



**Family-Centered Services and Supports (FCSS)  
SFY 2021 Guidance Document  
July 1, 2020 through June 30, 2021**

**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) funding. FCSS is built on the premise that family involvement in service planning and implementation is critical to successful treatment outcomes; strengthens the existing capacity of families to function effectively; and, ensures the safety and well-being of each family member. The purpose of FCSS is to maintain children and youth in their own homes through the provision of non-clinical, community-based services with a foundation in the System of Care Model.

The target population for FCSS are those children (ages 0 through 21) with multi-systemic needs, who are receiving service coordination through the local Family and Children First Council (FCFC). FCSS is flexible funding 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. These funds can also 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, however agencies are discouraged from referring based on an intent to solely access FCSS funding. If families meet the local criteria for FCFC Service Coordination team planning and an IFSCP is developed that identifies a 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 linked to and coordinated with the FCFC IFSCP. Definitions that relate to the FCSS funds can be found in Appendix A.

The FCFC Service Coordination Process is an integral component of a local system of care. FCFC Service Coordination is a process of service planning and system collaboration that provides individualized services and supports to families who have needs across multiple systems. A system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with multiple needs and their families. System of Care is family driven, youth guided, culturally competent and community based. Fundamentally, a system of care is a range of services and supports supported by an infrastructure and guided by a philosophy implemented at different levels. As described above, families who have children with multiple systemic needs identified through the county FCFC Service Coordination process are eligible for FCSS-funded services and supports.

It is critical that youth and family voice is present not only during their own individual planning meetings, but also at policy making levels. To support this, Ohio worked with National Alliance on Mental Illness of Ohio (NAMI Ohio) to enhance youth and family inclusion and voice. As part of a Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care Grant, a Youth and Young Adult Advisory Council (YouthMOVE Ohio) and a Family Advisory Council were formed to enhance youth and family voice throughout the state. The Youth and Young Adult Advisory Council established an Ohio chapter of the national YouthMOVE organization. In doing so, YouthMOVE Ohio will continually be seeking partners to establish local chapters of YouthMOVE across Ohio.

Another System of Care effort is the Parent Advocacy Connection (PAC). PAC is a grassroots organization of trained advocates who reflect the cultural and ethnic make-up of the families they serve. PAC seeks to empower, educate, encourage, and equip families to partner with professionals as they navigate the child serving systems in Ohio. PAC operates throughout Ohio assisting parents whose children are involved in the county FCFC Service Coordination Process. All families accessing FCFC Service Coordination have access to advocacy services through PAC. PAC is overseen by the NAMI Ohio and is funded by Ohio Department of Mental Health and Addiction Services (OhioMHAS), Ohio Department of Job and Family Services (ODJFS), Ohio Department of Developmental Disabilities (DODD) and Ohio Department of Youth Services (ODYS).

## **II. FCSS Guidelines and Requirements**

In order to access FCSS funding, FCFCs must assure the service coordination components in this section are in place for SFY 2021. Refer to Appendix B of this guidance to view the FCSS Assurance Statement for FCSS Funding document that must be signed and submitted via the OhioMHAS Grants Funding Management System (GFMS) Application process 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 their respective OFCF Regional Coordinator (contact information available in Section VI of this guidance).

Upon approval of the annual GFMS Allocation Application and availability of FCSS funds, OFCF will disburse 25% of the county FCFC's SFY 2021 allocation. 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 youth, families and agencies.
3. Youth /Families are expected and encouraged to fully participate in all service coordination plan meetings.
4. Team meetings are individualized to include appropriate agency/ school staff, and family-identified support persons. The teams are reflective of the youth /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 youth/family.
8. An individual, approved by the youth /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 youth/family.
10. Individualized safety plan/programming with clear delineated strategies is developed for and with each youth /family.
11. Individualized crisis response plan detailing options for preventing known short-term crisis situations based on family need.
12. A dispute resolution process is available that can be accessed by youth parents and agencies.
13. Youth /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, parent peer support must be offered to families. When access is not possible, please inform your OFCF Regional Coordinator (contact information available in Section VI of this guidance).
  - b. In an effort to support counties, FCSS funds a statewide network of parent peer support through the Parent Advocacy Connection (PAC) that NAMI Ohio oversees. Refer to Section VI of this guidance for PAC contact information. Communities may choose to provide parent peer support partners through PAC or through other local advocacy networks.

### **III. 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 (75%) and state general revenue funds from the OhioMHAS, ODYS, and Ohio Department of Developmental Disabilities (DODD) (25%).
- ii. Official name and number for auditors  
The official name of these funds is "Family-Centered Services and Supports" (FCSS). The funds are a combination of child welfare dollars, Social Security Act Title IV-B Funds, Part 1 CFDA #93.645 & Part 2 CFDA #93.556 from ODJFS.
- iii. Availability of funds  
The availability of FCSS funds is contingent on Ohio's annual receipt of Title IV-B 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 1st through September 30th.

The availability of State funds is subject to current and future budget directives from the State of Ohio for SFY 2021. The State funds are contingent on the approval of Ohio's Biennial Budget.

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 FCSS biennium spending or lack thereof. A chart of county funding allocations along with the FCSS Allocation Guidelines for SFY21 can be found at: <http://fcf.ohio.gov/Initiatives/System-of-Care-FCSS>. County allocations are rounded to the nearest dollar.

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 and its Administrative Agent (AA) on file with OFCF. The local FCFC and its AA must accept the requirements and other conditions outlined in this guidance document, by agreeing to the Assurance Statement for FCSS funds submitted via the annual GFMS Allocation Application process.

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. The FCFC's AA must complete and submit the Standard Affirmation and Disclosure Form (Executive Order 2019-12D) to OFCF via the GFMS application process. The AA also agrees to notify the state program lead for these funds immediately of any such change or shift in location of its services. Subcontracts remain subject to all requirements that accompany these funds, and as referenced in the county Service Coordination Mechanism, this guidance document, and the FCFC Assurance Statement for FCSS Funding.

vi. Disbursement process

Upon approval of the annual GFMS Allocation Application and receipt by OFCF of the annual funds, the county FCFC will receive a one-time automatic advance payment, equal to 25% of the county FCFCs SFY 2021 total allocation amount. The FCFC's AA must have an approved SFY21 GFMS Allocation Application on file by September 15, 2020 to be eligible for the one-time advance payment. *FCFC that do not meet qualifications for the one-time automatic 25% advance payment, should treat all requests as a reimbursement.*

The county FCFC is required to submit an Advance Expenditure Report (AER) form via email to [OFCF@mha.ohio.gov](mailto:OFCF@mha.ohio.gov) (refer to Attachment A). The AER should demonstrate what services and supports were provided with the advance funds received. The FCSS AER must equal the exact amount of the advance payment received by the FCFC and must be received by OFCF prior to submitting the first Request for Reimbursement (RR).

FCFCs that reach a reimbursement status (spent over 25% of their annual allocation) may submit an RR form at any time throughout the month via email to [OFCF@mha.ohio.gov](mailto:OFCF@mha.ohio.gov) (refer to Attachment B). RR forms are due by close of business on the

5<sup>th</sup> day of every month. OFCF will process all the RRs received through the close of business on the 5<sup>th</sup> day of each month on or around the last business day of each month. FCFCs can expect payment of funds in approximately 20 business days. The final RR form must be received by the OFCF State Office on or before July 15, 2021.

Although, the method of tracking and management of these funds are a local decision, we recommend the FCFC track expenses by the date services are provided, not by the date invoices are paid. OFCF provides a tracking template that FCFCs, their AA and their service providers can use to share information/updates with Council members and create/submit required reports to OFCF. FCFCs should discuss the process with the FCFC AA, prior to changing any local processes or procedures that are currently in place. The template can be found at <http://fcf.ohio.gov/Initiatives/System-of-Care-FCSS>.

All RR forms must reflect funds already spent by the county FCFC for which it is requesting reimbursement. Federal regulations that govern the 75% federal portion of these funds require that they must be spent on a reimbursement basis only. Counties are prohibited in seeking reimbursements for encumbrances (i.e., budgeted funds). Reimbursement requests are not limited to 25% of the annual allocated amount. Both the AER and RR templates are available separately on OFCF's website at: <http://fcf.ohio.gov/Initiatives/System-of-Care-FCSS>.

viii. Expenditure of funds

All FCSS expenditures must reflect the actual costs of services delivered and must be spent by county FCFCs between July 1, 2020 and June 30, 2021 for services delivered between those dates. Expenses can be retroactive to July 1, 2020, regardless of when the GFMS Allocation Application is approved. Any funds not spent by June 30, 2021 must be returned to the state, per state regulations. Refer to Section III, xi.

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

ix. Expenditures allowed and not allowed

There are specific federal restrictions on the use of Title IV-B funds, the primary source of Ohio's FCSS funding. 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 funds, as well as the 25% State 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 services and supports for the family while the child is in a medical or psychiatric hospital, as this is not considered to be an out-of-home placement and the family retains custody. 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 19, within Appendix E of this Guidance.

- Non-clinical in-home parent/child coaching;
- Non-clinical parent support groups;
- Parent education;
- Mentoring;
- Respite care (including summer camp);
- Transportation (e.g., 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 F on how to calculate a unit rate.

Non-allowable expenditures include:

- Services/supports to 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://fcf.ohio.gov/Portals/0/Home/Initiatives/System%20of%20Care%20\(FCSS\)/SFy14FCSSQA.pdf](http://fcf.ohio.gov/Portals/0/Home/Initiatives/System%20of%20Care%20(FCSS)/SFy14FCSSQA.pdf).

x. Reallocation of Funds

Each county FCFC that receives FCSS funds will be required email the SFY21 April RR and Projected Expenditures Form (refer to Attachment C) to [OFCF@mha.ohio.gov](mailto:OFCF@mha.ohio.gov) by COB on April 5, 2020. Pending formal action of the re-prioritization of funding, funding amounts not anticipated to be expended by June 30<sup>th</sup> may be reallocated to other FCFCs to ensure full utilization of available dollars. FCFCs 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 2021. In addition, the FCFC must have completed and submitted the FCSS Semi-Annual Report by February 1, 2021 (refer to Appendix C).

The Projected Expenditure Form (Attachment C, page 2) may be submitted again any time after April 5<sup>th</sup> (using the same process) to notify OFCF if the allocation will not be used in its entirety or if additional funds are being requested. OFCF will make any additional reallocation decisions near the end of the fiscal year (May - July). Any county that fails to submit SFY 21 FCSS funding forms demonstrating they have provided services equaling at least 50% of their SFY21 allocation by the April 5<sup>th</sup> RR deadline may receive a reduction in their allocation.

xi. Year end

All services must be provided by June 30, 2021, and the expenditures of these funds must reflect the actual costs of services delivered. All funds must be spent by FCFC administrative agents and their contract agencies by June 30, 2021, or if not they must be returned to the state, per state regulations. Refer to Section III, xii below.

The final RR form must be received by OFCF State Office by July 15, 2021 (refer to Section V, Timetable for final RR submission deadlines). The processing of all financial transactions associated with these funds must be completed by July 15, 2021.

xii. Return of unspent funds

Any funds drawn down but not spent by June 30, 2021 must be returned to the state by July 31, 2021 in compliance with state regulations. The check must be made payable to "*Treasurer, State of Ohio*" and mailed to: OhioMHAS, Attn: Mary Kyle, 30 E. Broad Street, 11<sup>th</sup> Floor, Columbus, OH 43215-3430.

xiii. Fiscal questions

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

**IV. 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. SFY 2021 program and fiscal reporting is required. All required reports are referenced by date in the Section V below, and copies of all Attachments can be found at <http://fcf.ohio.gov/Initiatives/System-of-Care-FCSS>. Please submit each report in the manner indicated. Regarding Appendix C, the FCSS Semi-Annual Report due February 1, 2021, and Appendix D, the Annual Report due August 15, 2021 are to be submitted via a link that will be provided. A FCSS Annual Report Tracking Spreadsheet (at <http://fcf.ohio.gov/Initiatives/System-of-Care-FCSS>) 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 E provides guidance on completing the semi-annual and annual FCSS reports. Regarding Attachment D, Needs/Services Tracking Sheet are due along with the semi-annual and annual FCSS reports. The Needs/Services Tracking Sheet should be submitted [OFCF@mha.ohio.gov](mailto:OFCF@mha.ohio.gov) and copy the OFCF regional coordinator.

**V. Timelines**

<b>Date</b>	<b>Item</b>
July 1, 2020	State fiscal year and annual funding period begins
September 15, 2020	FCFC must have an approved SFY21 GFMS Allocation approved no later than September 15 <sup>th</sup> to qualify for the one-time 25% automatic advance payment
October 5, 2020	Deadline to submit RR form via email to <a href="mailto:OFCF@mha.ohio.gov">OFCF@mha.ohio.gov</a>
November 5, 2020	Deadline to submit RR form via email to <a href="mailto:OFCF@mha.ohio.gov">OFCF@mha.ohio.gov</a>
December 5, 2020	Deadline to submit RR form via email to <a href="mailto:OFCF@mha.ohio.gov">OFCF@mha.ohio.gov</a>
January 5, 2021	Deadline to submit RR form via email to <a href="mailto:OFCF@mha.ohio.gov">OFCF@mha.ohio.gov</a>
February 5, 2021	Deadline to submit RR form via email to <a href="mailto:OFCF@mha.ohio.gov">OFCF@mha.ohio.gov</a>
February 1, 2021	FCSS Semi-Annual Report due via SurveyMonkey: <a href="https://www.surveymonkey.com/r/SFY21-FCSSSemiAnnualReport">https://www.surveymonkey.com/r/SFY21-FCSSSemiAnnualReport</a>
February 1, 2021	Needs/Services Tracking Grid via email to <a href="mailto:OFCF@mha.ohio.gov">OFCF@mha.ohio.gov</a>
March 5, 2021	Deadline to submit RR form via email to <a href="mailto:OFCF@mha.ohio.gov">OFCF@mha.ohio.gov</a>
April 5, 2021	<b>REQUIRED</b> - Deadline to submit April RR & Projected Expenditure form via email to <a href="mailto:OFCF@mha.ohio.gov">OFCF@mha.ohio.gov</a> (if no previous RRs have been submitted, OFCF reserves the right to reduce allocation)
May 5, 2021	Deadline to submit RR form via email to <a href="mailto:OFCF@mha.ohio.gov">OFCF@mha.ohio.gov</a>
June 5, 2021	Deadline to submit RR form via email to <a href="mailto:OFCF@mha.ohio.gov">OFCF@mha.ohio.gov</a>
June 30, 2021	Deadline to expend all funds. State fiscal year and annual funding period ends
July 15, 2021	Deadline to submit <u>FINAL</u> RR form via email to <a href="mailto:OFCF@mha.ohio.gov">OFCF@mha.ohio.gov</a>

August 15, 2021	FCSS Annual Report due via SurveyMonkey: <a href="https://www.surveymonkey.com/r/SFY21-FCSSAnnualReport">https://www.surveymonkey.com/r/SFY21-FCSSAnnualReport</a>
August 15, 2021	Needs/Services Tracking Grid via email to <a href="mailto:OFCF@mha.ohio.gov">OFCF@mha.ohio.gov</a>
August 15, 2021	Annual Service Coordination Shared Data Report via SurveyMonkey: <a href="https://www.surveymonkey.com/r/SFY21-SCSharedDataReport">https://www.surveymonkey.com/r/SFY21-SCSharedDataReport</a>

**VI. People to Contact**

- **Program questions** about FCSS should be directed to the OFCF Regional Coordinator for your county. Click here to view the state regional map.

**Aimee Matusik, East Regional Coordinator**

Ohio Family and Children First  
834 E. High Avenue  
New Philadelphia, OH 44663  
(614) 466-6343 (p)  
(614) 917-8010 (c)  
(614) 485-9741 (f)  
[Aimee.Matusik@mha.ohio.gov](mailto:Aimee.Matusik@mha.ohio.gov)

**Jennie Horner, West Regional Coordinator**

Ohio Family and Children First  
616 South Collett Street, Suite 203  
Lima, OH 45805  
(614) 466-9931 (p)  
(614) 364-6195 (c)  
(614) 485-9741 (f)  
[Jennie.Horner@mha.ohio.gov](mailto:Jennie.Horner@mha.ohio.gov)

- **Fiscal questions** should be directed to:

**Tammy Payton, Senior Financial Analyst**

Ohio Family and Children First  
30 E. Broad Street, 36<sup>th</sup> Floor  
Columbus, Ohio 43215-3430  
(614)752-4044  
(614)485-9741 fax  
[OFCF@mha.ohio.gov](mailto:OFCF@mha.ohio.gov)

- **Parent advocacy questions** should be directed to:

Dana Berryman, State Coordinator  
NAMI Ohio  
[dana@namiohio.org](mailto:dana@namiohio.org)  
[www.namiohio.org](http://www.namiohio.org)

- **YouthMOVE Ohio questions** should be directed to:

Sasha Bowers  
YouthMOVE Ohio  
(614) 224-2700 ext. 228  
[sasha@ohioyouthmove.org](mailto:sasha@ohioyouthmove.org)

**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 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 across multiple systems which may not have been adequately addressed within traditional agency systems.

The FCFC Service Coordination Process referenced in this document must be developed and implemented by the local Family and Children First Council. 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 ORC 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, (<https://www.fcf.ohio.gov/Coordinating-Services/Service-Coordination-Mechanism-Matrix>) 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 OFCF and the Ohio Department of Mental Health and Addiction Services.

**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 (e.g. to include public-system involvement in service coordination/wraparound team planning that results in a child being placed out of the home). 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 (<https://www.fcf.ohio.gov/Initiatives/Flexible-Funding>). 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 Parent Peer Supporter.

**Parent Peer Supporter** - Highly trained parents with lived experience in the community who become peer supporters because of their desire to assist other families in learning how to advocate for their children with multi-systemic needs.

**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 (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. 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.

**High-Fidelity Wraparound** – High-Fidelity Wraparound is an intensive planning and facilitation process, utilizing a comprehensive team to develop a uniquely designed helping plan based on the youth and family’s unmet needs, and is inclusive of unique resources linked to youth and family strengths. It is not a treatment or service per se. High-Fidelity Wraparound is not a process for all; it is applicable and most effective for those with complex needs and histories of extensive and costly service utilization. Ohio’s Wraparound model is based on the National Wraparound Initiative that includes a fidelity assessment system, which is a multi-method approach to evaluating the quality of individualized care planning and coordination for youth with complex needs. For more information, refer to the National Wraparound Initiative website at: <http://www.nwi.pdx.edu>. Through the ENGAGE initiative, there was an Ohio-specific Wraparound website created and those resources can be found at: <http://www.wraparoundohio.org/>

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**Appendix B - FCFC ASSURANCE STATEMENT FOR FCSS FUNDING, SFY 2021**

The Family-Centered Services and Supports (FCSS) funding is made available to county Family and Children First Councils (FCFC) via their administrative agent for purposes outlined in the FCSS guidance document. The official name of these funds is “Family-Centered Services and Supports” and they are a combination of federal child welfare dollars, Social Security Act Title IV-B funds from ODJFS [75%] and State non GRF funds from OhioMHAS, ODYS and ODODD [25%]. The 75% federal portion of these funds should be reported as 11% for CFDA #93.645 [Part 1] and 89% for CFDA #93.556 [Part 2]. In order to access the FCSS dollars, the county 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 (OFCF) and will be available in SFY 2021. 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	ASSURE COMPLIANCE IN SFY 2021
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 youth, families and agencies.	<input type="checkbox"/>
Youth/Families are expected 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 teams are reflective of the youth/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 youth/family.	<input type="checkbox"/>
An individual, approved by the youth/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 and executed for and with each youth/family.	<input type="checkbox"/>
Individualized safety plan/programming with clear delineated strategies is developed for and with each youth/family.	<input type="checkbox"/>
Individualized crisis response plan detailing options for preventing known short-term crisis situations based on family need.	<input type="checkbox"/>
A dispute resolution process is available that can be accessed by youth, parents and agencies.	<input type="checkbox"/>
Youth/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 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.*

**Required Signatures:**

\_\_\_\_\_

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FCFC Administrative Agent

Date

FCFC Coordinator

Date

**Appendix C - Family-Centered Services and Supports  
Semi-Annual Report for SFY 2021 (July 1 through Dec 31, 2020)**

**Must be filed electronically online via a link to be provided at a later date  
Due February 1, 2021**

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 E. An optional excel tracking spreadsheet to assist counties with the collection of the required information is provided on the OFCF website at <http://fcf.ohio.gov/Initiatives/System-of-Care-FCSS>

**FCSS Semi-Annual Report**

**PERSON COMPLETING THIS REPORT:**

**TITLE:**

**COUNTY:**

**ORGANIZATION:**

**PHONE:**

**E-MAIL:**

**1. Total Number of referrals by system for youth who accessed FCSS funding through December 31, 2020.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Self/Family            | <input type="checkbox"/> Mental Health/BH Provider                  | <input type="checkbox"/> Education   |
| <input type="checkbox"/> HMG Early Intervention | <input type="checkbox"/> County Board of Developmental Disabilities |  |
| <input type="checkbox"/> Juvenile Justice       | <input type="checkbox"/> Child Protective Services                  | <input type="checkbox"/> Physician/Hospital <input type="checkbox"/> Other |

**2. 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, 2020.**

- |   |   |  |
|---|---|--|
| <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 Early Intervention |
|   |   | <input type="checkbox"/> Delinquent                      |

**3. Total number of children /young adults served through December 31, 2020 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 |   |

**4. Total number of families served through December 31, 2020 with FCSS funds? \_\_\_\_\_**

**5. Total number of times each service or support was written into IFSCP and accessed using FCFC 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/Wraparound    |
| <input type="checkbox"/> Structured Activities to Improve Family Functioning | <input type="checkbox"/> Youth/Young Adult Peer Support     |
| <input type="checkbox"/> Other   |   |

*\*Align the above with the Needs/Services Tracking Grid\**

**6. Total number of children/young adults who had no primary care physician at intake. \_\_\_\_\_**

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7. Total number of children/young adults who were connected to a primary care physician during the service coordination process.

## Appendix D - Family-Centered Services and Supports Annual Report for SFY 2021 (July 1, 2020 - June 30, 2021)

**Must be filed electronically online via a link to be provided at a later date  
Due August 15, 2021**

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 E. An optional excel tracking spreadsheet to assist counties with the collection of the required information is provided on the OFCF website at <http://fcf.ohio.gov/Initiatives/System-of-Care-FCSS>

### FCSS Annual Report

**PERSON COMPLETING THIS REPORT:**

**TITLE:**

**COUNTY:**

**ORGANIZATION:**

**PHONE:**

**E-MAIL:**

1. Total number of referrals by system for youth who accessed FCSS funding through June 30, 2021.

Self/Family       Mental Health/BH Provider       Education  
 HMG Early Intervention       County Board of Developmental Disabilities  
 Juvenile Justice       Child Protective Services       Physician/Hospital       Other

2. 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, 2021.

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

3. Total number of children /young adults served through June 30, 2021 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

4. Total number of families served through June 30, 2021 with FCSS funds? \_\_\_\_\_

5. Total number of times each service or support was written into IFSCP and accessed 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

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- |  |  |
|--|--|
| <input type="checkbox"/> Social/Recreational Supports                        | <input type="checkbox"/> Service Coordination/Wraparound |
| <input type="checkbox"/> Structured Activities to Improve Family Functioning | <input type="checkbox"/> Youth/Young Adult Peer Support  |
| <input type="checkbox"/> Other   |  |

*\*Align the above with the Needs/Services Tracking Grid\**

6. Total number of children/young adults who had no primary care physician at intake. \_\_\_\_\_
7. Total number of children/young adults that were connected to a primary care physician during the service coordination process. \_\_\_\_\_

If a child/youth was not connected to a PCP, please indicate reason(s) a connection was not made

8. The number of FCSS families who accessed a family advocate in SFY 2021 \_\_\_\_\_

Report the agency that the advocate is affiliated with.

9. The number of children/young adults served in the community with FCSS funds in SFY 2021 that ended up in out-of-home placement while involved in the FCFC Service Coordination Process? \_\_\_\_\_

10. Report the number and types of out-of-home placements accessed?

- |   |                                       |   |  |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> Foster Care          | <input type="checkbox"/> Kinship Care | <input type="checkbox"/> Juvenile Detention | <input type="checkbox"/> Residential Treatment |
| <input type="checkbox"/> Developmental Center | <input type="checkbox"/> Other        | <input type="checkbox"/> N/A                |  |

11. The number of families who exited FCFC Service Coordination during SFY 2021 \_\_\_\_\_

12. The number of families who exited Service Coordination successfully during SFY 2021 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 \_\_\_\_\_

13. Report the number of children/young adults who were enrolled in FCFC Service Coordination that DID NOT receive FCSS funding during SFY 2021. \_\_\_\_\_

If a child/youth enrolled in service coordination and did not access FCSS funding, what types of funds/funding were used?

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## Appendix E

### Instructions for Completing FCSS Semi-Annual and Annual Reports

The following guidance was created to assist counties in reporting data for SFY 2021 FCSS Semi-Annual Report due February 1, 2021 and year-end Annual Report due August 15, 2021. 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, 2020 through December 31, 2020, including the Needs/Services Tracking Grid.
- ❖ **For the Annual Report:** Reporting should include data for July 1, 2020 through June 30, 2021. 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.

#### **Question 1. Total number of referrals by system for youth who accessed FCSS funding through June 30, 2021.**

- When reporting the number of referrals by system, only include those children/young adults 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 capture the number of children/youth referrals by systems that accessed FCSS funds.

#### **Question 2. 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.

#### **Question 3. 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 only include the children/young adults in service coordination that FCSS funds were used for.
- 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 SFY 2021, meaning the first time a service/support/service coordination was provided with FCSS funds.

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- For children/young adults in service coordination who were carried over from SFY20, and for whom FCSS funds were used to pay for a service/support/service coordination in SFY 2021, count those children/young adults one time in the first month during SFY 2021 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.

**Question 4. Total number of families served with FCSS funds during this reporting period:**

- Count the number of families served with FCSS funds. This number should only include the families in FCFC Service Coordination, where FCSS funds were used.
- For families in service coordination who were carried over from SFY 20, and for whom FCSS funds were used to pay for a service/support/service coordination in SFY 2021, count those families one time in the first month during SFY 2021 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 SFY 2021.

**Question 5. 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 when it has been written into an IFSCP and provided the first time. The key here is to count the service only one time per IFSCP.
- 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 activity that is part of the FCFC Service Coordination/Wraparound 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 SFY 20 and FCSS funds were used to pay for a service, support, and service coordination in SFY 2021, count those services, supports, and service coordination provided and paid for during SFY 2021, even if the same services, supports, and service coordination were provided during SFY 20 and were counted for that fiscal year.

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.

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- 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.

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.

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- **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.

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- **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 ensure 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 Appendix F.
- **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. 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

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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 [https://www.fcf.ohio.gov/Portals/0/Home/Initiatives/System%20of%20Care%20\(FCSS\)/SFy14FCSSQA.pdf](https://www.fcf.ohio.gov/Portals/0/Home/Initiatives/System%20of%20Care%20(FCSS)/SFy14FCSSQA.pdf) for your reference.

**Question 6. Total number of children/young adults who had no primary care physician at intake.**

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. Only count those children/young adults 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.

**Question 7. Total number of children/young adults that were connected to primary care physician during the service coordination process.**

Report the number of children/young adults that were connected to a primary care physician at some point during the FCFC Service Coordination process. Only count those children/young adults 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.

**If a child/young adult was not connected to PCP, please indicate reason(s) a connection was not made:**

- ❖ **Data regarding questions #8 through #9 are only requested for the SFY 2021 Annual Report.**

**Question 8. 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. (If the family advocate was affiliated with PAC or another advocacy entity.)
- Report the agency that the advocate is affiliated with.

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.

**Question 9. 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.**

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- 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 systems are paying for placements or whether or not children are adjudicated by the juvenile court. Such placements include detention centers, Developmental Centers, residential treatment facilities, local or state correctional facilities, foster care 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.

**Question 10. Report the number and types of out-of-home placements accessed during SFY 2021:**

- Foster Care
- Kinship Care (only when child protective services have formal custody)
- Juvenile Detention (greater than 72 hours)
- Residential Treatment
- Developmental Center
- Other
- N/A

❖ **Questions #11 and #12 pertain only to families who exited FCFC Service Coordination during SFY 2021 and for whom FCSS funds were used to provide services or supports to these families.**

**Question 11. The number of families who exited FCFC Service Coordination during SFY 2021:**

- Count the number of families who exited FCFC Service Coordination for whom FCSS funds were used during SFY 2021. 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).

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- Do not count families who exited FCFC Service Coordination for whom no FCSS funds were used to support the family IFSCP.

**Question 12. The number of families who exited Service Coordination successfully during SFY 2021 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 SFY 2021. 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.

**Question 13. Report the number of children/young adults who were enrolled in FCFC Service Coordination that DID NOT receive FCSS funding during SFY 2021:**

- Count the number of youths that were enrolled in FCFC Service Coordination that did not receive funding or services provided by FCSS funding

**Family-Centered Services and Supports Report Needs/Services Tracking Grid**

- A continuing requirement for SFY 2021 is the Family-Centered Services and Supports Needs/Services Tracking Grid. This grid will track data on all identified needs at enrollment into FCFC Service Coordination, and the ancillary services and supports provided to meet the primary identified need.
- This data collection is an attempt to identify any statewide patterns of services and supports that are identified for specific needs.
- This Needs/Services Tracking Grids will be required to be submitted via email to coincide with the submission of the Semi-Annual and Annual Reports.

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

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## Appendix F

### 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 1. 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. (See table on next page.)

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<b>Activity</b>	<b>Average # Hours</b>	<b>Service Coordinator Hourly Salary + fringe</b>	<b>Multiply total hours times hourly salary</b>	<b>Divide amount in previous column by Ave. # Face to Face Hours = UNIT RATE</b>
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			
<b>Total hours</b>	<b>98</b>	<b>\$20/hour</b>	<b>98 x \$20 = \$1960</b>	<b>\$1960 divided by 30 hours of face to face = \$65.33 (Unit Rate)</b>