

Exceptions/extensions to the 7/1/08 due date must be pre-approved by your OFCF regional coordinator. Applications received later than 12/31/08 will not be accepted.



**Ohio Family and Children First
Request of County Family and Children First Council
Operational Capacity Building Funds
SFY 2009**

(Please type or print clearly)
Section I: Contact Information

County: Williams

<p>Council Chair Dates of Term: 1/1/2008 through 1/1/2009</p> <p>Name: Les McCaslin</p> <p>Agency: Four County ADAMhs Board</p> <p>Mailing Address: T-761 State Route 66 Archbold, OH 43502</p> <p>Phone: 419-267-3355 ext 1 Fax: 419-267-3355</p> <p>Email: lesmoto@bnorth.net</p>	<p>Council Coordinator</p> <p>Name: Melissa J. Rupp</p> <p>Agency: Family and Children First Council</p> <p>Mailing Address: One Courthouse Square, Fourth Floor Bryan, OH 43507</p> <p>Phone: 419-636-9348 Fax: 419-636-0643</p> <p>Email: mrupp@wmsco.org</p> <p>Website: www.wmsco.org</p>
<p>Administrative Agent</p> <p>Name: Brian Davis, President</p> <p>Title (check one that applies):</p> <p><input type="checkbox"/> ADAMH/MH/ADAS Board – <i>Director</i></p> <p><input checked="" type="checkbox"/> Board of County Commissioners - <i>Commissioner</i></p> <p><input type="checkbox"/> Board of Health – <i>Commissioner / Administrator</i></p> <p><input type="checkbox"/> Dept. of JFS - <i>Director</i></p> <p><input type="checkbox"/> Children’s Srvcs Brd - <i>Director</i></p> <p><input type="checkbox"/> Board of MRDD – <i>Superintendent</i></p> <p><input type="checkbox"/> Board of Educ. – <i>Superintendent</i></p> <p><input type="checkbox"/> Board of Educ. Services Center – <i>Superintendent</i></p> <p><input type="checkbox"/> Juvenile Court – <i>Judge</i></p>	<p>Agency: Williams County Commissioners</p> <p>Mailing Address: One Courthouse Square, Fourth Floor Bryan, OH 43506</p> <p>Phone: 419-636-2059 Fax: 419-636-0643</p> <p>Email: bdavis@wmsco.org</p> <p>Federal ID Number: 34 - 6401595</p> <p>Does the council have an administrative agreement with the council’s administrative agent (per AOS bulletin 98-007)? Yes</p>

Section II. Budget Summary

Using the chart below, specify how the county FCF council intends to utilize the proposed \$20,000 GRF allocation. *Funds appropriated in the OFCF line item shall be used to fund the operational capacity of council that includes a portion of the salary and fringe benefits necessary to fund local FCFC coordinators, parent involvement, administrative support, and/or technical assistance. Do not include funds allocated to program staff (i.e. HMG PD, service coordinators and/or cluster coordinators). If the council coordinator position serves both an administrative role and a direct service role for the council, please only include amounts allocated to support the administrative role (FCFC Coordinator position only).*

Budget Category	Salary/Fringe/Travel Expenses: 51,848	Parent Involvement \$250	Administrative Support \$1750	Technical Assistance \$300	Total Budget \$54,148
	Name: Melissa J. Rupp Position: Director <input type="checkbox"/> FTE or <input checked="" type="checkbox"/> PTE Name: Position: <input type="checkbox"/> FTE or <input type="checkbox"/> PTE	(including parent representative training, stipends, childcare, mileage)	(including rent, utilities, postage, phone, internet, other indirect costs)	(including FCFC training, consultation)	
Amount Allocated (\$20,000)	\$19,750	\$250.00	\$0.00	0	\$20,000.00
Additional Funding Allocated for Administrative Purposes beyond GRF \$20,000 and Identification of Source Funding	<input checked="" type="checkbox"/> TANF \$4,000.00 (insert amount) <input type="checkbox"/> ABC 404 (insert amount) <input type="checkbox"/> RECLAIM (insert amount) <input type="checkbox"/> HMG PART C (insert amount) <input checked="" type="checkbox"/> HMG TANF \$14,363.00 (insert amount) <input checked="" type="checkbox"/> HMG GRF \$1,249.00 (insert amount) <input checked="" type="checkbox"/> Local Pooled Funds/Contributions \$11,736.00 (insert amount) <input checked="" type="checkbox"/> Other \$750 CTF Admin (please specify)	<input type="checkbox"/> TANF (insert amount) <input type="checkbox"/> ABC 404 (insert amount) <input type="checkbox"/> RECLAIM (insert amount) <input type="checkbox"/> HMG PART C (insert amount) <input type="checkbox"/> HMG TANF (insert amount) <input type="checkbox"/> HMG GRF (insert amount) <input type="checkbox"/> Local Pooled Funds/Contributions (insert amount) <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> TANF (insert amount) <input type="checkbox"/> ABC 404 (insert amount) <input type="checkbox"/> RECLAIM (insert amount) <input type="checkbox"/> HMG PART C (insert amount) <input type="checkbox"/> HMG TANF (insert amount) <input type="checkbox"/> HMG GRF (insert amount) <input checked="" type="checkbox"/> Local Pooled Funds/Contributions \$1,750.00 (insert amount) <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> TANF (insert amount) <input type="checkbox"/> ABC 404 (insert amount) <input type="checkbox"/> RECLAIM (insert amount) <input type="checkbox"/> HMG PART C (insert amount) <input type="checkbox"/> HMG TANF (insert amount) <input type="checkbox"/> HMG GRF (insert amount) <input checked="" type="checkbox"/> Local Pooled Funds/Contributions \$300.00 (insert amount) <input type="checkbox"/> Other (please specify)	<input checked="" type="checkbox"/> TANF \$4,000.00 (insert amount) <input type="checkbox"/> ABC 404 (insert amount) <input type="checkbox"/> RECLAIM (insert amount) <input type="checkbox"/> HMG PART C (insert amount) <input checked="" type="checkbox"/> HMG TANF \$14,363.00 (insert amount) <input checked="" type="checkbox"/> HMG GRF \$1,249.00 (insert amount) <input checked="" type="checkbox"/> Local Pooled Funds/Contributions \$13,786.00 (insert amount) <input checked="" type="checkbox"/> Other 750 (please specify)

Section III. Strategic Plan for Core FCFC Functions:

A. Building Community Capacity

To mobilize child and family serving partners to address the needs of children and families through planning and implementing evidence-based programs

Council Requirements per ORC 121.37 (B)(2)(b) and (B)(3)(c):

Development and implementation of a process that annually evaluates and prioritizes services, fills service gaps where possible, and invents new approaches to achieve better results for families and children.

Establish an interagency process to identify local priorities to increase child well-being. The local priorities must focus on expectant parents and newborns thriving; infants and toddlers thriving; children ready for school; children and youth succeeding in school; children and youth engaging in healthy behaviors; and youth successfully transitioning into adulthood; and take into account the indicators established by the cabinet council under division (A)(4)(a).

An annual plan that identifies the county's interagency efforts to increase child well-being in the county. On an annual basis, the county council shall submit a report on the status of efforts to increase child well-being in the county to the county's board of county commissioners and the cabinet council.

Attach the County FCFC HB 289 Update and Report for SFY 09 with this *Operational Capacity Building Funds Application*.

No additional information is required for this section.

Please do not unlock OCBF Application or the HB 289 Update and Report template to make any changes, revisions, or additions to either form. If changes or additions are required for the OCBF Application or the HB 289 template, contact Tamala Collins at CollinsTN@mh.state.oh.us with "Admin Support" in the subject heading with the specific request. Requests will be reviewed and revisions will be made on a case by case basis.

B1. Coordinating Systems and Services – Help Me Grow (HMG)

To provide a formalized venue to facilitate the alignment of resources, policies, and services with and for children and families

Council Requirements per ORC 121.37 (B)(2)(c): Participation in the development of a county-wide, comprehensive, coordinated, multidisciplinary, interagency system for infants and toddlers with developmental disabilities or delays and their families (i.e., Help Me Grow).

I. How does the FCFC provide oversight to HMG? (check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> ECCC reports to FCFC | <input checked="" type="checkbox"/> Early track reports |
| <input checked="" type="checkbox"/> Fiscal reports | <input type="checkbox"/> Performance based contracts |
| <input checked="" type="checkbox"/> Program reports | <input type="checkbox"/> Other (please specify): |
| <input checked="" type="checkbox"/> Case reviews | |

II. How are families made aware of their rights to access the FCFC's Service Coordination Mechanism Dispute Resolution Process? (check all that apply)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Families are given a copy of the process | <input type="checkbox"/> Families sign a form acknowledging receipt and understanding of the process |
| <input checked="" type="checkbox"/> The process is explained to families | <input type="checkbox"/> Other (please specify): |

III. Identify HMG system issues that will be addressed in SFY 09 by selecting the appropriate system and the related issue(s) in a box below. For more than one system and/or issue, complete additional boxes.

<p align="center">System - MR/DD If other, specify: Please check the issue(s) which relate to this system:</p>		<p align="center">System - Health District If other, specify: Please check the issue(s) which relate to this system:</p>	
<input type="checkbox"/> Referrals	<input type="checkbox"/> Target Numbers	<input type="checkbox"/> Referrals	<input type="checkbox"/> Target Numbers
<input type="checkbox"/> Screenings	<input type="checkbox"/> Early Track	<input type="checkbox"/> Screenings	<input type="checkbox"/> Early Track
<input type="checkbox"/> Evaluation	<input type="checkbox"/> MOU's	<input type="checkbox"/> Evaluation	<input type="checkbox"/> MOU's
<input type="checkbox"/> Service Coordination	<input checked="" type="checkbox"/> Family/Engagement Support	<input type="checkbox"/> Service Coordination	<input type="checkbox"/> Family/Engagement Support
<input type="checkbox"/> Transition	<input type="checkbox"/> Provider Contracting	<input type="checkbox"/> Transition	<input type="checkbox"/> Provider Contracting
<input type="checkbox"/> Child Find Efforts	<input type="checkbox"/> Governance/Oversight	<input type="checkbox"/> Child Find Efforts	<input type="checkbox"/> Governance/Oversight
<input type="checkbox"/> Waiting List	<input type="checkbox"/> Timelines	<input checked="" type="checkbox"/> Waiting List	<input type="checkbox"/> Timelines
<input type="checkbox"/> Services	<input type="checkbox"/> Dispute Resolution	<input type="checkbox"/> Services	<input type="checkbox"/> Dispute Resolution
<input type="checkbox"/> Funding	<input type="checkbox"/> Accountability	<input type="checkbox"/> Funding	<input type="checkbox"/> Accountability
If other, specify:		If other, specify:	
<p align="center">System - CDJFS If other, specify: Please check the issue(s) which relate to this system:</p>		<p align="center">System - School If other, specify: Please check the issue(s) which relate to this system:</p>	
<input type="checkbox"/> Referrals	<input type="checkbox"/> Target Numbers	<input type="checkbox"/> Referrals	<input type="checkbox"/> Target Numbers
<input type="checkbox"/> Screenings	<input type="checkbox"/> Early Track	<input type="checkbox"/> Screenings	<input type="checkbox"/> Early Track
<input type="checkbox"/> Evaluation	<input type="checkbox"/> MOU's	<input type="checkbox"/> Evaluation	<input type="checkbox"/> MOU's
<input type="checkbox"/> Service Coordination	<input type="checkbox"/> Family/Engagement Support	<input type="checkbox"/> Service Coordination	<input type="checkbox"/> Family/Engagement Support
<input type="checkbox"/> Transition	<input type="checkbox"/> Provider Contracting	<input checked="" type="checkbox"/> Transition	<input type="checkbox"/> Provider Contracting
<input type="checkbox"/> Child Find Efforts	<input type="checkbox"/> Governance/Oversight	<input checked="" type="checkbox"/> Child Find Efforts	<input type="checkbox"/> Governance/Oversight
<input type="checkbox"/> Waiting List	<input type="checkbox"/> Timelines	<input type="checkbox"/> Waiting List	<input type="checkbox"/> Timelines
<input type="checkbox"/> Services	<input type="checkbox"/> Dispute Resolution	<input type="checkbox"/> Services	<input type="checkbox"/> Dispute Resolution
<input checked="" type="checkbox"/> Funding	<input type="checkbox"/> Accountability	<input type="checkbox"/> Funding	<input type="checkbox"/> Accountability
If other, specify:		If other, specify:	
<p align="center">System - Other If other, specify: ODH Please check the issue(s) which relate to this system:</p>		<p align="center">System - Select one If other, specify: Please check the issue(s) which relate to this system:</p>	
<input type="checkbox"/> Referrals	<input type="checkbox"/> Target Numbers	<input type="checkbox"/> Referrals	<input type="checkbox"/> Target Numbers
<input type="checkbox"/> Screenings	<input type="checkbox"/> Early Track	<input type="checkbox"/> Screenings	<input type="checkbox"/> Early Track
<input type="checkbox"/> Evaluation	<input type="checkbox"/> MOU's	<input type="checkbox"/> Evaluation	<input type="checkbox"/> MOU's
<input type="checkbox"/> Service Coordination	<input type="checkbox"/> Family/Engagement Support	<input type="checkbox"/> Service Coordination	<input type="checkbox"/> Family/Engagement Support
<input type="checkbox"/> Transition	<input type="checkbox"/> Provider Contracting	<input type="checkbox"/> Transition	<input type="checkbox"/> Provider Contracting
<input type="checkbox"/> Child Find Efforts	<input checked="" type="checkbox"/> Governance/Oversight	<input type="checkbox"/> Child Find Efforts	<input type="checkbox"/> Governance/Oversight
<input type="checkbox"/> Waiting List	<input checked="" type="checkbox"/> Timelines	<input type="checkbox"/> Waiting List	<input type="checkbox"/> Timelines
<input type="checkbox"/> Services	<input type="checkbox"/> Dispute Resolution	<input type="checkbox"/> Services	<input type="checkbox"/> Dispute Resolution
<input checked="" type="checkbox"/> Funding	<input type="checkbox"/> Accountability	<input type="checkbox"/> Funding	<input type="checkbox"/> Accountability
If other, specify:		If other, specify:	

B2. Coordinating Systems and Services – Service Coordination

To provide a formalized venue to facilitate the alignment of resources, policies, and services with and for children and families

Council Requirements per ORC 121.37 (C): Development and implementation of a county Service Coordination Mechanism which serves as the guiding document for coordination of services in the county.

I. Identify Service Coordination barriers to implementation in SFY 08:

Referral Issues	<input type="checkbox"/> Lack of referrals <input type="checkbox"/> Criteria not clearly defined <input type="checkbox"/> Difficult to complete forms	<input type="checkbox"/> Demand exceeds capacity <input checked="" type="checkbox"/> SC viewed as “last resort” <input type="checkbox"/> Referral process needs revision	<input type="checkbox"/> Referral process not followed <input type="checkbox"/> No central intake of referrals <input type="checkbox"/> Other (specify):
Evaluation	<input type="checkbox"/> No data collection process <input type="checkbox"/> Inaccurate data <input type="checkbox"/> No evaluation tool	<input type="checkbox"/> Outcomes not defined <input type="checkbox"/> Lack of staff to conduct evaluation <input type="checkbox"/> No quality assurance mechanism	<input type="checkbox"/> Other (specify):
Staffing	<input type="checkbox"/> Staffing turnover <input checked="" type="checkbox"/> Insufficient staff to meet demand <input type="checkbox"/> Roles not clearly defined	<input type="checkbox"/> Lack of communication <input type="checkbox"/> Inconsistent team participation <input type="checkbox"/> Difficult to coordinate schedules	<input type="checkbox"/> Difficult to recruit qualified staff <input type="checkbox"/> Other (specify):
Education	<input checked="" type="checkbox"/> Lack of awareness of SCM <input type="checkbox"/> Public not aware of FCFC	<input type="checkbox"/> Insufficient trained personnel to educate others <input type="checkbox"/> Lack of marketing tools (i.e.; website, brochures)	<input type="checkbox"/> Inadequate SC orientation <input type="checkbox"/> Other (specify):
Parent Involvement	<input type="checkbox"/> Court-ordered participation <input checked="" type="checkbox"/> Refusal of family advocate <input checked="" type="checkbox"/> Scheduling conflicts <input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Lack of awareness about SCM <input type="checkbox"/> Youth placed prior to referral <input type="checkbox"/> Family not valued as team member <input type="checkbox"/> Meeting held without parents	<input type="checkbox"/> Lack of trust in agencies <input type="checkbox"/> Other (specify):
System Coordination	<input type="checkbox"/> System has “siloes” agencies <input type="checkbox"/> Turf issues between agencies <input type="checkbox"/> Lack of clarity about SC function <input type="checkbox"/> Lack of coordination between FCFC and providers	<input type="checkbox"/> SCM not updated <input type="checkbox"/> FCFC is not doing SC <input type="checkbox"/> Inconsistent application of SCM <input type="checkbox"/> Lack of protocol when more than one county is involved	<input type="checkbox"/> Lack of FCFC participation or oversight <input checked="" type="checkbox"/> Other (specify): Different evidence based programs have different levels of allowable SC involvement in their models. ie: Functional Family Therapy, no other SC is allowable.
Lack of Available Services	<input type="checkbox"/> Provider limits access/availability <input checked="" type="checkbox"/> Service options limited <input type="checkbox"/> Gaps in continuum of care	<input type="checkbox"/> Time constraints impact services <input checked="" type="checkbox"/> Insufficient number of family advocates <input type="checkbox"/> Lack of evidence-based services	<input type="checkbox"/> Other (specify):
Funding	<input type="checkbox"/> Ineffective use of existing funds <input checked="" type="checkbox"/> Funding streams not flexible <input type="checkbox"/> Insufficient funds to market SCM	<input type="checkbox"/> Insufficient funds to conduct evaluation <input checked="" type="checkbox"/> High cost of evidence-based programs <input type="checkbox"/> Insufficient funds to support family advocacy	<input type="checkbox"/> No pooled funds <input type="checkbox"/> Other (specify):
Other (please list)			

B2. Coordinating Systems and Services – Service Coordination (continue)

II. Utilizing the chart below, describe strategies to be implemented in **SFY 09** to address the barriers identified on page 5. Please mark “not applicable” for those categories in which no barrier was identified.

Referral Issues	Strategies include: Promoting Service coordination as a process and not a service that can be initiated at any point or level of care in the family's service utilization journey.
Evaluation	Not applicable
Staffing	Strategies include:
Education	Strategies include: Continue trainings for professionals and families using the SCMechanism as the guideline to introducing the different levels of care that will be incorporated into the Family Plan.
Parent Involvement	Strategies include: Continuing to encourage families to get their "natural supports" involved as an advocate for them. Have agencies educate clientele about SC and the different levels of care - encouraging families to make self referrals to the program. Continue to explore transportation issues for families. Put brochures in local lobbies.
System Coordination	Strategies include: Making all providers aware of the appropriate levels of SC in line with other services already being provided to the family.
Lack of Available Services	Strategies include: Work with PAC to start a local parent advocacy program needs to be started for families that need support for daily activities. The community needs more programing to meet the changing needs of the community and families.
Funding	Strategies include: Allowing more flexibility on how different funds are available to be used.
Other	Not applicable

B2. Coordinating Systems and Services – Service Coordination (continue)

III. Identify specific activities used to educate families, agencies, and direct service personnel about the SC mechanism in SFY 08:

Families	<input checked="" type="checkbox"/> Orientation at referral and intake <input checked="" type="checkbox"/> Training for family support groups <input checked="" type="checkbox"/> Central intake number publicized	<input checked="" type="checkbox"/> SC guide distributed to families <input checked="" type="checkbox"/> Reviewed dispute resolution process when disagreement identified	<input checked="" type="checkbox"/> Other (specify): Put service coordination documents on the website for easier access.
FCFC Members	<input type="checkbox"/> Developed and reviewed SC manual <input type="checkbox"/> SC training at annual FCFC retreat <input checked="" type="checkbox"/> Barriers to SC discussed at council meetings	<input type="checkbox"/> SC committee conducted review of SCM implementation to ensure consistency between agencies	<input type="checkbox"/> Other (specify):
Agencies and Providers	<input type="checkbox"/> Orientation for new staff <input type="checkbox"/> Refresher training for other staff <input type="checkbox"/> SC liaisons identified in each agency	<input checked="" type="checkbox"/> Focused outreach to child-serving agencies <input type="checkbox"/> SCM reviewed annually when contracts or MOU is signed	<input type="checkbox"/> Other (specify):
Community	<input type="checkbox"/> SC included in county resource directory <input type="checkbox"/> Articles in newspaper <input type="checkbox"/> Discussion topic on local radio <input type="checkbox"/> Website developed	<input type="checkbox"/> SC information distributed at community events <input type="checkbox"/> SC brochures displayed in child-serving agencies <input type="checkbox"/> Information provided to youth groups	<input type="checkbox"/> Other (specify):
Other (specify)			

IV. Identify specific activities that will be used to educate families, agencies, and direct service personnel about the SC mechanism in SFY 09:

Families	<input checked="" type="checkbox"/> Provide orientation at referral and intake <input checked="" type="checkbox"/> Conduct training for family support groups <input checked="" type="checkbox"/> Publish central intake number	<input checked="" type="checkbox"/> Distribute SC guide to families <input checked="" type="checkbox"/> Review dispute resolution process when disagreement is identified	<input type="checkbox"/> Other (specify):
FCFC Members	<input checked="" type="checkbox"/> Develop and review SC manual <input checked="" type="checkbox"/> Provide SC training at county FCFC retreat <input checked="" type="checkbox"/> Discuss barriers to SC at council meetings	<input checked="" type="checkbox"/> SC Committee to conduct review of SCM implementation to ensure consistency between agencies	<input type="checkbox"/> Other (specify):
Agencies and Providers	<input checked="" type="checkbox"/> Provide orientation for new staff <input type="checkbox"/> Conduct refresher training for other staff <input checked="" type="checkbox"/> Identify SC liaisons in each agency	<input checked="" type="checkbox"/> Conduct focused outreach to child-serving agencies <input type="checkbox"/> Review SCM annually with provider when contract or MOU is signed	<input type="checkbox"/> Other (specify):
Community	<input checked="" type="checkbox"/> Include SC in county resource directory <input checked="" type="checkbox"/> Provide info for newspaper articles <input type="checkbox"/> Discuss SC topics on local radio <input type="checkbox"/> Develop website	<input checked="" type="checkbox"/> Distribute SC information at community events <input checked="" type="checkbox"/> Display SC brochures in child-serving agencies <input checked="" type="checkbox"/> Provide information to youth groups	<input type="checkbox"/> Other (specify):
Other (specify)			

C1. Engaging and Empowering Families – Family Representatives

To recruit and support families to be active contributing members on council and advocate on behalf of children and family

Council Requirements per ORC 121.37 (B)(1)(a): At least three individuals who are not employed by an agency represented on the council and whose families are or have received services from an agency represented on the council or another county's council. Where possible, the number of members representing families shall be equal to twenty percent of the council's membership.

I. Identify the involvement of family representatives with the below FCFC activities in SFY 08:

<input type="checkbox"/> HB 289/PfS planning and reporting	<input checked="" type="checkbox"/> Parents involved in special FCFC projects	<input type="checkbox"/> Family engagement/parent committee is a standing agenda item at FCFC meetings
<input type="checkbox"/> OCTF planning and reporting	<input type="checkbox"/> Participation in quality assurance program audits	<input type="checkbox"/> Development and refinement of the Service Coordination Mechanism
<input type="checkbox"/> Review fiscal and program reports	<input checked="" type="checkbox"/> Family representation on all council committees	<input type="checkbox"/> Other (specify):
<input checked="" type="checkbox"/> Standing parent committee	<input type="checkbox"/> Leadership (family representative serves as council chair and/or committee chair)	

II. How are family representatives supported and asked for involvement in FCFC activities?

<input type="checkbox"/> Assigned mentor from FCFC	<input checked="" type="checkbox"/> Adjusted meeting time to accommodate family representatives schedules	<input checked="" type="checkbox"/> Parents have the option of working on projects / workgroups most important to them
<input checked="" type="checkbox"/> Stipends	<input checked="" type="checkbox"/> Timely orientation for new family representatives	<input type="checkbox"/> Parent leadership, Making Room at the Table training, etc.
<input type="checkbox"/> Child care	<input type="checkbox"/> Adjusted meeting time to accommodate family representatives schedules	<input type="checkbox"/> Follow up phone calls to family reps after meetings for clarification
<input type="checkbox"/> Business cards	<input checked="" type="checkbox"/> On going communication (receive updates and notices on a regular and timely basis)	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Recognition Event	<input type="checkbox"/> Educational/training opportunities, including OFCF bi-annual regional network meetings	
<input type="checkbox"/> Gas cards/transportation assistance	<input type="checkbox"/> Hire a parent Coordinator	
<input type="checkbox"/> Lunch/meal provided at meetings		
<input type="checkbox"/> Office space/computers made available		
<input checked="" type="checkbox"/> Orientation manual provided to new family representatives		

III. What activities will be done to recruit and retain family representatives in SFY 09?

<input checked="" type="checkbox"/> Recruit from local family support groups	<input type="checkbox"/> Speak at community events/community awareness	<input checked="" type="checkbox"/> Family reps and/or family committee recruits other families
<input type="checkbox"/> Recruit from local family advocacy groups	<input checked="" type="checkbox"/> Sponsor events during Parents Week	<input checked="" type="checkbox"/> Invite prospective families to a council meeting prior to making a commitment
<input type="checkbox"/> FCFC Brochures	<input type="checkbox"/> Award dinner to recognize exceptional parents	<input checked="" type="checkbox"/> Host training on family/child focused topics that are open to the public
<input type="checkbox"/> FCFC Newsletters	<input type="checkbox"/> Recruit from HMG and/or Service Coordination/Wrap Around	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Website/Newspaper/Radio	<input type="checkbox"/> Recruit from parent leadership trainings	
<input type="checkbox"/> Incentives for successful recruits	<input checked="" type="checkbox"/> Sponsor Family Events such as informational fairs	
<input type="checkbox"/> Written family representative job/role description	<input type="checkbox"/> Recruit from family friendly businesses that will give paid time off to families to participate in FCFC activities	
<input checked="" type="checkbox"/> Recruitment occurs through individual FCFC system/agencies		

C2. Engaging and Empowering Families – Broad Representation

To recruit and support families to be active contributing members on council and advocate on behalf of children and family

Council Requirements per ORC 121.37 (B)(2)(e) Additional Family Input: Establishment of a mechanism to ensure ongoing input from a broad representation of families who are receiving services within the county system.

I. Describe the involvement of additional families with the below FCFC activities in SFY 08.

<input checked="" type="checkbox"/> HB 289/PfS planning and reporting	<input type="checkbox"/> Collection information form other parent network groups	<input checked="" type="checkbox"/> Parent advocates made available
<input type="checkbox"/> OCTF planning and reporting	<input checked="" type="checkbox"/> Feedback from families engaged in the FCFC Service	<input checked="" type="checkbox"/> Well publicized announcement and invitation to council meetings, parents meetings/groups, legislative activities, etc.
<input checked="" type="checkbox"/> Surveys	Coordination process	
<input checked="" type="checkbox"/> Focus groups	<input type="checkbox"/> Connection with existing Parent Support and Advocacy groups	
<input checked="" type="checkbox"/> Committee participation	<input type="checkbox"/> Youth council	<input type="checkbox"/> Other (specify):

II. Describe system changes made as a result of feedback from a broad representation of families in SFY 08.

- After distributing surveys and conducting a focus group with parents we realigned our approach to a PfS Strategy for Teen Pregnancy Reduction. Contrary to system belief, parents want to be involved with the sexuality education of their youth and are supportive of education happening in the community and in the schools. Also abstinence only education was believed to be the only permissible education by the schools and parents redirected that thinking to an abstinence focused education model.

Section IV: Technical Assistance

I. Please specify technical assistance needed for each of the core FCFC functions for SFY 09 and if TA was met if requested in SFY 08.

Building Community Capacity	Shared Accountability	Coordinating Systems & Services (HMG)	Coordinating Systems & Services	Engaging & Empowering Families
TA requested SFY 08	TA requested SFY 08	TA requested SFY 08	TA requested SFY 08	TA requested SFY 08
<ul style="list-style-type: none"> ▪ Training ▪ Applying HB 289 standards, boardmanship, developing by-laws. 	Provide resources for management of increased accountability measures.	TA	<ul style="list-style-type: none"> ▪ Training ▪ ESCORE Training and implementation, training for Wraparound as a community tool. 	<ul style="list-style-type: none"> ▪ Training ▪ Request that trainings be held in county or via phone/videoconference
NO	NO	YES	YES	YES
TA requested SFY 09 Select One	TA requested SFY 09 Select One	TA requested SFY 09 Select One	TA requested SFY 09 Select One	TA requested SFY 09 Select One
If yes, please list: Boardmanship training	If yes, please list: Indicator data gathering	If yes, please list:	If yes, please list:	If yes, please list:

Section V. Mandated Member Attendance for CY 07

Please complete the below chart by listing all mandated members of the county FCF Council and their attendance at full FCF Council meetings in calendar year 2007 per the requirement of ORC 121.37. Place an X in the box to note attendance for a given month and in far right column, the total number of meetings attended out of the total number of FCFC meetings held in CY 07.

Last Name	First Name	Mandated Member's Agency	Title/Position	Jan 07	Feb 07	Mar 07	April 07	May 07	June 07	July 07	Aug 07	Sept 07	Oct 07	Nov 07	Dec 07	Total # of full FCFC Meetings Attended out of Total # of full FCFC meetings in CY 07 (i.e. 3 of 5)
Ewonus	Kathleen	Parent Representative	Parent Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5 of 7
Flegal	Julie	Parent Representative	Parent Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 of 7
Eyer	Sue	Parent Representative	Parent Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 of 7
McCaslin	Les	ADAMH Board	Director Designee Title:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6 of 7
		Select One	Select One Designee Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	of
Watkins	James	General Health District	Commissioner Designee Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5 of 7
		Select One	Select One Designee Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	of
		Select One	Select One Designee Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	of
Jackson	Susan	DJFS/CSB Combined A	Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6 of 7

Section V. Mandated Members Attendance for CY 07 (continue)

Last Name	First Name	Mandated Member's Agency	Title/Position	Jan 07	Feb 07	March	April 07	May 07	June 07	July 07	Aug 07	Sept 07	Oct 07	Nov 07	Dec 07	Total # of full FCFC Meetings Attended out of Total # of full FCFC meetings in CY 07 (i.e. 3 of 5)
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Select One	Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	of
Manuel	Jerome	Board of MR/DD	Superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 of 7
Gunner	James	Largest School District School: Bryan	Superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 of 7
Campbell	Pamela	School Superintendent Representing all other schools School: Montpelier	Superintendent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4 of 7
Day	Trudy	Representative of Municipal Corporation Agency: Mayor's Office	Title Council member	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6 of 7
Davis	Brian	County Commissioners	President Designee Title:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4 of 7
DeMain	Ed	Regional Office of DYS	Title Parole Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 of 7
Woolum	Kayren	Head Start Agencies Representative Agency: NOCAC	Title Child Development Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6 of 7
Biltz	John	Representative of ECCC Agency: Educ Service Center	Title Psychologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 of 7
Sachs	Marilyn	Local Non-profit Representative Agency: OSU Extension	Title Extension Educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 of 7

Section VI. County FCFC Full Council Meeting Section for SFY 09

Please provide the date and time of each scheduled full County FCF Council Meeting in SFY 09 by using the provided drop down box for the date and typing in the time of the meeting. If there is no meeting scheduled for a particular month, please identify with NA.

Jul 08	Aug 08	Sept 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	June 09
Date: NA	Date: NA	Date: NA	Date: NA	Date: NA	Date: NA	Date: NA	Date: NA	Date: NA	Date: NA	Date: NA	Date: NA
Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:

Section VII. FCF Council Roster

Attach a county FCF Council roster to this OCBF Application if it contains all of the below information. Only complete the below chart, if roster does not contain the requested information. Identify mandated members, their designees (if applicable), and all family representatives. Include contact information for each member (agency affiliation, position, address, phone number and email).

FCFC Member Last Name	FCFC Member First Name	Agency Affiliation	Title/Position	Address (including city & zip code)	Phone Number	Email Address	Mandated Member (x if applicable)
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

FCFC Member Last Name	FCFC Member First Name	Agency Affiliation	Title/Position	Address (including city & zip code)	Phone Number	Email Address	Mandated Member (x if applicable)
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Section VIII. County FCF Council Minutes

Attach a copy of the county FCF Council minutes approving the (1) SFY 2009 Operational Capacity Building Funds Application; (2) HB 289 Update and Report Template; and (3) County FCF Council Roster (if applicable). Council approval of the application must not have occurred prior to the release of the grant application, April 10, 2007.

Section IX. Signature Page

Please print or type all information, except signatures.

The county FCF Council signatures in Section 8 certify that the county meets the minimum requirements for establishment of a Family and Children First Council as specified in O.R.C. 121.37.

In addition, each county FCF Council is required to have at least three family representatives pursuant to O.R.C. 121.37 (B)(1)(a). Where possible, the number of members representing families shall be equal to twenty percent of the council's membership.

Each family representative signature signifies that: (1) the individual noted is a current family representative on the county FCF Council; (2) the family representative is an individual whose family is or has received services from an agency represented on the county FCFC or another county's FCFC; (3) the family representative is not employed by an agency represented on FCFC; (4) the family representative has had the opportunity to participate in the development of the FCFC's strategies as outlined in this application and with the FCFC HB 289 Update and Report; and (5) the family representative has received a copy of the completed application and the FCFC HB 289 Update and Report.

Family Representative Name: Kathleen Ewonus	Family Representative's Signature	Date
Family Representative Name: Susan Eyer	Family Representative's Signature	Date
Family Representative Name:	Family Representative's Signature	Date
FCF Chair Name: Les McCaslin, CEO Four Co Adamhs Board	FCFC Chair's Signature	Date June 11, 2008
FCFC Administrative Agent Name: Brian Davis, President County Commissioners	FCFC Administrative Agent's Signature	Date June 11, 2008

OFCF SFY 09 Operational Capacity Building Funds Application Checklist

Please do not unlock OCBF Application or the HB 289 Update and Report template to make any changes, revisions, or additions to either form. If changes or additions are required for the OCBF Application or the HB 289 template, contact Tamala Collins at CollinsTN@mh.state.oh.us with "Admin Support" in the subject heading with the specific request. Requests will be reviewed and revisions will be made on a case by case basis.

- Contact information for FCFC Chair, Coordinator, and Administrative Agent, including its Federal ID Number (Section I, page 1)
- Budget Summary: Amount Allocated and Breakdown of Budget (Section II, page 2)
- Building Community Capacity: Attached HB 289 Update and Report Template (Section III A, B1, page 3)
- Coordinating Systems and Services - HMG (Section III B1, page 4)
- Coordinating Systems and Services – Service Coordination (Section III B2, page 5-7)
- Engaging and Empowering Families – Family Representatives (Section III C1, page 8)
- Engaging and Empowering Families – Broad Representation (Section III C2, page 9)
- Technical Assistance for the FCFC Functions (Section IV, page 10)
- County FCF Mandated Members Attendance for CY 07 (Section V, page 11-12)
- County FCFC Full Meetings Schedule for SFY 09 (Section VI, page 13)
- County FCF Council Roster (Section VII, page 13-14)
- County FCF Minutes Approving Application, HB 289 Update and Report Template, and County FCFC Roster (if applicable) (Section VIII, page 14)
- Signatures from 3 Family Representatives; Council Chair; and Administrative Agent (Section IX, page 15)
- Original and one copy of the Operational Capacity Building Funds Application; the FCFC HB 289 Update and Report Template; the County FCFC Roster if applicable; and minutes approving the application must be submitted to your OFCF Regional Coordinator by 4:00 p.m. on July 1, 2008. The OCBF application, HB 289 Update and Report Template, County FCFC roster, and minutes can be e-mailed to your regional coordinator by July 1, 2008. The signature page must be mailed and received by your regional coordinator by July 1, 2008.

OFCF Regional Coordinators



Northwest

Teresa Reed-McGlashan

240 W. Lake Street, Unit C,
Oak Harbor, OH 43449
(419) 898-3631 (ph), (419) 579-4397 (c)
(419) 898-3232 (f)
trmcglash@ag.ohio-state.edu

Northeast

Janice Houchins

1680 Madison Avenue
Wooster, OH 44691
(330) 263-3632 (ph), (330) 466-0577 (c)
(330) 263-3667 (f)
jhouchins@ag.ohio-state.edu

East

Cindy Lafollett

16714 SR 215
Caldwell, OH 43724
(740) 732-2381 (ph), (740) 584-2513 (c)
(740) 732-5992 (f)
clafollett@ag.ohio-state.edu

Southwest

Joyce Calland

1512 South U.S. 68, Suite B100
Urbana, OH 43078
(937) 484-1526 (ph), (937) 232-4255 (c)
(937) 484-1540 (f)
jcalland@ag.ohio-state.edu

South

Sherry Ward

17 Standpipe Road
Jackson, OH 45640
(740) 286-2177, x. 28 (ph), (740) 710-3003 (c)
(740) 286-1578 (f)
sward@ag.ohio-state.edu

Ohio Family and Children First SFY 09 Operational Capacity Building Funds Application Guidelines

The following information provides guidance for the annual allocation of the state general revenue funds (GRF) to support county Family and Children First Council's operational capacity building.

- **The funds shall be used by county FCF councils to provide a portion of the salary, fringe benefits and travel expenses necessary to fund county FCF council coordinators, parental involvement, administrative support, and/or technical assistance.**

- **The funds shall not be used for direct services or any other costs not included above.**

- **The funds will be paid to the county FCF council's administrative agent.**

- **Applications for funding must include the signatures of the county FCF council's administrative agent, council chair, and three family representatives. The required signatures certify that counties meet the guidelines as specified in ORC 121.37.**

- **Once each county has designated an administrative agent, it is OFCF's expectation that the administrative agent will remain the same for the state fiscal year. OFCF shall be notified in writing within ten (10) days when there is a change in the county FCF council's administrative agent. If there is a change in the administrative agent, please attach the minutes of the county FCF council meeting approving the change. Any monies currently in receipt must be transferred to the new agent. Please note that a change in the administrative agent will result in a delay in the transfer of funds to the county.**

- **The administrative agent shall maintain the appropriate records of expenditures at all times.**