



Ohio Family and Children First SFY15 FCSS Annual Report Summary January, 2016

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 services and supports 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 (FCFCs) that meet specific requirements.

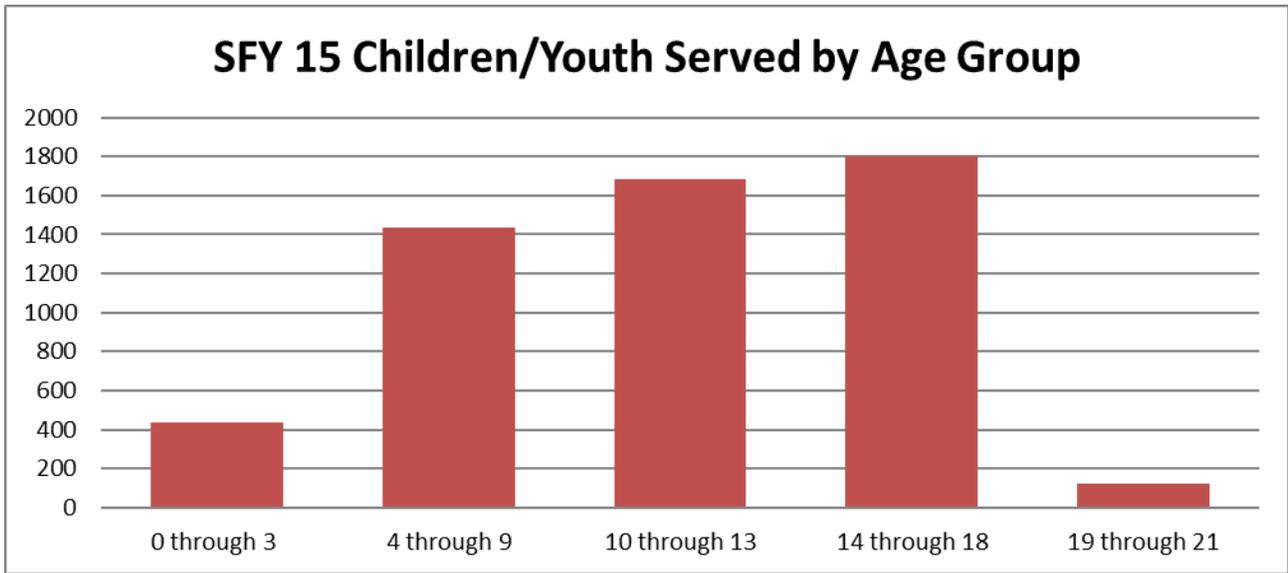
The target population for Family-Centered Services and Supports (FCSS) is children (ages 0 through 21) with multi-systemic needs and who are receiving service coordination through the county FCFC. Service Coordination is provided by FCFCs according to Ohio Revised Code section 121.37(C) minimally and many counties are also providing High-Fidelity Wraparound as a way to coordinate service needs for those with higher intensity needs. FCSS is flexible funding that 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 at [http://www.fcf.ohio.gov/Initiatives/SystemofCare\(FCSS\).aspx](http://www.fcf.ohio.gov/Initiatives/SystemofCare(FCSS).aspx)

The 87 county FCFCs requesting FCSS funds were required to submit a SFY15 Annual Report by August 15, 2015. The following is a brief summary of the information provided in the **87 submitted county FCSS Annual Reports**.

Total Number and Ages of Children Served

The total number of children served between the ages of 0-21 during SFY15 was **5,491**. This is **76 more children than were served in SFY14 (5,415)**. The **14 through 18 year old age group (1,804 children) is the largest age group** of children being served through service coordination with FCSS funds. The age ranges of 10 through 13 (second highest with 1,687) and 4 through 9 (third highest with 1,439) also have large numbers of children being served with FCSS funding. The number of youth served in the 19-21 year olds' age range (123) was a slight increase over SFY 14 (98). In SFY 15, OhioMHAS entered the second year of a four year Substance Abuse Mental Health Services Administration System of Care Grant called ENGAGE (Engaging the New Generation to Achieve their Goals through Empowerment). ENGAGE is targeting this transition-aged population with a High-Fidelity Wraparound process that is informed of the developmental needs of this age group and infuses engagement strategies that are targeted to the culture of youth and young adults. The numbers served in this target are expected to increase.

The graph and table below show a comparison of the number of children served in 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 15	438	1439	1687	1804	123	5491
Percent of Total in Age Group	8%	26.2%	30.7%	32.9%	2.2%	100%

Total Number of Families Served

FCFC service coordination is a family focused process, and thus, addresses the needs of the identified child and the child’s family. The **total number of families served in SFY15 was 4,086, compared to 3,865 families served in SFY14.** This was an increase of **221 families** served in 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 **13,456 identified needs** (average 2.45 needs per child).
- The top three categories of children’s needs at intake identified for the past six fiscal years, including SFY15, have consistently been **Mental Health (57%), Poverty (44%) and Special Education (38%)**. When combined, these three categories account for 7,589 of the identified needs, or 56% of the total identified needs in 13 categories.
- Beginning in SFY 14, counties were asked to track children and youth with needs associated with a condition on the Autism spectrum. There were 602 (11%) children/youth presenting with **Autism spectrum related needs** at intake, which is a slight increase from SFY 14 (10%).

- All bolded percentages in the next chart 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	Percent of Children with this Need SFY 15	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	57%	58%	53%	63%	55%	62%
Poverty	46%	46%	43%	40%	45%	37%
Special Education	38%	40%	36%	35%	34%	38%
Developmental Disability	22%	22%	22%	20%	21%	22%
Unruly	18%	18%	15%	20%	19%	19%
Child Neglect	12%	12%	12%	11%	13%	11%
Delinquent	9%	11%	10%	12%	13%	16%
Physical Health	10%	11%	10%	10%	8%	8%
Autism Spectrum (new category)	11%	10%	NA	NA	NA	NA
Child Abuse	9%	9%	9%	9%	9%	9%
Alcohol/Drug	8%	7%	7%	7%	8%	9%
No Primary Care Physician	4%	5%	4%	NA	NA	NA
Help Me Grow	5%	4%	4%	5%	8%	NA

FCSS Funded Services and Supports Provided through FCFC Service Coordination

County FCFCs were asked to provide information about the number of the 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 **total number of various types of services/supports** provided with FCSS funds during SFY15 was **8,479**.

- **Service coordination accounted for 26.1% of all types of services** 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 funds; however, some counties have access to other funding sources to support the operational costs of service coordination and/or Wraparound.
 - 61 (70%) reported using FCSS funds to assist in the support of service coordination and to provide other services and supports for families in service coordination.
 - 23 counties (26%) reported that they used none of the FCSS funds to support the FCFC service coordination process and used all of their funds to provide services and supports to families in service coordination.
 - 3 counties (3%) used their total FCSS allocations to assist in the support of the service coordination process.

The chart below provides the details of the frequency of all service types reported.

Type of Service/Support Provided	Percent of total services and supports provided SFY15	Number/Percent of Families Receiving Service/Support SFY15	Number/Percent of Families Receiving Service/Support SFY14	Number/Percent of Families Receiving Service/Support SFY13	Number/Percent of Families Receiving Service/Support SFY12
Service Coordination	26.1%	2212/ (54%)	2333/ (60%)	2049/ (43%)	2129 / (50%)
Respite	16.8%	1423/ (35%)	1260/ (33%)	1562/ (33%)	1790 / (42%)
Social/Recreational Supports	15.6%	1322/ (32%)	1567/ (41%)	1387/ (29%)	1455 / (34%)
Transportation	10.1%	855/ (21%)	942/ (24%)	1695/ (36%)	1657 / (39%)
Structured activities to improve family functioning	7.4%	628/ (15%)	506/ (13%)	498 / (11%)	443 / (10%)
Non-clinical in-home parenting/coaching	5.8%	494/ (12%)	498/ (13%)	348/ (7%)	494 / (12%)
Mentoring	5.2%	437/ (11%)	383/ (10%)	477 / (10%)	448/ (10%)
Parent Advocacy	4%	336/ (8%)	344/ (9%)	149 / (3%)	279/ (7%)
Parent Education	4.3%	363/ (9%)	324/ (8%)	269 / (6%)	404 / (9%)
Safety and Adaptive Equipment	2.8%	240/ (6%)	278/ (7%)	230 / (5%)	212/ (5%)
Non-clinical Parent Support Groups	.9%	78/ (2%)	119/ (2%)	53/ (1%)	62 / (2%)
Youth/Young Adult Peer Support	.9%	74/ (2%)	48/ (3%)	NA	NA
Other	.2%	17/ (0%)	46/ (1%)	27 / (0.6%)	106 / (3%)
Total	100%	8,568	8,648	8,744	9,417

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

Families entering FCFC service coordination are being 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. There were **201** children identified during the intake process who did not have a primary care physician. The counties reported that **99** children were connected to a primary care physician during the service coordination process. No FCSS funds were used to provide medical services. The benefit for the families is to be connected to a primary care physician through the service coordination process.

Number of Families who access an Advocate during Service Coordination

Families utilizing FCFC service coordination are encouraged to invite a family advocate, mentor or support person of the family’s choice to participate in any meetings. In SFY 15, **452** (11%) of families accessed a family advocate.

Number of Children in Out-of-Home Placement during Service Coordination

One of the goals of providing service coordination is to prevent or reduce the incidence of out-of-home placement of children. For the purpose of this report, any placement lasting longer than 72 hours is considered to be an out-of-home placement, except that respite care can be provided for up to seven (7) consecutive days without being considered an out-of-home placement. Out-of-home placements include residential treatment facilities, local or state correctional facilities, group homes and foster care. During SFY15, there were **227 children who were placed in an out-of-home placement** while they were actively receiving FCSS funded supports and participating in service coordination. This accounted for **4.1% of the total number** of children who were receiving FCSS funded supports and participated in service coordination/Wraparound. There was no information collected regarding the length of these placements, but some FCFCs reported that the out of home placements were brief for the purpose of stabilization. Many of the children who enter service coordination are at high risk for out-of-home placement, and in some counties it is a criterion for admittance to the service coordination process. This low incidence of out-of-home placements is considered a very positive outcome.

95.9% of children served with FCSS funds remained in their own homes in SFY 15.

Number of Families Successfully Completing FCSS Supported Service Coordination

OFCF collects data on the number of families exiting service coordination and the level of successful family goal completion when exiting.

The data submitted from the counties indicated that **80% of the families who exited service coordination were successful in completing the families' goals** that were written into each family's Individualized Family Service Coordination Plan. This is an impressive accomplishment, considering the high level of need of these families when they enter service coordination/Wraparound. These children are at a high level of risk of out-of-home placement and there is a high level of transiency with many of these families.

The goal results reported for SFY 15, SFY 14, SFY13 and SFY12 are compared in the chart below.

	# Families Exiting Service Coordination	# Families Successfully Completing 75-99% of Family Goals	# Families Successfully Completing 100% of Family Goals	Total # Families Successfully Completing 75-100% of Family Goals
SFY 15 Number of Families Exiting	1477	567	593	1160
SFY 15 % of Total Families Exiting	100%	39%	40%	79%
SFY 14 Number of Families Exiting	1545	721	227	948
SFY 14 % of Total Families Exiting	100%	47%	15%	62%
SFY13 Number of Families Exiting	1420	584	500	1084
SFY13 % of Total Families Exiting	100%	41.5%%	35.5%	77%
SFY12 Number of Families Exiting	1515	583	674	1230
SFY12 % of Total Families Exiting	100%	38.5%	42.7%	81%

Conclusion

This summary provides a snapshot of how the FCSS funds were used by counties during SFY15 and compares the data collected to the SFY10 through SFY14 FCSS data. It should be noted that the number of children and families served through FCFC Service Coordination and the services and supports included in this report only include those families and children for whom FCSS funds were used. FCFCs may use other available local funding to provide services and supports needed and to support the FCFC service coordination process. In addition, services and supports needed by children and families may not meet the criteria for use of the FCSS funds. Often, the FCFC service coordination/Wraparound teams find community resources that are donated or have no cost associated with them. 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 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 children with one particular system need. The power of this type of service coordination with the support of FCSS funds is the opportunity for families to creatively design integrated family service plans with trusted and unique teams.

This summary of the use of the FCSS funds is indicating that using the FCFC service coordination process combined with the FCSS options available for providing services and supports to families is leading to a cost-effective method of obtaining better outcomes for the children and families being served.