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# **ProtectOHIO:**

## **Interim Evaluation Report of**

### **Ohio's Title IV-E Waiver Demonstration Project**

#### **Covering the Third Waiver Period 2010-2012**

## **Appendices**

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Submitted to:

The Ohio Department of Job and Family Services  
4200 East Fifth Avenue,  
Columbus, OH 43219

Submitted By:

Human Services Research Institute  
7690 SW Mohawk St.,  
Tualatin, OR 97224

In Collaboration With:

Westat

Chapin Hall Center for Children at the University of Chicago

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**Appendix A:**

**Survey of FTM Facilitator Expertise, 2011**

**Facilitator Survey, 2013**

**Caseworker Survey, 2013**

# Survey of FTM Facilitator Expertise

## Survey of FTM Facilitator Expertise

Your participation in this confidential survey will provide us with information that will help us evaluate the implementation of the ProtectOHIO FTM strategy. Combined with data we collect through interviews and surveys over the coming years, we hope to use this survey to better understand how the practice manual and pilot training are helping facilitators understand and do their jobs.

The results will not be reported individually or by county. At the end of the survey, you will have the option to provide your name, which HSRI will keep confidential. By providing your name, we may be able to see how variations in facilitator training, experience or expertise are related to child outcomes Consortium-wide. We will present the preliminary results to the Consortium in Fall 2011 and in the 2012 Annual Progress Report.

If you have any questions about this survey, please feel free to contact Cailin Wheeler (503-924-3783 x22 or [cwheeler@hsri.org](mailto:cwheeler@hsri.org)) or Amy Stuczynski (503-924-3783 x19 or [astuczynski@hsri.org](mailto:astuczynski@hsri.org)) at HSRI.



# Survey of FTM Facilitator Expertise

## 1. Have you read the Practice Manual for ProtectOHIO Family Team Meetings?

- Yes, all of it
- Yes, some of it
- Skimmed it

No

## 2. Did you attend one of the recent training pilots presented by IHS, ProtectOHIO Family Team Meetings: Engaging Families in the Process (trainings were held May 18-19, June 23-24, or June 27-28)?

Yes

No

# Survey of FTM Facilitator Expertise

## 3. To what degree has the pilot training influenced your ability to perform your job?

- Not at all
- A little
- Somewhat
- A lot

## 4. Please explain your answer to question #3 above:

# Survey of FTM Facilitator Expertise

## 5. As a result of attending the recent pilot training and/or reading the practice manual, do you feel your knowledge or skills in the following areas improved? (Check ALL that apply).

|   | Yes, due to the training | Yes, due to the manual   | No                       |
|---|--------------------------|--------------------------|--------------------------|
| a. Preparing for and facilitating meetings in cases where domestic violence is an issue | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Establishing trust with meeting participants   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Managing resistance from caseworkers   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Maintaining my impartiality in the process   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Making sure all participants feel heard and understood                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Identifying family strengths and the problems that need to be resolved               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Resolving conflict between participants  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Finding common areas of agreement which can be used to develop an appropriate plan   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# Survey of FTM Facilitator Expertise

## 6. Which of the following are core components of the ProtectOHIO FTM model?

| Yes, a core component  | No, not a core component |
|--|--------------------------|
| a. Cases that are transferred to ongoing services are eligible for FTMs.   |                          |
| b. FTMs are considered at critical points or events in the case.   |                          |
| c. PCSAs combine FTMs with meetings required for SAR/CAPMIS tools.   |                          |
| d. Education and orientation to the process are provided to family members and other participants before they arrive at the first FTM.                               |                          |
| e. FTMs should include at least a parent or primary caregiver, a caseworker or other PCSA staff member, and another type of person (support person, therapist, etc). |                          |
| f. Facilitators are responsible for managing the meeting agenda and process.   |                          |

# Survey of FTM Facilitator Expertise

**7. What are the primary challenges you face in performing your job?**

**8. Do you want or need more training in FTM?**

Yes

No

If yes, please identify in which areas:

**9. Going forward into the third Waiver period, what do you hope to do differently or better in your job? (Write NA if you are a new facilitator.)**

# Survey of FTM Facilitator Expertise

## 10. What other relevant training have you received?

- a. FTM training, please specify who provided the training and when:
- b. Mediation training, please specify who provided the training and when:
- c. Shadowing other facilitators, please describe who you shadowed and estimate how many hours:
- d. Mentoring or coaching, please describe who provided it and estimate how many hours:
- e. Other, please explain:
- f. Write NA here if you have not received any other relevant training:

## 11. How many years experience do you have as a ProtectOHIO FTM facilitator, other family meeting facilitator, or as a mediator?

Years of Experience

ProtectOHIO FTM facilitator

Other family meeting facilitator

Mediator

|  |   |
|--|---|
|  |   |
|  | 6 |
|  | 6 |

# Survey of FTM Facilitator Expertise

**12. If you have experience facilitating other family meetings: In your opinion, how is the ProtectOHIO FTM model different from other meetings you've facilitated? (Write NA if you have no experience facilitating other family meetings.)**

**13. Do you have any casework or other child welfare experience? What type and how many years?**

# Survey of FTM Facilitator Expertise

**14. Optional: Please provide your name and county affiliation. Again, your identity will be kept confidential by HSRI.**

Name:

County:

# Survey of FTM Facilitator Expertise

Thank you for completing this survey!



Dear Facilitators,

As you may know, HSRI is evaluating the ProtectOHIO Title IV-E Waiver in 17 demonstration counties to understand the impact of waiver funding on family outcomes. There are a number of parts to the evaluation. At this stage we are asking you to participate in a general survey of all caseworkers and all Family Team Meeting (FTM) facilitators from the 17 demonstration counties, to gather information about workers' knowledge, skills, attitudes and experiences in their work with Family Team Meetings.

The survey will take about 10 to 15 minutes to complete. Your participation is voluntary; if you choose not to participate, or want to discontinue participation at any time, this will not result in any negative consequences to you. However, your answers are very important to the evaluation, so we strongly encourage you to complete the survey.

Your answers will be treated in the strictest confidence. No one outside the HSRI research team will know what any individual respondent submitted. Specifically, these data will never be shared in any identifiable form with any government agency or representatives from your agency. We do not expect that the questions will cause you any discomfort. There are no costs or compensation for completing the survey. We anticipate that information received from the surveys will contribute to increased ability of child welfare agencies to effectively serve children and families.

If you consent to completing the survey, please continue.

If you have any questions about the content of the survey, don't hesitate to email me your questions or to call me.

Thank you.

Madeleine Kimmich  
Human Services Research Institute  
Tualatin, Oregon  
503-924-3783 ext. 12  
mkimmich@hsri.org

## Section I: About You

### \*1. County

6

### \*2. Number of years of experience with ProtectOHIO FTM?

Less than one

One to two

Three or more

## Section II: Preparation for FTM

### \*1. How do you obtain information from caseworkers prior to the first FTM?

|                            | Always                | Usually               | Sometimes             | Rarely                | Never (I do not obtain information prior to the first FTM) |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| Formal meeting             | <input type="radio"/>                                      |
| Informal discussion        | <input type="radio"/>                                      |
| Email update               | <input type="radio"/>                                      |
| I review SACWIS case notes | <input type="radio"/>                                      |

Other (if applicable). Please specify and include ranking (Always/Usually/Sometimes/Rarely/Never).

# ProtectOHIO Facilitator Survey

## \*2. What type of information do you and caseworkers share prior to the first FTM?

|   | Always                | Usually               | Sometimes             | Rarely                | Never (do not share information prior to first FTMs) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--|
| Basic family information (age of children, family members involved, nature of CAN report, etc.) | <input type="radio"/>                                |
| Family history, information on recent involvement   | <input type="radio"/>                                |
| Potential sources of conflict, potential safety issues at the meeting                           | <input type="radio"/>                                |
| Who should take the lead on various parts of the meeting (clarifying roles)                     | <input type="radio"/>                                |
| Who will document the meeting and who will enter the information into SACWIS                    | <input type="radio"/>                                |
| How the meeting decisions will be shared with other parties                                     | <input type="radio"/>                                |

Other (if applicable). Please specify and include ranking (Always/Usually/Sometimes/Rarely/Never).

# ProtectOHIO Facilitator Survey

## \*3. How do you share information about FTM with families prior to the first FTM?

|  | Always | Usually | Sometimes | Rarely | Never (I don't share information with families prior to the first FTM) |
|--|--------|---------|-----------|--------|--|
| Explain the FTM process in person        |        |         |           |        |  |
| Explain the FTM process over the phone   |        |         |           |        |  |
| Distribute FTM brochure/written material |        |         |           |        |  |

Other (if applicable). Please specify and include ranking (Always/Usually/Sometimes/Rarely/Never).

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# ProtectOHIO Facilitator Survey

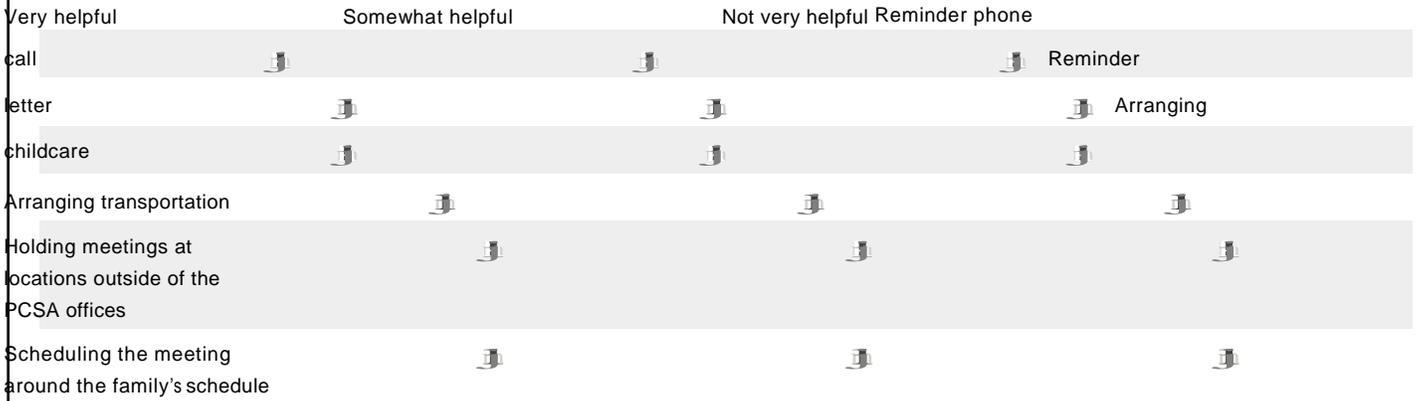
## \*4. What information do you share with families prior to the first FTM?

|   | Always                | Usually               | Sometimes             | Rarely                | Never (I don't share information with families prior to the first FTM) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--|
| The importance of attending   | <input type="radio"/>  |
| The importance of the family's involvement and input  | <input type="radio"/>  |
| Issues likely to be addressed during the FTM  | <input type="radio"/>  |
| Alerting the parents that their past and current case (s) with the PCSA may be discussed during the meeting | <input type="radio"/>  |
| Whether the FTM counts as the required case review or will be a separate meeting                            | <input type="radio"/>  |
| The importance of inviting additional supportive people   | <input type="radio"/>  |
| Who the family's additional supportive people might be  | <input type="radio"/>  |
| What service providers to invite  | <input type="radio"/>  |
| That all concerns will be discussed openly and honestly and with confidentiality                            | <input type="radio"/>  |
| How to contact the facilitator, in case the participants have any future questions about the FTM process    | <input type="radio"/>  |

Other (if applicable). Please specify and include ranking (Always/Usually/Sometimes/Rarely/Never).

# ProtectOHIO Facilitator Survey

## \*5. How helpful are the following strategies for getting families to attend FTMs?



Other (if applicable). Please specify and include ranking (Very helpful, Somewhat helpful, Not very helpful).

## \*6. Once you've gotten the family to attend an FTM, what do you do that helps them engage in the meeting discussion or process?

## Section III: Training

**\*1. Have you gone to the IHS-sponsored training on the ProtectOHIO FTM Model?**

Yes

No

Planning to attend training in Spring  
2013

**\*2. Since the beginning of 2011 (when the ProtectOHIO FTM manual was published), what types of ongoing FTM training or other professional development opportunities have you participated in that relate to your facilitator role? (Check all that apply)**

Advanced facilitation skills training

Mediation skills training

Conflict resolution

None

Other (please specify)

## Section IV: Job Responsibilities

### \*1. Do you work

Full-time

Part-time

### 2. If part-time, how many hours a week do you work? (numeric only)

### \*3. What % of your working hours do you spend on FTM-related responsibilities? (numeric only)

### 4. Do any of your non-FTM related responsibilities have an impact on your ability to facilitate FTMs (workload and/or role as neutral party)? Explain (if applicable).

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### 5. If so, have you found any successful ways of addressing these issues? Please explain.

5

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### 6. Do you have any additional comments or feedback regarding ProtectOHIO or Family Team Meetings?

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# ProtectOHIO Caseworker Survey

Dear Caseworkers,

As you may know, HSRI is evaluating the ProtectOHIO Title IV-E Waiver in 17 demonstration counties to understand the impact of waiver funding on family outcomes. There are a number of parts to the evaluation. At this stage we are asking you to participate in a general survey of all caseworkers and all Family Team Meeting (FTM) facilitators from the 17 demonstration counties, to gather information about workers' knowledge, skills, attitudes and experiences in their work with Family Team Meetings.

The survey will take about 10 to 15 minutes to complete. Your participation is voluntary; if you choose not to participate, or want to discontinue participation at any time, this will not result in any negative consequences to you. However, your answers are very important to the evaluation, so we strongly encourage you to complete the survey.

Your answers will be treated in the strictest confidence. No one outside the HSRI research team will know what any individual respondent submitted. Specifically, these data will never be shared in any identifiable form with any government agency or representatives from your agency. We do not expect that the questions will cause you any discomfort. There are no costs or compensation for completing the survey. We anticipate that information received from the surveys will contribute to increased ability of child welfare agencies to effectively serve children and families.

If you consent to completing the survey, please continue.

If you have any questions about the content of the survey, don't hesitate to email me your questions or to call me.

Thank you.

Madeleine Kimmich  
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## Section I: About You

### \*1. County

6

### \*2. Number of years of experience with ProtectOHIO FTM?

Less than one

One to two

Three or more

## Section II: Preparation for FTM

### \*1. How do you share information with facilitators prior to the first FTM?

| Always                                | Usually | Sometimes | Rarely | Never (I do not share information prior to the first FTM) |
|---------------------------------------|---------|-----------|--------|---|
| Formal meeting                        |         |           |        |   |
| Informal discussion                   |         |           |        |   |
| Email update                          |         |           |        |   |
| Facilitator reviews SACWIS case notes |         |           |        |   |

Other (if applicable). Please specify and include ranking (Always/Usually/Sometimes/Rarely/Never).

# ProtectOHIO Caseworker Survey

## \*2. What type of information do you and facilitators share prior to the first FTM?

|   | Always                | Usually               | Sometimes             | Rarely                | Never (do not share information prior to the first FTM) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|---|
| Basic family information (age of children, family members involved, nature of CAN report, etc.) | <input type="radio"/>                                   |
| Family history, information on recent involvement   | <input type="radio"/>                                   |
| Potential sources of conflict, potential safety issues at the meeting                           | <input type="radio"/>                                   |
| Who should take the lead on various parts of the meeting (clarifying roles)                     | <input type="radio"/>                                   |
| Who will document the meeting and who will enter the information into SACWIS                    | <input type="radio"/>                                   |
| How the meeting decisions will be shared with other parties                                     | <input type="radio"/>                                   |

Other (if applicable). Please specify and include ranking (Always/Usually/Sometimes/Rarely/Never).

# ProtectOHIO Caseworker Survey

## \*3. How do you share information about FTM with families prior to the first FTM?

|  | Always | Usually | Sometimes | Rarely | Never (I don't share information with families prior to the first FTM) |
|--|--------|---------|-----------|--------|--|
| Explains FTM process in person           |        |         |           |        |  |
| Explain FTM process over the phone       |        |         |           |        |  |
| Distribute FTM brochure/written material |        |         |           |        |  |

Other (if applicable). Please specify and include ranking (Always/Usually/Sometimes/Rarely/Never).

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# ProtectOHIO Caseworker Survey

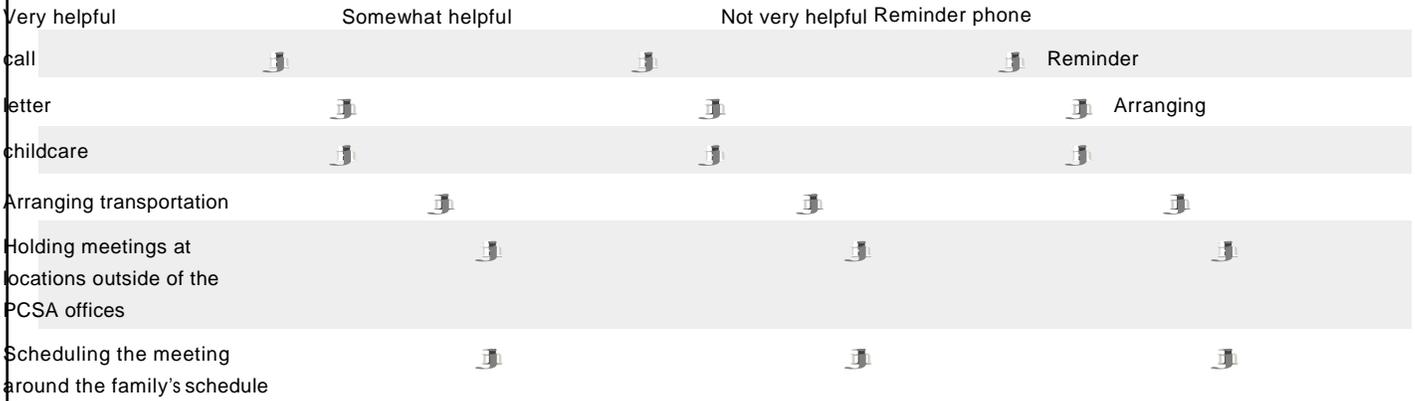
## \*4. What information do you share with families prior to the first FTM?

|   | Always                | Usually               | Sometimes             | Rarely                | Never (I don't share information with families prior to the first FTM) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--|
| The importance of attending   | <input type="radio"/>  |
| The importance of the family's involvement and input  | <input type="radio"/>  |
| Issues likely to be addressed during the FTM  | <input type="radio"/>  |
| Alerting the parents that their past and current case (s) with the PCSA may be discussed during the meeting | <input type="radio"/>  |
| Whether the FTM counts as the required case review or will be a separate meeting                            | <input type="radio"/>  |
| The importance of inviting additional supportive people   | <input type="radio"/>  |
| Who the family's additional supportive people might be  | <input type="radio"/>  |
| What service providers to invite  | <input type="radio"/>  |
| That all concerns will be discussed openly and honestly and with confidentiality                            | <input type="radio"/>  |
| How to contact the facilitator, in case the participants have any future questions about the FTM process    | <input type="radio"/>  |

Other (if applicable). Please specify and include ranking (Always/Usually/Sometimes/Rarely/Never).

# ProtectOHIO Caseworker Survey

## \*5. How helpful are the following strategies for getting families to attend FTMs?



Other (if applicable). Please specify and include ranking (Very helpful, Somewhat helpful, Not very helpful).

## \*6. Once you've gotten the family to attend an FTM, what do you do that helps them engage in the meeting discussion or process?

## Section III: ProtectOHIO FTM in the Last Month

**\*1. Have you participated in an FTM within the last month?**

Yes

No

# ProtectOHIO Caseworker Survey

## Section IV: About ProtectOHIO FTMs in the Last Month

Instructions: Based on the FTMs you have participated in during the past month, please answer each question by marking one box under your each question.

**\*1. Were the FTMs a useful way to decide case plan goals?**

Always     Usually     Sometimes     Rarely     Never     Not Applicable

**\*2. Were the FTMs helpful in reviewing case plan progress?**

Always     Usually     Sometimes     Rarely     Never     Not Applicable

**\*3. Did the FTMs address emerging issues in the case (e.g. need for placement, risk of placement disruption, case plan amendment, etc.)?**

Always     Usually     Sometimes     Rarely     Never     Not Applicable

**\*4. As a result of the discussion that occurred in the FTMs, were the families referred to services that are likely to work for them?**

Always     Usually     Sometimes     Rarely     Never     Not Applicable

**\*5. Did the FTMs help families find support from people in their community (relatives, friends, neighbors, church, etc.)?**

Always     Usually     Sometimes     Rarely     Never     Not Applicable

**\*6. Did the FTMs help to address difficult family dynamics?**

Always     Usually     Sometimes     Rarely     Never     Not Applicable

**\*7. Did the FTMs help to motivate the family to work their case plan?**

Always     Usually     Sometimes     Rarely     Never     Not Applicable

**\*8. Were permanency plans discussed with the families at the FTMs?**

Always     Usually     Sometimes     Rarely     Never     Not Applicable

**\*9. Was concurrent planning addressed with the families at the FTMs?**

Always     Usually     Sometimes     Rarely     Never     Not Applicable

**\*10. At the FTMs, were you asked to give feedback on attainable goals and realistic deadlines?**

Always     Usually     Sometimes     Rarely     Never     Not Applicable

**11. Comments:**



# ProtectOHIO Caseworker Survey

## Section V: About all ProtectOHIO FTMs

Based on all the FTMs you have participated in, please indicate whether you agree or disagree with the following statements:

**\*1. FTMs help move a case along more quickly.**

Strongly agree     Agree  
disagree     Neither agree nor     Disagree     Strongly disagree

**\*2. I encourage families to attend FTMs.**

Strongly agree     Agree  
disagree     Neither agree nor     Disagree     Strongly disagree

**\*3. I am encouraged by my agency to spend time preparing the family for what to expect in an FTM.**

Strongly agree     Agree  
disagree     Neither agree nor     Disagree     Strongly disagree

**\*4. I help families to think about who they may wish to invite to FTMs.**

Strongly agree     Agree  
disagree     Neither agree nor     Disagree     Strongly disagree

**\*5. I encourage service providers to attend FTMs.**

Strongly agree     Agree  
disagree     Neither agree nor     Disagree     Strongly disagree

**\*6. I am encouraged by my agency to spend time gathering or preparing needed information about the family for FTMs.**

Strongly agree     Agree  
disagree     Neither agree nor     Disagree     Strongly disagree

**1. Do you have any additional comments or feedback regarding ProtectOHIO or Family Team Meetings?**

5

**Appendix B:**  
**PODS Data Elements**

**ProtectOhio Family Team Meeting (FTM)  
ProtectOhio Data System (PODS) Entry Form**

Form completed by: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Name of Person Facilitating FTM: \_\_\_\_\_

SACWIS Case ID: \_\_\_\_\_

Facilitator Type:  Facilitator  Supervisor  Other

Meeting Start Time: \_\_\_\_\_

Was Transportation Provided?  Yes  No  Unknown

Meeting End Time: \_\_\_\_\_

Was Childcare Provided?  Yes  No  Unknown

Meeting Location:

Agency Setting  Placement Setting  Parent/Caregiver Home  Neutral/Offsite  Other

**Children for which this FTM Concerns:**

- |   |                        |
|---|------------------------|
| (1) Child's Name (first and last) _____ | SACWIS Person ID _____ |
| (2) Child's Name (first and last) _____ | SACWIS Person ID _____ |
| (3) Child's Name (first and last) _____ | SACWIS Person ID _____ |
| (4) Child's Name (first and last) _____ | SACWIS Person ID _____ |
| (5) Child's Name (first and last) _____ | SACWIS Person ID _____ |
| (6) Child's Name (first and last) _____ | SACWIS Person ID _____ |

**Child Information**

Complete this information for EACH child listed above. For each of the two questions, WRITE the child's number next to the answer that pertains to that child. Choose only one response per child.

**Custody at time of FTM**

- \_\_\_\_\_ Mother
- \_\_\_\_\_ Father
- \_\_\_\_\_ Both Parents
- \_\_\_\_\_ Relative
- \_\_\_\_\_ Kinship Non-Relative
- \_\_\_\_\_ Custody of PCSA
- \_\_\_\_\_ Court Care & Control (IV-E courts)
- \_\_\_\_\_ Other (describe below)

If "Other", describe: \_\_\_\_\_

**Living Arrangement at time of FTM**

- \_\_\_\_\_ Parents (one or both)
- \_\_\_\_\_ Grandparents
- \_\_\_\_\_ Kinship - Relative
- \_\_\_\_\_ Kinship - Non-related
- \_\_\_\_\_ Juvenile Detention
- \_\_\_\_\_ Foster Care
- \_\_\_\_\_ Group Care
- \_\_\_\_\_ Residential
- \_\_\_\_\_ AWOL
- \_\_\_\_\_ Other (describe below)

If "Other", describe: \_\_\_\_\_

**Please turn sheet over to complete!**

**Family Information**

**Stated Purpose of FTM – Choose the 1<sup>st</sup> appropriate answer.**

- \_\_\_\_\_ Initial Planning Meeting
- \_\_\_\_\_ Crisis Meeting: Emergency Removal
- \_\_\_\_\_ Critical Event Meeting: Move to Kinship Home Under Consideration
- \_\_\_\_\_ Critical Event Meeting: Custody Change Under Consideration (Could Include Reunification)
- \_\_\_\_\_ Critical event meeting: Placement Change Under Consideration
- \_\_\_\_\_ Crisis Meeting: New CAN Report on Existing Case or Traumatic Family Event
- \_\_\_\_\_ Crisis Meeting: Case Plan Amendment/Goal Change
- \_\_\_\_\_ Critical Event Meeting: Family Requests Meeting
- \_\_\_\_\_ Critical Event Meeting: Safety Planning
- \_\_\_\_\_ Critical Event Meeting: Prior to Court Hearing
- \_\_\_\_\_ Critical Event Meeting: Case Closure
- \_\_\_\_\_ 90-Day FTM Combined with Case Review
- \_\_\_\_\_ 90-Day FTM

**Meeting Outcomes: Results of the Meeting - Choose ALL answers that apply:**

Recommended change in custody:

- \_\_\_\_\_ Initiate PCSA custody
- \_\_\_\_\_ Terminate PCSA custody
- \_\_\_\_\_ Custody to kin (relative or non-relative, temporary or legal custody)
- \_\_\_\_\_ Protective Supervision Order or extension
- \_\_\_\_\_ Temporary Custody or extension
- \_\_\_\_\_ PPLA
- \_\_\_\_\_ TPR

Recommended change in living arrangement:

- \_\_\_\_\_ To kinship caregiver
- \_\_\_\_\_ To foster home
- \_\_\_\_\_ To other (group home, institution)
- \_\_\_\_\_ Reunify (or move to other parent)

Other:

- \_\_\_\_\_ Recommended change in visitation time or supervision level
- \_\_\_\_\_ Identified new or change in services for parent/legal guardian
- \_\_\_\_\_ Identified new or change in services for children
- \_\_\_\_\_ Preparation for court hearing
- \_\_\_\_\_ Case plan developed/signed off on
- \_\_\_\_\_ Identified support people for parents/caregivers
- \_\_\_\_\_ Update on family situation

**Attendee Information**

**Total Number of Attendees at FTM: \_\_\_\_\_**

*WRITE the actual number of people beside each category. Choose the best category for a given person, but do not record one person in more than one category. See the PO Data System Instruction Manual for further detail.*

- \_\_\_ Mother
- \_\_\_ Father
- \_\_\_ Step-parents
- \_\_\_ Significant Other/Unmarried Partner of either parent
- \_\_\_ Kinship Caregiver, Relative
- \_\_\_ Kinship Caregiver, Non-Relative
- \_\_\_ Foster Parent/Pre-Adoptive Parent (non-relative)
- \_\_\_ Children
- \_\_\_ Relatives
- \_\_\_ Designated Facilitator
- \_\_\_ Supervisor
- \_\_\_ Caseworker
- \_\_\_ Other PCSA Staff
- \_\_\_ Child Advocate: GAL/CASA/Mentor/Friend/Coach
- \_\_\_ Parent Support: Advocate/Mentor/Friend/Neighbors
- \_\_\_ Clergy
- \_\_\_ Attorney / Legal Representative
- \_\_\_ Tribal Representative
- \_\_\_ Probation Officer
- \_\_\_ Court Employee
- \_\_\_ MH Professional
- \_\_\_ AOD Provider
- \_\_\_ DD Provider
- \_\_\_ Health Provider (Agency Staff or Non-Agency Staff)
- \_\_\_ TANF Provider
- \_\_\_ Child Support Worker
- \_\_\_ Residential/Group Home Provider
- \_\_\_ Education Provider
- \_\_\_ Other Service Provider
- \_\_\_ Other – SPECIFY other:

\_\_\_\_\_  
\_\_\_\_\_

**Please turn sheet over to complete!**

**Appendix C:**  
**Case Level Fidelity Appendix**

## FTM Case-Level Fidelity Appendix C

This appendix details how case-level fidelity scores were computed for the outcomes analysis.

### Case-Level Fidelity vs. County-Level Fidelity

While the fidelity components remain the same at the county- and case-level, the calculation used to determine how closely a particular case adhered to the ProtectOHIO FTM model is slightly different than the logic presented in the county-level description of each three fidelity components (timeliness of initial FTMs, timeliness of subsequent FTMs, and the attendee mix, pg. 69) . At the county-level, the study team measured the timeliness of initial meetings and the timeliness of subsequent meetings separately; and the determination of whether or not a case was eligible for a second or third meeting was based off the date of the previous meeting and the case close date. This is an important factor to consider, as cases may not be eligible for subsequent meetings if a case closes within 90-days of a previous meeting. While this is a logical way of determining the overall number of initial and subsequent meetings that were held on time, it doesn't take into consideration the total number of meetings a case should have held, according to the ProtectOHIO FTM model. For instance, if a family held an initial meeting 6 months after the case transferred to ongoing, and then the case closed shortly after that, it would appear as if the family had one late meeting, and was not eligible for a second meeting. While this is true, it does not take into account that the family should have had more meetings overall, according to the FTM model, which requires that meetings be held at least quarterly (at least every 90-days). The study team used an overall Timeliness-Fidelity score, along with an overall Attendee-Fidelity score in order to determine an overall fidelity level per case.

### Timeliness Fidelity Score

The total case-level timeliness fidelity score was determined by calculating the total number of meetings that were held on time out of the minimum number of meetings the case should have had, based on the length of the case<sup>1</sup>. Table 1 demonstrates the range of timeliness fidelity scores possible.

---

<sup>1</sup> Seventy-five percent of cases held three or fewer meetings and, although critical event meetings should be held as needed in between the required 90-day FTMs, the majority of subsequent meetings were held near the 90-day marker (the median number of days to both the second and third FTM is 84). This information indicates that for most cases the first three meetings are held over the course of a 9-month time period. Given that most cases held three or fewer meetings, the study team chose to measure fidelity on the initial three meetings of each case. The number of meetings a case should have had, based on case length was calculated as "three" if the case should have held three or more meetings.

| <b>Table 1: Timeliness Fidelity Score</b> |   |                                  |
|---|---|----------------------------------|
| <b>Number of Meetings Held On Time</b>    | <b>Minimum Number of Meetings Case Should Have Had, Based on Length of Case</b> | <b>Timeliness Fidelity Score</b> |
| 0   | 1   | 0%                               |
| 1 or more <sup>2</sup>                    | 1   | 100%                             |
| 0   | 2   | 0%                               |
| 1   | 2   | 50%                              |
| 2 or more                                 | 2   | 100%                             |
| 0   | 3   | 0%                               |
| 1   | 3   | 33%                              |
| 2   | 3   | 67%                              |
| 3 or more                                 | 3   | 100%                             |

### 1.2.2.2 Attendee Fidelity Score

The total attendee fidelity score was determined by calculating the total number of meetings that included a parent or primary caregiver, a caseworker or other PCSA staff, and at least one other type of person out of the total number of meetings held. Table 2 provides the range of attendee fidelity scores possible.

| <b>Table 2: Attendee Fidelity Score</b>                      |  |                                |
|--|--|--------------------------------|
| <b>Number of Meetings Held With the Minimum Attendee Mix</b> | <b>Number of Meetings Held<sup>3</sup></b> | <b>Attendee Fidelity Score</b> |
| 0  | 1  | 0%                             |
| 1 or more  | 1  | 100%                           |
| 0  | 2  | 0%                             |
| 1  | 2  | 50%                            |
| 2 or more  | 2  | 100%                           |
| 0  | 3  | 0%                             |
| 1  | 3  | 33%                            |
| 2  | 3  | 67%                            |
| 3 or more  | 3  | 100%                           |

<sup>2</sup> Cases may have held more than the minimum number of meetings expected due to holding critical event meetings, or families requesting meetings.

<sup>3</sup> The total number of meetings held was calculated as "three" if the case held three or more meetings.

## Overall Fidelity Levels

To determine a an overall level of fidelity to the FTM model per case, both the timeliness of meetings and attendee mix were accounted for. Cases were classified as high fidelity if they scored at least a 67% in both timeliness and attendee fidelity, as medium fidelity if they scored at least 50% but less than 67% in both timeliness and attendee fidelity, and were classified as low fidelity if they scored less than 50% in either fidelity component. Overall, 19% of cases met the threshold for high fidelity FTM, 23% of cases received medium fidelity FTM, and the remaining 59% of cases were classified as low-fidelity.

**Appendix D:**  
**Propensity Score Matching**

## Appendix D

### Propensity Score Matching

A propensity score can be conceptualized as the conditional probability that a case or individual would be assigned to one condition rather than another, based on a set of chosen background covariates (Luellen, Shadish & Clark, 2005; Rosenbaum & Ruben, 1983; D'Agostino, R.B. (1998). By the use of this mechanism, any differences in observed outcomes between groups can potentially be attributed with more confidence to the intervention itself, thus providing support towards the intervention having *caused* observed differences in outcomes. The theory underlying the use of propensity scores is that they will reduce bias between groups by balancing the groups on the covariates chosen<sup>4</sup>. It should be noted however that while this approach can add support to causal effects, the propensity score will only balance intervention and comparison groups on the variables chosen. The choice of variables therefore is of critical importance. Suggestions have been made that as many relevant covariates as possible be chosen for the computation of the propensity score regardless of whether there are statistical differences on those variables between groups prior to the match (Rosenbaum & Rosen; 1983). This was therefore is the approach taken by the study team.

While there have been a plethora of articles written about propensity scores and their attributes, and despite the fact that they are gaining more and more popularity in a variety of fields: e.g., medical, economics and the social sciences; to date, no 'best way' has been established for their use. Some researchers use propensity scores to weight regressions; however, this can have drawbacks such as increasing random error in the estimates (Freedman & Berk, 2008); others have used one to one matching with replacement, one to one matching without replacement, one to many, within calipers, with no calipers, and so forth (Guo, Barth & Gibbons; 2006), each method having it's own advantages and limitations.

A final and more mechanical problem in establishing a good match is the specialized software often necessary in order to make the match (Thoemmes,F ), and/or the complexity of maintaining software compatibility between traditional software programs such as SPSS and add-ons necessary for the match, as upgrades occur to software thus causing incompatibility between programs.

For this evaluation two sets of propensity scores were computed, one at the case level and one at the child level. Since the family assessment and risk assessments are completed prior to a case being transferred to ongoing services, variables from these assessments were key to computing the propensity score both at the case and child level together with background demographic characteristics and county characteristics as possible. The risk assessment is completed at the family level rather than for each individual child therefore only the overall abuse and neglect risk scores were taken and applied to each child on the case.

Logistic regression was utilized, using SPSS version 19.0, to compute a propensity score vector using 46 background covariates in the computation for families and 34 background covariates for children. All categorical variables with three or more categories were recoded into dichotomous variables, with '1' indicating 'yes'. The comparison pool from which to complete the match at the case level consisted of a pool of 3,707 cases (FTM case = 2,692)while at the

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<sup>4</sup> This technique has been described in a series of seminal papers including those of: Rosenbaum & Rosen (1983); D'Agostino, R.B. (1998).

child level the comparison pool consisted of 8,103 children (FTM children=5,599). A macro developed by John Painter (2005), specifically for use with SPSS was utilized for the matching process itself.

### **Case Level Propensity Score Match:**

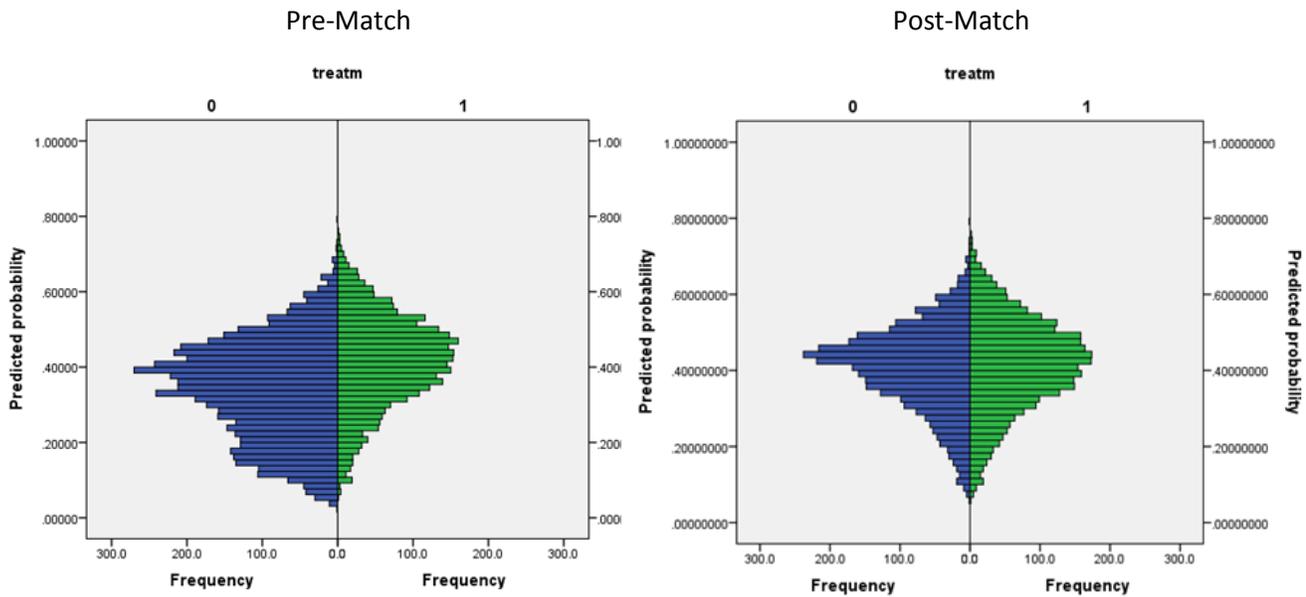
As a first step after choosing relevant covariates upon which to base the propensity score vector, and computing the propensity score the research team wanted to establish the level of common support between the FTM group and the comparison case pool on the vector itself. In other words we wanted to establish that there was enough overlap between the two different groups that a comparable match could be made. Figure 1 provides an overview of the area of common support pre-matching. In the figure, the intervention (FTM) group is coded as '1' and the comparison pool '0'. The pre-match graph indicated sufficient common support to complete the propensity score match.

After deciding that there was sufficient overlap in order to establish a one to one match, the initial attempt at matching was nearest neighbor matching with replacement<sup>5</sup>. This means that one comparison case may be matched against multiple intervention cases if it is found to be the closest match based on similarity of the propensity scores. Using this methodology an extremely tight match was made between groups; however, only 41% of the intervention cases were matched against just one comparison case with the remaining 59% of intervention cases having matches of two to 17 intervention cases to one comparison (a similar issue occurred when matching at the child level, with only 31% of children making a direct one to one match). Despite the initial plan of weighting in order to account for the repeated use of comparison cases it was decided that this approach was less than optimal and might in itself bias the results of analysis. Thus the decision was made to use one to one nearest neighbor, greedy matching. Using this technique the intervention group is randomly ordered such that, one at a time, the closest match is established between intervention and comparison cases. In an iterative process each matched pair is then set aside for the next match to be made from the remaining pool (hence the term 'greedy'). The resulting Post-Match distribution illustrating the quality of the resultant match is shown in Figure 1. As can be seen, there is a closer similarity and overlap in the shape of the graphs after matching than prior to the matching process indicating more similarity in the matched cases for analyses than would otherwise have been used if the match had not been completed.

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<sup>5</sup> An adjustment was made to a macro developed by John Painter (2005) to allow for nearest neighbor matching with replacement.

Figure 1: Area of Common Support, Pre and Post Match: Case Level



T-tests and chi-square tests were also conducted on the variables used to compute the propensity score vector pre- and post-match. The quality of the match can thus also be assessed by comparing the means and standardized mean differences pre- and post-match as shown in Table 1. Many of the variables chosen for the match were significantly different between groups prior to the match but were no longer significant post-match. Further evidence of the quality of the match can be seen by comparing the standardized mean differences between intervention and comparison groups pre- and post-match. In general standardized differences post-match tended to decrease or remain stable indicating a relatively good match.

**Table 1: Variables used to create case-level propensity score together with mean scores on each variable together with the standardized differences in scores pre- and post-match.**

| Case Level                  | Pre-Match |       |       | Post-Match |       |       |
|-----------------------------|-----------|-------|-------|------------|-------|-------|
|                             | mean1     | mean0 | SMD   | mean1      | mean0 | SMD   |
| <b>CONTINUOUS</b>           |           |       |       |            |       |       |
| Adult Year Age at Begin     | 30.30     | 30.65 | -0.10 | 30.30      | 30.27 | 0.01  |
| Abuse Risk Score            | 4.06      | 3.91  | 0.09  | 4.06       | 3.99  | 0.02  |
| Neglect Risk Score          | 5.62      | 5.66  | -0.02 | 5.62       | 5.66  | -0.01 |
|                             |           |       |       |            |       |       |
| <b>DICHOTOMOUS</b>          |           |       |       |            |       |       |
| Law Enforcement Involvement | 0.06*     | 0.06  | 0.00  | 0.06       | 0.06  | 0.00  |

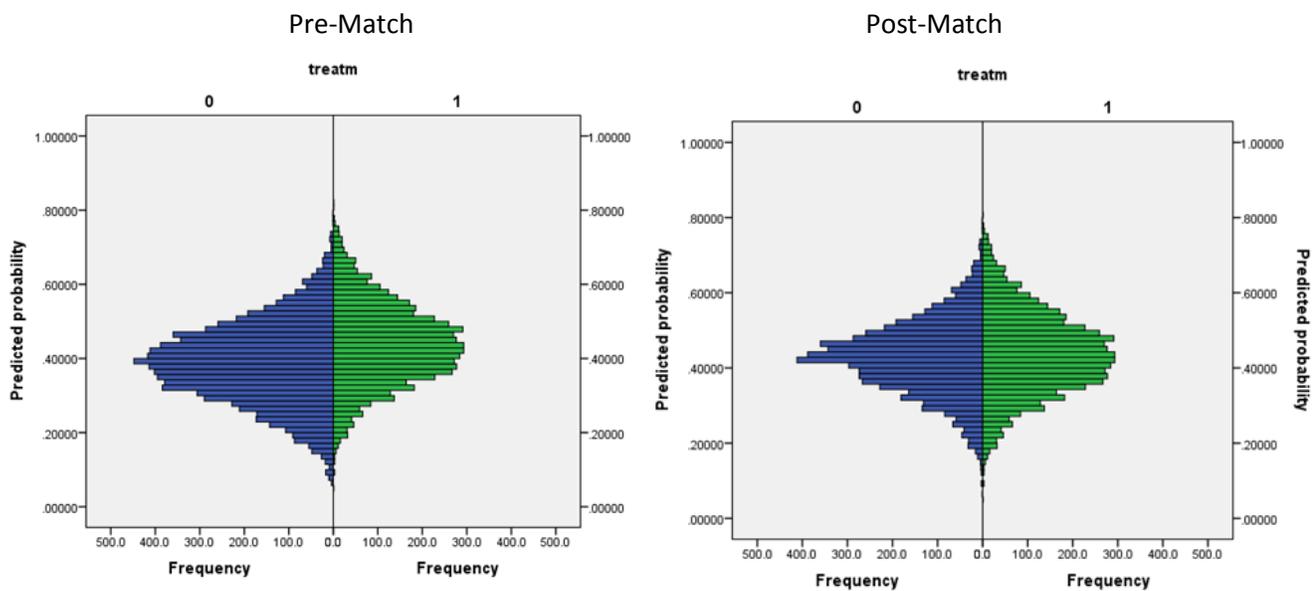
| Case Level  | Pre-Match |       |       | Post-Match |       |       |
|---|-----------|-------|-------|------------|-------|-------|
|   | mean1     | mean0 | SMD   | mean1      | mean0 | SMD   |
| <b>Variables Taken From the Family Assessment</b>                         |           |       |       |            |       |       |
| Adult Cognitive Abilities a Risk Contributor (RC)                         | 0.09***   | 0.12  | -0.10 | 0.09       | 0.09  | 0.00  |
| Physical Health (RC)  | 0.10***   | 0.12  | -0.06 | 0.10       | 0.09  | 0.03  |
| Emotional and Mental Functioning (RC)                                     | 0.41***   | 0.46  | -0.10 | 0.41       | 0.43  | -0.04 |
| Domestic Relations (RC)   | 0.38***   | 0.32  | 0.13  | 0.38       | 0.37  | 0.02  |
| Substance Use (RC)  | 0.49      | 0.49  | 0.00  | 0.49       | 0.49  | 0.00  |
| Response to Stressors (RC)  | 0.41***   | 0.46  | -0.10 | 0.41       | 0.43  | -0.04 |
| Parenting Practices (RC)  | 0.54***   | 0.58  | -0.08 | 0.54       | 0.56  | -0.04 |
| Caretaker Victimization of Other Children (RC)                            | 0.13**    | 0.15  | -0.06 | 0.13       | 0.13  | 0.00  |
| Caretaker Abuse or Neglect as a Child (RC)                                | 0.32***   | 0.28  | 0.09  | 0.32       | 0.31  | 0.02  |
| <b>Risk Assessment (ABUSE)</b>  |           |       |       |            |       |       |
| Current Report is for Abuse   | 0.56***   | 0.53  | 0.06  | 0.56       | 0.55  | 0.02  |
| Prior CPS Service History   | 0.45      | 0.44  | 0.02  | 0.45       | 0.43  | 0.04  |
| Number of Children in the Home (1=three or more children)                 | 0.67*     | 0.66  | 0.02  | 0.67       | 0.67  | 0.00  |
| EITHER Caregiver has History of DV  | 0.42***   | 0.35  | 0.14  | 0.42       | 0.41  | -0.02 |
| Current Substance Abuse Problem   | 0.26*     | 0.25  | 0.02  | 0.26       | 0.26  | 0.01  |
| Number of Adults in the Home at Time of Report                            | 0.35***   | 0.38  | -0.06 | 0.35       | 0.35  | 0.00  |
| Either Caregiver has Major Parenting Skills Problem(excessive discipline) | 0.32***   | 0.37  | -0.11 | 0.32       | 0.34  | -0.04 |
| Age of Primary Caregiver (1=27 or younger)                                | 0.40      | 0.41  | -0.02 | 0.40       | 0.42  | -0.04 |
| Child has Special Needs or Delinquent                                     | 0.28***   | 0.25  | 0.07  | 0.28       | 0.27  | 0.02  |
| Prior Physical or Sex Abuse   | 0.40**    | 0.42  | -0.04 | 0.40       | 0.40  | 0.00  |
| Prior Emotional Abuse   | 0.03      | 0.03  | 0.00  | 0.03       | 0.03  | -0.01 |
| Prior Physical and Emotional Abuse  | 0.08***   | 0.06  | 0.08  | 0.08       | 0.07  | 0.03  |
| <b>Risk Assessment (NEGLECT)</b>  |           |       |       |            |       |       |
| Current Report is for Neglect   | 0.60***   | 0.55  | 0.10  | 0.60       | 0.59  | -0.02 |
| Severe Financial Difficulty   | 0.20***   | 0.26  | -0.14 | 0.20       | 0.22  | -0.05 |
| Number of Children in the Home  | 0.36**    | 0.34  | 0.04  | 0.36       | 0.35  | 0.02  |

| Case Level                                     | Pre-Match |       |       | Post-Match |       |       |
|--|-----------|-------|-------|------------|-------|-------|
|  | mean1     | mean0 | SMD   | mean1      | mean0 | SMD   |
| Either Caregiver Abused as a Child             | 0.37***   | 0.31  | 0.13  | 0.37       | 0.37  | 0.00  |
| Age of Primary Caregiver                       | 0.40      | 0.41  | -0.02 | 0.40       | 0.42  | -0.04 |
| Either Caregiver has a Substance Abuse Problem | 0.48      | 0.49  | -0.02 | 0.48       | 0.48  | 0.00  |
| One OR Two Prior Neglect Reports               | 0.36      | 0.35  | 0.02  | 0.36       | 0.36  | 0.00  |
| Three Or More Prior Neglect Reports            | 0.34***   | 0.31  | 0.06  | 0.34       | 0.33  | 0.05  |
| Parenting Skills Problem                       | 0.20***   | 0.21  | -0.02 | 0.20       | 0.20  | -0.02 |
| Mental Health Skills Problem                   | 0.31***   | 0.35  | -0.09 | 0.31       | 0.32  | -0.03 |
| Conflict but No DV                             | 0.13*     | 0.12  | 0.03  | 0.13       | 0.13  | 0.00  |
| DV   | 0.20***   | 0.17  | 0.08  | 0.20       | 0.19  | 0.01  |
| Minimizes Or Fails To Comply                   | 0.43      | 0.43  | 0.00  | 0.43       | 0.4   | -0.02 |
| <b>Other</b>                                   |           |       |       |            |       |       |
| AR   | 0.04***   | 0.12  | -0.30 | 0.04       | 0.04  | 0.00  |
| Disposition                                    | 0.73***   | 0.69  | 0.09  | 0.73       | 0.74  | -0.02 |
| Emergency Intake                               | 0.30***   | 0.66  | -0.77 | 0.03       | 0.03  | 0.00  |
| Prior Intake                                   | 0.69      | 0.69  | 0.00  | 0.69       | 0.69  | 0.00  |
| Gender   | 0.96***   | 0.93  | 0.13  | 0.96       | 0.96  | 0.02  |
| Black  | 0.17*     | 0.18  | -0.03 | 0.17       | 0.18  | -0.01 |
| White  | 0.71***   | 0.68  | 0.07  | 0.71       | 0.71  | 0.00  |
| Mixed Race                                     | 0.02**    | 0.01  | 0.08  | 0.02       | 0.02  | 0.01  |
| Unknown OR Other Race                          | 0.10***   | 0.12  | -0.06 | 0.10       | 0.10  | 0.01  |

### Child-Level Propensity Score Match:

An identical method as described for computing the propensity score and for identifying a match (described above) was used for the child level match, i.e. nearest neighbor matching with no replacement. Once again, the area of common support prior to matching indicated that a good match could be achieved. Post match, there is increased similarity between distributions indicating a closer match between children than would otherwise have been seen without the completion of the match. Table 2 provides an overview of the variables chosen to compute the propensity score together with associated mean differences between groups pre- and post-match together with standardized mean difference scores. Once again, the number of significant mean differences on variables between groups tends to decrease at post-match, and in a similar fashion to that described above, standardized mean differences tend to decrease post-match in comparison to pre-matched differences. It should be noted that calipers were not used for either of the matches in order that sample size of intervention groups would not be reduced; thus, all potential intervention cases and children were matched. In the final report an examination of the number (and percentage), of cases that would be lost if calipers are used will be conducted.

Figure 2: Area of Common Support, Pre and Post Match: Child Level



**Table 2: Variables used to create child-level propensity score together with mean scores on each variable together with the standardized differences in scores pre- and post-match.**

| Table X: ALL Children Pre & Post T-Tests   |           |       |       |            |       |       |
|--|-----------|-------|-------|------------|-------|-------|
| Child-Level                                | Pre-Match |       |       | Post-Match |       |       |
|  | mean1     | mean0 | SDM   | mean1      | mean0 | SDM   |
| <b>CONTINUOUS</b>                          |           |       |       |            |       |       |
| Overall Abuse Risk Score                   | 4.36      | 4.14  | 0.13  | 4.35       | 4.25  | 0.06  |
| Overall Neglect risk score                 | 5.85      | 5.87  | -0.01 | 5.85       | 5.84  | 0.01  |
|  |           |       |       |            |       |       |
| <b>DICHOTOMOUS</b>                         |           |       |       |            |       |       |
| <b>Variables Taken From the Family</b>     |           |       |       |            |       |       |
| Caregiver cognitive abilities (RC)         | 0.08***   | 0.12  | -0.13 | 0.08       | 0.08  | 0.00  |
| Caregiver physical health (RC)             | 0.10***   | 0.12  | -0.06 | 0.10       | 0.10  | 0.00  |
| Caregiver emotional and mental functioning | 0.41***   | 0.44  | -0.06 | 0.41       | 0.42  | -0.02 |
| Caregiver domestic relations (RC)          | 0.40***   | 0.34  | 0.12  | 0.40***    | 0.38  | 0.04  |
| Caregiver substance use (RC)               | 0.46*     | 0.44  | 0.04  | 0.46*      | 0.47  | -0.02 |
| Caregiver response to stressors (RC)       | 0.41***   | 0.45  | -0.08 | 0.41       | 0.41  | 0.00  |
| Caregiver parenting practices (RC)         | 0.53***   | 0.58  | -0.10 | 0.53*      | 0.54  | -0.02 |
| Caregiver caretaker victimization (RC)     | 0.11***   | 0.13  | -0.06 | 0.11       | 0.12  | -0.03 |
| Caregiver caretaker abuse (RC)             | 0.32***   | 0.27  | 0.11  | 0.32*      | 0.31  | 0.02  |
| Child Emotional Behavior Risk (RC)         | 0.24*     | 0.24  | 0.02  | 0.24**     | 0.23  | 0.02  |
| Self Protection Risk (RC)                  | 0.86***   | 0.77  | 0.22  | 0.86       | 0.85  | 0.03  |
| Physical Dev Risk (RC)                     | 0.18***   | 0.20  | -0.04 | 0.18       | 0.18  | 0.00  |
| <b>Other</b>                               |           |       |       |            |       |       |
| Black                                      | 0.25      | 0.25  | -0.01 | 0.25       | 0.25  | 0.00  |
| White                                      | 0.65***   | 0.60  | 0.09  | 0.65***    | 0.63  | 0.04  |
| Other race                                 | 0.01***   | 0.01  | 0.03  | 0.01       | 0.01  | 0.00  |
| ACV or Child Subject of Report             | 0.77***   | 0.74  | 0.08  | 0.77       | 0.77  | 0.00  |
| Other Involved Child                       | 0.21***   | 0.25  | -0.09 | 0.21       | 0.21  | 0.00  |
| Gender Unknown                             | 0.01***   | 0.03  | -0.11 | 0.01       | 0.01  | 0.00  |
| Male                                       | 0.50      | 0.50  | 0.00  | 0.50       | 0.50  | 0.00  |

**Table X: ALL Children Pre & Post T-Tests**

| Child-Level                | Pre-Match |       |       | Post-Match |       |       |
|----------------------------|-----------|-------|-------|------------|-------|-------|
|                            | mean1     | mean0 | SDM   | mean1      | mean0 | SDM   |
| Female                     | 0.49**    | 0.48  | 0.03  | 0.49       | 0.49  | 0.00  |
| Twelve and Older           | 0.20***   | 0.18  | 0.04  | 0.20***    | 0.17  | 0.08  |
| Six to Eleven              | 0.30**    | 0.28  | 0.03  | 0.30       | 0.29  | 0.02  |
| Three to Five              | 0.28      | 0.28  | 0.00  | 0.28**     | 0.29  | -0.02 |
| Two or Younger             | 0.21**    | 0.22  | -0.03 | 0.21***    | 0.23  | -0.05 |
| Age Unknown                | 0.01***   | 0.03  | -0.12 | 0.01       | 0.01  | 0.00  |
| Prior CPS involvement      | 0.75      | 0.75  | -0.01 | 0.75       | 0.74  | 0.02  |
| Emotional Maltx allegation | 0.04**    | 0.04  | 0.03  | 0.45       | 0.47  | -0.04 |
| Med Neglect allegation     | 0.01**    | 0.01  | -0.03 | 0.01       | 0.01  | 0.00  |
| Neglect allegation         | 0.35**    | 0.34  | 0.02  | 0.35       | 0.35  | 0.00  |
| Physical Abuse allegation  | 0.20      | 0.20  | 0.00  | 0.20*      | 0.21  | -0.02 |
| Sex Abuse allegation       | 0.02***   | 0.02  | 0.04  | 0.02       | 0.02  | 0.00  |
| Shaken Baby allegation     | 0.00***   | 0.00  | 0.03  | 0.00**     | 0.00  | 0.03  |

The following syntax was used for the final case level and child level matches:

```

/* Core code written by Raynald Levesque and */
/* Adapted for use with propensity matching by John Painter (Feb 2004)*/

SAVE OUTFILE=!pathd + "population.sav" .

***** .
** End Preparation .
***** .

GET FILE= !pathd + "population.sav".
COMPUTE x = RV.UNIFORM(1,1000000) .
SORT CASES BY treatm(D) propen x.
COMPUTE idx=$CASENUM.
SAVE OUTFILE=!pathd + "mydata.sav".

* Erase the previous temporary result file, if any.
ERASE FILE=!pathd + "results.sav".
COMPUTE key=1.
SELECT IF (1=0).
* Create an empty data file to receive results.
SAVE OUTFILE=!pathd + "results.sav".
exec.

```

```

*****.
* Define a macro which will do the job.
*****.

SET MPRINT=no.
*////////////////////.
DEFINE !match (nbtreat=!TOKENS(1))
!DO !cnt=1 !TO !nbtreat

GET FILE=!pathd + "mydata.sav".
SELECT IF idx=!cnt OR treatm=0.
* Select one treatment case and all control .
DO IF $CASENUM=1.
COMPUTE #target=propen.
ELSE.
COMPUTE delta=propen-#target.
END IF.
EXECUTE.
SELECT IF ~MISSING(delta).
IF (delta<0) delta=-delta.

SORT CASES BY delta.
SELECT IF $CASENUM=1.
COMPUTE key=!cnt .
SAVE OUTFILE=!pathd + "used.sav".
ADD FILES FILE=*
      /FILE=!pathd + "results.sav".
SAVE OUTFILE=!pathd + "results.sav".

***** Match back to original and drop case
from original .
GET FILE= !pathd + "mydata.sav".
SORT CASES BY idx .
MATCH FILES
  /FILE=*
  /IN=mydata
  /FILE=!pathd + "used.sav"
  /IN=used
  /BY idx .
SELECT IF (used = 0).
SAVE OUTFILE=!pathd + "mydata.sav"
  / DROP = used mydata key delta.
EXECUTE.
!DOEND
!ENDDEFINE.
*////////////////////.

SET MPRINT=yes.

*****.
* MACRO CALL (first insert the number of cases after nbtreat below) .
*****.
!match nbtreat=27.

* Sort results file to allow matching.

GET FILE=!pathd + "results.sav".
SORT CASES BY key.
SAVE OUTFILE=!pathd + "results.sav".

*****.

```

```

* Match each treatment cases with the most similar non treatment case.
* To include additional variables from original file list them on the RENAME subcommand
below .
*****.

GET FILE=!pathd + "mydata.sav".
MATCH FILES /FILE=*
  /FILE=!pathd + "results.sav"
  /RENAME (idx = d0) (id=id2) (propen=propen2)
    (treatm=treatm2) (key=idx)
  /BY idx
  /DROP= d0.
FORMATS delta propen propen2 (F10.8).
SAVE OUTFILE=!pathd + "mydata and results.sav".
EXECUTE.

```

### References

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**Appendix E:**  
**PODS Kinship Data Elements**

**ProtectOHIO: Kinship Strategy**  
**ProtectOHIO Data System (PODS) Entry Form**

\*Provider ID: \_\_\_\_\_ or

No Provider ID: Child-Legal Status or non custody living arrangement

***Caregiver Information:***

\*Primary Caregiver Name: \_\_\_\_\_ \*SACWIS Person ID: \_\_\_\_\_

DOB: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

\*Gender:  Male  Female

\*Ethnicity:  Of Hispanic Origin  Not of Hispanic Origin  Unable to Determine

\*Race (choose all that apply):

White  Black or African American  Hawaiian or Other Pacific Islander

Asian  American Indian or Alaska Native  Unable to Determine

***Child Information:***

\*Kinship Child Name: \_\_\_\_\_ \*SACWIS Person ID: \_\_\_\_\_

## Kinship Home Assessment Tool: Part 1

The Kinship Home Assessment Tool has been developed to ensure that Caseworkers and/or Kinship Coordinators have thoroughly assessed the Primary Caregiver’s ability and willingness to ensure safety, permanency, and well-being for the child/ren placed in his or her care. Part 1 of this Tool is meant to cover the minimum information needed to determine whether a placement is appropriate, while Part 2 is a kinship-specific supplement to a fuller homestudy process. Information gathered via the Home Assessment should be discussed in greater depth during the needs assessment process.

### FAMILY AND CHILD INFORMATION

Family Case Name: \_\_\_\_\_

Family SACWIS Case ID: \_\_\_\_\_

| Primary Kinship Caregiver: | SACWIS Provider ID: | SACWIS Person ID: |
|----------------------------|---------------------|-------------------|
|                            |                     |                   |

| Kinship Children: | SACWIS Person IDs: | Living in Home at Part 1 |
|-------------------|--------------------|--------------------------|
|                   |                    | Y/ N                     |

## Kinship Home Assessment Tool

### Part 1: To be completed at time of initial placement or in preparation for placement

**Instructions:** Please check the response that most accurately answers each of the questions below (chose ‘Yes’ OR ‘No’). Comments are for case-management use only and will not be recorded in PODS. This information may be obtained via caregiver interviews, SACWIS records review, police background checks, etc.

Date Home Assessment Part 1 Completed: \_\_\_\_\_ Worker: \_\_\_\_\_

| No. | Primary Caregiver Assessment Questions   | Yes | No | Comments (Optional) |
|-----|--|-----|----|---------------------|
| 1.  | Does the primary caregiver or any member of household have a history as an alleged perpetrator of any abuse or maltreatment <sup>6</sup> ?   |     |    |                     |
| 2.  | Does the primary caregiver or any member of the household have a history as an alleged victim of any abuse or maltreatment?  |     |    |                     |
| 3.  | Does the primary caregiver or any member of household have a criminal history?   |     |    |                     |
| 4.  | Is the primary caregiver willing to work with the agency to protect the children and provide for their developmental well-being?   |     |    |                     |
| 5.  | Will the primary caregiver be able to protect the child(ren) from further abuse and/ or neglect?   |     |    |                     |
| 6.  | Will the primary caregiver have appropriate supervision for the child(ren) at all times?   |     |    |                     |
| 7.  | Is the primary caregiver willing and able to help transport the child/ren to any needed appointments? (Review Meetings, Court, Visitation, School, etc.)   |     |    |                     |
| 8.  | Will the primary caregiver need services, such as transportation, help locating/financing child care, financial assistance to meet basic needs of the child(ren) in order to maintain the child(ren’s) safely? |     |    |                     |

<sup>6</sup> At a minimum these questions (1 – 3) addresses the licensing rule 5101:2-7-02, paragraphs J1 and J2 and paragraphs I1 – 4 of rule; these are exclusionary.

## Kinship Home Assessment Tool: Part 2

The Kinship Home Assessment Tool has been developed to ensure that Caseworkers and/or Kinship Coordinators have thoroughly assessed the Primary Caregiver’s ability and willingness to ensure safety, permanency, and well-being for the child/ren placed in his or her care. Part 1 of this Tool is meant to cover the minimum information needed to determine whether a placement is appropriate, while Part 2 is a kinship-specific supplement to a fuller homestudy process. Information gathered via the Home Assessment should be discussed in greater depth during the needs assessment process.

### FAMILY AND CHILD INFORMATION

Family Case Name: \_\_\_\_\_

Family SACWIS Case ID: \_\_\_\_\_

| Primary Kinship Caregiver: | SACWIS Provider ID: | SACWIS Person ID: |
|----------------------------|---------------------|-------------------|
|                            |                     |                   |

| Kinship Children: | SACWIS Person IDs: | Living in Home at Part 2 |
|-------------------|--------------------|--------------------------|
|                   |                    | Y/ N                     |

## Kinship Home Assessment Tool

### Part 2: To be completed in conjunction with the homestudy

**Instructions:** Please check the response that most accurately answers each of the questions below (choose 'Yes' OR 'No'). Comments are for case-management use only and will not be recorded in PODS. This information may be obtained via caregiver interviews, SACWIS records review, police background checks, etc.

Date Home Assessment Part 2 Completed: \_\_\_\_\_ Worker: \_\_\_\_\_

| No. | Primary Caregiver Assessment Questions  | Yes | No | N/A | Comments (Optional) |
|-----|---|-----|----|-----|---------------------|
| 1.  | Has the primary caregiver helped these family members in the past?  |     |    |     |                     |
| 2.  | Does the primary caregiver have a relationship with the children being considered for placement?  |     |    |     |                     |
| 3.  | Has the primary caregiver cared for these children over an extended period of time?   |     |    |     |                     |
| 4.  | Does the primary caregiver have a good relationship with the parents/other custodian?   |     |    |     |                     |
| 5.  | Does the primary caregiver know why the children may be/have been removed from the care of parents/custodian?   |     |    |     |                     |
| 6.  | Can the primary caregiver meet the basic, supervision, educational, and emotional needs of the child(ren) being considered for placement?                                     |     |    |     |                     |
| 7.  | Will the health of the primary caregiver impact their ability to care for the child/ren?  |     |    |     |                     |
| 8.  | Does the primary caregiver have an interest/capacity to become a licensed foster parent/ approved adoptive parent?  |     |    |     |                     |
| 9.  | Is the primary caregiver willing and able to provide short-term care?   |     |    |     |                     |
| 10. | Is the primary caregiver willing and able to assist with visitation/other reunification efforts?  |     |    |     |                     |
| 11. | Is the primary caregiver willing and able to provide a permanent legal home for the child or children as adoptive parents or legal guardians if this should become necessary? |     |    |     |                     |
| 12. | Will the primary caregiver have ongoing support from extended family or friends?  |     |    |     |                     |
| 13. | Will the primary caregiver work with the agency to develop a case plan?   |     |    |     |                     |
| 14. | Will the primary caregiver follow the case plan/participate in reviews and meetings?  |     |    |     |                     |
| 15. | Are the financial resources of the primary caregiver sufficient to meet or exceed current/ anticipated expenses?  |     |    |     |                     |
| 16. | Does the primary caregiver have space for the child(ren)?   |     |    |     |                     |
| 17. | Will the child(ren) stay in the same school district?   |     |    |     |                     |

## Needs Assessment - Family Resource Scale

10/20/2011

The following questionnaire (see next page) is designed to assess what resources you need for your family. Though we may not be able to help you with all the items, we hope that this will help us to understand your needs so that we may try to make sure that you and your family are safe. You will be asked to complete this scale about every three months to make sure that your service plan continues to meet your family's ongoing needs.

Please complete the information below based on who **currently** resides in your household:

| Kinship Caregiver(s): | SACWIS Provider ID: | SACWIS Person ID: |
|-----------------------|---------------------|-------------------|
|                       |                     |                   |
|                       |                     |                   |

| Kinship Children: | SACWIS<br>Person IDs: |
|-------------------|-----------------------|
|                   |                       |
|                   |                       |
|                   |                       |
|                   |                       |
|                   |                       |
|                   |                       |

## Family Resource Scale

**Instructions for Kinship Caregiver:** For each item, please check the response that best describes how well each need is met on a regular basis (month to month). You will NOT be penalized for any answers in any way.

**Kinship Caregiver Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

| To what extent are the following resources adequate for your family: | Does not apply | Not at all | Seldom | Some-times | Usually | Always |
|--|----------------|------------|--------|------------|---------|--------|
| 1. House or apartment (stable housing)                               |                |            |        |            |         |        |
| 2. Food for 2 meals a day  |                |            |        |            |         |        |
| 3. Money to buy necessities  |                |            |        |            |         |        |
| 4. Heat for house or apartment                                       |                |            |        |            |         |        |
| 5. Money to pay utility bills  |                |            |        |            |         |        |
| 6. Money to pay monthly bills  |                |            |        |            |         |        |
| 7. Enough clothes for your family                                    |                |            |        |            |         |        |
| 8. Good job for self or spouse/partner                               |                |            |        |            |         |        |
| 9. Money to buy supplies for your child(ren)                         |                |            |        |            |         |        |
| 10. Public assistance (SSI, TANF, Medicaid, etc.)                    |                |            |        |            |         |        |
| 11. Medical insurance for child(ren)                                 |                |            |        |            |         |        |
| 12. Medical insurance for yourself and spouse/ partner               |                |            |        |            |         |        |
| 13. Dental care for self or spouse/ partner                          |                |            |        |            |         |        |
| 14. Dental care for your child(ren)                                  |                |            |        |            |         |        |
| 15. Dependable transportation  |                |            |        |            |         |        |
| 16. Furniture for your home or apartment                             |                |            |        |            |         |        |
| 17. Time to get enough sleep/rest                                    |                |            |        |            |         |        |
| 18. Time to be alone   |                |            |        |            |         |        |
| 19. Time for family to be together                                   |                |            |        |            |         |        |
| 20. Time to be with your child(ren)                                  |                |            |        |            |         |        |
| 21. Time to be with your spouse/ partner                             |                |            |        |            |         |        |
| 22. Access to a telephone  |                |            |        |            |         |        |
| 23. Babysitting for your child(ren)                                  |                |            |        |            |         |        |
| 24. Child care for your child(ren) while at work or school           |                |            |        |            |         |        |
| 25. Someone to talk to   |                |            |        |            |         |        |
| 26. Time to socialize with friends                                   |                |            |        |            |         |        |
| 27. Time to keep in shape or looking the way you want                |                |            |        |            |         |        |
| 28. Toys for your child (ren)  |                |            |        |            |         |        |
| 29. Money to buy things for yourself                                 |                |            |        |            |         |        |
| 30. Money to save  |                |            |        |            |         |        |
| 31. Travel/vacation  |                |            |        |            |         |        |

Comments:

*Sources: Healthy Start/Soft Copy Forms/IFSP/Family Resource Scale (5/00);  
Dunst, C. J. & Leet, H. E. (1987). "Measuring the Resources of Families with Young Children" Child care, health and development.*

## Needs Assessment Data Collection: Services and Supports for Kinship Family: \_\_\_\_\_

This worksheet helps with translation of kinship caregivers' needs, including (but not limited to) the results of the Family Resource Scale, into service categories and types, allowing for data entry into SACWIS. This also allows the worker to complete this form and have another staff person enter the data into SACWIS if desired.

| Case Service Category        | Case Service Type               | Notes                            | Provider if Referred | N/A | Needed | Referred | Scheduled | Provided |
|------------------------------|---------------------------------|----------------------------------|----------------------|-----|--------|----------|-----------|----------|
| Case Management              | I&R                             | For I&R not otherwise covered    |                      |     |        |          |           |          |
|                              | Kinship Navigator*              |                                  | Kinship Navigator    |     |        |          |           |          |
|                              | In Home*                        | In Home/Family preservation      |                      |     |        |          |           |          |
| Financial Support            | Financial Assistance            |                                  |                      |     |        |          |           |          |
|                              | Food Stamps                     |                                  |                      |     |        |          |           |          |
|                              | Clothing ER/Non ER              |                                  |                      |     |        |          |           |          |
|                              | Housing                         |                                  |                      |     |        |          |           |          |
|                              | Transportation                  |                                  |                      |     |        |          |           |          |
|                              | Utilities                       |                                  |                      |     |        |          |           |          |
|                              | Rent Assistance                 |                                  |                      |     |        |          |           |          |
|                              | Furniture *                     |                                  |                      |     |        |          |           |          |
|                              | Home Repair*                    |                                  |                      |     |        |          |           |          |
|                              | Other home goods*               |                                  |                      |     |        |          |           |          |
|                              | Budgeting Training              |                                  |                      |     |        |          |           |          |
| Home Management              | Environmental mgmt              |                                  |                      |     |        |          |           |          |
|                              | Parent aid                      |                                  |                      |     |        |          |           |          |
|                              | Other type:                     |                                  |                      |     |        |          |           |          |
| Health Related & Home Health | Dental Services                 |                                  |                      |     |        |          |           |          |
| Legal                        | Attorney                        |                                  |                      |     |        |          |           |          |
|                              | Fees                            |                                  |                      |     |        |          |           |          |
|                              | Other type:                     |                                  |                      |     |        |          |           |          |
| Education/ Training          | KCG education/training*         |                                  |                      |     |        |          |           |          |
|                              | Other type:                     |                                  |                      |     |        |          |           |          |
| Employment                   | Job Search                      |                                  |                      |     |        |          |           |          |
| Child Care                   | Respite**                       |                                  |                      |     |        |          |           |          |
|                              | Employment/ training child care |                                  |                      |     |        |          |           |          |
|                              | Other type:                     |                                  |                      |     |        |          |           |          |
| Diagnostic                   | Diagnostic                      | Mental health assessments        |                      |     |        |          |           |          |
|                              | Alcohol/Drug Diagnostic         | Substance abuse assessments      |                      |     |        |          |           |          |
| Counseling                   | In Home*                        | Mental health therapy/counseling |                      |     |        |          |           |          |
|                              | Other Type:                     | In home/ Family Preservation     |                      |     |        |          |           |          |

\*SACWIS Enhancement requested in June 2011 to add these types.

\*\*Respite: services designed to provide temporary relief of child-caring functions including, but not limited to crisis nurseries, day treatment, and volunteers or paid individuals who provide such services within the home. This service may be provided to a child placed in a foster home, with a relative, or a child in his own home.

**Appendix F:**

**HIS ProtectOHIO Training Report on Kinship Strategy**

# *ProtectOHIO Training Report on Kinship Strategy July 2013*

## ***Introduction:***

The Ohio Department of Job and Family Services (ODJFS) requested the Institute for Human Services (IHS), in its capacity as State Training Coordinator of the Ohio Child Welfare Training Program (OCWTP), to develop and coordinate the delivery of training on the *Practice Manual for the ProtectOHIO Kinship Strategy* for kinship workers in ProtectOHIO counties. The ProtectOHIO Consortium work group, who had previously developed the *Practice Manual*, met with staff from IHS to plan the training program. It was determined that the training program would be a one-day overview of kinship care: definitions, statistics, trends, and historical perspectives, followed by a one-day training on the *Practice Manual*.

- Day 1: *Understanding and Supporting Kinship Caregivers* (a prerequisite for Day 2)
- Day 2: *ProtectOHIO Kinship Strategy: Implementing the ProtectOHIO Kinship Manual*

*Understanding and Supporting Kinship Caregivers* is a previously-developed workshop that OCWTP Regional Training Centers host periodically as part of their menu of offerings. Several ProtectOHIO staff attended the pilots of this workshop (offered in January 2012) and were familiar with the content. The work group chose to make this a prerequisite for all ProtectOHIO staff for fidelity purposes. They wanted everyone to have the same foundational training, even though they knew experienced staff may consider the information too basic.

The *Practice Manual* and Day 2 workshop were developed to increase fidelity to the ProtectOHIO kinship model, thereby strengthening the intervention strategies used. The goal is to improve permanency outcomes for children in out-of-home placement and decrease use of foster care.

This report includes a summary of activities completed, a copy of the training guide for *ProtectOHIO Kinship Strategy: Implementing the ProtectOHIO Kinship Manual* including the PowerPoint presentations and handouts, and summaries of participant written evaluations and focus group feedback regarding the workshops.

## ***Development Activities:***

A development work group was convened, consisting of members of the ProtectOHIO Kinship Strategy Manual work group, Human Services Research Institute (HSRI), ODJFS staff, and IHS staff members. Several meetings were held in which competencies were identified, materials shared, and research about Ohio’s kinship services were reviewed. The *Practice Manual for ProtectOHIO Kinship Strategy* was reviewed and used as a primary resource along with materials from curricula and literature review. HSRI was consulted to clarify information regarding fidelity issues and research measures, to provide specific information regarding the kinship model, and to help identify areas of emphasis for the Day 2 workshop. Several drafts of the content outline were developed by IHS staff incorporating feedback by all members of the development work group. Three members of the Kinship Strategy Practice Manual work group were identified as content experts in the ProtectOHIO model and were developed by IHS as trainers for the workshop. Evaluations and focus group questions were developed and agreed upon by the development work group.

In addition to developing the Day 2 workshop, the work group decided to create a ProtectOHIO webpage on the Ohio Child Welfare Training website. The webpage, located at <http://www.ocwtp.net/ProtectOHIO.html>, is easily accessible from the OCWTP home page. The ProtectOHIO webpage provides the following materials for reference by kinship workers and supervisors in ProtectOHIO counties:

| <b>Schedule of Training</b> | <b>Documents and Resources</b>         | <b>Additional Resources</b>  |
|-----------------------------|--|--|
| Offerings of Day 1          | PODS Manual                            | Fostering Connections Act  |
| Offerings of Day 2          | ProtectOHIO Kinship Manual             | Link to online course on Family Search and Engagement                                      |
| Registration Instructions   | Executive Summary of Evaluation Report | Systematic Review of Research on Kinship Care  |
|                             | Implementation Flow Chart              | Literature Review: Pursuing Permanence for Children and Youth in Foster Care               |
|                             | Ohio Resource Guide for Relatives      | Knowledge Base Articles<br>Frequently Asked Questions about ProtectOHIO (authored by HSRI) |

## ***Workshop Components:***

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The Day 1 workshop, *Understanding and Supporting Kinship Caregivers*, was selected by the group to provide current ProtectOHIO kinship staff, and other staff members not directly involved in the ProtectOHIO initiative, with a fundamental overview of kinship care philosophy and practice. Participants were to meet the following objectives:

- Become familiar with the historical roots of kinship care, its current form in today's child welfare practice and various definitions of "kin"
- Gain insight into the benefits and challenges of kinship permanency
- Become familiar with the concept of "motivation" and its implications for placement decision-making for kinship caregivers
- Be able to identify the various barriers faced by kin caregivers
- Recognize the impact and interaction of culture on kinship placement, decision-making and support services
- Be able to identify and access support services for children and their kinship caregivers

The Day 2 workshop, *ProtectOHIO Kinship Strategy: Implementing the ProtectOHIO Kinship Manual* was designed to meet the particular needs of the current ProtectOHIO kinship staff. Most workers had been practicing for several years prior to the development of the *Practice Manual for ProtectOHIO Kinship Strategy*, and there was considerable variety in how kinship services had been offered across the state. The Day 2 training focused on identifying advantages of adherence to the ProtectOHIO kinship strategy model and encouraged fidelity to that model. The following learning objectives were addressed in the workshop:

- Describe how the ProtectOHIO Kinship Strategy differs from traditional child welfare practice
- Describe the components of the ProtectOHIO Kinship Strategy
- Describe the role and needed skills of the ProtectOHIO Kinship Coordinator
- Explain the importance of implementing the ProtectOHIO Kinship Strategy in accordance with the manual
- Explain the importance of supporting a child's connections with kin even when the kin is not an appropriate placement resource
- Use the ProtectOHIO Kinship Home Study Assessment to guide their case decisions regarding safety and appropriateness of placement
- Use the Family Resource Scale to identify services for kinship caregivers that promote placement stability and permanence

- Explain their role in connecting kinship caregivers to sustainable services that promote placement stability and permanence
- Identify strategies to accurately and completely document case activities in SACWIS and PODS

### ***Workshop Notification, Participants, and Logistics:***

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Information about the development of *ProtectOHIO Kinship Strategy: Implementing the ProtectOHIO Kinship Manual* and the schedule for sessions, as well as information on the prerequisite workshop, was shared at the ProtectOHIO Consortium. In addition, ODJFS sent notices regarding the workshop offerings to the Kinship Coordinators in all ProtectOHIO counties. Descriptions of the workshops and dates and locations of offerings were also posted on the ProtectOHIO page of the OCWTP website. All participants were instructed to complete Day 1, *Understanding and Supporting Kinship Caregivers*, prior to registering for Day 2, *ProtectOHIO Kinship Strategy: Implementing the ProtectOHIO Kinship Manual*.

While Day 2 development was occurring, IHS coordinated the delivery of the prerequisite, Day 1. Seven sessions of *Understanding and Supporting Kinship Caregivers* were made available to ProtectOHIO county staff between November 2012 and February 2013. An additional offering of this workshop was held in May 2013 and though it was not scheduled as part of this initiative, several ProtectOHIO staff attended. Sessions were offered in all parts of the state to assure they were easily accessible to all counties. Participants registered for Day 1 through the normal E-Track registration process. Evaluation surveys and certificates were distributed through E-Track. All counties but Lorain and Portage had at least one staff attend for a total of 131 participants. A chart showing attendance by county is included in the appendix.

As part of the curriculum development process, three pilot sessions of Day 2 were offered in January and February 2013. Attempts were made to include both small and metro ProtectOHIO county staff as participants. Representatives of IHS and ODJFS staff attended all three Day 2 pilots. HSRI staff attended the second and the third pilots. A total of 32 participants attended the three sessions. Feedback from workshop participants and the trainers was used to make final revisions to the curriculum.

Six additional sessions of *ProtectOHIO Kinship Strategy: Implementing the ProtectOHIO Kinship Manual* were made available to ProtectOHIO staff between April 2012 and July 2013. To assure attendance was limited to ProtectOHIO counties, registrations were handled through phone or email by IHS. Evaluation surveys and certificates were distributed through E-Track. A total of 144 county staff were trained (this number includes those who attended the pilots), representing all ProtectOHIO counties with the exception of Stark. A chart showing attendance by county is included in the appendix.

## ***Evaluations:***

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### **Day 1: Understanding and Supporting Kinship Caregivers**

For the Day 1 workshop, participants completed the generic staff/caregiver evaluation survey associated with most OCWTP learnings through E-Track. This survey consists of two attribute sets. The first set is related to the participants' perception of the content relevance and knowledge gained. The second attribute set is trainer-related. A Likert scale – 1 being strongly disagree and 4 being strongly agree – is used by participants to rank statements such as “My knowledge and/or skill increased as a result of attending this learning” and “This training met my learning needs.” Across the seven sessions scheduled as part of this initiative (which does not include the two January 2012 pilots or the May 2013 date) the average ranking for statements in attribute one, content-related questions, was 2.94 (out of 4). This is consistent with verbal reports from Consortium members who said their staff reported this training was too basic to meet their learning needs. A summary survey report of the sessions is included in the appendix.

### **Pilot of Day 2: *ProtectOHIO Kinship Strategy: Implementing the ProtectOHIO Kinship Manual***

#### Evaluation Surveys

Participant evaluation surveys for Day 2 were developed by the work group based on learning objectives and disseminated through E-Track. The evaluation survey consisted of 16 Likert scale questions with the ability to add comments. Ten questions pertained to participants' perception of their acquired knowledge regarding specific workshop content. Four questions related to the trainers' performance. Two questions related to suggestions for additional workshop topics that could be offered by the OCWTP, and asked for feedback regarding the Kinship Strategy workshop location and logistics, such as notification and registration. A total of 23 participants completed evaluations. For the questions related to the participant's perception of their acquired knowledge, the average answer was 3.32 on of scale of 4. This means on average, participants agreed or strongly agreed that their knowledge increased as a result of this workshop. A summary survey report of the sessions is included in the appendix.

### Focus Groups

Focus groups were conducted at the conclusion of each of the three pilots for Day 2. Participants were notified in their workshop confirmation that a focus group would be conducted for the last 15 minutes of the workshop. Questions were created by the development work group and reviewed by HSRI. The questions and a complete listing of comments from the focus groups can be found in the Appendix. The majority of comments fall into these themes:

- Request for more time to practice and apply concepts
- Suggestions to enhance skills included coaching, videotaping and observation of a Kinship Strategy
- Overview of ProtectOHIO was helpful and gave an understanding of what is happening at the State level and the larger efforts to move away from foster care
- Overview of home study elements/categories; part I and part II Tools, PODS
- Appreciated getting questions answered about the Safety and Needs Assessment
- Liked seeing how the Family Resource Scale can be used to demonstrate family improvement; and learning how to define “your children” on the Family Resource Scale (i.e., it should be a current snapshot whether or not the kinship child is placed there or not yet).

### ***Day 2: ProtectOHIO Kinship Strategy: Implementing the ProtectOHIO Kinship Manual***

The same evaluation surveys used in the pilot were used for the rest of the workshop offerings. A total of 60 participants completed evaluations. For the questions related to the participants’ perception of their acquired knowledge, the average answer was 3.42 on of scale of 4. This means on average, participants agreed or strongly agreed that their knowledge increased as a result of this workshop. Summary overviews and evaluation comments can be found in the Appendix.

## ***Recommendations:***

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1. Consideration should be given to developing additional workshops, learning labs and coaching opportunities, addressing topics such as: how to use the ProtectOHIO Kinship Strategies with diverse families.
2. Consideration should be given to offering the Day 2 training without the prerequisite of the fundamental course on *Understanding and Supporting Kinship Caregivers* for seasoned staff.
3. Consideration should be given to offering Day 1 training to all casework staff in the ProtectOHIO counties to promote greater understanding within the agency of kinship and the ProtectOHIO philosophy.
4. Consideration should be given to developing an on-line version of Day 2 training for future new hires. This can be developed simply by using the existing PowerPoint slides and doing voice-overs.

## APPENDIX A

### Day One – Understanding and Supporting Kinship Caregivers

#### OVERVIEW OF SESSION OFFERINGS

| Location  | Facilitator(s)      | Date       | # of Attendees | Counties Represented                           | Rating for Content-related questions |
|-----------|---------------------|------------|----------------|--|--------------------------------------|
| CORTC     | Abban, Rhonda       | 11/26/2012 | 5              | Fairfield, Franklin, Muskingum                 | 4/2.93                               |
| Richland  | Schmalzried, Susan  | 11/29/2012 | 6              | Richland                                       | 4/2.57                               |
| Stark     | Abban, Rhonda       | 12/17/2012 | 4              | Stark, Coshocton                               | 4/2.90                               |
| Ashtabula | Schmalzried, Susan  | 1/17/2013  | 21             | Ashtabula                                      | 4/2.70                               |
| Crawford  | Schmalzried, Susan  | 1/22/2013  | 13             | Hardin, Crawford                               | 4/3.08                               |
| Greene    | Ginther, Norma      | 1/23/2013  | 15             | Clark, Greene, Highland                        | 4/3.23                               |
| Hamilton  | Larkin, Viola (Val) | 2/14/2013  | 14             | Belmont, Hamilton                              | 4/3.34                               |
| CORTC     | Abban, Rhonda       | 5/23/2013* | 37             | Crawford, Franklin, Hamilton, Highland, Medina | 4/2.82                               |

\*Session not offered as part of this initiative, but attended by several ProtectOHIO staff

#### EVALUATION SURVEY COMMENTS

- My knowledge and/or skill increased as a result of attending this training.
  - Disagree only because there was no new information offered through this training. This training would have been helpful/informational at the beginning of the Kinship team but the information covered is what I had been doing for over a year at the time.
  - The curriculum was very basic. This was not the instructor's fault.
  - Most of the information I already knew.
  - I learned to think more deeply and take more time in asking questions and getting to know the people and situations I'll be working with because of this training.
  - Learning how other counties operate increased my knowledge in this area.
  - I didn't learn anything new.
  - I gained some knowledge about the agency policies.
  - This training was very basic. Information was reviewed, but nothing new was presented.
  - Believe there was good information but do not believe it was new or necessarily the information that would be helpful to me in my job.
  - This training was more of a refresher for a veteran worker. The skills taught are the skills already being utilized.

2. My job performance or parenting skills will improve because of what I learned in this training.
  - Disagree only because there was no new information offered through this training.
  - This training would have been helpful/informational at the beginning of the Kinship team but the information covered is what I had been doing for over a year at the time.
  - The curriculum was very basic. This was not the instructor's fault.
  - If I am able to apply much of what I learned in this class my job performance will improve.
  - Yes.
  - Need more information to improve job performance too surface and not enough in depth information
  - I feel that this training would be more beneficial if offered to new worker; included in one of the Core trainings.
  
3. The training met my learning needs
  - I felt that we needed to hear about how other ProtectOHIO counties are implementing kinship strategies to find out if there are things being used that we do not use. The instructor did not ask about how our county is structured and what kinship services we currently offer.
  - This training is geared toward caseworkers who have no experience with Kinship.
  - I enjoyed the videos about a family's experience regarding CPS.
  - It was basic, but a good refresher/reminder.
  
4. I would recommend this training to others. If no, why?
  - Only if they are new kinship workers. The training was remedial for the experienced worker.
  - The training was very basic - common sense.
  - Only if your "new" to the kinship program.
  - Only newer workers who are not educated on kinship and have no experience with kinship work.
  - Only to new, inexperienced workers.
  - This training was very basic for the majority of workers in our agency; we tend to use and preserve kinship placements as a rule, rather than an exception.
  - General knowledge, no new information provided.
  - This training would be good for new workers. It is basic.
  - I believe the information presented could have been delivered in a 4-hour training.
  - This training would be good for new workers. There really was no new information that an experienced worker would not already know.
  - Only new caseworkers.
  - This training is for new workers and should be part of core training.
  - None of the information was valuable and actually needs updated.
  - I would recommend to others.

- This training was a nice reminder of the importance of engaging kinship persons, but did not make me aware of any new information.
- Very boring, repetitive and overly basic.
- Only if they have no experience or knowledge of working with kinship caregivers.
- I would recommend the Topic to others, but not the way the information was presented.
- For those who are not in full understanding of the kinship initiative or those who are new at working with the kinship population.
- It should be part of new worker training.
- I believe that ongoing and intake should have both of these trainings as a part of their core trainings.
- Yes.
- The training did not provide practical information on how to support kinship caregivers. To me it seemed as if it was just an introduction to kinship care.
- Handouts were great with tips but content of class was not in alignment with our current practice or knowledge. Information shared by other counties was beneficial in some respects but they have much more limited resources than our county. Was looking for more out of the class that I could use to assist workers in seeing benefit of kinship care, how to engage kin providers or families to provide kin resources. Did get some useful information.
- I would recommend this training to new workers.
- Too basic.

5. I have suggestions about how the OCWTP can improve this training. If yes, how?

- Update the curriculum to reflect the latest regarding kinship navigators and waiver requests
- The trainer did a good job. I learned more from the staff present in the training than I did from the training materials.
- The training presents that it could be shorter.
- The two short film clips were good, condense the information.
- The curriculum was too basic.
- This training should be part of the core training.
- Be more aware of the information that the trainer is planning on giving us.
- Different trainer and more relevant information.
- It could be helpful to have more video clips or additional information that comes directly from the perspective of a kinship caregiver who has experienced placement issues/concerns. I also think there could be less group exercises, as this topic is not one that requires so many group exercises in order to learn
- For those who have no knowledge of kinship care this training would be fine, but for those who have been working with relatives for years, perhaps something more in depth could be offered.
- It was very basic and it seems we covered some of the information several different ways but the same information.
- Although there were many different counties represented, many of the tools that the class participants suggested for support are not available in the smaller communities.

- It would have been helpful if the training would have given suggestions for supportive ideas other than financial support for the kinship providers. Or if the trainer had more information about financial programs available in smaller communities, that would have been helpful as well.

ATTENDANCE BY COUNTY

| County    | 11-26-12<br>Franklin* | 11-29-12<br>Richland | 12-17-<br>12 Stark | 1-17-13<br>Ashtabula | 1-22-13<br>Crawford | 1-23-13<br>Greene | 2-14-13<br>Hamilton | 5-23-13<br>Franklin** | TOTALS<br>For Cos. |
|-----------|-----------------------|----------------------|--------------------|----------------------|---------------------|-------------------|---------------------|-----------------------|--------------------|
| Ashtabula |                       |                      |                    | 21                   |                     |                   |                     |                       | 21                 |
| Belmont   |                       |                      |                    |                      |                     |                   | 1                   |                       | 1                  |
| Clark     |                       |                      |                    |                      |                     | 5                 |                     |                       | 5                  |
| Coshocton |                       |                      | 1                  |                      |                     |                   |                     |                       | 1                  |
| Crawford  |                       |                      |                    |                      | 11                  |                   |                     | 2                     | 13                 |
| Fairfield | 1                     |                      |                    |                      |                     |                   |                     |                       | 1                  |
| Franklin  | 3                     |                      |                    |                      |                     |                   |                     | 20                    | 52                 |
| Greene    |                       |                      |                    |                      |                     | 3                 |                     |                       | 3                  |
| Hamilton  |                       |                      |                    |                      |                     |                   | 14                  | 3                     | 17                 |
| Hardin    |                       |                      |                    |                      | 2                   |                   |                     |                       | 2                  |
| Highland  |                       |                      |                    |                      |                     | 2                 |                     | 1                     | 3                  |
| Lorain    |                       |                      |                    |                      |                     |                   |                     |                       | 0                  |
| Medina    |                       |                      |                    |                      |                     |                   |                     | 1                     | 1                  |
| Muskingum | 1                     |                      |                    |                      |                     |                   |                     |                       | 1                  |
| Portage   |                       |                      |                    |                      |                     |                   |                     |                       | 0                  |
| Richland  |                       | 7                    |                    |                      |                     |                   |                     |                       | 7                  |
| Stark     |                       |                      | 3                  |                      |                     |                   |                     |                       | 3                  |

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\*Franklin sent an additional 29 staff to the two pilot sessions in January 2012.

\*\*not scheduled as part of ProtectOHIO

## Appendix B

### Day 2 -ProtectOHIO Kinship Strategy: Implementing the ProtectOHIO Kinship Manual

#### OVERVIEW OF OFFERINGS

| Location           | Facilitator(s)                          | Start Date | # of Attendees | Counties Represented                        | Rating for Content-Related Questions |
|--------------------|---|------------|----------------|---|--------------------------------------|
| Air Center (Pilot) | Harless, Tim<br>Keyhoe,<br>Kimberleah   | 1/10/2013  | 12             | Coshocton, Fairfield,<br>Franklin, Richland | 4/3.59                               |
| Richland (Pilot)   | Harless, Tim<br>Keyhoe,<br>Kimberleah   | 2/7/2013   | 9              | Crawford, Hardin,<br>Richland               | 4/3.40                               |
| CORTC (Pilot)      | Stevens, Megan<br>Keyhoe,<br>Kimberleah | 2/8/2013   | 5              | Franklin                                    | 4/2.96                               |
| Greene             | Harless, Tim<br>Keyhoe,<br>Kimberleah   | 4/9/2013   | 10             | Clark, Greene, Hamilton                     | 4/3.54                               |
| Ashtabula          | Harless, Tim<br>Keyhoe,<br>Kimberleah   | 4/17/2013  | 21             | Ashtabula                                   | 4/3.44                               |
| Crawford           | Harless, Tim<br>Keyhoe,<br>Kimberleah   | 4/25/2013  | 7              | Crawford                                    | 4/3.39                               |
| CORTC              | Stevens, Megan<br>Wolfe, Cheryl         | 4/29/2013  | 15             | Franklin, Highland,<br>Muskingum            | 4/3.31                               |
| Lorain             | Harless, Tim<br>Keyhoe,<br>Kimberleah   | 6/6/2013   | 21             | Crawford, Hamilton,<br>Lorain, Portage      | 4/3.32                               |
| Lorain             | Harless, Tim<br>Keyhoe,<br>Kimberleah   | 7/9/2013   | 41             | Belmont, Lorain, Medina                     | 4/3.50                               |

## EVALUATION SURVEY COMMENTS

1. I can describe how the ProtectOHIO Kinship Strategy differs from traditional child welfare practice.
  - ProtectOHIO focuses on utilizing family, neighbors, mentors, and other familiar people already in the child's life for placement, when placement outside of the home becomes necessary. Traditional practice uses foster care.
  - Traditional practice does not offer nearly the supports for education, emotional, financial, and other services that Kinship Care provides
  - I felt it was important for staff who are not familiar with the Protect Ohio strategy to get an idea of how the strategy affects their county.
  - The kinship strategy is a movement for children to be in the least restrictive environment, it is less traumatizing for the child to remain with family members. In addition, the children are privileged to remain with family members, or persons whom they have a relationship with for ongoing purposes.
  - The training specifically teaches you about Kinship Assessment and Resource Scale as well as explains the purpose of ProtectOHIO Kinship.
  - This was a really good training. Much better than the first training. Did a great job of explaining how Protect Ohio benefits us and is a better choice for children. Tim did a great job explaining this to staff.
  - Trainer was very knowledgeable about ProtectOHIO and very committed to the practice being further implemented into the CS system. ProtectOHIO focuses on the child staying with family/kin instead of being put into foster care.
  - This training was very worthwhile and hopefully can be offered through all RTC's.
  
2. I can describe the components of the ProtectOHIO Kinship Strategy.
  - Support families and other Kinship providers who care for children.
  - Reduces costs for care of a child and eliminates overuse of foster care. Flexible funding assists caregivers.
  - Provide for needs of children in Kinship Care. Families, and other interest Kinships, (neighbors, teachers, mentors, etc.) are interviewed and complete background check and homestudy to be an approved placement.
  - Community services are linked with families and families are supported in their parenting role until reunification or if not possible, until they have a more permanent role of parenting the child.
  - Kinship is the most beneficial means for children and families.

3. I can describe the role and needed skills of the ProtectOHIO Kinship Coordinator.
  - Flexible, compassionate, fair, open, and non-judgmental are all good qualities for a Kinship Coordinator.
  - The role is to identify alternative caregivers to use for placement instead of foster care, (if possible).
  - When a caregiver is identified, meet with them and complete a home study and background check. Regular contact should be made with the caregiver, at least once per month to make sure the caregiver has what is necessary to meet the needs of the child.
  - Knowledge of community resources and follow through with linkages for the families to make sure they have all of the educational, financial, emotional, social supports, etc. to do the best job caring for the child placed with them.
  - The kinship coordinator is necessary for all families that are involved with CPS
  
4. I can explain the importance of implementing the ProtectOHIO Kinship Strategy in accordance with the manual.
  - The importance of implementing the strategy is to keep families together.
  - Placement disruptions should be reduced.
  - The costs of caring for the child are less than foster care.
  - The child adjusts better with relatives and other familiar faces in their lives. Long-term, the child suffers less trauma and adjusts much faster with Kinship caregivers.
  - Have not read manual, have not seen the manual.
  - This was mostly new material for me since I am the support staff and generally work directly with the Navigator.
  
5. I can explain the importance of supporting a child's connection with kin even when the kin is not an appropriate placement resource.
  - Although Kin may not be appropriate, they are still an important part of the child's life and should remain involved.
  - Sometimes adjustments can be made and the Kin could make the needed progress to become a viable option for placement in the future.
  - Maintaining this connection and bond, helps smooth this transition if the child is placed there in the future. Also, even though this Kin is not providing direct care, they may have other qualities to offer the child during contacts and the child may be attached and want to maintain this consistency in their lives.

6. I can use the ProtectOHIO Kinship Home Study Assessment to guide my case decisions regarding safety and appropriateness of kinship placements.
  - The Kinship Home Study Assessment helps to identify where the needs are and where the strengths are in the family.
  - Things that need more safety and attention can be provided for the family. Areas that are strong can be maintained by the family and should be encouraged by the Kinship CW.
  - I think some of the questions on the assessment need to be better defined so that info is gathered similarly.
7. I can use the Family Resource Scale to identify services for kinship caregivers that promote placement stability and permanence.
  - No comments
8. I understand my role in connecting kinship caregivers to sustainable services that promote placement stability and permanence.
  - Many Kinship Caregivers are unaware of resources, where they are, or how to link with them.
  - Support and guidance from the caseworker is instrumental in getting these needs to the caregiver met, so that the child in their care is taken care of best.
9. I can identify strategies to accurately and completely document case activities in SACWIS and PODs.
  - Answering questions completely, consistently, and entering them in the correct place for documentation is necessary to make sure the needs of the family are recorded accurately.
  - Still not completely sure on this one.
10. My job performance will improve because of what I learned in this training.
  - More understanding of the philosophy of Kinship Care.
  - More strategies for working with individual families were discussed. More resources available were shared as they relate from within the county I work for and what other counties offer as well.
  - I was already very familiar with the content provided in this training as I have been in this position for some time. While it was helpful as a reminder there wasn't really new information.

ATTENDANCE BY COUNTY

| <b>County</b> | <b>1-10-13 Air Center (pilot)</b> | <b>2-7-13 Richland (pilot)</b> | <b>2-8-13 Franklin (pilot)</b> | <b>4-9-13 Greene</b> | <b>4-17-13 Ashtabula</b> | <b>4-25-13 Crawford</b> | <b>4-29-13 Franklin</b> | <b>6-6-13 Lorain</b> | <b>7-9-13 Lorain</b> | <b>TOTALS For Cos.</b> |
|---------------|-----------------------------------|--------------------------------|--------------------------------|----------------------|--------------------------|-------------------------|-------------------------|----------------------|----------------------|------------------------|
| Ashtabula     |                                   |                                |                                |                      | 21                       |                         |                         |                      |                      | 21                     |
| Belmont       |                                   |                                |                                |                      |                          |                         |                         |                      | 1                    | 1                      |
| Clark         |                                   |                                |                                | 5                    |                          |                         |                         |                      |                      | 5                      |
| Coshocton     | 1                                 |                                |                                |                      |                          |                         |                         |                      |                      | 1                      |
| Crawford      |                                   | 1                              |                                |                      |                          | 7                       |                         | 2                    |                      | 10                     |
| Fairfield     | 1                                 |                                |                                |                      |                          |                         |                         |                      |                      | 1                      |
| Franklin      | 8                                 |                                | 6                              |                      |                          |                         | 8                       |                      |                      | 22                     |
| Greene        |                                   |                                |                                | 1                    |                          |                         |                         |                      |                      | 1                      |
| Hamilton      |                                   |                                |                                | 4                    |                          |                         |                         | 1                    |                      | 5                      |
| Hardin        |                                   | 2                              |                                |                      |                          |                         |                         |                      |                      | 2                      |
| Highland      |                                   |                                |                                |                      |                          |                         | 3                       |                      |                      | 3                      |
| Lorain        |                                   |                                |                                |                      |                          |                         |                         | 16                   | 39                   | 55                     |
| Medina        |                                   |                                |                                |                      |                          |                         |                         |                      | 1                    | 1                      |
| Muskingum     |                                   |                                |                                |                      |                          |                         | 4                       |                      |                      | 4                      |
| Portage       |                                   |                                |                                |                      |                          |                         |                         | 3                    |                      | 3                      |
| Richland      | 3                                 | 6                              |                                |                      |                          |                         |                         |                      |                      | 9                      |
| Stark         |                                   |                                |                                |                      |                          |                         |                         |                      |                      | 0                      |
|               |                                   |                                |                                |                      |                          |                         |                         |                      |                      | <b>144</b>             |

## Appendix C

### Day 2 Pilot Focus Group Responses

1. What information in the workshop was most helpful and what was least helpful?
  - Overview of home study elements/categories, Part I and Part II (1/10/13)
  - Needs Assessment and Family Resource Scale (1/10/13)
  - Group felt all new workers really needed the sections: Overview of Kinship Strategies, Overview of Tools and Home Visits and Support Services. They felt the SACWIS information was at the right level, but did not think they have the time to really use SACWIS in the way presented. (2/7/13)
  - Overview of ProtectOHIO (helped get our heads around what is going on at the state level and the larger efforts to move away from foster care) note: 4 nodded in agreement (2/8/13)
  - Overview of home study elements/categories; part I and part II Tools; PODS (2/8/13)
  - Getting our questions answered about the Safety and Needs Assessment (2/8/13)
  - Seeing how the Family Resource Scale can be used to demonstrate family improvement; and learning how to define “your children” on the Family Resource Scale (i.e., it should be a current snapshot whether or not the kinship child is placed there or not yet). (2/8/13)
2. Was there enough time to understand the concepts and begin thinking about implementing them in your agency/department?
  - Yes, people appreciated the ability to network with other counties (1/10/13)
  - Agreement/head nods. Most agreed they already had some ideas for changes to be made. (2/7/13)
  - Yes, trainer did a good job tying information back to our jobs (2/8/13)
3. Was the prerequisite helpful in understanding this workshop’s concepts/information?
  - Good for newest staff but too basic for experienced staff(1/10/13)
  - Would be good for staff new to Kinship Care. Helpful but repetitive. (2/7/13)
  - Helpful, helped familiarize me with the concept of kinship (2/8/13)
  - Helped me understand ProtectOHIO (2/8/13)
  - We’ve been doing this awhile at FCCS so some of us are very familiar (2/8/13)
4. Is there any particular part of this workshop would be helpful to new staff?
  - Workers appreciated information about the flexible funding; many had not fully understood the advantages of ProtectOHIO prior to workshop (1/10/13)
  - All workers need information about engaging families and looking at family placement as opposed to foster care. Need to think about self-sufficiency of families (2/7/13)

- Review of part 1 and Part 2 to ensure we're completing them the same (2/8/13)
  - Overview of Kinship Strategy 2/HSRI's role/ProtectOHIO (2/8/13)
5. What aspects of the strategy will be easiest and what strategies will be the most difficult to implement in your agency?
- Appreciated the SACWIS demonstration; liked the specific guidance on assessing family needs; how to use PODS (1/10/13)
  - Living arrangement explanation was helpful, efforts to do family team meetings, assessment and caregiver plan. (2/7/13)
  - The ProtectOHIO overview was very helpful as a refresher. And, for relatively new Kinship Coordinators/Workers, this information is important for understanding the bigger picture and how their work is vital to the success of the overall Waiver and, ultimately, keeping kids out of foster care. (2/7/13)
  - The Kinship Strategy Practice Manual is not really shared with agency staff. They are unaware of it. It should be shared more, especially with caseworkers, so they can gain a better sense of what we are trying to accomplish with kin and how. This may help them to buy-into the process more and make finding and engaging kin a priority. (2/7/13)
  - Caseworkers need to know how to identify kin. They are usually identified in the intake and caseworkers do intakes, so it is important that they know how to identify them. There could be potential kin caregivers who we are missing. (2/7/13)
  - I have been in my agency for 14 years, but I still learned a lot. I think that kinship training, maybe Part I of this training, and should be included in the Core training. (2/7/13)
  - The sections of the training that were most helpful included those focused on the Safety and Needs Assessment, SACWIS, PODS, and the Family Resource Scale. The SACWIS section could be expanded and even be offered as a separate and more intensive training. (2/7/13)
  - Nobody has time to enter services in SACWIS. It just isn't realistic. It is like doing a Services Review for every child we serve. That just isn't possible. (2/7/13)
  - We really need to stress in our agencies to look at extended family and friends first before making a placement. I don't think that message has made it completely through our agency. (2/7/13)
  - The easiest aspects of implementing the Kinship Strategy include entering the Living Arrangement because we already do that for FTM's. Also doing the Support Plan and Safety and Needs Assessment shouldn't be too hard, especially now that we have had this training. (2/7/13)
  - Easiest: Accurately completing Part 1 and 2 and PODS/SACWIS and FRS paperwork. Most difficult: New A-74/Homestudy (2/8/13)

**Appendix G:**  
**Exit Types by County**

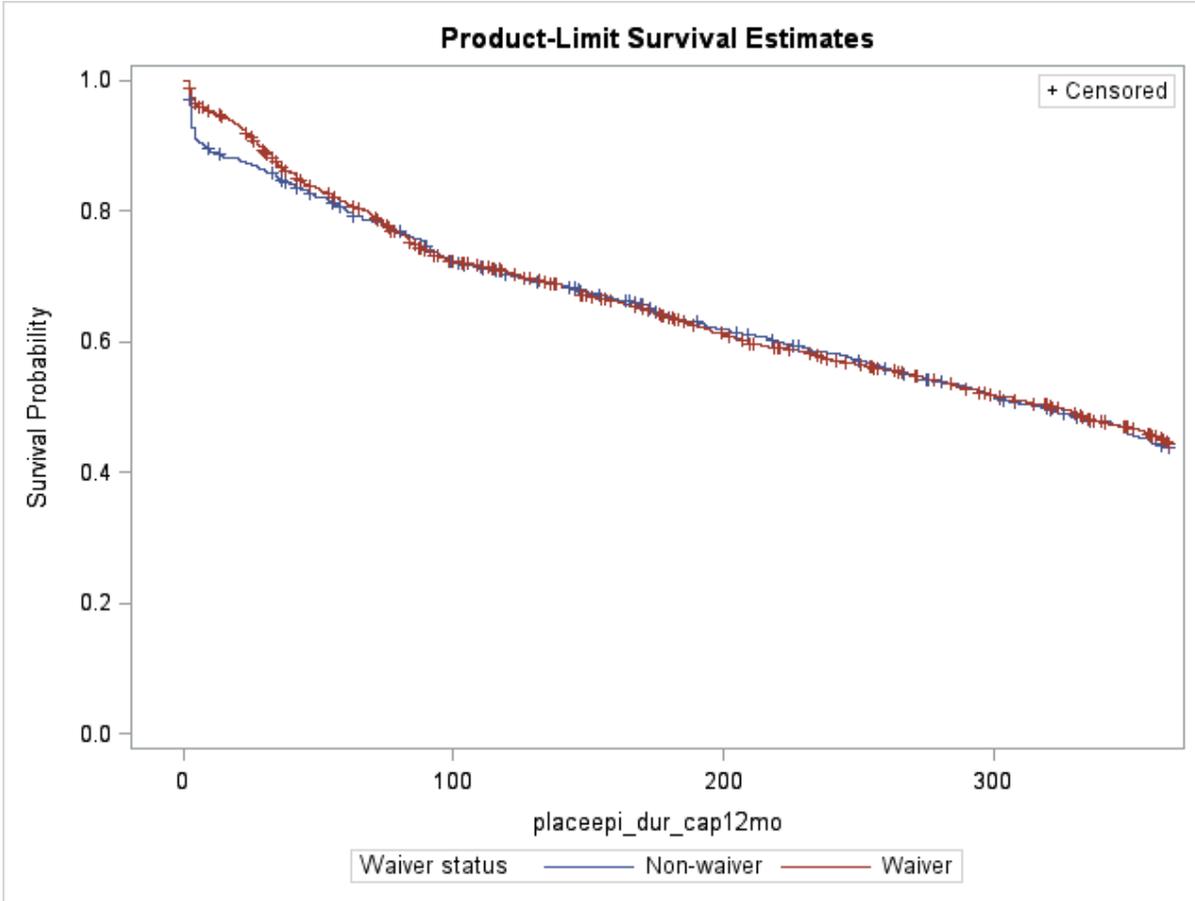
**APPENDIX G**  
**Exit Types by County**

| <b>Table 6.6. Exit Type for Children Exiting Care within 12 Months by County, for Entry Cohort 2011</b> |                      |                                |                 |                     |                   |                      |              |
|---|----------------------|--------------------------------|-----------------|---------------------|-------------------|----------------------|--------------|
| <b>County</b>   | <b>Reunification</b> | <b>Custody or Guardianship</b> | <b>Adoption</b> | <b>Emancipation</b> | <b>Other Exit</b> | <b>Not Available</b> | <b>Total</b> |
| <b>Demonstration</b>  | <b>1,506</b>         | <b>731</b>                     | <b>30</b>       | <b>75</b>           | <b>86</b>         | <b>22</b>            | <b>2,450</b> |
| Ashtabula   | 50                   | 27                             | 2               | 1                   | 1                 | 1                    | 82           |
| Belmont   | 23                   | 10                             | 0               | 0                   | 0                 | 0                    | 33           |
| Clark   | 15                   | 18                             | 3               | 0                   | 2                 | 0                    | 38           |
| Coshocton   | 7                    | 3                              | 0               | 0                   | 1                 | 0                    | 11           |
| Crawford  | 11                   | 13                             | 2               | 2                   | 0                 | 0                    | 28           |
| Fairfield   | 45                   | 45                             | 1               | 3                   | 1                 | 1                    | 96           |
| Franklin  | 876                  | 249                            | 8               | 50                  | 63                | 12                   | 1,258        |
| Greene  | 20                   | 9                              | 0               | 3                   | 0                 | 1                    | 33           |
| Hamilton  | 209                  | 107                            | 6               | 9                   | 10                | 3                    | 344          |
| Hardin  | 4                    | 4                              | 0               | 0                   | 0                 | 1                    | 9            |
| Highland  | 16                   | 17                             | 0               | 0                   | 0                 | 1                    | 34           |
| Lorain  | 59                   | 26                             | 3               | 1                   | 5                 | 0                    | 94           |
| Medina  | 13                   | 3                              | 1               | 1                   | 0                 | 0                    | 18           |
| Muskingum   | 29                   | 74                             | 3               | 1                   | 0                 | 0                    | 107          |
| Portage   | 55                   | 14                             | 0               | 1                   | 0                 | 0                    | 70           |
| Richland  | 13                   | 13                             | 1               | 1                   | 0                 | 1                    | 29           |
| Stark   | 61                   | 99                             | 0               | 2                   | 3                 | 1                    | 166          |
| <b>Comparison</b>   | <b>720</b>           | <b>496</b>                     | <b>9</b>        | <b>41</b>           | <b>18</b>         | <b>7</b>             | <b>1,291</b> |
| Allen   | 9                    | 33                             | -               | 2                   | 1                 | -                    | 45           |
| Butler  | 73                   | 78                             | 2               | 3                   | 1                 | 2                    | 159          |
| Clermont  | 41                   | 22                             | 2               | 4                   | -                 | -                    | 69           |
| Columbiana  | 10                   | 8                              | -               | 2                   | -                 | -                    | 20           |
| Guernsey  | 5                    | 13                             | -               | 2                   | -                 | -                    | 20           |
| Hancock   | 8                    | 3                              | -               | -                   | -                 | -                    | 11           |
| Hocking   | 7                    | 5                              | -               | -                   | -                 | -                    | 12           |
| Mahoning  | 37                   | 32                             | 1               | 6                   | -                 | 1                    | 77           |
| Miami   | 12                   | 1                              | -               | -                   | -                 | -                    | 13           |
| Montgomery  | 110                  | 101                            | -               | 10                  | 4                 | 1                    | 226          |
| Morrow  | 1                    | 5                              | -               | -                   | -                 | -                    | 6            |
| Perry   | 24                   | 19                             | 1               | -                   | 1                 | -                    | 45           |
| Scioto  | 76                   | 24                             | -               | 4                   | 3                 | -                    | 107          |
| Summit  | 251                  | 117                            | 1               | 6                   | 5                 | 3                    | 383          |
| Trumbull  | 40                   | 21                             | -               | 1                   | 1                 | -                    | 63           |
| Warren  | 10                   | 11                             | 1               | 1                   | 1                 | -                    | 24           |
| Wood  | 6                    | 3                              | 1               | -                   | 1                 | -                    | 11           |
| <b>TOTAL: ALL COUNTIES</b>  | <b>2,226</b>         | <b>1,227</b>                   | <b>39</b>       | <b>116</b>          | <b>104</b>        | <b>29</b>            | <b>3,741</b> |

**Appendix H:**  
**Simple Survival Curves, Illustrating Censoring**

**APPENDIX H**  
**Simple Survival Curves, Illustrating Censoring**

**Figure B1. Simple Survival Curve: Time to Permanent Exit within 12 months by Waiver Status, for Children Entering in 2011**

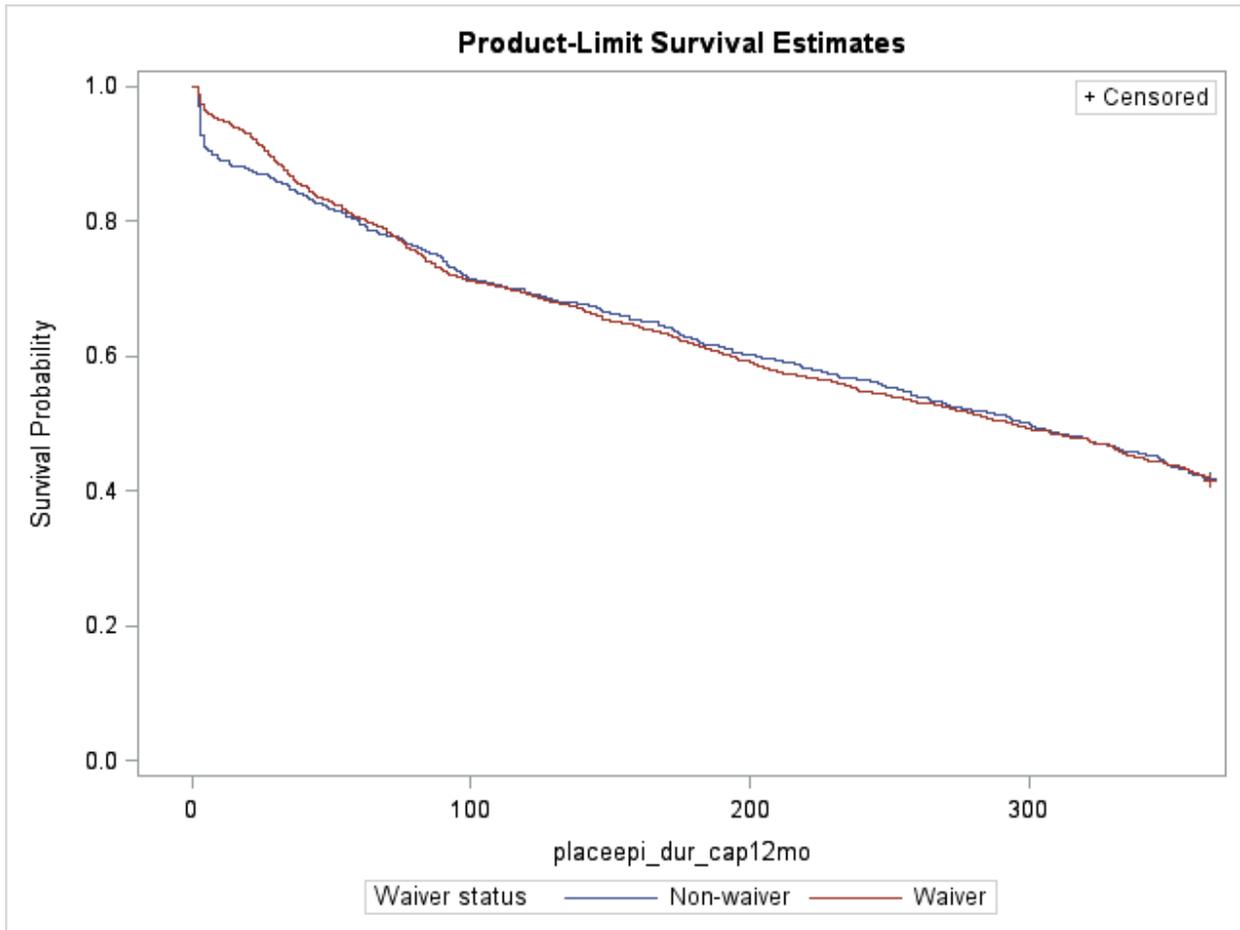


Notes: (1) Permanent Exit defined as exit to Reunification, Custody or Guardianship of a Relative or Third Party, or Adoption; (2) Censored on: Exit to Emancipation or Other; Still in care after 365 days.

**Summary of the Number of Censored and Uncensored Values**

| Stratum | Waiver Status | Total | Failed | Censored | Percent  |
|---------|---------------|-------|--------|----------|----------|
|         |               |       |        |          | Censored |
| 1       | Comparison    | 2215  | 1225   | 990      | 44.7     |
| 2       | Demonstration | 4180  | 2267   | 1913     | 45.77    |
| Total   |               | 6395  | 3492   | 2903     | 45.39    |

**Figure B2. Simple Survival Curve: Time to Any Exit within 12 months by Waiver Status, for Children Entering in 2011**

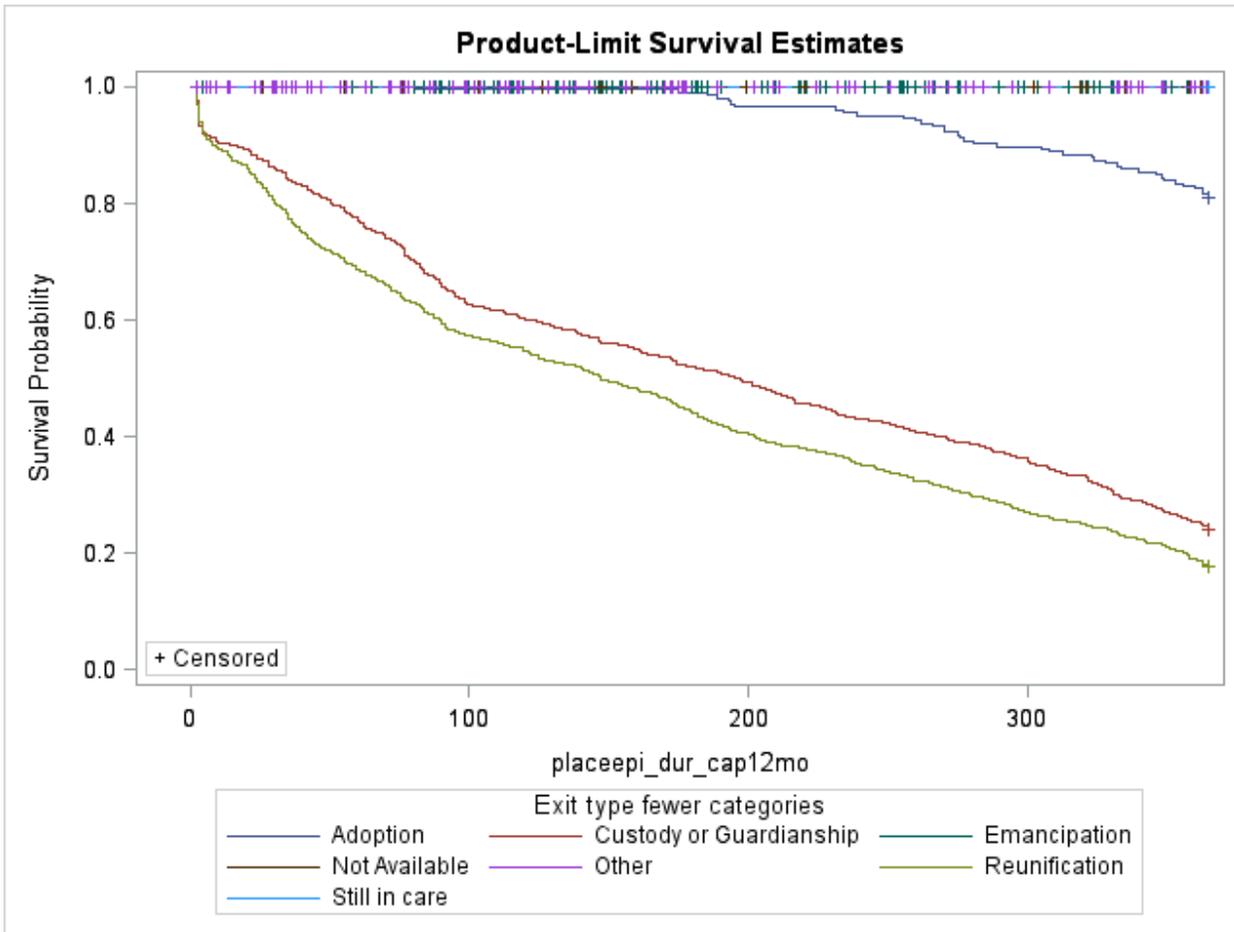


Notes: (1) Includes all exit types (reunification, custody or guardianship of a relative or third party, adoption, emancipation, other); (2) Censored on: Still in care after 365 days.

**Summary of the Number of Censored and Uncensored Values**

| Stratum | Waiver Status | Total | Failed | Censored | Percent Censored |
|---------|---------------|-------|--------|----------|------------------|
| 1       | Comparison    | 2215  | 1291   | 924      | 41.72            |
| 2       | Demonstration | 4180  | 2450   | 1730     | 41.39            |
| Total   |               | 6395  | 3741   | 2654     | 41.5             |

**Figure B3. Simple Survival Curve: Time to Permanent Exit within 12 months by Exit Type, for Children Entering in 2011**

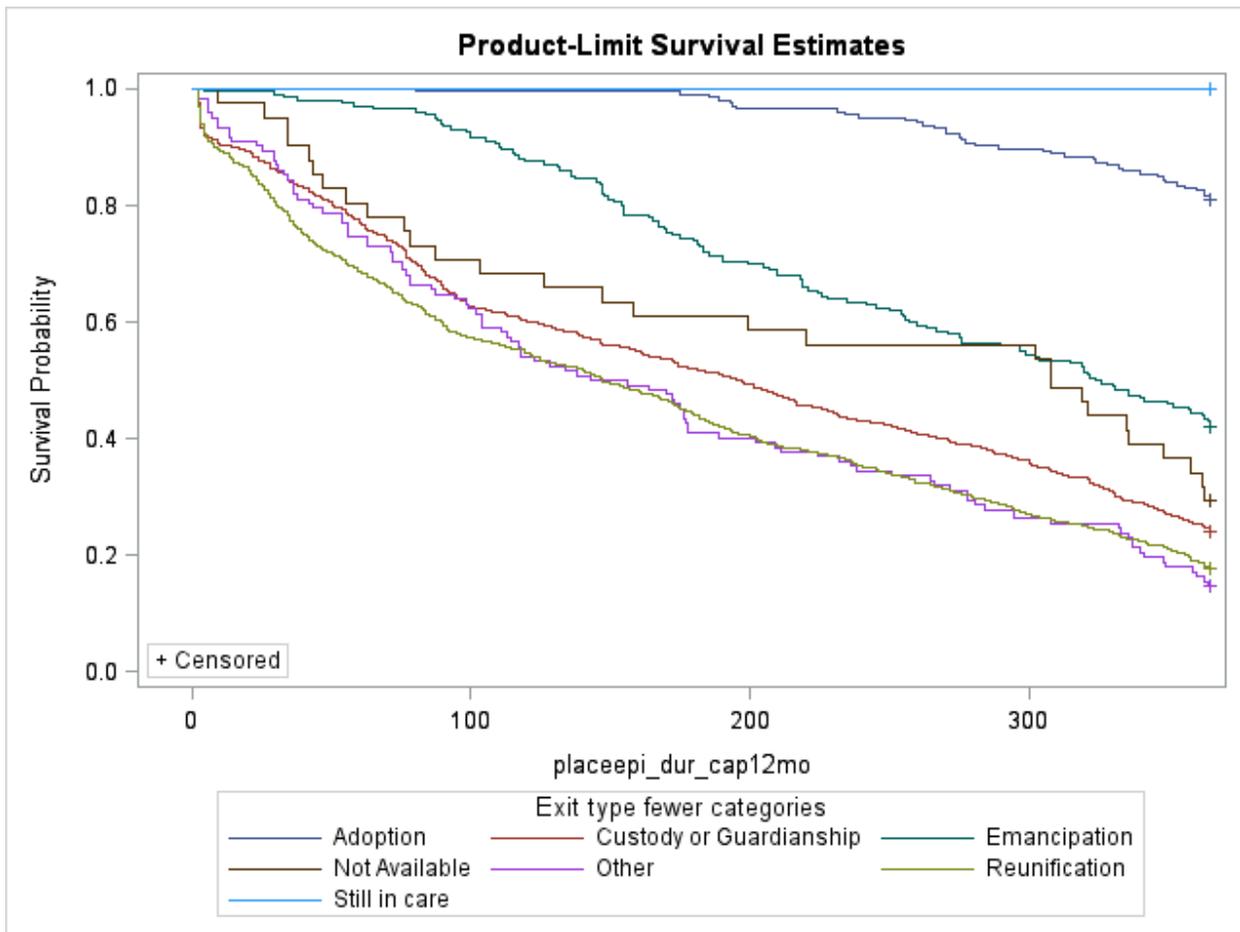


Notes: (1) Permanent Exit defined as exit to Reunification, Custody or Guardianship of a Relative or Third Party, or Adoption; (2) Censored on: Exit to Emancipation or Other; Still in care after 365 days.

**Summary of the Number of Censored and Uncensored Values**

| Stratum | exit_typeR              | Total | Failed | Censored | Percent Censored |
|---------|-------------------------|-------|--------|----------|------------------|
| 1       | Adoption                | 206   | 39     | 167      | 81.07            |
| 2       | Custody or Guardianship | 1618  | 1227   | 391      | 24.17            |
| 3       | Emancipation            | 200   | 0      | 200      | 100              |
| 4       | Not Available           | 41    | 0      | 41       | 100              |
| 5       | Other                   | 122   | 0      | 122      | 100              |
| 6       | Reunification           | 2705  | 2226   | 479      | 17.71            |
| 7       | Still in care           | 1503  | 0      | 1503     | 100              |
| Total   |                         | 6395  | 3492   | 2903     | 45.39            |

**Figure B4. Simple Survival Curve: Time to Any Exit within 12 months by Exit Type, for Children Entering in 2011**



Note: Censored on: Still in care after 365 days.

**Summary of the Number of Censored and Uncensored Values**

| Stratum | exit_typeR              | Total | Failed | Censored | Percent Censored |
|---------|-------------------------|-------|--------|----------|------------------|
| 1       | Adoption                | 206   | 39     | 167      | 81.07            |
| 2       | Custody or Guardianship | 1618  | 1227   | 391      | 24.17            |
| 3       | Emancipation            | 200   | 116    | 84       | 42               |
| 4       | Not Available           | 41    | 29     | 12       | 29.27            |
| 5       | Other                   | 122   | 104    | 18       | 14.75            |
| 6       | Reunification           | 2705  | 2226   | 479      | 17.71            |
| 7       | Still in care           | 1503  | 0      | 1503     | 100              |
| Total   |                         | 6395  | 3741   | 2654     | 41.5             |

**Appendix I:**  
**Empirical Strategies**

## Appendix I: Empirical Strategies

### Discrete-time Hazard Model

The analysis proposed for the waiver evaluation poses two distinct challenges: censoring and clustering. Censoring refers to the fact that some children do not experience the outcome of interest before the observation period ends. Put another way, children whose case history is censored remain at risk even though observation has ended. For this reason, censored observations are incomplete. What is known is that censored children have *yet* to experience the target event. Special statistical models, discrete-time hazard models among them, were developed to overcome the censored data problem.<sup>7</sup>

The second problem posed by the waiver evaluation has to do with the nested structure of the data. Nested structures are sometimes referred as clustered data. Children are nested within counties in much the same way that children are nested within schools. It is often the case that children nested within the same county or school are more similar to each other than children in different counties or schools are. It is also the case that the number of children in each county differs, which means that counties differ in the amount of information provided. Again, special statistical models, discrete time hazard models among them, have been developed to address the special case of nested data structures.

To use discrete time hazard models, the data have to be prepared in a particular way. In contrast to Cox proportional hazard models, which use one record per child, discrete time models divide time into intervals, with one record per interval of time through the end of observation for a given child. There will be  $N$  records per child where  $N$  is equal to the time between events (i.e., placement and discharge) divided by the interval length plus 1. One-month time intervals were created for Study One and half-year time intervals were created for the other two studies.

The multilevel discrete-time hazard model that was used appears as follows:

Level 1 (individual level):

$$\eta_{ijt} = \ln(h_{ijt} / (1 - h_{ijt})) = \sum_t (\text{Duration}_{ijt}) + \beta X_{ij} + \gamma \text{Demonstration}_{ij} + \alpha_{jo}$$

Level 2 (county level):

$$\alpha_{jo} = \mu_{jo}$$

Where  $\mu_{jo}$  is the random effect for county unit  $j$  and is assumed to have a mean of zero and an unknown variance matrix. Each county's differences are reflected in the model by specifying county-level random effects.

The results of the multilevel discrete time models are found in Appendix Tables 1a through 1c. As before each table displays the results for a given outcome. For ease of interpretation, the tables display model coefficients and the associated odds ratios and probabilities. Odds ratios greater than one are associated with an increased likelihood. Odds ratios smaller than one are associated with a lower likelihood. Probabilities, which are associated with the time interval, indicate the likelihood an event will occur. In these analyses, the event of interest is the outcome.

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<sup>7</sup> Singer, J.D & Willet, J.B. (2003). *Applied Longitudinal Data Analysis: Modeling Change and Event Occurrence*. Oxford University Press, 325-406.

**Appendix Table 1a: Discrete Time Hazard Model for Placement Following the First Substantiated Maltreatment Report**

| Child/County<br>Characteristic | Analysis I            |            |               | Analysis I             |       |
|--------------------------------|-----------------------|------------|---------------|------------------------|-------|
|                                | Estimate<br>(s.e.)    | Odds Ratio | Time Interval | Estimate<br>(s.e.)     | Prob. |
| Age 0                          | 1.2018***<br>(0.0513) | 3.33       | D1            | -2.5528***<br>(0.1562) | 7.22% |
| Age 1-6                        | 0.5524***<br>(0.0408) | 1.74       | D2            | -4.6262***<br>(0.1604) | 0.97% |
| 7 and Above                    | Reference             |            | D3            | -5.5958***<br>(0.1680) | 0.37% |
| Black                          | 0.1125***<br>(0.0287) | 1.12       | D4            | -5.6323***<br>(0.1688) | 0.36% |
| Race Others                    | -1.5531***<br>(0.048) | 0.21       | D5            | -6.0804***<br>(0.1761) | 0.23% |
| White                          | Reference             |            | D6            | -6.4852***<br>(0.1860) | 0.15% |
| Male                           | 0.1618***<br>(0.0445) | 1.18       | D7            | -6.4656***<br>(0.1860) | 0.16% |
| Female                         | Reference             |            | D8            | -6.8281***             | 0.11% |
| New Waiver                     | 0.0845***<br>(0.0248) | 1.09       | D9            | -7.2142***<br>(0.2168) | 0.07% |
| Demonstration                  | -0.1504<br>(0.2155)   | 0.86       | D10           | -7.5483***<br>(0.2387) | 0.05% |
| Age 0 * Male                   | -0.1176*<br>(0.0707)  | 0.89       | D11           | -5.4219***<br>(0.1679) | 0.44% |
| Age 1-6 * Male                 | -0.1033*<br>(0.0567)  | 0.90       |               |                        |       |

\*significant at 10%, \*\*significant at 5%, \*\*\*significant at 1%

Generally speaking, the demographic characteristics of the children are associated with statistically significant effects. Infants are more likely to be placed (Appendix Table 1a) and less likely to be re-abused following discharge when compared with older children (Appendix Table 2c). Recurrence rates (Appendix Table 2b) are highest among toddlers (children between the ages of 1 and 6) and infants.

**Appendix Table 1b: Discrete Time Hazard Model for Recurrence Following the First Substantiated Maltreatment Report**

| Child/County Characteristic | Analysis I             |            |               | Analysis II            |       |
|-----------------------------|------------------------|------------|---------------|------------------------|-------|
|                             | Estimate (s.e.)        | Odds Ratio | Time Interval | Estimate (s.e.)        | Prob. |
| Age 0                       | 0.1504***<br>(0.0365)  | 1.16       | D1            | -2.6758***<br>(0.0770) | 6.44% |
| Age 1-6                     | 0.2463***<br>(0.0223)  | 1.28       | D2            | -3.0041***<br>(0.0783) | 4.72% |
| 7 and Above                 | Reference              |            | D3            | -3.2385***<br>(0.0797) | 3.77% |
| Black                       | -0.0829***<br>(0.0261) | 0.92       | D4            | -3.4935***<br>(0.0817) | 2.95% |
| Race Others                 | -0.8343***<br>(0.0311) | 0.43       | D5            | -3.6744***<br>(0.0845) | 2.47% |
| White                       | Reference              |            | D6            | -3.7775***<br>(0.0879) | 2.24% |
| Male                        | -0.0054<br>(0.0208)    | 0.99       | D7            | -3.9691***<br>(0.0966) | 1.85% |
| Female                      | Reference              |            | D8            | -4.1878***<br>(0.1144) | 1.50% |
| New Waiver                  | -0.1898***<br>(0.0234) | 0.83       |               |                        |       |
| Demonstration               | 0.0674<br>(0.1029)     | 1.07       |               |                        |       |

\*significant at 10%, \*\*significant at 5%, \*\*\*significant at 1%

Black children are more likely to be placed than White children; however, they are less likely to experience recurrence than their White counterparts.

Male children are more likely to be placed; however, gender had little to do with the other outcomes. The interaction terms between male and age groups are only statistically significant in Analysis I.

When “New Waiver” data (after 2011) data were compared with the “Old Waiver” data (before 2011), more children were placed and fewer children were re-abused in the New Waiver period. However, no statistically significant interactions were observed, which indicates that no differential impact of the waiver was observed. Both demonstration and comparison counties experienced the same trend, so to speak.

**Appendix Table 1c: Discrete Time Hazard Model for Maltreatment Following Discharge from Foster Care**

| Child/County<br>Characteristic | Analysis III           |            |               | Analysis III           |       |
|--------------------------------|------------------------|------------|---------------|------------------------|-------|
|                                | Estimate<br>(s.e.)     | Odds Ratio | Time Interval | Estimate<br>(s.e.)     | Prob. |
| Age 0                          | -0.2948***<br>(0.1006) | 0.74       | D1            | -2.2432***<br>(0.1273) | 9.59% |
| Age 1-6                        | 0.0593<br>(0.727)      | 1.06       | D2            | -2.9979***<br>(0.1370) | 4.75% |
| 7 and Above                    | Reference              |            | D3            | -3.3578***<br>(0.1492) | 3.36% |
| Black                          | 0.0949<br>(0.0724)     | 1.10       | D4            | -3.5954***<br>(0.1655) | 2.67% |
| Race Others                    | -0.4524***<br>(0.1428) | 0.64       | D5            | -4.071***<br>(0.2071)  | 1.68% |
| White                          | Reference              |            | D6            | -3.1903***<br>(0.1782) | 3.95% |
| Male                           | -0.0860<br>(0.0642)    | 0.92       |               |                        |       |
| Female                         | Reference              |            |               |                        |       |
| New Waiver                     | -0.1456**<br>(0.0742)  | 0.86       |               |                        |       |
| Demonstration                  | 0.04296<br>(0.1406)    | 1.04       |               |                        |       |

\*significant at 10%, \*\*significant at 5%, \*\*\*significant at 1%