funds for gasoline, cab/bus/other public transportation fare.

Social/Recreational Supports: Social /Recreational Supports are activities that provide social or recreational outlets for children and/or their families that will improve social/recreational functioning/skills and increase social/recreational opportunities for the child/families. Acceptable examples of this would be participation in sports (participation fees/equipment), clubs (fees/materials to participate), creative arts activities (participation and materials fees), games (inside and outside), community recreational activities, personal hobbies, camps(for social/recreational purposes, and not for the purpose of respite for caregivers) etc.

Camp includes day camp or overnight camp. Overnight camp is limited to 6 days per year per child, however there is no limit for day camp.

Structured Activities to Improve Family Functioning: This category includes activities that support the family's ability to interact more effectively with each other in areas such as: problem solving, communication, and family roles. Activities typically involve togetherness of the family unit. It can

include such things as playing board games together, family outings, planting and harvesting a family garden, cooking a meal together, an educational walk or bike tour, or a family picnic.

Non-Clinical Parent Support Groups: Non-clinical parent support groups offer Peer-to-Peer Support. Groups may be provided in a structured or informal setting. Leadership typically comes from parents who have personal experience in the focus area of the support group (i.e. those parents who have “been there”). Groups may be facilitated by a trained parent/consumer but the types of help offered in a peer to peer support group are considered nonprofessional. These groups provide opportunities for parents to network/interact, share experiences, provide peer support and lessen any feelings of isolation. Non-clinical parent support groups do NOT include group therapy sessions or those support groups that require the participation, facilitation, and/or leadership skills of a trained clinician.

Respite (including Camps): the temporary care of children by someone other than the primary caregiver(s), where the primary purpose is to provide relief for the primary caregivers. “Temporary” is defined as one week or less (i.e., 7 consecutive days). Respite care can be provided in the home of the child or family, or at another location. Respite can be provided by a relative or non-relative. Respite care does not involve a change of custody. Respite does not include an out-of-home placement where one or more publicly-funded systems assist in the planning for or placement of children or adolescents outside of their homes, or other placement into one of the following: psychiatric hospital, detention center, residential treatment facility, local or state correctional facility, foster care, group home or clinically-based interventions.

Camp used as respite for caregivers includes day camp or overnight camp. Overnight camp is limited to 6 days per year per child, however there is no limit for day camp. FCSS can be used to support non-therapeutic structured camp activities designed to provide respite. When camp is primarily used as respite for the caregivers, it should be reported in the Respite category.

Safety and Adaptive Equipment: Adaptive equipment includes devices that are used to assist children with physical or mental disabilities in completing activities of daily living. Typically, a piece of adaptive equipment is utilized to increase a child's level of functioning. Examples of adaptive equipment or assistive technology are wheelchairs, lifts, ramps, standing frames, gait trainers, augmentative devices to assist with communication, bath chairs and recreational items such as swings or tricycles. Safety equipment would be those items that reduce a child's risk of injury while involved in typical life activities. Care must be taken to insure that FCSS funds are not used to fund types of equipment that are considered medical equipment, are eligible to be paid for through Medicaid, are the responsibility of schools to provide for children on an IEP, or that could or should be provided through another government or community non-profit organization.

Parent Advocacy – Parent advocates assist families in service coordination to navigate the various child-serving systems in which their children may be involved, to research their options available to them, and to work effectively with professionals to achieve the best outcomes for their children. They support families by helping to enhance the parents' advocacy skills and by encouraging them to speak on behalf of their children and families. Advocates attend school meeting, juvenile court hearings, case reviews and treatment team meetings with the family. Advocates also inform and educate families about the FCF service coordination process and other services available to them in their communities.

Service Coordination – Service Coordination is the entire county process as defined in the county Service Coordination Mechanism developed by the county council. It includes all the activities included in providing this process to a family. Count Service Coordination only once for each family and do not

count different parts of the service coordination process in any other category. Important reminder: Only face-to-face time with the family can be billed for reimbursement through the FCSS funds, however a unit rate can be developed to include other time spent by the service coordinator in preparing for, monitoring and coordinating activities and services in providing service coordination to the families. For more information on how to calculate a unit rate, see pages 32 and 33 of this Guidance.

Youth/Young Adult Peer Support - A Peer Support Specialist is an individual with a lived experience of mental illness and recovery who provides peer support to individuals. A Certified Peer Support Specialist is a peer who has completed professional training in order to advance their skills and competencies. The Ohio Empowerment Coalition (<http://www.ohioempowerment.org/youngadult.htm>) is ODMHAS' designee to certify Peer Support Specialists for the State of Ohio. Peer support services are programs, discussions, events, groups, etc. within the mental health system that are led by people in recovery and based on the philosophy of peer support. Peer support services take place within the structure of an agency and are provided as a service by a trained peer specialist. As young adults transition out of child mental health services and into the adult system which can be very daunting, youth/young adult peer support services can assist with these transition challenges. Peer Support Specialist can serve individuals as early as 13 years old and through the age of 25.

Other – Other services or supports that do not fall within any of the other defined categories must receive prior approval from your Regional Coordinator before funds are used to pay for them. If the item/service being considered for a family is listed on the OFCF website on the Q and A document as a previously approved item/service under the “Other” category, a county may provide and use FCSS funds to pay for this item. The county must be certain that the service/support and circumstances for providing it are identical to the item on the Q and A document. Some items on the Q and A document list may have been approved due to specific circumstances of a family. If in doubt, contact your Regional Coordinator and ask.

- The most recent FCSS Q and A document along with other FCSS related documents are available on the OFCF website at [http://www.fcf.ohio.gov/Portals/0/Home/Initiatives/System%20of%20Care%20\(FCSS\)/FCSS%20Questions%20and%20Answers%20for%20SFY13%2010.18.12.pdf](http://www.fcf.ohio.gov/Portals/0/Home/Initiatives/System%20of%20Care%20(FCSS)/FCSS%20Questions%20and%20Answers%20for%20SFY13%2010.18.12.pdf) for your reference.

5. Total number of children/young adults who had no primary care physician at intake, but were connected to a primary care physician during the service coordination process.

Families who have a primary care physician have been shown to have lower medical costs. We have an opportunity to assist in connecting families to a primary care physician through the service coordination process, thus promoting preventative health care and lowering overall health care costs. The child does not need to have an immediate health care need in order for the connection to a primary care physician to be provided. This is a preventative health care promotion activity that is important in reducing the incidence of future higher cost and more serious health care needs.

Report those children/young adults who have no primary care physician at intake of service coordination but were connected to a primary care physician during the service coordination process. Only count those children/young for whom FCSS funds are used to support other services/supports provided to the family. Please note, FCSS funds cannot be used to pay for medical care or treatment.

Data regarding questions #6 through #9 are only requested for the SFY 14 Annual Report.

6. Please report the number of FCSS families who accessed a family advocate.

- Report the number of families in service coordination who used FCSS funds and accessed a family advocate.

- The FCSS funds do not need to be used to pay for a family advocate for the family advocate to be counted.

This question is being asked to track the frequency that family advocates are being accessed by families and to monitor family advocate use throughout state.

7. Please report the number of children/young adults served with FCSS funds that subsequently ended up in an out-of-home placement while they were formally involved in the FCFC service coordination process.

- Count only the children/young adults provided with services or supports that were paid for with FCSS funds while they were in service coordination, and ended up in an out-of-home placement during the service coordination process.
- For purposes of this report, count each child/young adult who was placed out of home during service coordination only one time, regardless of the number of placement episodes that occurred for an individual child/young adult.

An **out-of-home placement** for purposes of this report is defined as follows:

Out-of-home placements occur whenever one or more publicly funded systems place children or adolescents out of their homes, regardless of the reasons for placement, and whether or not systems are paying for placements or whether or not children are adjudicated by the juvenile court. Such placements include detention centers, ICF/MR facilities, residential treatment facilities, local or state correctional facilities, foster care homes, nursing homes, etc. Exceptions to this placement count are as follows:

1. Children and adolescents placed with relatives (kinship care) as a voluntary placement alternative, UNLESS an agency also receives temporary custody.
2. Detention time when a youth is being held for 72 hours or less awaiting a shelter care hearing/detention hearing/arraignment to determine the basic facts and the continued need for confinement. This type of new case holding and fact-finding period is the only detention stay county exception.
3. Respite care when children are relocated outside their homes and the parents retain custody and where such respite does not exceed seven nights in duration.
4. Medically necessary or psychiatric hospitalizations.

The purpose of this question is to monitor the number of children/young adults in service coordination using FCSS funds that end up in out-of-home placements.

Questions #8 and #9 pertain only to families who exited FCFC Service Coordination during SFY14 and for whom FCSS funds were used to provide services or supports to these families.

8. The number of families who exited FCFC Service Coordination during SFY14:

- Count the number of families who exited FCFC Service Coordination for whom FCSS funds were used during SFY14. Count families who were considered successful and unsuccessful. Do not include families that exit service coordination prior to the family team's collaborative development of the initial family plan (IFSCP).
- Do not count families who exited FCFC Service Coordination for whom no FCSS funds were used to support the family IFSCP.

9. The number of families who exited Service Coordination successfully during SFY 14 by accomplishing either at least 75%, but less than 100% of the family goals on the IFSCP; or 100% of the family goals on the family IFSCP:

- Count all the goals that each family had on its IFSCP who exited Service Coordination during SFY14. Do not include goals that the family team deemed not appropriate for the family and were removed from the plan by the family team.
- Then count the number of goals that the family completed. Divide the number of completed goals by the number of total goals on the plan. This will produce the percent of goals completed successfully by that family.
- After calculating the percent of goal completion for each family who exited, determine how many of those families fall into the following two categories of 75-99% goal completion and 100% goal completion.
- Report the number of families who had a 75% success rate or greater, but less than 100% for goal completion at the time they exited service coordination.
- Then report the number of families who completed 100% of their goals at the time that they exited service coordination.

Please contact your OFCF Regional Coordinator for assistance with reporting the required information, if needed.

Appendix I

Family Centered Services and Supports Service Coordination Unit Rate Calculation Narrative and Example

This narrative is structured to give direction and examples of how to calculate the unit rate to charge for service coordination on a per hour basis for face to face time spent with families who are accepted into Family and Children First Council (FCFC) Service Coordination and who have a family team and a family plan. A chart with an example of how to calculate the unit rate is below.

The numbers provided in the example are not intended to guide the county in estimating hours, but were inserted solely for the purpose of providing an example. Please refer to the FCSS Guidance, in addition to this document, for further explanation of FCFC service coordination requirements.

If a county employs a service coordinator to provide all of the functions of service coordination for that county, please follow this example and refer to the below Unit Rate Calculation Chart.

1. Begin by estimating the average number of hours the service coordinator spends providing the activities listed in the first column for a single family in service coordination throughout the entire period of time the family is in service coordination.
2. Record each estimated amount of time in the second column for each activity listed in Rows 1-6.
3. Total the number of hours listed in second column and record in second column, row 7.
4. Record the hourly salary and cost of fringe benefits for the service coordinator in the third column, row 7.
5. In the fourth column, row 7, multiply the number of hours listed in second column, row 7 by the hourly salary of the service coordinator listed in third column, row 7 and record the result.
6. In the fifth column, row 7, divide the amount listed in the fourth column by the total number of face to face hours spent with a family listed in second column, row 7. This will give you the hourly unit rate that can be charged for each face to face hour that the service coordinator spends with a family.

If the county contracts with multiple providers who each employ one service coordinator to provide FCFC service coordination to families, each provider should calculate the unit rate for service coordination based on these directions and examples.

Activity	Average # Hours	Service Coordinator Hourly Salary + fringe	Multiply total hours times hourly salary	Divide amount in previous column by Ave. # Face to Face Hours = UNIT RATE
Ave. # of hours spent with family face to face	30			
Average number of hours spent with family on phone.	8			
Ave. # hours spent preparing paperwork for ind. family case, family plan or family meeting, including reporting & entering data into a reporting system.	25			
Ave. # of hours spent traveling to individual family meetings	5			
Ave. # of hours spent organizing meetings for an individual family.	10			
Ave.# hours spent communicating with team members(phone,email)	10			
Ave. # hours spent setting up services for family with service providers	10			
Total hours	98	\$20/hour	98 x \$20 = \$1960	\$1960 divided by 30 hours of face to face = \$65.33 (Unit Rate)