



**Family-Centered Services and Supports (FCSS)
Guidance Document
Appendix B**

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-system needs, who are receiving service coordination through the local Family and Children First Council (FCFC). **Youth receiving Care Coordination from an OhioRISE care management entity (CME) are NOT eligible to access FCSS funds.** FCSS is flexible funding designed to meet the unique needs of children and families identified on the individualized service coordination plan (Plan of Care) 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 a Plan of Care is developed that identifies a FCSS-eligible service or support, FCSS funds may be used for the purpose identified in the Plan of Care. 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 Plan of Care. Definitions that relate to the FCSS funds can be found below in the definitions section.

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. A 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.

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. Counties should send any revisions of the county Service Coordination Mechanism to 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-system 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, to assist with the most appropriate plan of care.
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. Plans of Care are developed for and with each youth/family.
10. Individualized safety plan/programming with clear delineated strategies is developed for and with youth /family, as needed.
11. Individualized crisis response plan detailing options for preventing known short-term crisis situations is developed with each youth/family open for service coordination/wrap around.
12. A dispute resolution process is available that can be accessed by youth's parents/custodians and agencies.
13. Youth /Families may invite a family advocate, mentor, or support person to participate in service coordination plan meetings. When using FCSS funds on behalf of a family connected to FCFC Service Coordination, a parent advocate must be offered to families, when available.
 - a. The Family Support Specialist (FSS) program currently serves thirty-three Ohio counties. The FSS program ensures families who have child(ren) involved with

multiple child-serving systems are afforded the opportunity to work directly with parent advocates who have lived experience. Further information regarding the FSS program can be found on the [OFCF website](#).

- b. FCFCs may also choose to offer parent advocates 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 DCY (75%) and state general revenue funds from the Ohio Department of Behavioral Health, 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 DCY.

- 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. 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 OFCF 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 DCY biennial 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.

FCFCs and their AAs are required to provide oversight to selected providers to ensure providers working with families and children are delivering appropriate services and supports, have been vetted for their suitability to work with children, and are utilizing FCSS funds as prescribed in the FCFC grant agreement.

vi. Disbursement process

Upon approval of the biennial DCY administrative agreement and receipt of the annual funds, the county FCFC will receive a one-time advance payment, equal to 25% of the county FCFC's SFY total allocation amount. The remaining 75% of the funds will be reimbursed by DCY through the submittal of monthly expense reports by the FCFC.

vii. 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 the DCY biennial agreement is executed. Any funds not spent within the SFY must be returned to the state, per state regulations. Refer to the DCY biennial 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 prior to June 30th. However, if service does not begin until July 1st or after, then funding for the next fiscal year must be used, even if payment is due in the current fiscal year (before June 30th).

viii. Expenditures allowed and not allowed

There are specific federal restrictions on the use of Title IV-B funds, 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, equipment, construction, renovation, public awareness, professional development, and all other overhead expenses.

Public Law 118-258 effective 10/1/2025 allows Title IV-B Part 2 Funds (FCSS Reimbursement) to be used for **nonrecurring short-term** expenses that address a specific crisis or event affecting the ability of a child to remain in the home, including supports related to the following: housing instability, utilities, transportation, food assistance, and other basic needs. Funding under this category can only be used once per youth each SFY but can be used for multiple purposes

(housing instability, utilities, transportation, food assistance, and other basic needs) in this one-time use.

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 Service Coordination Plan (Plan of Care). Please refer to definitions of these categories within the definition section below.

- Non-clinical in-home parent/child coaching;
- Non-clinical parent support groups;
- Parent education;
- Mentoring;
- Respite care (including summer camp for respite purposes);
- Transportation (e.g., cab/taxi fares, gas vouchers);
- Social/recreational activities (including summer camp for social/recreational purposes);
- Safety and adaptive equipment;
- Structured activities to improve family functioning;
- Parent advocacy;
- Youth/Young Adult Certified Peer Support; and,
- Service coordination (to utilize the FCSS funding for FCFC service coordination, a unit rate must be established).
- Nonrecurring short-term expenses that address a specific crisis or event affecting the ability of a child to remain in the home

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 program costs (i.e., non-individualized services);
- Classroom instruction or any required public or private education cost or responsibility (to include tutoring, school-based credit recovery, and/or summer programming); and,
- Childcare (care during a parent's hours of employment or parent's post-secondary education)

Please consult your OFCF Regional Coordinator for consideration of specialized items needed to participate in activities and supports listed on the Plan of Care.

ix. Reallocation of Funds

Each county FCFC that receives FCSS funds will be required to follow the DCY 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 plan of care during the fourth quarter of the state fiscal year. Any county that fails to submit expense reports demonstrating they have provided services equaling at least 40% of their allocation by the end of January of the SFY, may receive a reduction in their FCSS allocation for the state fiscal year.

x. 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 the end of the SFY, or if not, they must be returned to the state, per state regulations.

The final expense report for SFY FCSS services and supports must be received by OFCF/DCY by close of business on August 31st.

xi. Return of unspent funds

Any funds drawn down but not spent by the end of each SFY must be returned to the state by September 30th in compliance with state regulations.

xii. Fiscal questions

All fiscal questions should be directed to: OFCF@childrenandyouth.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.

**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. FCSS funds cannot be used to pay for any administrative expenses. (Note- FCFC service coordination is considered a reimbursable service and support and, therefore, not considered to be administrative.)

Camp – Camp can be used for social/recreational support or as respite. Camp includes day camp or overnight

camp. When used for social/recreational support, overnight camp is limited to 6 nights/7days per year per child. When used for respite, overnight camp is limited to 6 consecutive nights/7 consecutive days; however, there is no limit on the number of times per year that camp can be used as respite. There is no limit on day camp usage for either social/recreational or respite purposes. The FCFC should take care to ensure the camp can meet the specific needs of the youth served. If the camp includes any therapeutic/clinical activities, FCSS funds cannot be used for that portion of the cost.

Child with multi-system 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 of information 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 121.37; also, further defined in ORC 121.38, 121.381 and 121.382.

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.

Family Support Specialist program (FSS) – The FSS program ensures families who have child/ren involved with multiple child-serving systems are afforded the opportunity to work directly with parent advocates who have lived experience. The goal is for families to feel better equipped to advocate for their child/ren and family moving forward. FSS grantee agencies are currently serving thirty-three counties. Please visit the [OFCF website](#) to learn more about the FSS program and to find out if your county is being served by an FSS grantee agency.

Indirect expenses – see administrative expenses.

Individual Service Coordination Plan (Plan of Care) – The individual service coordination plan is a unique written plan developed with the participation of a family that is accepted into the FCFC Service Coordination Process. The Plan of Care for an individual is based on the results of the strengths and needs assessment that was completed with family participation, voice and choice. Each individual plan must identify the youth and family's needs that were discovered through the strengths and needs assessment process. The 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 youth and family. The required service coordination process and components are described in ORC 121.37, the [Service Coordination Mechanism Guidance](#), and the county FCFC Service Coordination Mechanism. This service coordination process, including the individual plan development, process and outcomes, must be monitored by the FCFC.

Service coordination plans and processes developed and used by individual agencies or entities, other than councils, do not qualify for FCSS funding. If an FCFC has elected, by 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 DCY.

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

- Home of Biological/Adoptive Parent (least)
- Home of Relative/Non-Relative Kin
- Family Foster Home
- Therapeutic Foster Home
- Group Home
- Residential Treatment 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, considering 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.

Overhead expenses – see administrative expenses.

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-system 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 (6 consecutive nights/7 consecutive days) or less. Respite care can be provided in the home of the child or family, or at another location. Respite can be provided by a relative or non-relative. Respite care does not involve a change of custody. Respite does not include an out-of-home placement where one or more publicly funded systems assist in the planning for or placement of children or adolescents outside of their homes, or other

placement into one of the following: psychiatric hospital, detention center, residential treatment facility, local or state correctional facility, foster care, group home or clinically based interventions. **For overnight camp limitations, see camp definition.**

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

Wraparound –Wraparound is 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. 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: [National Wraparound Initiative \(NWI\)](https://www.nwapi.org/) or <https://wraparoundohio.org/>.

Youth/Young Adult Certified 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 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.

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 strength-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. Parent education may also include the purchase of parenting materials (books, videos, etc.) that can be used to develop positive parenting techniques.
- **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 one with less experience by providing wisdom, guidance and support. It can be provided in multiple settings, such as in the home, school or other community locations.
- **Transportation:** Transportation assistance is provided to a family to accommodate the family in getting from one place to another that is essential for accomplishing a necessary life function. It can be in the form of funds for gasoline, cab/bus/other public transportation fare.
- **Social/Recreational Supports:** Social /Recreational Supports are activities that provide social or recreational outlets for children and/or their families that will improve social/recreational functioning/skills and increase social/recreational opportunities for the child/families. Acceptable examples of this would be participation in sports (participation fees/equipment), clubs (fees/materials to participate), creative arts activities (participation and materials fees), games (inside and outside), community recreational activities, personal hobbies, camps (for social/recreational purposes, and not for the purpose of respite for caregivers) etc.

Camp includes day camp or overnight camp. When used for social/recreational support, overnight camp is limited to 6 nights/7 days per year per child. There is no limit on day camp usage. The FCFC should take care to ensure the camp can meet the specific needs of the youth served. If the camp includes any therapeutic/clinical activities, FCSS funds cannot be used for that portion of the cost.

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, fishing, camping, swimming, or museum visit.

- **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 used for 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 (6 consecutive nights/7 consecutive days) or less. 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.

When used for respite, overnight camp is limited to 6 consecutive nights/7 consecutive days; however, there is no limit on the number of times per year that camp can be used as respite. There is no limit on day camp usage for respite purposes. The FCFC should take care to ensure the camp can meet the specific needs of the youth served. If the camp includes any therapeutic/clinical activities, FCSS funds cannot be used for that portion of the cost.

- **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 or other health insurance, 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 FCFC 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 with 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 an example here [Service Coordination Unit Rate](#).
- **Youth/Young Adult Certified 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.
- **Nonrecurring Short-Term Expenses** – Expenses that address a specific crisis or event affecting the ability of a child to remain in the home, including supports related to the following: housing instability, utilities, transportation, food assistance, and other basic needs. FCSS Reimbursement funds can be used to pay for nonrecurring short-term expenses once per youth each SFY. If the FCFC is still in the period of spending their FCSS Advancement funds, MSY-PCSA funding would need to be used for any nonrecurring short-term expenses. Funding under this category can only be used once per youth each SFY but can be used for multiple purposes (housing instability, utilities, transportation, food assistance, and other basic needs) in this one-time use.
- **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.