



Ohio Family and Children First SFY15 FCSS Semi-Annual Report Summary May, 2015

In SFY 15, Family-Centered Services and Supports (FCSS) funds were designated through the Ohio Department of Mental Health and Addiction Services for the purpose of providing supports and services to achieve optimal outcomes for children and youth while maintaining them safely in their own homes and communities. The FCSS funds are comprised of ODJFS Title IVB federal funds that are matched with state general funds from OhioMHAS, ODODD, and ODYS. The FCSS funds are available on a reimbursement basis to the county Family and Children First Councils (FCFC) that meet specific requirements.

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

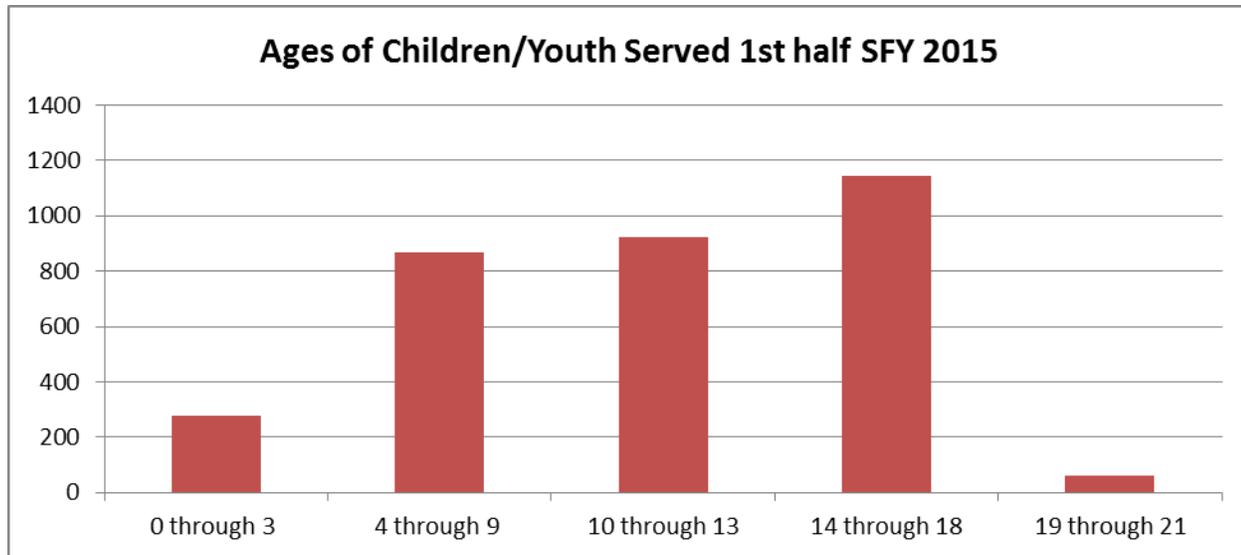
The 87 county FCFCs requesting FCSS funds were required to submit a SFY 15 Semi-Annual Report by February 2, 2015. The following is a brief summary of the information provided in the **87 submitted county FCSS Semi-Annual Reports**.

Total Number and Ages of Children Served

The total number of children served between the ages of 0-21 during the first half of SFY15 was **3269**. This is **276 more children than were served during the first half of SFY14 (2,993)**.

The **14 through 18 year old age group (1144 children) is the largest age group** of children being served through service coordination with FCSS funds. The age range of 10 through 13 was the second highest (923) and the age range of 4 through 9 was the third highest (867). There was a similar amount of youth served in the 19-21 year olds' age range as in first half of SFY15 (59).

The graph and table below show a comparison of the number of children served in the first six months of SFY15 in each age group and the percent of the total children served in each age group.



Ages of Children	0 - 3	4 - 9	10 - 13	14 - 18	19 - 21	Total
SFY 14	276	867	923	1144	59	3269
Percent of Total in Age Group	8%	27%	28%	35%	2%	100%

Total Number of Families Served

FCFC service coordination is a family focused process, and thus, addresses the needs of the identified child(ren) and the child’s family. The **total number of families served in the first 6 months of SFY15 was 2,441, compared to 2,189 families served in the first half of SFY14.**

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

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

- There were **8,530 identified needs** (average 2.61 needs per child) during the first half of SFY15. The total needs are higher than the 8,014 needs identified in the first half of SFY14, but the average needs per child are down a bit from the average of 2.68 per child.
- The top three categories of needs identified for the past six fiscal years, including the first half of SFY15, have consistently been **Mental Health (57.5% of children had this identified need), Poverty (45.4%) and Special Education (39.4%)**. When combined, these three categories account for 4,651 of the needs identified, or 55% of the total identified needs in 13 categories.

- Beginning last fiscal year, counties were asked to track how many children presented with a need for supports specific to those on the Autism Spectrum. In an effort to reduce duplication, they were only asked to include these children in the Developmental Disabilities category if the child/youth had additional needs above those on the Autism Spectrum. This need was identified in 11 % of the children/youth (359), which has slightly increased from SFY 14.
- All bolded percentages indicate an increase in the percentage of children presenting with the need compared to the previous fiscal year.

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

Category of Service/Support Need	Number of Children Presenting with this Need at Intake-SFY15	Percent of children with this Need SFY15	Percent of Children with this Need SFY14	Percent of Children with this Need SFY13	Percent of Children with this Need SFY12	Percent of Children with this Need SFY11	Percent of Children with this Need SFY10
Mental Health	1879	57.5%	56%	58.5%	62.44%	52.6%	66.5%
Poverty	1483	45.4%	50.3%	50.3%	52.99%	41.3%	41.2%
Special Education	1289	39.4%	42%	44.1%	38.05%	32.7%	32.6%
Developmental Disability	783	24%	24.8%	27.6%	23.58%	19.2%	19.1%
Unruly	656	20.1%	18.3%	16.4%	21.07%	20.6%	20.5%
Child Neglect	459	14%	12.7%	14.7%	13.59%	11.9%	11.8%
Physical Health	407	12.5%	11.6%	12.4%	9.53%	6.8%	6.6%
Delinquent	366	11.2%	12%	10.5%	12.35%	12.1	12.1
Autism (new category in SFY 14)	359	11%	10.8%	NA	NA	NA	NA
Child Abuse	332	10.2%	9.5%	11.6%	8.08%	8.7%	8.6%
Alcohol/Drug	250	7.6%	8.3%	7.4%	8.08%	6.4%	6.3%
Help Me Grow	151	4.6%	6.1%	5.4%	5.82%	NA	NA
No Primary Care Physician (new category in SFY 13)	116	3.5%	5.4%	14.2%	NA	NA	NA
Total Needs	8530						

FCSS Funded Services and Supports Provided through FCFC Service Coordination

County FCFCs were asked to provide information about the number of different types of services and supports paid for with FCSS funds through FCFC service coordination when that service/support was written into a family's Individual Family Service Coordination Plan (IFSCP). The categories of services were more clearly defined and the way the services/supports are to be counted was more clearly explained in preparation for SFY13 reporting. Therefore, just three years of data have been included for this part of the summary report to assure valid comparisons. In addition, the OFCF staff has carefully reviewed the data reported and worked with the counties to assure more consistent and accurate reporting.

The **total number of various types of services/supports** provided with FCSS funds during the first half of SFY15 was **4,995**, which is an increase from the first half of SFY 14 (4,324).

- **Service coordination accounted for 33.4% of all types of services** provided and was the most frequently reported individual type of service/support for which FCSS funds were used. All families must be enrolled in FCFC Service Coordination in order to access FCSS funding, however, some counties have access to other funding sources to support the operational costs of service coordination and/or Wraparound.
 - 60 counties (69%) reported using FCSS funds to assist in the support of service coordination and to provide other services and supports for families in service coordination.
 - 22 counties (25%) reported that they used none of the FCSS funds to support the FCFC service coordination process and used all of their funds to provide services and supports to families in service coordination.
 - 4 counties (5%) used their total FCSS allocations to assist in the support of the service coordination process.
 - 1 county (1%) reported not spending any of its allocation during the first 6 months of SFY 14.

The chart below provides the details of the frequency of all service types reported. *All bolded percentages indicate an increase in the percentage of the service used as compared to the previous state fiscal year.*

Type of Service/Support Provided	Number/Percent of Families Receiving Service/Support (1st half of SFY 15)	Percent of total services and supports provided in 1 st half SFY 15	Percent of Families Receiving Service/Support (1 st half of SFY 14)	Percent of total services and supports provided in 1 st half SFY 14	Percent of Families Receiving Service/Support (1 st half of SFY13)	Percent of total services and supports provided 1 st half SFY13
Service Coordination	1666/ (68.3%)	33.4%	59.9%	30.3%	68.7%	33.1%
Social/Recreational Supports	699/(28.6%)	14%	28.7%	14.5%	28.8%	13.9%
Respite	612/(25.1%)	12.3%	25.8%	13.1%	27.3%	13.1%
Transportation	538/ (22%)	10.8%	24.8%	12.6%	28%	13.5%
Structured activities to improve family functioning	269/ (11%)	5.4%	11.3%	5.7%	10.4%	5.0%
Non-clinical in-home parenting/coaching	304/ (12.5%)	6.1%	29.6%	4.9%	10.9%	5.3%
Mentoring	253/ (10.4%)	5.1%	9.4%	4.8%	11.2%	5.4%
Parent Education	151/ (6.2%)	3%	8.6%	4.3%	8.4%	4.1%
Parent Advocacy	253/ (10.4%)	5.1%	8.2%	4.2%	6.1%	3.0%
Safety and Adaptive Equipment	176/ (7.2%)	3.5%	6.2%	3.1%	5.1%	2.5%
Youth/Young Adult Peer Support (new category)	18/ (.7%)	.4%	2.4%	1.2%	NA	NA
Non-clinical Parent Support Groups	36/ (1.5%)	.7%	1.5%	.7%	1.9%	1.0%
Other	20/ (.8%)	.4%	1.1%	.5%	10.8%	0.4%
Total	5028	100%	-----	100%	-----	100%

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

Beginning in SFY 13, families entering FCFC service coordination were asked if they and/or their children have a primary care physician. The families of those children without a primary care physician have the opportunity to be connected to a primary care physician. In SFY 15, there were 116 children identified during the intake process who did not have a primary care physician. This is 46 less than in the first half of SFY 14 (162). Perhaps this is indication that families are being connected to primary care through other means. Of the 116 children that were identified to be without a primary care physician, 93 were connected to a primary care physician during the service coordination process. This is still something relatively new for the counties, which requires staff education and revisions to intake and process forms, we are hopeful that the numbers of children identified and connected with a primary care physician will grow in the future. No FCSS funds were used to provide medical services. The benefit for the families is to be connected to a primary care physician through the service coordination process with the goal of better integrating physical and behavioral health.

Conclusion

This summary provides a snapshot of how the FCSS funds were used by counties during the first half of SFY15. It should be remembered that the number of children and families served through FCFC Service Coordination/Wraparound and the services and supports included in this report only include those attached to the FCSS funds. FCFCs may use other available funding, especially at the local level, to serve the families referred, provide services and supports needed and to support the FCFC service coordination/Wraparound process. In addition, services and supports needed by children and families may not meet the criteria of the FCSS funds. Often, the FCFC service coordination/Wraparound teams find community resources that are donated or have no cost associated with the service or support. In addition, the FCSS funds are not used unless other resources are exhausted. As reported by the county FCFCs, these funds are highly valued to meet the needs of families when other funding sources are unavailable to meet the unique family needs.

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

The reporting connected to the use of the FCSS funds is demonstrating how these funds and the FCFC service coordination process are leading to a cost-effective method of obtaining better outcomes for the children and families being served. The required SFY15 FCSS Annual Report is due in August, 2015. The Annual Report will contain additional information about the family goal attainment success rate and the numbers of children placed out of home while being served through FCFC Service Coordination and supported with FCSS funds.