



Family-Centered Services and Supports SFY 2022 Guidance Document

July 1, 2021 through June 30, 2022

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), and Ohio Department of Youth Services (ODYS).

II. FCSS Guidelines and Requirements

To access FCSS funding, FCFCs must assure the service coordination components in this section are in place for the current state fiscal year. 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.

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 2022. 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. 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 the ODJFS annual agreement.

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

vi. Disbursement process

Upon approval of the annual ODJFS administrative agreement and receipt of the annual funds, the county FCFC will receive a one-time advance payment, equal to up to 25% of the county FCFCs SFY 2022 total allocation amount.

viii. Expenditure of funds

All FCSS expenditures must reflect the actual costs of services delivered and must be spent by county FCFCs between July 1st and June 30th for services delivered between those dates. Expenses can be retroactive to July 1st, regardless of when ODJFS annual agreement is executed. Any funds not spent by June 30th must be returned to the state, per state regulations. Refer to the ODJFS annual agreement.

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

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.

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.

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 within Appendix A 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. An example of how to how to calculate a unit rate is included in the ODJFS annual agreement.

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 web site at <https://fcf.ohio.gov/>.

x. Reallocation of Funds

Each county FCFC that receives FCSS funds will be required to follow the ODJFS invoice process. Pending formal action of the re-prioritization of funding, funding amounts not anticipated to be expended by June 30th may be reallocated to other FCFCs to ensure full utilization of available dollars.

The FCFC may be asked to project the remaining expenditures based on the existing services that will be provided in the active IFSCP during the fourth quarter of the state fiscal year. Any county that fails to submit regular invoices demonstrating they have provided services equaling at least 50% of their allocation by the fourth quarter of the state fiscal year may receive a reduction in their allocation.

xi. Year end

All services must be provided by June 30th, 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 30th, or if not they must be returned to the state, per state regulations.

The final invoice for SFY22 FCSS services and supports must be received by ODJFS State Office by close of business on July 10, 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, 2022 in compliance with state regulations.

xiii. Fiscal questions

All fiscal questions should be directed to: OFCF@jfs.ohio.gov

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. Please submit the reports in the manner indicated in your grant agreements.

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 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/>

Appendix B

Instructions for Completing FCSS Monthly Reports

The following guidance was created to assist counties in reporting data. 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. Do not include children/young adults in service coordination/wraparound for whom FCSS funds were not used.

Month Service Provided

- Reflect the month the service/ support was provided when reporting services and supports

Family ID

- Assign siblings with their own family identification marker without using personal names. Youth without siblings may be left blank

Personal ID

- Assign each youth with their own assigned identification marker without using personal names

Age Category

- Select the age range that the individual is currently, by selecting from the drop-down menu to reflect either 0-3, 4-9,10-13,14-18, or 19-21 years of age.

High Fidelity/Service Coordination

- Reflect whether the youth is open in either Service Coordination, or High-Fidelity Wraparound

INTAKE Only

- If youth in service coordination were carried over from the prior SFY and FCSS funds were used to pay for a service, support, and service coordination in the current SFY, reflect the original date of referral at intake. All fields should be entered in the intake section at least once per SFY the youth is being served.
- **School District Code** - Indicate the home school that the youth attends. If they attend a charter, career tech, or private school, simply select the district in which they reside in.
- **Family Advocate Offered:** report if the family was offered a family advocate in the Service Coordination/Wraparound Process.
 - 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.
 - 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.
- **PAC involved** – report if parents are connected with a PAC (Parent Advocacy Connection) representative.
- **Out of home placement** - Report if the youth served with FCSS funds that were previously in an out-of-home placement status before formally entering at the FCFC Service Coordination Intake Process.
 - The purpose of this question is to monitor the number of children/young adults in service coordination (using FCSS funds) that are returning home from an in out-of-home placements.
 - 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:

- Children and adolescents placed with relatives (kinship care) as a voluntary placement alternative, UNLESS an agency also receives temporary custody.
- 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 with county exception.
- 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.
- Medically necessary or psychiatric hospitalizations.

Referral Source –

- Reflect which entity the referral was made from, including self/family, Mental Health/Behavioral health provider, Juvenile Justice, Child Protective Services, Education, Physician/Hospital, HMG/Early Intervention, County Board of Developmental Disability, WIC, Head Start/Early Head Start, or other.

Referral Date –

- Reflect the original date of referral at intake

CLOSURE only -

- **Out of home placement-** Report if the youth served with FCSS funds subsequently ended up in an out-of-home placement status while they were formally closed in the FCFC Service Coordination Closing Process.
 - 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:
 - Children and adolescents placed with relatives (kinship care) as a voluntary placement alternative, UNLESS an agency also receives temporary custody.
 - 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 with county exception.
 - 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.
 - 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 at the time of closure.

- **Number of Days in Service Coordination/Wraparound** – this should automatically populate from the original date of referral at intake to closure date.
- **The number of families who exited Service Coordination successfully during SFY 2022 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 2022. 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 youth 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 **OR** report the number of families who completed 100% of their goals at the time that they exited service coordination.

Allowable Family Support Expenditures

- The purpose of this question is to count the number of times each individual service or support within a category are being provided for each youth to show the overall frequency at which the various categories of services/supports are being provided to youth with FCSS funds during a specific reporting period. 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:
 - **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. 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 the example included in the ODJFS annual agreement.
 - **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.

- **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.
- **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.
- **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.
- **Transportation:** Transportation assistance is provided to a family to accommodate the family in getting from one place to another that is essential for accomplishing a necessary life function. It can be in the form of funds for gasoline, cab/bus/other public transportation fare.
- **Social/Recreational Supports:** Social /Recreational Supports are activities that provide social or recreational outlets for children and/or their families that will improve social/recreational functioning/skills and increase social/recreational opportunities for the child/families. Acceptable examples of this would be participation in sports (participation fees/equipment), clubs (fees/materials to participate), creative arts activities (participation and materials fees), games (inside and outside), community recreational activities, personal hobbies, camps (for social/recreational purposes, and not

for the purpose of respite for caregivers) etc. Camp includes day camp or overnight camp. Overnight camp is limited to 6 days per year per child, however there is no limit for day camp.

- **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.
 - **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.
 - **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.
 - **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 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://fcsf.ohio.gov/> for your reference.

Primary Identified Need Addressed

- Identify the primary need that the service/supports are addressing such as. Developmental disabilities, child abuse, child neglect, mental health, alcohol/drug, Unruly, Delinquent, Physical Health, Special Education, Poverty, Early Intervention, Autism Spectrum Disorder, or Primary Care Physician needed.

Expenses

- reflect the total cost of the services provided for each youth within the reporting period. Please make sure the total of each reporting period is added to the top of the next reporting period.

Appendix D: 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.)

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

