

ProtectOHIO:
Interim Evaluation Report of
Ohio's Title IV-E Waiver Demonstration Project
Covering the Third Waiver Period 2010-2012



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PROTECTOHIO INTERIM EVALUATION REPORT: EXECUTIVE SUMMARY

The ProtectOHIO Title IV-E Waiver Program maintains a unique position among the more than 30 states that have had Title IV-E Waiver demonstration programs. Ohio is the only state that has operated a Title IV-E Waiver continuously since 1997. The ProtectOHIO basic waiver design has not changed since inception, focusing on the entire child welfare population in a limited number of counties, enabling a strong comparison design for the evaluation.

Perhaps most significant about Ohio's waiver is that, over the three waiver periods it has been in place, the practice focus has become increasingly targeted and well-defined. The first waiver, 1997-2002, allowed the fourteen participating demonstration counties maximum flexibility in how they chose to use the flexible federal funds. The second waiver period, 2004-2009, targeted waiver activities to five intervention strategies, with each participating county required to implement the core strategy, family team meetings (FTM), and at least one of the other four strategies. The third waiver period further narrowed the focus to just two strategies; FTM and kinship supports.

Thus far in the evaluation of ProtectOHIO, the clearest message to emerge from evaluation finding is that flexible funds are necessary, but not sufficient, to achieve significant improvements in child/family outcomes. In an attempt to further elucidate this and the other necessary components of a successful waiver, the current evaluation focused on addressing two key evaluation questions:

1. In what ways have the demonstration sites varied in their implementation of waiver activities compared to each other, and in relation to the comparison counties?
2. In what ways do outcomes differ among the demonstration sites and between the demonstration and comparison groups?

These broad questions were addressed in the interim evaluation across 5 domains: Process, Family Team Meetings, Kinship Supports, Fiscal, and Participant Outcomes.

The Process Study examined how Ohio counties are faring during the third waiver period. The dominant theme to emerge from the findings during this interim period is financial struggle for the Public Children Services Agencies (PCSAs) and for the families they serve. Severe revenue declines across the state have decreased staffing levels thus increasing caseloads for the remaining staff. Most counties, demonstration as well as comparison, are facing increased family needs for basic supports

Nonetheless, demonstration PCSAs report a wide variety of new service options. The demonstration counties appear to have somewhat greater fiscal stability due to greater reliance on local child welfare levies and more consistent PRC funding.

Family Team Meetings

A thorough examination of the Family Team Meetings (FTM) intervention was completed for this interim report, using an implementation, fidelity, and outcome analysis in order to address the evaluation questions. The implementation analysis found that comparison counties exhibited wide variation in the availability and intensity of FTM-like practices. This contrasts with the level of uniformity in implementing FTM practices across the demonstration counties. The demonstration counties are substantially more likely to have a family meeting practice that is targeted to all ongoing cases and facilitated by a specially trained, neutral party.

The FTM study population across the seventeen demonstration counties comprised of over 3,000 families, over 7,000 children, who received over 10,000 FTMs. Most meetings were held as either initial planning meetings or quarterly reviews; very few meetings were held for the purpose of responding to critical events. In addition, 73% of all cases that became eligible for FTM during the study period received FTM. Of those cases that did receive an FTM, 81% were held within 35 days of the decision to transfer to ongoing services, while 74% of subsequent meetings were held within 100 days of the previous meeting.

The study team also explored fidelity at the case level, in terms of overall adherence to the model per case. Overall 19% of cases met the threshold for high fidelity FTM, 23% received medium fidelity FTM, and the remaining 59% were classified as low fidelity FTM.

Outcome analyses indicate differences between FTM and comparison cases in terms of case closure, which occurred significantly more quickly for FTM cases; the difference is particularly evident for high fidelity FTM practice, suggesting shorter case-length for FTM cases. The analysis also found that FTM cases were significantly, but only slightly more likely to have a re-report within a 6-month period than comparison cases, though this finding washed out when examining high-fidelity FTM cases.

Kinship Supports

In the first year of the waiver, demonstration counties worked with ODJFS to develop the Kinship Strategy Practice Manual. The purpose of the manual is to guide counties in the consistent implementation of the Kinship Strategy. Ongoing support has included the Kinship Strategy Workgroup and two state sponsored trainings on understanding the needs of kinship caregivers and implementation of the strategy according to the Kinship Strategy Practice Manual.

The practice manual specifies that coordinators must provide the indirect services included in the manual. At the time of our site visits in Fall 2012, less than half of the demonstration counties had a kinship coordinator who maintained a county kinship resource guide for caseworkers. Most counties did have a kinship coordinator who was serving as an expert resource to caseworkers and training caseworkers on the strategy and how to support caregivers. However, caseworkers in only a quarter of all demonstration counties reported that they had received any type of kinship related training since the start of the Kinship Strategy.

The practice manual clearly defines the Kinship Strategy target population as all cases open to ongoing services regardless of custody status or supervision orders, but only about a third of the demonstration counties targeted this population. In just over half of the counties, placements were required to be long-term (usually 30 days or longer) to receive strategy services. Overall, less than half of

all eligible kinship households in the demonstration counties received Kinship Strategy services. And even when considering only those kinship placements lasting 30 days or longer, the proportion of eligible households that received strategy services was only marginally better.

Fiscal Analysis

The fiscal analyses found that waiver revenue declined modestly in almost every one of the last eight years, dropping from \$61 million in 2003 to \$52.4 million in 2012. This trend in reduction of foster care board and maintenance expenditures among comparison counties shows that over this period, reductions in the use of foster care were taking place across Ohio. Thus, from a cost-neutrality point of view, the reduction is “fair” in the sense that it represents what might have happened in the absence of flexible funding. Not surprisingly, in the face of overall child welfare revenue declines, no significant changes in spending patterns distinguished the two groups. It is worth noting, however, that during the third waiver period, ten demonstration counties were able to reduce foster care costs sufficiently to generate substantial savings that could then be spent on non-foster care services. .

Participant Outcomes

The evaluation addresses three types of outcomes – safety and placement among children receiving FTM, placement stability and permanency among children in placement, and safety among all children with maltreatment reports.

The preliminary Placement Outcome analyses found no differences between demonstration and comparison counties on placement duration or early placement disruption, suggesting the Title IV-E Waiver neither increased nor decreased placement duration and placement stability during the first two years of the third ProtectOHIO Waiver. More than half of the children (58.5%) were discharged from care within a year, and 41.5% remained in care for more than a year. The most common exit type was reunification (59.5%), followed by custody or guardianship by a relative (32.8%). In addition, no differences were found in the number of days children spent in placement in demonstration counties and comparison counties.

Evaluators found no statistically significant difference in the proportion of children who experienced two or more moves during their first month in care in demonstration counties compared to comparison counties. Fortunately, most children (97%) who remained in care at least one month experienced two or fewer placements during that time.

The safety domain analyses examined three basic indicators which point to whether demonstration counties responded to the waiver stimulus and succeeded in changing placement patterns without increasing safety risks, relative to children in the comparison counties. The indicators are: placement into foster care following a substantiated or indicated report; recurrence of maltreatment in situations where the child was not placed; and, occurrence of maltreatment following the child’s discharge from placement. No significant differences were evident between the demonstration and comparison children on any of these measures. The likelihood of placement following the first substantiated report differs only slightly between demonstration and comparison counties. Similarly, recurrence rates for the demonstration and comparison counties did not differ appreciably; and rates of abuse following discharge for comparison and demonstration counties were not different.

The Interim Evaluation Report concludes with a summary of findings and brief discussion on each. In conclusion, evaluators offer a number of important points:

1. This is an interim, preliminary evaluation of the third Ohio waiver, using data on a limited number of children.
2. Participation in the waiver continues to provide the demonstration counties with valued flexibility in how to spend their limited resources.
3. The two waiver strategies, FTM and Kinship Supports, have been implemented in all 17 demonstration counties, but the interventions have reached only a portion of the target population, and with less than ideal levels of fidelity to the defined strategy.
4. FTM shows some modest positive effects on case-level and child-level outcomes, and the level of FTM fidelity a case received appears to enhance the positive effects.
5. Children are not adversely affected by the waiver in terms of placement.
6. Children are equally safe under the waiver as they would have been under normal circumstances.

Overall, the findings presented in this interim evaluation of Ohio's third phase of ProtectOHIO suggest that much potential still exists, in terms of time and flexible resources as well as staff skills and commitment, to yield positive effects on child and family outcomes, perhaps even stronger than those observed at the end of the second waiver period.

CHAPTER 1: INTRODUCTION AND OVERVIEW

In October 1997, Ohio implemented ProtectOHIO, a Title IV-E Child Welfare Waiver Demonstration project. As one of a score of Title IV-E Waiver programs in the country, ProtectOHIO experiments with the flexible use of federal IV-E dollars; funds normally allowed to be spent only for foster care can be used for a range of child welfare purposes. The underlying premise of the Title IV-E Waiver is that the opportunity to use federal child welfare funds flexibly will change purchasing decisions and service utilization patterns in ways that are favorable to children and families. ProtectOHIO is one of five states experimenting with capped IV-E allocations.¹ As in the other states, Ohio’s primary goals are to reduce the number of children coming into care, decrease the length of stay in care, decrease the number of placements experienced by children already in care, and increase the number of children reunited with their families or placed in other permanent situations.

The first ProtectOHIO Waiver demonstration program operated for five years, from October 1, 1997 through September 30, 2002. A “bridge period” of two years followed, while the Ohio Department of Job and Family Services (ODJFS) negotiated with the federal Children’s Bureau to obtain a five-year extension. The extension was granted in January 2005, retroactive to October 1, 2004, and scheduled to end September 30, 2009. The new waiver featured a major shift in focus: participating county child welfare agencies – called Public Child Serving Agencies, or PCSAs – would focus on two or more specific interventions, each choosing from: family team meetings, supervised visitation, kinship supports, enhanced mental health/substance abuse services, and managed care.

In February 2009, ODJFS formally requested another five-year extension; in March, the Children’s Bureau granted a short-term extension through September 2010, to allow for full consideration of the final evaluation report findings and execution of the third five-year extension. Authorization was received in March 2011, retroactive to October 1, 2010. The waiver is scheduled to end September 30, 2015. This report constitutes the Interim Evaluation Report for the third waiver of ProtectOHIO.

Ohio maintains a unique position among the more than 30 states that have had Title IV-E Waiver demonstration programs. It is the only state that has operated continuously since 1997 and has not altered its basic waiver design – focus on the entire child welfare population in a limited number of counties (that nonetheless represent a substantial portion of the state’s child welfare population) and thus facilitating a strong comparison county evaluation design.

Perhaps most significant about Ohio’s waiver is that, over the three waiver periods it has been in place, the practice focus has become increasingly targeted and well-defined. The first waiver, 1997-2002, allowed the 14 participating counties maximum flexibility in how they chose to use the flexible federal funds; the second waiver period, 2004-2009, targeted waiver activities to five intervention strategies, with each county required to implement the core strategy, family team meetings (FTM), and at least one other. The third waiver, which is the explicit focus of this evaluation report, further

¹ The other four are Indiana, Oregon, California and Florida.

narrowed the focus to just two strategies, FTM and kinship supports. This evolution of ProtectOHIO captures the essence of one of the clearest messages that emerged from waiver evaluation findings over the past 15 years: flexible funds are necessary but not sufficient to achieve significant improvements in child/family outcomes – also required is a clear focus on using those funds for specific placement-prevention and placement-reduction activities. As stated in the DHHS May 2012 Information Memorandum inviting states and tribes to apply for Title IV-E Waivers, “while there has been significant emphasis in child welfare discussions in recent years related to financing mechanisms, it is unlikely that reorganizing funding mechanisms alone to support children and families prior to or after leaving foster care will improve outcomes for children... HHS’s recognition that funding flexibility alone cannot improve outcomes for children and families has informed the greater emphasis placed by HHS under the new waiver authority on the implementation of established or emerging evidence-based programs and practices (EBPs).”²

1.1 EVALUATION DESIGN

Paralleling the three waiver periods of ProtectOHIO has been an independent evaluation. In July 1998, the then Ohio Department of Human Services (now renamed the Ohio Department of Job and Family Services, ODJFS) contracted with a team of researchers led by Human Services Research Institute (HSRI), to evaluate the impact of ProtectOHIO on outcomes for children and families in the child welfare system. The first five-year evaluation ended in June 2003, culminating in the Final Comprehensive Report of the Evaluation of Ohio’s Title IV-E Waiver Demonstration Project “ProtectOHIO.” The HSRI team continued its evaluation role under the second waiver period of ProtectOHIO, and the evaluation was completed in the spring of 2010, with a final report in September 2010 (Kimmich, et al., 2010). And, with the extension of ProtectOHIO for a third five-year period, ODJFS again contracted with the HSRI evaluation team; the evaluation is scheduled to conclude in March 2016.

The goal of ProtectOHIO is to reduce use of foster care, through flexible use of a capped Title IV-E allocation that “may be spent for a range of child welfare purposes.”³ The core hypothesis is that “the flexible use of Title IV-E funds to provide individualized services to children and families will assist in prevention of placement, increase reunification rates for children in out-of-home care, decrease rates of re-entry into out-of-home care, and reduce length of stay in out-of-home care.”⁴

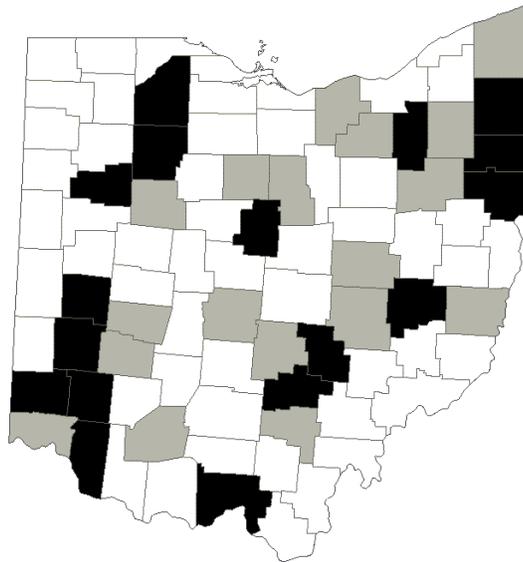
The overall evaluation uses a quasi-experimental design, comparing practices and outcomes in the 17 demonstration counties and 17 comparison counties located throughout Ohio (Figure 1.1). As explained in the June 2011 evaluation plan (Kimmich, et al., 2011), the comparison counties were chosen to maximize comparability with demonstration counties (Table 1.1). The target population is all children served by the participating Public Children Services Agencies (PCSA), the county-level child welfare agencies.

² ACYF-CB-IM-12-05, to State and Tribal title IV-E agencies.

³ DHHS/ACF/ACYF, Ohio Amended Terms and Conditions, 8/13/10, section 2.0.

⁴ IBID, section 3.0

Figure 1.1: Map of ProtectOHIO Counties



Grey = Demonstration counties
Black = comparison counties

Table 1.1: Variables Used in Choosing Comparison Counties⁵

- County population
- Percent of county considered rural
- Percent of children in population on Aid to Dependent Children (ADC)
- Percent of child welfare spending coming from local government
- Child abuse and neglect reports per 1,000 children in county population
- Out-of-home placements per 1,000 children in the county
- Median placement days

Because children’s services in Ohio are county-administered, much variation exists among the participating PCSAs. The waiver provides an opportunity for PCSAs to explore innovative approaches to meeting the needs of children and families in their local communities. Over the three waiver periods of ProtectOHIO, the waiver-generated activities pursued in the demonstration counties have become increasingly consistent and consolidated. In the first waiver period, each demonstration county developed its own plan for reducing reliance on out-of-home placement; as a group, they shared ideas and experiences over the course of the waiver, and by the end of the period had together identified some promising avenues for improving child and family outcomes. Subsequently during the bridge period between the first and second waiver periods, ODJFS and the demonstration counties discussed

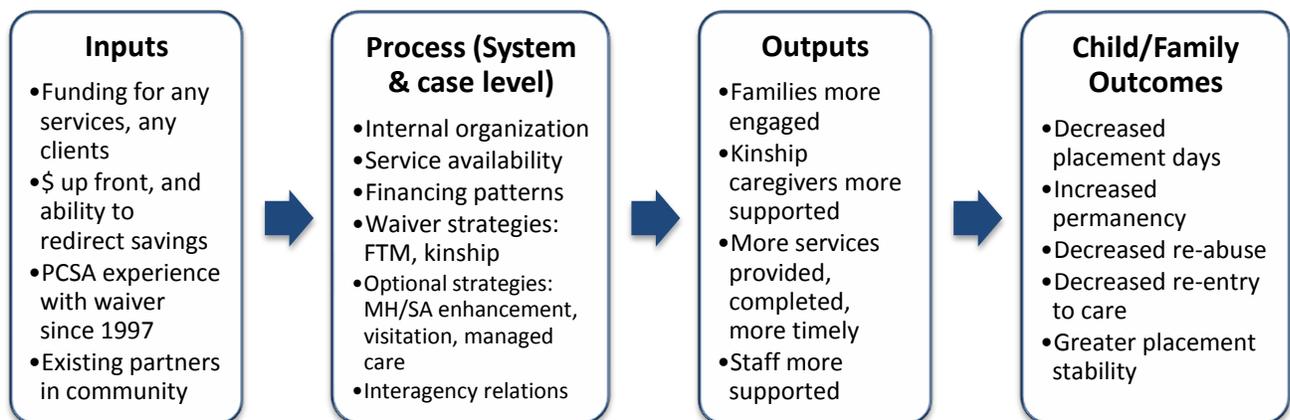
⁵ More information can be found on page 2 of the *ProtectOHIO* Phase II Evaluation Plan.

the evaluation findings and their own experiences, and began to recognize the benefits of adopting some common strategies. For the second waiver, they agreed to focus on five strategies: family team meetings (FTM), kinship supports, supervised visitation, enhanced mental health and substance abuse services, and managed care contracting. Each county was required to participate in the FTM strategy and at least one other strategy; some counties chose to participate in more than two strategies. The evaluation examined not only the overall impact of the waiver on the child welfare population but also the impact of each of the individual strategies on children and families in the particular counties that participated in the initiative.

In the third waiver period, the demonstration counties chose to further consolidate their waiver focus, specifically because they wanted to contribute to the development of evidence-based practices for child welfare. The 17 demonstration counties decided to implement two strategies, FTM and kinship supports, not only because they had already made substantial commitment to these activities during second waiver but also because of the positive evaluation findings from the second waiver period. All the counties have agreed to implement the two strategies using more explicitly-defined models and incorporating common training for staff. At the same time, individual demonstration counties could also choose to continue other strategies begun during the second waiver period, such as supervised visitation. The shift from five strategies to two strategies enables the counties to concentrate their attention on fully implementing the specific service interventions, converting the financial flexibility of the waiver into concrete practice changes expected to improve child and family outcomes. In turn, the evaluation can more clearly assess the impact of the waiver through the effectiveness of the two core strategies, and it can begin to build the evidence base for FTM and kinship supports.

The overall waiver Logic Model (Figure 1.2) illustrates the basic premises of ProtectOHIO, establishing expected relationships between waiver conditions, county activities, and desired outcomes for children and families served through the waiver.

Figure 1.2: ProtectOHIO Logic Model (Third Waiver)



The two key evaluation questions are:

1. In what ways have the demonstration counties varied in their implementation of waiver activities during this period of the waiver, compared to each other? And, how have they made organizational and practice changes, compared to the group of comparison counties?
2. In what ways do outcomes differ among the demonstration counties and between the demonstration and comparison groups?

The evaluation examines the key outcomes through three required studies – the Process Study, the Fiscal Study, and the Participant Outcomes Study. Table 1.2 lists the research topics and major outcomes included in each study, and notes the links between the evaluation outcomes and measures used at the federal level to assess the performance of public child welfare systems.

Table 1.2: Focus for ProtectOHIO Evaluation

Research Topic/Outcome Domain	Process Study	Fiscal Study	Participant Outcomes Study		
			Placement Outcome Analysis	Trajectory Analysis	Strategy Analyses
Organizational aspects	x				
Service delivery system	x				x
Relationship between PCSA and partner agencies (e.g., juvenile court)	x				
Contextual factors, barriers & successes	x				
Likelihood of children entering care				x	x
Length of stay in care ⁺			x		x
Rates of children having good permanency exits (reunification, adoption, legal custody to kin) ⁺⁺			x		x
Placement stability*			x		
Rates of re-entry to care after reunification or custody to kin*			x		x
Rates of subsequent maltreatment after permanency exit *				x	x
Family Team Meetings strategy: differences in implementation and availability & intensity of services *					x
Kinship strategy: differences in implementation and availability & intensity of services; among those placed, the proportion placed with kin*					x
Of children with substantiated CAN report, proportion who go to placement*				x	
Rates of change in expenditures on placement/non-placement activities		x			

⁺Related to Adoption and Foster Care Analysis and Reporting System (AFCARS) measures

* Related to Child and Family Services outcomes, derived from AFCARS measures

The three studies comprising the evaluation together address all parts of the logic model. They are summarized briefly here, with full details presented later in this plan.

- The Process Study examines the overall implementation of the waiver in the demonstration counties, compared to typical child welfare practice in the comparison counties. Special attention is given to implementation of the two core strategies, FTM and Kinship, in terms of

consistency with the intervention models defined in the FTM and Kinship practice manuals. The findings address (a) changes in PCSA structure, service array, and interagency relationships, especially as related to the strategies; (b) fidelity to the strategy models; and (c) any other county-specific initiatives or prioritized activities.

- The Fiscal Study continues the work done in prior waiver evaluations. The study team is collecting primary data on child welfare expenditures for calendar years 2009 through 2014 from all 34 counties. Combining this information with data from ODJFS on placement day utilization, the team examines whether and how expenditure patterns change under the third waiver. The core hypothesis is that, as demonstration counties take advantage of the waiver flexibility and build alternatives to foster care, they will lower utilization of foster care and concomitantly increase expenditures for non-placement services and other supports.
- The Participant Outcomes Study consists of three separate analyses. The Placement Outcomes analysis focuses on the outcomes for children entering placement beginning in Calendar Year 2011, and examines placement stability, length of stay in care, types of permanency exits, and re-entry to care. The Trajectory analysis addresses safety and permanency outcomes for all children with intake cases beginning in 2009, and examines the likelihood of placement and re-abuse for demonstration county cases compared to cases in the comparison counties. The Strategy analysis will explore the impact of the two core ProtectOHIO strategies, FTM and Kinship, on children who transfer to ongoing services beginning in 2011 by comparing children receiving one or both of the strategies with their counterparts in the comparison counties, in terms of placement utilization, permanency and safety.

1.2 HIGHLIGHTS OF PRIOR PROTECTOHIO FINDINGS

Before presenting the interim findings related to activities during the third waiver period of ProtectOHIO, it may be helpful to reflect on the major findings from the first and second waivers, spanning the period 1997-2010.

- The Final Comprehensive Report of the first waiver period (HSRI, 2003) found that the waiver “did not appear to be strong enough to alone generate fundamental reform of the state’s child welfare system.” It pointed to several issues – (a) program initiatives were “neither sufficiently large-scale nor sufficiently targeted,” (b) reform efforts lacked “well-articulated logic models targeting specific outcomes,” and (c) characteristics inherent in the Ohio child welfare system (e.g., county-administered child welfare programs that relied heavily on local levy funds) presented particular challenges to systemic reform – and argued that “with further time to address some of the barriers and limitations, the evaluation can be expected to bring to light more varied effects of waiver participation in the demonstration county group (and to) supply deeper information (about) the complex dynamics of systemic reform.”
- The Comprehensive Final Report of the second waiver period (HSRI, 2010) identified some key systemic changes that occurred substantially more in demonstration counties than in comparison counties, such as better communication with juvenile courts and offering a broader array of programs for unruly/delinquent youth than do comparison PCSAs; greater use of

specialized visitation staff and support for structured activities during the visits; and more frequent use of designated kinship support staff. Perhaps most significant was the evidence of a shift in PCSA spending patterns, with demonstration counties making significantly greater reductions in the share of child welfare expenditures going to foster care board and maintenance, relative to the comparison counties.

- The 2010 final report also found statistically significant yet modest waiver effects on child outcomes.
 - ✓ In terms of safety, children were not at increased risk as a result of the waiver. Looking at all cases served between 1994 and 2006, the evaluation found very little change in the percentage of children with a subsequent CAN investigation among either the demonstration or comparison county groups, suggesting that the waiver did not affect children’s safety. By the end of 2006, demonstration counties were serving a substantially larger portion of children in-home than were comparison counties (19% versus 11%). Demonstration children served in-home were no more likely to be the subject of a subsequent maltreatment investigation than were comparison county children. Looking at placement cases that closed during the first waiver, the evaluation found no difference in re-entry to foster care, among children who exited their first foster care placements to the custody of either parents or kin, suggesting the waiver did not compromise child safety. Finally, children in FTM counties were significantly less likely to have subsequent case openings within a year of case closure than children in comparison counties, although the effect was slight (11% versus 12%).
 - ✓ In terms of length of placement and permanency, the outcome analyses revealed modest improvements: minor improvements were seen in the length of the first placement, and the wait for adoption was shortened (by 2 months); significant waiver effects were found for children in placement who exited to custody of kin (2% more did so under the waiver) and who exited to reunification (4% less); exits to adoption increased slightly (1% more) relative to pre-waiver conditions, suggesting that exits to adoption increased very slowly over the two waiver periods. In addition, the FTM analysis showed that children in demonstration counties had significantly shorter case episodes than did comparison county children; and demonstration county children were significantly less likely to go to placement than were comparison county children (2% less), although no significant difference was found with regard to length of stay in placement.

In sum, the second waiver period offered clear evidence of systemic change at the county level, in terms of agency philosophy and culture, service options, and collaboration. There was evidence of an overall maturation in the demonstration counties, as they learned from their experiences and became more comfortable with the flexibility/risk proposition intrinsic to the waiver. By the end of the second waiver, the shift in PCSA spending toward non-foster care activities finally emerged as a statistically significant change. The very modest effects of the waiver on child-level outcomes were notable: More children served in-home, some shorter duration in placement and in case length, and equal safety under the waiver are positive signs, but the waiver alone does not yield large gains in child outcomes. The bottom line seems to be that demonstration counties have taken advantage of the flexibility afforded by

the waiver for agency-level and county-level improvements; and children are not at any greater risk of maltreatment.

Looking at the entire twelve years of ProtectOHIO, the evaluation thus far suggests an evolution in demonstration counties' comfort with the waiver and their embrace of the potential it offers for systemic change in their local child welfare environments. Whether this energy and flexibility can be channeled toward overall improvement as reflected in the federal Child and Family Service Reviews and other child welfare outcomes is the focus of the current waiver evaluation.

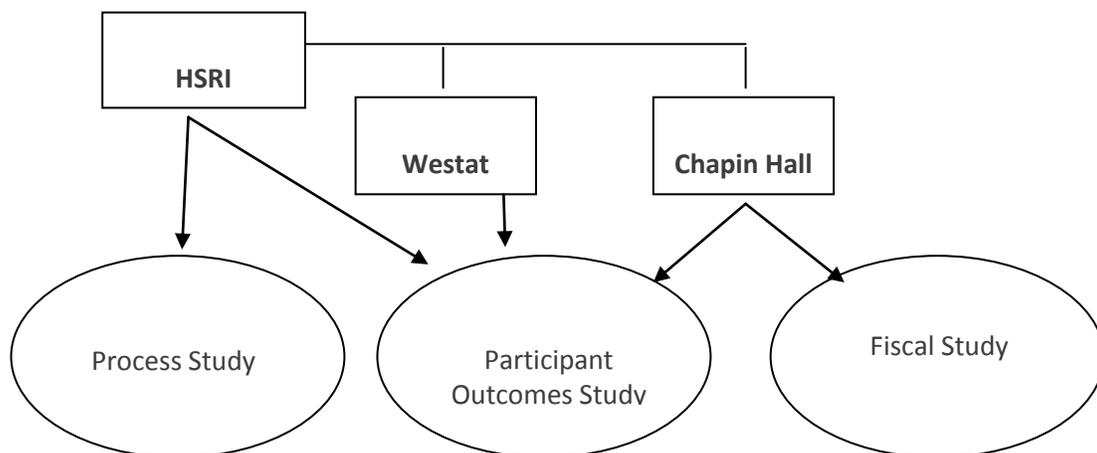
1.3 PROJECT MANAGEMENT ACTIVITIES

1.3.1 Evaluation Team

The waiver evaluation team is led by Human Services Research Institute (HSRI), in partnership with Westat and the Chapin Hall Center for Children at the University of Chicago. Since July 1998, this team has worked together to evaluate the impact of ProtectOHIO on outcomes for children and families in the child welfare system. Responsibility for the major evaluation studies is shared as follows:

- HSRI leads the Process Implementation Study, which consists of an overall examination of system-level changes and two distinct studies of the implementation of the core waiver strategies, FTM and kinship supports. In the two strategy studies, HSRI also examines the intervention effects on child-level outcomes.
- Chapin Hall leads the Fiscal Outcomes Study, continuing the approach used during the first five-year evaluation which focused on changes in child welfare spending patterns. HSRI staff works closely with Chapin Hall to gather and analyze county data.
- Westat and Chapin Hall share responsibility for the Participant Outcomes Study, comprised of two distinct outcome analyses. Westat conducts the Placement Outcomes Analysis (POA), focused on children in placement; Chapin Hall leads the trajectory analysis, examining how child safety is affected by changes in the pathways children follow through the child welfare system.

The schematic below illustrates the relationship among the three organizations.



1.3.2 Collaboration with the State and Counties

The evaluation team works closely with state and county stakeholders, both to stay informed about waiver developments and to share information generated by the evaluation.

ProtectOHIO Consortium: The Consortium consists of representatives of each of the 17 demonstration counties, relevant ODJFS staff, and the evaluation team. It was formed in 1997 at the outset of the first ProtectOHIO Waiver. At least one member of the evaluation team attends each bi-monthly Consortium meeting and provides the Consortium members with updates on evaluation activities. The evaluation team has used multiple approaches to share interim and final evaluation results, including assisting the Consortium as it launched the third waiver period of ProtectOHIO. A two-day third waiver Enhanced Training/Planning meeting was held in late March 2011. Attendees included staff from all ProtectOHIO demonstration counties, ODJFS staff, Ohio Child Welfare Training Partnership Staff, and evaluation team members. The meeting focused on planning for implementation of the third waiver and included a review of the second waiver evaluation findings as well as training and discussion regarding the third waiver strategies.

It is important to recognize the central role which the Consortium has played in the evolution of Ohio child welfare practice under the waiver. Representatives of the demonstration counties have attended the bi-monthly meetings of the Consortium for the past 16 years, beginning even before the evaluation contract was awarded in April of 1998. In a survey of the Consortium counties conducted in 2008, these PCSA representatives were asked to describe their involvement with the ProtectOHIO Consortium group. Half of the managers (nine) reported significant involvement and a third (six) reported moderate involvement. The counties described the following benefits of Consortium involvement:

- information sharing, especially with regard to learning about other counties' creative approaches;
- networking with colleagues;
- troubleshooting common challenges, especially with regard to the SACWIS transition; and
- maintaining active commitment to and enthusiasm for ProtectOHIO goals.

Strategy Workgroups: To formally develop the two core ProtectOHIO strategies, the Consortium formed two workgroups, one to focus on the FTM strategy and the other for the Kinship strategy. These workgroups include representatives from several ProtectOHIO county PCSAs (any who volunteer), ODJFS, and the evaluation team. The workgroups met over a period of several months to refine the strategy practice models and develop manuals to guide the counties in consistently implementing the strategies. The evaluation team provided technical assistance and coordination to these groups, helping the workgroups to clearly define the strategies and reach consensus on practice and measurement expectations (i.e., fidelity). The workgroups continue to meet on a regular basis to share on-the-ground experiences and to discuss challenges that have emerged related to policy, practice, and data collection.

1.3.3 Data Management

A critical task for the evaluation team is obtaining, organizing and understanding data from a variety of sources. Two data sources provide the information used for the outcome analyses and parts of the process analysis: the Ohio State Automated Child Welfare Information System (SACWIS) and HSRI's Protect Ohio Data System (PODS), an electronic data collection system implemented by HSRI as a complement to SACWIS. We discuss these resources in more detail below.

SACWIS: The 'ProtectOHIO' SACWIS Data Workgroup was created in late 2010 to assist the evaluation team with issues related to Ohio's SACWIS. The workgroup is composed of evaluation team members from Westat and HSRI, State SACWIS and Office of Information Technology (OIT) staff who are familiar with the database and with the data needs of the waiver evaluation and county staff that work with data on a daily basis and are very familiar with SACWIS. Additional SACWIS state staff and county staff are brought into the workgroup as appropriate for their expertise to address particular SACWIS data needs for the waiver strategies. The Data Workgroup assists the evaluation team in understanding the data in SACWIS, in resolving the issues remaining in the data, and in deciding which specific data in SACWIS are viable for use in the evaluation. The workgroup assisted in developing the specifications that the State SACWIS staff used in creating the appropriate files for the waiver evaluation analyses, reviewed the list of data variables needed from SACWIS, and made recommendations for possible solutions to data problems.

The first organizational meeting was held on November 15, 2010 in Columbus, Ohio to outline and agree on tasks and meet participating members. The workgroup met by webinar every two weeks from January 18, 2011 until the first evaluation files were created from SACWIS tables beginning in December 2011. Throughout 2012, the data workgroup was called upon to provide consultation on specific data issues found in the review and utilization of the preliminary SACWIS evaluation files. Twelve county staff assisted the evaluation team by (1) cross-validating data in PODS and SACWIS; (2) identifying data elements and functions that needed to be added to SACWIS to evaluate waiver strategies; (3) testing SACWIS data elements such as the family assessment approval date, case IDs and intakes linked to family assessments, alleged victim and investigation dispositions, legal statuses and dates; (4) writing data file specifications and program code, and (5) reviewing analyses and reports for accuracy. Although the workgroup did not meet on a routine basis in 2012 and 2013, several meetings took place with SACWIS staff and individual county workgroup members in resolving file and data issues to get to the final files used for the analysis in this Interim Report. This active collaboration has been crucial to the evaluation team's ability to understand data dynamics in Ohio throughout the waiver period.

By the start of the third waiver period, the evaluation team had been working as an integral part of a SACWIS Data Workgroup comprised of "data-savvy" representatives from counties and the state. Over an eight-month period, the workgroup developed the specifications for the data needed from SACWIS for the evaluation. At the July 2011 Consortium meeting, the SACWIS Data Workgroup presented a list of critical data elements required for the evaluation. The workgroup identified and recommended additions and revisions to the case services, kinship placement, kinship provider, and legal and custody status functional areas in SACWIS required for the evaluation of the Kinship and FTM strategies. These additions and revisions were implemented over several months: the case services elements were implemented in July 2011, the kinship placement functionality was implemented in August 2011, the

kinship provider changes were implemented in September 2011, and the legal and custody status changes were implemented in March 2012. In addition, the workgroup developed a ProtectOHIO Data Dictionary, which provided a manual for the county staff to use that highlights both the new and old areas of functionality in SACWIS that are critical for the data needed in the evaluation. The workgroup followed the Knowledge Base article format currently used in the online SACWIS training. In addition to the data dictionary, workgroup members provided training on each area critical to Consortium members and their designated staff.

In September 2011, the first file specifications for this waiver period were submitted to Tresa Young, Chief, Bureau of Automated Systems, in the Office of Families and Children, ODJFS. The evaluation team received the first set of SACWIS files in November 2011. After trying to work through considerable duplication caused by preliminary programs that matched multiple tables in the SACWIS in order to condense the number of files sent, the evaluation team in consult with the SACWIS staff decided a new set of files was needed that adhered to the SACWIS table format maintaining the primary and foreign keys in each table. A new set of SACWIS files was delivered in January 2012. The evaluation team worked closely with State SACWIS staff and county workgroup representatives to address file content issues throughout the year. The early evaluation data files contained data for a cohort of children entering the child welfare system between January 1, 2009 and December 2011. As the evaluation team worked through all the data issues and began file creation for multiple types of analyses, it became apparent that the child's history of intakes, case openings, assessments, placements, and custody for children who had placements or case openings prior to January 1, 2009 was needed to complete the outcome picture for those children with long histories of involvement in child welfare. Two more iterations of the SACWIS files were sent in October 2012 and again in February 2013 to include the new kinship care data, for which the data functionality and entry screens were added to SACWIS in February 2012. The Data Workgroup and State SACWIS staff met with members of the evaluation team in Columbus, Ohio on March 26, 2013 to review specific issues regarding (1) how placement data could be used in calculating paid placement days; (2) how discharge reasons and termination reasons could be used in compiling data on exits from care; (3) waivers on completing safety and family assessment affected this data; and (4) an update on the utilization of the new Kinship Care variables in SACWIS—the living arrangement and caretaker data. The State SACWIS staff again worked closely with the evaluation team in a series of meetings to get to the final set of SACWIS files that were sent in May 2013. These files are the base files used to create the multiple evaluation files used for the FTM and Kinship Care strategy analyses, Trajectory analysis, Fiscal analysis pertaining to paid placement days, and the Placement Outcome analysis contained in this report.

The research team is currently in the process of putting together the data request for the routine six month delivery of SACWIS data from Ohio. Over the next several months an increased focus will be on the testing of the services data that is now being entered into the enhanced services module in SACWIS.

PODS: The ProtectOHIO Data System is a data system designed by HSRI as a complement to SACWIS. Demonstration county representatives enter primary data that was not collected in SACWIS, but is necessary for the evaluation, into this system. Over time PODS has continued to evolve both for counties' ease of use and as elements necessary for merging these data with SACWIS data have been further identified. Several web-based county trainings have been provided in order to assure that strategy data is consistently entered across all demonstration counties. Until recently FTM and Kinship

related data was entered into PODS but a recent modification to SACWIS (Spring 2013), now means that FTM data can be entered directly into SACWIS. Prior to the addition of the SACWIS FTM module, a series of discussions were held between the evaluation team, county representatives and state business analysts in order to assure that the data elements captured and entered into PODS, and necessary to the evaluation, would be similarly available in SACWIS. Several counties volunteered to complete double data entry into PODS and SACWIS, for a six month testing period of the new SACWIS FTM module, in order that evaluation team members could assess the consistency between data collected in the two systems and provide feedback to the counties and ODJFS. After receiving several test downloads of the data from the state and providing feedback, HSRI is now satisfied that these data will meet the evaluation needs. At the end of August all demonstration counties began using the new module and have phased out their FTM data entry into PODS.

1.3.4 Institutional Review Board Process

In keeping with national standards of good evaluation practice, the evaluation team has chosen to submit its data collection plans to a formal review by an Institutional Review Board (IRB). The IRB process assures that research methods respect the confidentiality and the privacy of research subjects, with particular attention to service recipients. HSRI's IRB reviews issues related to the protection of human participants for all research activities to be conducted by HSRI. The IRB follows standard practices for review and approval of evaluation studies, ensuring that risk to human subjects is minimized. The committee requires written application for approval of the full evaluation plan; the application includes documentation of the data to be utilized (including permission to use existing data), the subjects to be studied, potential risk exposure, and instruments to be used including informed consent forms as needed. The IRB Chair will call the Board together to determine what type of review is needed. The IRB will then review the application and return recommendations and/or modification requests.

For the ProtectOHIO evaluation, it has been an iterative process between the research team and HSRI's IRB members. After a full committee review, initial approval was granted for the evaluation plan and its related activities and procedures in June 2012, thus assuring that human participants and their associated data would be protected and confidentiality would be preserved. As required by the IRB, annual continuation reviews of study documentation are conducted. Also as required by the committee, all modifications to research procedures or activities are submitted to the IRB on an ad hoc basis for review. To date, two modifications have been submitted and approved by HSRI's IRB. The first modification submitted provided the rationale and documentation for site visit interviews with county agency caseworkers and supervisors; the second modification was submitted for the recruitment of Kinship Caregivers for survey. The last continuation review was approved by HSRI's IRB May 2013 with all research currently approved through May 2014.

HSRI's subcontracting partners, Westat and Chapin Hall School of Social Services (University of Chicago), both submit annually to their respective in-house IRB committees. Since their components of the evaluation involves the study of secondary data, without names or any other direct identifiers, both have continued to receive exemption status.

1.3.5 Reporting

Since the beginning of the third ProtectOHIO Waiver, the evaluation team has prepared seven reports: the evaluation plan (June 2011), an evaluation update included in each of five semi-annual progress reports submitted by ODJFS to the federal Children’s Bureau, and an annual Evaluation Report (June 2012).

1.4 ORGANIZATION OF THE REPORT

The following seven chapters of this Interim Evaluation Report present the activities and findings for each of the major studies comprising the evaluation, offering an overview of each study and its constituent parts, a description of the research methodology, initial findings, and outcome analysis results.

- Chapters 2-4 describe the overall implementation findings and the specific findings from each of the two strategy studies comprising the Process Study. All of these analyses offer results at the county level, comparing practices used in the demonstration counties to those in comparison counties. Chapter 3 also presents FTM case-level findings and child outcomes.
- Chapter 5 contains the Fiscal Outcomes Study, reporting on county-level changes in spending patterns over the first two years of the third waiver period, in demonstration counties compared to comparison counties.
- Chapter 6, the Placement Outcomes Analysis, and Chapter 7, the Trajectory Analysis, present child-level outcome findings, as part of the Participant Outcomes Study.
- Chapter 8 briefly recaps the findings in the foregoing chapters, offers a synthesis of the impact thus far of the 3rd ProtectOHIO Waiver, and suggests some next steps.

CHAPTER 2: PROCESS STUDY

The Process Study focuses on policy and practice changes occurring in the 17 demonstration counties over the course of the third waiver, using contemporaneous changes in the comparison counties as a frame of reference to identify underlying statewide child welfare changes. As shown in the logic model (Chapter 1, Section 1.1), participation in the waiver is expected to lead to reforms at the child welfare system level in the demonstration counties, in areas such as internal organizational structure, the array of available services, financing practices, and interagency partnerships. In addition, the ProtectOHIO Consortium has chosen to embrace two core strategies – Family Team Meetings (FTM) and Kinship Supports – as special interventions designed to enhance the experiences and improve outcomes for children and families receiving ongoing PCSA support. The sections below contrast changes that have occurred in the demonstration PCSAs with changes in the comparison counties, with particular attention to leadership, program initiatives, and fiscal constraints. Chapters 3 and 4 provide detail regarding the FTM and Kinship strategies.

2.1 STUDY FOCUS AND METHODS

All the demonstration counties are implementing the two core waiver strategies, FTM and Kinship. In addition, some counties have chosen to utilize additional interventions or practices that promise to contain the use of out-of-home placement and otherwise improve the outcomes for children and families. As Table 2.1 below indicates, seven counties have opted to continue to use strategies they began under the second waiver – supervised visitation, enhanced mental health & substance abuse services, and managed care contracting. Still other policy or practice changes may be occurring in certain counties; the Process Study team is documenting the full range of county activities associated with the waiver. Attention is given to not only the types of activities or strategies chosen but also their evolution over the course of the waiver period, noting successes and challenges along the way.

Table 2.1 shows county participation across the various intervention strategies.

Table 2.1: Strategies Being Implemented by Demonstration Counties					
Demonstration County	ProtectOHIO Service Interventions				
	Family Team Meetings	Kinship Supports	Visitation	Enhanced MH/SA Services	Managed Care
Ashtabula	x	x			
Belmont	x	x		x	
Clark	x	x	x		
Coshocton	x	x		x	
Crawford	x	x			
Fairfield	x	x			
Franklin	x	x			x
Greene	x	x			
Hamilton	x	x	x		
Hardin	x	x			
Highland	x	x	x		
Lorain	x	x			
Medina	x	x			
Muskingum	x	x	x		
Portage	x	x			
Richland	x	x			
Stark	x	x			
TOTAL	17	17	4	2	1

In accordance with the Ohio Waiver Terms and Conditions, the Process Study addresses the following topics:

- Delineation of a logic model showing the relationship between the objective of the service intervention, the discrete activities comprising the intervention, and the expected outputs, intermediate outcomes and high-level outcomes;

- Organizational aspects of the targeted intervention, such as administrative structures, monitoring activities, and training components;
- The array of services and supports offered and how these change over time;
- Relevant demographic information on children exiting to reunification, guardianship and adoption;
- Challenges and barriers encountered during implementation of the targeted intervention, and resulting modifications made in the original design and logic model; and
- Relevant external, contextual factors that likely impact the effect of the intervention, such as new statewide initiatives.

Data Collection: HSRI is using a variety of data collection methods to gather the information needed for the Process Study. For the general implementation analysis, the study team relies largely on data gathered during site visits. In April 2012, the HSRI team began developing site visit interview guides and focus group protocols, as well as a telephone interview guide for selected PCSAs that do not receive on-site visits. Following IRB approval in August 2012, HSRI began scheduling one-day or 1 ½ -day site visits to the 17 demonstration counties as well as seven of the comparison counties, for October-December 2012. Each site visit included interviews with agency directors, top management staff, staff assigned to FTM and Kinship, and general casework staff.

In the remaining ten comparison sites, managers were asked to participate in two-hour telephone interviews; HSRI determined that these sites had less activity related to family team meetings or kinship services and thus did not require on-site visits to interview multiple types of staff.

In addition to the largely qualitative data collected through site visits, the Process Study analyses of the FTM and Kinship Supports strategies gather case-level data from two major sources: the ProtectOHIO Data System (PODS), and the State Automated Child Welfare Information System (SACWIS).

- **PODS:** The ProtectOHIO Data System (PODS) is a web-based data system developed to collect primary, case-level data on Family Team Meetings and Kinship Strategy efforts. The system is designed to avoid duplication of data entry efforts; it collects data that is not otherwise available or accessible from SACWIS.
- **SACWIS:** A wide variety of data is needed from SACWIS, to match up with the PODS information on individual cases participating in the two strategies.

Chapters 3 and 4 provide more details on the data elements used.

In the qualitative analysis for the Process study, as for the process portion of the FTM and Kinship analyses, we look at practice differences between demonstration and comparison sites. The study team consistently uses a qualitative rubric for expressing differences between small groups of cases, where statistical testing is inappropriate or unfeasible: “substantial” for differences in percentages exceeding 50 points, “moderate” for differences in percentages of between 35-50 points, and “slight” or “somewhat” for percentage differences of between 20-34 points.

One key analytic consideration relates to the use of multiple interventions in each of the demonstration counties, as illustrated in Table 2.1.⁶ While each strategy is distinct, there may be underlying factors common to the demonstration counties that choose to implement multiple strategies. Similarly, children and families that receive multiple service interventions may be different from participants that only benefit from one waiver strategy. The evaluation thus far has not taken this multi-treatment effect into account; in the future it may be possible to code cases by county and strategy, to examine multi-level effects.

2.2 STATE AND COUNTY CONTEXT

While Ohio has had a Title IV-E Waiver since 1997, the larger child welfare environment and indeed the overall state context has changed considerably in the past 16 years. In each of the prior waiver evaluation reports, the evaluation team has identified several external factors that had the potential to impact counties' behavior under the waiver and ultimately the impact of the waiver on children and families served by the PCSAs. During the 2012 site visits, the evaluation team again explored the topics of the economy, Alternative Response, and kinship initiatives. We also asked several general questions about service availability and interagency relations. The sections below synthesize the information gathered.

2.2.1 Economic Downturn

The nationwide recession that began in December 2007 deeply affected state and local budgets during the second waiver period and the impact has continued, and in places worsened since the third waiver began. Simultaneously, counties have witnessed an increase in basic needs (i.e., income, food, housing) and the need for supportive services. As of December 2009, Ohio suffered from an unemployment rate of 10.6%, 2.5 percentage points higher than a year earlier, and a bit worse than the national rate of 10%.⁷ It subsequently dropped to 7% at the end of 2012, but still was markedly higher than in 2007 or earlier. Families in poverty experience even greater stress in times of overall economic hardship, and poverty remains a big concern in much of Ohio – in 1997 the overall poverty rate for Ohio was 11%, in 2005 it had climbed to 13% and it remained just over 13% until 2008. The figure for those living in poverty under the age of 18 presents an even more dire picture – at 18.5% in 2008 (up from 16% in 1997).⁸ The latest Census Bureau figures show Ohio's poverty rate at 14.8%, higher than the national level of 14.3%.⁹ The evaluation team heard local confirmation of this serious economic situation throughout our site visits; some highlights are presented below.

⁶ While all demonstration counties implemented FTM and kinship, several counties also continued to use other waiver strategies begun during the second waiver period.

⁷ Bureau Labor and Statistics: <http://www.bls.gov>

⁸ US Census Bureau: www.census.gov

⁹ IBID; poverty rate is 2007-2011 American Community Survey 5-year estimate.

How has your agency been affected by the changing financial situation in your county, state and nationally? Most demonstration and comparison counties are facing increased family needs for basic supports (financial, food, shelter) and increased child abuse and neglect (CAN) reports; and at the same time all are seeing budget declines. The counties' response to this squeeze was comparable between the demonstration and the comparison counties.

- Where cuts have been severe, PCSAs report that they are struggling to keep up (5 demonstration and 5 comparison counties), "We are smaller as an agency than we were ten years ago but we are still managing to assess all families with CAN reports and provide the appropriate level of services for those with substantial reports." Where cuts have been more gradual, PCSAs report that they are able to more or less maintain operations through attrition, giving no cost-of-living increases and marginal efficiencies in agency operations (8 demonstration and 8 comparison counties). "As staff left, we did not replace them, and merged positions; early on, the county put in place a plan for furlough days, reducing the work week, to save money."
- Some counties specifically mentioned having to decrease provision of hard goods, eliminate some service contracts, and focus their work more on emergencies while relying more heavily on community partners to obtain concrete services (5 demonstration and 3 comparison counties), "Previously we may have bought an appliance, but now we tell families to look for resources in community. Before, we'd give them purchase orders for food and now we tell them to go to the food pantry." Some counties also mentioned that the local community has less resources available (1 demonstration and 3 comparison counties), "Access to services in the community has become difficult. Many resources are extremely limited or no longer available."
- Most PCSAs have faced staff reductions (5 demonstration and 7 comparison), some of which has been achieved through attrition; this in turn has led to higher caseloads and/or having managers carry caseloads. At least one county mentioned that it avoided staff losses by furloughs and reduced hours.

What has happened to funding sources outside of Title IV-E? To supplement state and federal revenues, PCSAs rely heavily on local levies and funds that flow through local Job and Family Services agencies. Demonstration and comparison county groups are facing fairly comparable situations related to their local child welfare levy: the vast majority have levies in place, many of which are scheduled to expire in 2014 so there will soon be many levy campaigns underway (two comparison counties had campaigns underway at time of site visits, Fall 2012). However, the demonstration PCSAs have a bit more stability in that somewhat more of them have a local levy, 15 compared to 12 comparison sites (Table 2.2).

Table 2.2: Child Welfare Funding Sources outside of Title IV-E: County Status		
Funding Source	Demonstration (n=17)	Comparison (n=17)
Local CW levy	15	12
PRC:		
Direct funding	8	5
Grant/contract	4	7
PRC significant change since 2009		
Yes, significant increase	2	1
Yes, significant decrease	6	11
ESAA direct funding	16	16
ESAA significant change since 2009		
Yes, significant increase	1	0
Yes, significant decrease	4	4

Access to PRC and to ESAA¹⁰ is comparable for the two county groups. More demonstration PCSAs receive a direct allocation from PRC than do comparisons (eight and five, respectively), but the reverse is true for counties receiving a grant or contract from the local DJFS (four and seven, respectively); together, 12 demonstration PCSAs and 12 comparison sites get PRC funding. However, over the three years prior to the 2012 site visit, comparison PCSAs were substantially more likely to have faced a significant decrease in PRC funding, 11 comparisons compared to six demonstrations. ESAA funding, by contrast, was more likely to have been stable for both groups of counties, with only four demonstrations and four comparisons facing significant declines in funding.

Overall, there appears to be somewhat greater fiscal stability among the demonstration PCSAs who have greater access to flexible funds than do comparison sites (especially through local child welfare levies), and these funding sources have been more consistent over time. This underlying difference may influence PCSA budget decisions, discussed in Chapter 5.

DJFS Changes Related to Economic Circumstances in the State: The Ohio economy has been seriously affected by the recession and slow in recovery since 2008. The drastic decline in property tax revenues has directly affected local governments, and the increasing demand for food and housing assistance has drained local social service resources. The very structure of the PCSA system has been threatened, with several counties deciding to combine their free-standing Children Services Board with the local Department of Job and Family Services, and several groups of counties in the state opting to merge all of their Job & Family Services operations together. The latter phenomenon led one

¹⁰ PRC = Prevention, Retention and Contingency Fund; ESAA = Emergency Services Assistance Act

demonstration county to leave the waiver in 2012 and one comparison county to leave the comparison group of the waiver evaluation in 2013.¹¹

2.2.2 Alternative Response Expansion

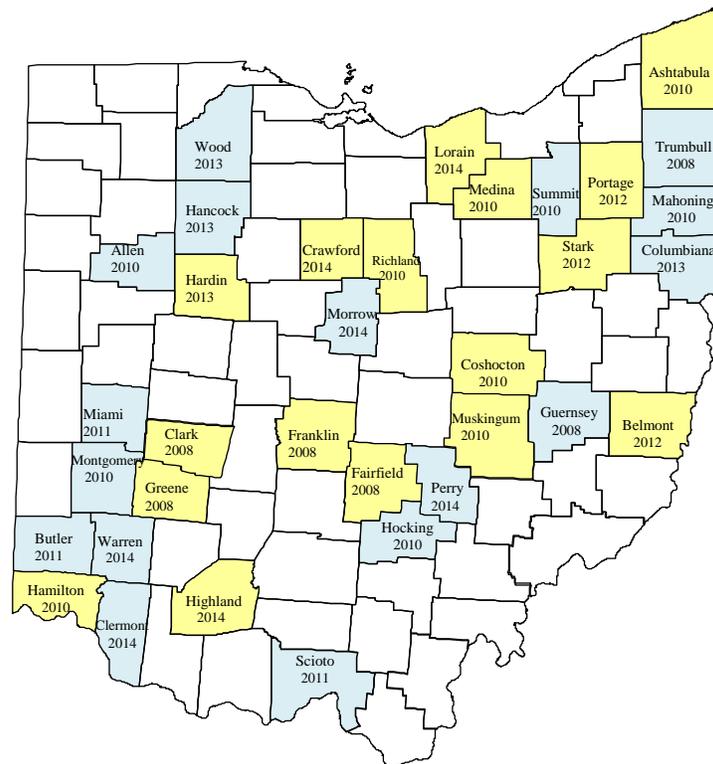
Alternative Response (AR) has been gathering strength in Ohio over the past several years as a new way to intervene with families entering the child welfare system. It offers county child welfare agencies a two-track option when assessing incoming reports of abuse or neglect. While families identified as being of higher risk are assigned to the traditional investigation track as usual, those families identified as being of lower risk are offered an Alternative Response (AR). This second approach is designed to quickly engage families in services: AR caseworkers tend to be clustered together in the same unit (sometimes an AR-only unit, sometimes a mixed unit), they are trained to interact closely with families in assessing family needs, and they assure that appropriate services and supports are then provided without any formal allegation or determination of maltreatment being made. This represents a philosophical shift in the way workers are trained to approach families with lower risk reports of abuse or neglect, seeking to ‘engage’ families rather than investigate them. Workers are encouraged to partner with families, encouraging the family to take the lead in describing its needs.

The initial roll-out of AR occurred in 2008, in the context of a randomized control trial conducted by the Institute of Applied Research and sponsored by the Ohio State Supreme Court and the Ohio Department of Job & Family Services (Loman, et al., 2010). This pilot study, in ten counties, investigated the effects of AR on outcomes for children and families. Four of the counties were ProtectOHIO demonstration counties and two were comparison counties. Subsequently, in 2010, the Quality Improvement Center on Differential Response (QIC-DR), funded by the federal Children’s Bureau, began a three-site randomized control study, which included another five of Ohio’s counties,¹² in addition to multi-site projects in Colorado and Illinois. HSRI acted as the local evaluator for the Ohio component of the study and is currently completing the final report. Since 2010, ODJFS has continued to expand the use of AR through a series of roll-outs across the state (Figure 2.1). By June 2014, all Ohio counties are expected to have implemented Alternative Response. As the map shows, ProtectOHIO demonstration and comparison counties have implemented this approach at various times, contributing to an ever changing context in which to understand the impact of the two discrete waiver strategies, FTM and Kinship.

¹¹ Vinton and Hocking, respectively

¹² Clark county was included in the pilot study on DR as well as the QIC-DR study

Figure 2.1: Dates of Entry into Alternative Response for ProtectOHIO Counties



During the 2012 site visit interviews, managers and directors were asked about major changes in service offerings in the past four years. Alternative Response was the most frequent response, not surprisingly since 14 of the demonstration counties and 13 of the comparisons had implemented the practice or were on the verge of doing so (in 2013).

Because AR is such a major initiative in Ohio, it is important to understand a bit more about what is being done and what impact it is believed to be having in the PCSAs. Table 2.3 highlights a few of the changes. Across all the waiver evaluation counties that have implemented AR, nearly all counties noted that changes have occurred in intake in that certain workers carry cases a little longer and this reduces the need for opening the case to ongoing services, by changing the casework philosophy and approach to families. Counties have taken various paths to add AR workers to their existing unit structure: some counties say they have grouped AR workers together in pure AR units or as part of a larger unit, while others have spread the AR caseworkers throughout the intake and ongoing units. In some other counties, AR is seen as fitting easily into the existing one worker-one family approach. A few counties reported that they expect or have already witnessed an increase in the volume of cases screened in, but this change is perhaps related to a change in state guidelines rather than to AR per se. Most PCSAs said they expect or have already seen a decrease in cases transferring to ongoing services, and one county noted that this may simultaneously mean that those now going to ongoing services are more likely to need custody and placement.

Table 2.3: Changes in Case Flow Attributed to AR Implementation		
	Demonstration Counties	Comparison Counties
Waiver evaluation counties that have implemented AR	14	13
Those noting an increase in screened-in cases	2	1
Those noting a decrease in cases transferring to ongoing services	9	5

2.2.3 Changes in PCSA Leadership, Agency Structure and Service Array

As part of the 2012 site visits and telephone interviews, the evaluation team explored the nature of changes that have occurred in each county in recent years, since the last site visits in 2008-2009. The most dramatic change has been in leadership, with the vast majority of both the demonstration and the comparison PCSAs (11 and 10 counties, respectively) having faced multiple changes in the top managers and agency directors. This huge loss of experienced leaders has occurred at least partly in response to changes in the state retirement benefits.

A minority of PCSAs (two demonstration and five comparison counties) noted changes in the unit structure of the agency, merging departments or combining units, moving toward a one worker/one family model, putting more reliance on case-carrying staff in place of support staff, or more specialization e.g., creating a unit or staff to handle after-hours or to focus on preventing recidivism.

Changes in the availability of services occur often. Providers may open or close their doors, and the PCSA may decide to contract out or handle internally a variety of service activities. A few PCSAs noted the loss of specific services: Kinship Navigator or kinship unit (three demonstration and one comparison county); school-based services (one demonstration county); in-house behavioral health services; contract for visitation services. At the same time, many counties noted particular activities that they have been able to put in place and which they believe have improved child welfare practice; among the most frequently mentioned are those listed in Table 2.4.

- AR: 9 demonstration counties and 9 comparison counties mentioned AR as a new service option.
- ILP youth, PRT, Crossover youth: 6 demonstration counties and 4 comparison counties
- Visitation (restructured): 6 demonstration counties and 2 comparison counties
- Trauma-informed assessment and care: 3 demonstration counties and 2 comparison counties
- Fatherhood: 1 demonstration county and 3 comparison counties
- Wendy’s Wonderful Kids: 1 demonstration county and 4 comparison counties

Table 2.4: Services Most Often Mentioned as Important Activities Begun in Recent Years		
Service Program/Area	Demonstration Counties	Comparison Counties
Alternative Response	9	9
ILP youth, PRT, Crossover youth	6	4
Visitation (restructured)	6	2
Trauma-informed assessment and care	3	2
Fatherhood	1	3
Wendy’s Wonderful Kids	1	4

Counties also mentioned a variety of other service options to prevent placement and speed permanency, such as Intensive Reunification, Strengthening Families; front-loading services, Family Search, intensive home-based therapy for kinship providers, kinship unit, Drug Court, and school-based staffing.

2.2.4 Demonstration Counties’ Expectations for the Future

In the site visit interviews, the study team discussed with the demonstration county leaders how they are now seeing the waiver, after 16 years of receiving flexible funding, and what they are expecting to see in the coming few years while they still have the waiver. Directors remain largely positive about the waiver, and continue to embrace the waiver strategies for their potential to reduce the need for placement—especially through providing increased supports for kinship caregivers and in helping families to reach permanency sooner—due to greater family engagement.

ProtectOHIO continues to be seen by the demonstration counties as a vital funding source and impetus for creativity and partnerships. Several themes emerged clearly from discussions with PCSA directors and top management:

- It has been a validation of our long-time processes and beliefs about best practice.
- In practice, it is the two strategies, FTM and Kinship. These represent a better way of interacting with and engaging families, and at the same time provide more support for casework staff; both of these changes contribute to quicker permanency.
- It is an invaluable resource because it is flexible, enabling agencies to have more to offer families and kinship caregivers, providing an opportunity to do something different, challenging workers and agencies overall to be creative and to do non-traditional things, and allowing the agencies to do prevention and to front-load services.
- It is systemic reform in that funding is not tied to one model of intervention and it gets funders (state and federal) out of case-level decisions.

- It has meant a culture change, involving more people in case decisions and in responding to individual needs, looking at new possibilities in community networks and enabling the PCSA to partner with other agencies.

Interagency Collaboration: The last bullet speaks to the vital importance of interagency collaboration, especially in tough economic times. As counties reduce their use of out-of-home placement, the children still needing placement tend to have more complex issues that cut across agency boundaries. In 2012 site visits, the evaluation team asked a basic question about the relationship between the PCSA and its main partner agencies – the juvenile court, the Alcohol, Drug Addictions and Mental Health Services (ADAMHS) Board (or two separate boards, in the few counties where such exist), and the Family and Children First Council (FCFC). Little difference emerged between the demonstration and the comparison counties: on average, PCSA managers judged their relationship to all three partners to be in the high range, a score of four on a scale of 5. In past years asking this question, much more variation was evident both within each group and between the groups; indeed, in a 2009 survey, two-thirds of the demonstration sites perceived the waiver as having a positive impact on the PCSA’s relationship with the juvenile court and with the ADAMHS service system. The current data may suggest that tough economic times have brought agencies closer together, or it may reflect lowered expectations for how good the relationship can be. Over the remaining years of the waiver, the Process Study team will explore the depth of the partnerships and collaborations from other perspectives, to see whether the relative stability of waiver funding serves to maintain the good relationships where otherwise tensions might develop.

The Future: The demonstration counties are concerned about the future. The evaluation team heard widespread concern about waiver funding, both in terms of keeping ahead of the comparisons (who are continuing to decrease placement days while demonstration sites generally feel they have no more they can decrease) and in regard to the imminent end to the waiver in 2015. Waiver concern comes on top of concerns about the future of the Social Services Block Grant (SSBG), state funding, and other funding streams. The demonstration counties acknowledge being more dependent on the Title IV-E Waiver than they have been in the past, because other sources are increasingly unreliable.

2.3 FINDINGS RELATED TO OTHER PROTECTOHIO STRATEGIES THAT COUNTIES ARE CONTINUING

As noted in Table 2.1, seven demonstration counties have chosen to continue to use some of the waiver strategies begun during the second waiver. These include:

- **Supervised visitation:** Regular, structured visits between parents and their children who have been placed in out-of-home care provide opportunities for parents to spend time with the children, to improve parent-child interactions and speed the return home. Four counties are continuing this strategy.
- **Enhanced mental health and substance abuse services:** Various improvements in the availability and timeliness of assessment and treatment for families with mental health and/or substance abuse issues seek to reduce the need for out-of-home placement and continued involvement with the public child welfare agency. Two counties are continuing this strategy.

- **Managed care:** Case rate contracting gives private agencies full responsibility for case management and service delivery for children in ongoing PCSA cases. This is an approach still being used by one PCSA to enhance system efficiency and effectiveness.

The sections below summarize changes that have occurred in the continuing strategy efforts.

Supervised Visitation

Four demonstration counties have opted to continue doing supervised visitation, building on the defined strategy used under the second ProtectOHIO Waiver. These counties offer varied reasons for continuing the work, reflecting their varying perspectives on the value of their particular approach:

- Opportunity to continue to offer homelike setting where families tend to have positive meetings with their children;
- Option of stepping down families to less restrictive hours and location for visitation, and have more professional staffing;
- Opportunity for longer visits; and,
- Vehicle for identifying baseline behaviors and opportunity to teach parents.

As these reasons indicate, the visitation programs are quite different from the standard PCSA visitation model of multiple families meeting in a large area of the agency with a few staff keeping an eye on the many visits. In particular, these four agencies offer: (a) professional staff observing and interacting with parents, developing rapport that enables them to coach and educate parents; (b) visits in the home; (c) visits in a homelike setting, without the security surveillance and bag checks that are common in agencies; and/or (d) pre-visititation preparation of parents.

Compared to the common supervised visitation model the counties used during the second waiver, they now have evolved into distinctive visitation programs. Half have made changes in location, in frequency and length of visits, in staffing, and in use of structured activities during the visits. Two now have free-standing visitation centers; one provides visitation in-home; two have increased the length of typical visits to 3 or 4 hours; two have increased the number of professional staff; and, in all four sites, staff help parents to tailor activities to their particular family needs and interests.

Among the challenges and concerns they face in providing supervised visitation, the counties mentioned: (a) getting providers to offer more flexible locations and hours, and (b) having sufficient space and enough time to help with parenting (when utilization is high).

Enhanced Mental Health/Substance Abuse services

Two demonstration counties have continued the enhanced mental health or substance abuse services they began under the second waiver. For both counties, the programs remain in place and therefore, were easy to continue; one consists of Drug Court services combined with referrals to a substance abuse services contractor and the other has a contract with a behavioral health center that provides in-home services. Among the challenges cited were: (a) serving families without insurance (the provider does not accept Medicaid), (b) time-consuming work for staff when Drug Court is used, and (c) reluctance of parents to follow through on treatment (which is somewhat alleviated by offering some services in the home).

Managed Care

Since the beginning of ProtectOHIO, one county has used waiver funds for managed care contracts with private agencies that serve a portion of the ongoing services caseload in order to relieve pressure on ongoing services caseloads. These private agencies receive a capitated payment for each case they serve, with a monthly limit of cases. In general, the contractors have received approximately a third of the cases determined to need ongoing services. Three important changes have been made in the most recent contracts: (a) a Performance Incentive Program has been established, with each agency receiving a full or partial bonus depending on meeting a set of seven measures of contact, safety, permanency and reunification; (b) the contractors now keep the cases until they close, rather than transferring back to the PCSA when the child goes to permanent commitment (PC) or planned permanent living arrangement (PPLA); and (c) the contractor gets the case back (without additional payment) if the case needs to be reopened within 24 months. The PCSA has consistently tracked case outcomes and found process and outcomes to be fairly comparable between the PCSA cases and the contractors' cases.

2.4 SUMMARY

The overall process study has examined how counties are faring during the third waiver period. The dominant theme is financial struggle, for the PCSAs themselves and for the families they serve. Severe revenue declines have impacted staffing levels and thus caseloads for the remaining staff; and the already limited services are in more demand. Nonetheless, PCSAs report a wide variety of new service options, perhaps of limited quantity but still offering some creative alternatives to business as usual. The heart of the implementation work that has gone on in the demonstration counties is clearly their focus on the two waiver strategies, family team meetings and kinship supports. These are the topic of the next two chapters of this report.

CHAPTER 3:

FAMILY TEAM MEETINGS

3.1 INTRODUCTION AND OVERVIEW

3.1.1 Background on Family Team Meetings

Family Team Meetings (FTM) is a method for engaging family members and other people who can support the family for shared case planning and decision making. FTMs are characterized by regularly-scheduled meetings facilitated by a trained professional that bring together family, friends, service providers and advocates. The goal of FTM is to come up with creative and effective solutions to case challenges, linking families to more appropriate and timely services, ultimately reducing the need for foster care placement and improving permanency outcomes.

In an effort to build the evidence base for particular service interventions, the second waiver authorization mandated that all counties participate in one core service intervention. The demonstration counties selected FTM as their common strategy because they were already experimenting with various forms of family meetings under the first waiver; therefore, staff were familiar with the philosophy and practice and believed it to be a potent strategy. Counties began implementing the ProtectOHIO FTM model in October 2005 under the second waiver and have continued implementation and data collection since then.

During the second waiver, implementation of FTM was variable, but several positive outcomes emerged for children in the demonstration counties, relative to the comparison group, suggesting an impact of the waiver and the FTM strategy (see below). In the third waiver, the demonstration counties have undertaken several activities to promote more consistent and informed practice. A work group of FTM facilitators was appointed to develop a practice manual providing further detail on the ProtectOHIO model; they completed their work in January 2011. Next, the Ohio Child Welfare Training Program developed training based on the practice manual and began providing two-day training sessions in May 2011; these trainings included content on the ProtectOHIO FTM model and general facilitation skills. Meanwhile, through a series of conference calls in Fall 2010, the counties reviewed and revised the case-level data elements to be collected for evaluation of the FTM strategy; in February 2011 the study team provided training in the revised case-level data elements (in the ProtectOHIO Data System, or PODS), and facilitators then began collecting data using the revised elements, recording the data in PODS after each meeting.

3.1.1.1 Highlights from Evaluation of FTM During the Second Waiver Period

The evaluation of FTM during the second waiver included three major analyses. The implementation analysis found that the process for implementing the FTM initiative in the demonstration counties was loosely structured and largely left to individual counties to determine. It lacked strong training, supervision, and monitoring components. Despite this variation among the demonstration counties in

aspects of their implementation, there were notable differences overall between demonstration and comparison sites at the end of the second waiver, such as:

- The demonstration counties appeared to have a broader initiative aimed at a larger population, while comparison counties' practice appeared to be more targeted (for example, only offering FTM to children at imminent risk of removal). Four comparison counties had no family meeting practice at all.
- Sixteen of the 17 demonstration counties had an independent FTM facilitator, compared to five of the 17 comparison counties.
- In the meetings observed by the study team, facilitators, parents, and kin appeared to be more highly involved in the demonstration counties than in comparison sites.

A fidelity analysis examined the degree to which the demonstration counties adhered to the ProtectOHIO FTM model. Overall, the demonstration counties showed wide variability in meeting the targets for each component. For example, 62% of the children had their second FTM within 100 days of their first FTM, and 49% of the FTMs were attended by at least one parent or primary caregiver, at least one PCSA staff, and at least one other person.

The outcomes analysis used an "intent-to-treat" approach to evaluate differences between eligible children in the demonstration counties (i.e., children who transferred to ongoing services during the study period) and children in comparison counties, regardless of whether they were formally identified as having been served through the FTM strategy. Results indicated shorter case episodes, fewer placements and, of those placed, children were more often placed with kin in the demonstration counties than children in comparison counties.

The study team also examined individual child-level fidelity and how it enhanced the outcome effects. The study team found that children with higher levels of fidelity (in terms of the timing of meetings and meeting attendance) had significantly shorter case episodes and lengths of stay in placement than children who received FTM with medium or low fidelity.

These findings suggest an impact of the ProtectOHIO Waiver and the FTM strategy. The third waiver evaluation is designed to understand more about the FTM strategy effects by controlling case mix (i.e., differences in case and child characteristics). The current evaluation compares children who receive the intervention with closely comparable children in comparison counties who do not. In order to achieve this, the outcomes analysis uses propensity scores as a mechanism to adjust baseline differences between intervention and non-intervention children in the demonstration and comparison counties.

3.1.2 Description of the ProtectOHIO FTM Model

The purpose of FTM is stated in the ProtectOHIO FTM practice manual:

Family Team Meetings are a collaborative activity, held for the purpose of supporting and educating parents, sharing information, and jointly making decisions, with the goal of empowering and strengthening families while keeping children safe and planning for their ongoing stability, care and protection. Family Team Meetings provide an opportunity for the parents, family, family supports, community service providers, and natural supports to be involved in the building of

partnerships to increase the likelihood of having a realistic, achievable plan that will lead to better and more lasting outcomes for their children.

Core components of the FTM strategy have remained essentially the same since it was first outlined in 2005:

- The FTM process includes: arranging the meetings, helping to assure that participants attend and know what to expect, providing some orientation for potential participants, and supporting the family in the meetings.
- Meetings include at least these components: agenda, introduction, information sharing, planning, and decision process.
- The initial FTM is held at the point of transfer to ongoing services: This meeting is held within 30 days of the transfer of a case, from assessment/investigation status to ongoing status, for the purposes of initial planning.
- FTMs are held at least quarterly (at least every 90 days) throughout the life of the case to share information, discuss status, review progress, and make any necessary joint decisions.
- Additional FTMs should be considered at any critical points or combination of critical events in the life of the case, in an effort to keep the case moving forward and have the most beneficial impact on the long-term resolution of the case. These meetings are not mandatory but are an opportunity to address issues and engage families at pivotal points. Examples of appropriate times for FTM: a family request for a meeting; an emergency removal; the child being considered for removal; a placement change or a legal status change; or an upcoming court hearing.
- For an effective FTM, participants at the table should include:
 - ✓ Parents
 - ✓ Relatives
 - ✓ Substitute caregivers and other service providers
 - ✓ PCSA staff member (caseworker, supervisor)
 - ✓ Additional supportive parties
 - ✓ Independent trained facilitator

Although this is an ideal mix of attendees for FTM, no specific number or mix of attendees needs to be present in order for the meeting to be considered an FTM.

- In addition to the elements listed above, fostering family engagement in the FTM and assuring facilitator-caseworker collaboration in conducting the FTM are important aspects of the FTM process.
- All FTMs are led by a trained and independent facilitator, i.e., someone who does not have direct line responsibility for the case.

- All children in cases that are transferred to ongoing services are eligible for FTMs. Data will be gathered on each meeting held. A few counties do not have enough facilitator capacity to serve the entire eligible population; at the point of transfer to ongoing services, these counties systematically sample which cases will be targeted for FTM using a set ratio, e.g., every fourth case.

3.1.3 Evaluation Design

While FTM is considered a promising practice and is in use around the world, there remain many questions about the effectiveness of the practice. To date, only limited evaluation has been done of family team meeting models. Review of the limited research on outcomes has shown positive or neutral effects, but many of the studies suffer from small sample sizes or a lack of adequate comparison groups (Berzin, 2006; Crampton, 2007; Sundell & Vinnerljung, 2004). The evaluation of FTM practice under the ProtectOHIO Waiver benefits from both a large sample size, as well as the use of comparison groups and propensity score matching in the research design.

Five research questions guide this study:

1. How is FTM implemented?
2. How do cases receiving FTM within the demonstration sites differ from those not receiving FTM within the demonstration sites?
3. What level of fidelity to the ProtectOHIO model is achieved in demonstration counties?
4. Do children (or families) receiving FTM in demonstration sites experience different outcomes than children in comparison sites with similar characteristics?
5. Do demonstration children (or families) receiving high fidelity FTM experience different outcomes than children in comparison sites with similar characteristics?

The logic model which guides FTM practice and evaluation is presented in Table 3.1. Created in consultation with demonstration county staff at the beginning of the second waiver in Spring 2005, it was modified slightly at the November 2010 facilitators' meeting and reviewed again at the August 2013 facilitators' meeting. The logic model illustrates the demonstration counties' belief that families that participate in the FTM strategy, characterized by frequent meetings that include a wide range of people, will be linked to more appropriate and timely services, leading to better child outcomes in terms of reduced foster care placements and improvement in permanency.

The target population of the FTM strategy is all cases that transfer to ongoing services with a case plan goal of reunification or maintain-in-home. Thirteen counties target all eligible cases for FTM and four counties sample cases for FTM.¹³ Each county that samples is in charge of ensuring that it

¹³ Three counties have changed their sampling status since the onset of the third waiver. In Fall 2010 (coinciding with the beginning of the third waiver), one county that had been serving all cases began sampling. One county that had previously been sampling for FTM began serving their entire target population in March 2011; one additional county switched from sampling to serving their entire population in September 2012. In general, counties have stopped sampling and begun serving the entire eligible population once they have developed enough staff capacity to schedule and hold the needed meetings.

systematically samples cases for FTM; the study team no longer attempts to verify the sampling procedure used. We acknowledge that if counties are biased in their sampling methods, it would compromise the ability to generalize the findings to a wider population. However, the use of propensity scores when comparing FTM cases with comparison cases should equalize the effect of any selection bias based on the background covariates used for the propensity score analysis.

As the Alternative Response (AR) initiative has rolled-out across Ohio (see chapter 2), counties have been faced with the decision of whether AR cases that need ongoing services should be part of the target population for the FTM strategy. Of the 10 demonstration counties that are currently implementing AR, 6 counties consider AR-ongoing cases eligible for FTM and 4 counties do not. These cases could potentially benefit from a casework approach that seeks to engage families from the time of the first contact; however, relatively few AR cases transfer to ongoing services and thus reach a point where they might be involved in FTM.

Table 3.1: ProtectOHIO FTM Logic Model, 8/5/13

Inputs/Background Variables	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> The facilitator’s training, whether the facilitator is independent (does not have direct line responsibility for the case), and whether the facilitator facilitates full time or has other responsibilities. Caseworker training and preparation. Demographics such as the age of children, previous history with CPS, custody and living arrangement at time of initial FTM, etc. 	<p>For cases with case plan goal of reunification or maintain in home:</p> <ol style="list-style-type: none"> Families have FTMs over the entire period of ongoing services¹⁴, including at a minimum <ul style="list-style-type: none"> Within 30 days of case opening to ongoing services, At other critical events in the case, and At least quarterly. FTMs are attended by a variety of people: Participants may include the birth parents, primary caregiver and other family members, foster parent (if child goes to placement), support people, and professionals. Facilitator responsibilities include: arrange meetings, help assure that participants attend and know what to expect (provide some orientation for potential participants), and support the family in the meetings and in preparing for them. FTM process includes: agenda, introduction, information sharing, planning, and decision process. <p>Activities 1 & 2 will be measured at the case level. Activities 3 & 4 will be measured at the county level.</p>	<ul style="list-style-type: none"> Families are linked to more appropriate and timely services Families build stronger family relationships, are empowered and motivated Greater use of natural supports Better case decision-making; more clarity in case plans More consistent agency practice in deciding whether to place 	<ol style="list-style-type: none"> Shorter time case is open (to ongoing) <ul style="list-style-type: none"> # of days sampled cases are open to PCSA, between Family Assessment Approval Date and case closure Avoiding initial placements <ul style="list-style-type: none"> % of sampled children that have any placement after Family Assessment Approval Date Shorter time in placement <ul style="list-style-type: none"> # of days in placement Of children who are placed, more children are placed with kin <ul style="list-style-type: none"> For sampled children with placement, the % that experience kin as their primary placement type Less time to permanency <ul style="list-style-type: none"> The average time between initial placement and reunification, guardianship, adoption, or legal custody to kin Increase in exits to permanency <ul style="list-style-type: none"> Of children who are exiting out-of-home care, # who end up in guardianship, adoption, legal custody of kin, or are reunified Less re-entry to substitute care <ul style="list-style-type: none"> # of children exiting placement who re-enter placement within a year of case closure Less maltreatment subsequent to Family Assessment <ul style="list-style-type: none"> % of cases with additional indicated/substantiated CAN reports any time after the sampled case’s Family Assessment
<p>Other Considerations</p> <ul style="list-style-type: none"> Purposes of meetings held. # of FTMs that result in recommendations for changes to services, placement, or custody. The facilitator’s role in the FTM and how they address their administrative responsibilities. Facilitator-caseworker preparation for doing FTM together. 			

¹⁴ Counties would stop doing FTM with the family when the case plan goal changes from reunification or maintain in home to something else, and when child moves to permanent custody, PPLA, or legal custody to kin.

3.1.4 Data Collection Methods and Analytic Approach

The study team pursued three major analyses of the ProtectOHIO FTM strategy, including an implementation analysis, a fidelity analysis, and an outcomes analysis. These analyses address the five research questions that guide the FTM study, mentioned above. The implementation analysis is presented in Sections 3.2 through 3.4. The fidelity and outcomes analyses are included in Sections 3.5 and 3.6. In this section, we first present information on data collection methods and the analytic approach used for the implementation and fidelity analyses.

3.1.4.1 Data Collection Methods

Data collection for the FTM strategy was complex and multi-dimensional. Some of the data were collected at the county level and some at the individual level; that is, the information either reflected county policy and procedures, or it was specific to a single child or family. In addition, the methods were used for different groupings of counties. Table 3.2 shows the six types of data collection methods utilized in the demonstration sites, three to obtain information at the county level, one to obtain data that was analyzed at the facilitator or caseworker level, and two for data at the individual child or case level. By contrast, the primary data collection method used in the comparison counties depended on whether prior data collection indicated the county was using some type of FTM-like practice. Thus site visits were conducted in 4 comparison counties for further FTM exploration, and telephone interviews were conducted with the remaining counties. Administrative SACWIS data was provided by ODJFS which provided case- and child-level data for both demonstration and comparison counties.

Table 3.2: Data Collection Methods			
	Data Collected		Unit of Analysis
	Demonstration	Comparison	
Site Visits	17	4	County
Telephone Interviews	N/A	13	County
Focus Groups	17	N/A	County
Surveys	17	N/A	Facilitator/Caseworker
PODS	17	N/A	Child and Case
SACWIS	17	17	Child and Case

- **Site visits:** The Fall 2012 site visits were conducted in each of the 17 demonstration counties and in four comparison counties which were identified as having a robust FTM-like practice during the second waiver. The site visits included interviews with managers, supervisors, workers, and facilitators about their perceptions of FTM and its operation; they also included focus groups of caseworkers involved in FTM (see below).
- **Telephone interviews:** Interview protocols were used to document comparison county policies, practices, strengths and barriers, and key components of the family teaming models used, if any.

The primarily open-ended questions focused on topics including facilitators' training and role, caseworkers' role, the meeting process, and parent and community involvement. The study team collected information from key staff in each county including administrative staff, supervisors, and facilitators. Interviews were conducted in 2012 with 13 comparison counties.¹⁵

- **Focus groups:** During the 2012 site visits, the study team conducted focus groups of caseworkers to gather their perceptions of FTM. Administrators in each of the demonstration counties invited caseworkers to voluntarily participate in a focus group. Across all 17 demonstration counties, a total of 92 caseworkers joined. Focus groups participants responded to open-ended questions about the FTM training they received, the FTM practice manual, the caseworker's role in FTM, aspects of FTM that have been difficult to implement, and overall strengths and challenges of the FTM strategy. The caseworkers' perspectives may or may not be representative of the experiences of all caseworkers involved in FTM.
- **Surveys:** Information was gathered through two separate web-based surveys on FTM practice:
 - A survey of FTM facilitators was administered in Summer 2011 after Spring 2011 training sessions were completed. It explored perceptions of the training, experience levels of the facilitators, and challenges they face in the job. It was fielded to all people identified as ongoing facilitators, who attended the training or who were listed in PODS as facilitating meetings. Of the 45 facilitators identified, 36 completed the survey (80% response rate). As the survey was anonymous with the exception of county identification, the study team was not able to examine differences between respondents and non-respondents, but we do know that at least one response was received from each of the 17 demonstration counties.
 - A survey of FTM facilitators and caseworkers who participate in FTM was administered in Spring 2013. It explored the ways in which respondents' prepare for FTM and their views on the effectiveness of FTM. The survey was completed by 32 facilitators and 329 caseworkers, representing all 17 demonstration counties. Selected questions were only asked of caseworkers who indicated they had participated in FTMs in the last month; 220 caseworkers responded to those questions. We do not know the precise number of caseworkers who participate in FTM and thus should have completed the survey; based on the estimates provided to us by the counties, we calculated that 8 counties had response rates that ranged from 73% to 100%, and 6 counties had response rates between 22% and 62%; in 3 counties the response rates is unknown. The survey responses may or may not be representative of the experiences of all caseworkers involved in FTM. Some questions appeared to be susceptible to social desirability bias (i.e., caseworkers may have stated that they did something that they thought they should do [such as, prepare the family], regardless of whether or not they actually did it), but this problem was minimized by the ability to triangulate the data with facilitators' responses, and the use of a mix of questions that asked caseworkers both what they do and what they believe. See Appendix A for the survey protocols.

¹⁵ The remaining four comparison counties were interviewed during site visits, as described earlier.

- **ProtectOHIO Data System (PODS):** PODS was developed by HSRI specifically for the purpose of gathering individual level information on FTM. Following each meeting, the facilitator enters identifying information on each child involved with the meeting and their custody status and living arrangement. The remaining data items (which provide information on who attended the FTM, its purpose and outcomes, and the supports or accommodations provided to families) are entered once for the entire family. Data collection in PODS commenced in early 2010, but the database was modified after initial analyses suggested that some data elements could be coded differently and entered once for each family's meeting rather than for each child in that meeting. The more specific codes and elements were put into place in February 2011. Study team staff wrote and distributed a manual and provided webinars to train the counties on the proper way to use the database. They also provided technical assistance to clarify definitions of the data elements. See Appendix B for the exact data elements collected in PODS.
- **SACWIS:** Administrative SACWIS data was provided by ODJFS for each of the demonstration and comparison counties. This data set provided information on case opening and closing dates, reports of abuse or neglect, placement information, placement exit or permanency information, risk and family assessments information, and demographics.

In addition to the discrete data collection methods described above, the study team had ongoing opportunities to interact with demonstration county managers, supervisors and facilitators, especially through facilitators' quarterly meetings, Consortium meetings, and the March 2011 retreat (see Chapter 1). These interactions provided the study team with valuable feedback and insight on implementation challenges and successes. In addition, the study team occasionally used these interactions as opportunities to share formative evaluation feedback, which could be used to inform practice improvements.

3.1.4.2. Analytic Approach

The implementation analysis presented in Sections 3.2 through 3.4 describes similarities and differences between county-level practice in the demonstration and comparison sites, plus provides some basic data on the volume and nature of FTM activity that occurred in the demonstration counties.

Analysis of the policies and perceptions of FTM in the demonstration counties brings together qualitative data collected between 2011 and 2013; analysis of the policies and practices in the comparison counties uses qualitative interview data collected in 2012. The study team used Dedoose, a qualitative analysis software, to code interview and focus group data for themes and to assign categories within themes. Coding was done primarily by one evaluator but was systematically and thoroughly discussed with the study team. The study team consolidated all interview and focus group data at the county-level by assigning to each county categorical codes for all inputs, processes, activities and outputs that were examined. The study team searched for correlations among the different variables and for differences between demonstration and comparison sites, indicating practice differences resulting from adoption of the ProtectOHIO FTM model. Data from the facilitator and caseworker surveys were entered into Excel and analyzed using a combination of Excel and SPSS to run frequencies and cross-tabulations. Open-ended responses to the surveys were coded for themes by hand.

The analysis of the volume and nature of FTM that occurred in the demonstration counties provides a case-level overview of FTM activity across all 17 demonstration counties. The analysis of fidelity to the FTM model uses case-level data to explore how well the demonstration counties adhered to the ProtectOHIO FTM intervention model. Both analyses use data entered into PODS on FTMs held between February 16, 2011 and December 31, 2012¹⁶. In order to obtain key information that was not available in our primary data set, we matched the PODS data with administrative SACWIS data provided by ODJFS. As described earlier, this secondary data set provided a variety of critical measures, including case opening and closing dates, placement information, and demographics such as age and race.

The study team conducted analyses on a subset of cases which met a number of conditions designed to limit analysis to those cases which could be verified as belonging to our target population.¹⁷ The cases could be closed or still open to the PCSA with ongoing involvement. A variety of descriptive statistics, frequencies, measures of central tendency, and cross-tabulations were then run to highlight what was accomplished across all demonstration counties and the important variations in practice across the sites.

In order to complete the analysis of the strategy data, the data were thoroughly cleaned in order to minimize data entry errors. Various files were created dependent on the unit of analysis desired. It is important to note that most analyses are conducted at the family- (or case-) level, because FTM is a family-level intervention; meetings generally address all children in the case and discuss services that may impact the entire family regardless of how many children are involved (e.g., treatment services for a parent). When we look at the timeliness of meetings or whether key people attended a specific FTM, which is an element common to all the children involved in the meeting, the unit of analysis is the family-meeting. In order to complete the analysis of the strategy's effects on placement-related outcomes, family-level data (i.e., the level of FTM fidelity for the case) were applied to each child in the record.¹⁸

A couple challenges arose when analyzing the strategy data:

- **Missing data/data entry errors:** Most counties assigned a data entry person to enter information about each FTM into PODS. As is expected with different people entering data and turnover in staff over time, there were various data entry errors and/or missing data, including meetings with child or case identification numbers that could not be found in SACWIS. The study team took the time to clean the data wherever possible, often directing questions about particular cases to the county staff.

¹⁶ The data element changes in PODS were made on Feb. 16, 2011.

¹⁷ These conditions include cases that: had an intake on or after October 1, 2010 (when the third waiver began), transferred to ongoing services, and had an FTM within a chronologically appropriate case episode found in SACWIS. The study team used data from the first case episode that occurred on or after October 1, 2010 and excluded subsequent case episodes and any FTMs that fell within a subsequent case episode.

¹⁸ At this point we have not taken into account the clustering of children within families or children within counties but we will attempt to do so for the Final Evaluation Report. In the placement outcomes analysis presented in Chapter 6, clustering is taken into account.

- **Inconsistent use of elements:** With turnover in facilitators and data entry staff, the study team discovered that various people were recording data differently. For example, many meeting attendees were recorded as “other” but were described in a text field in such a way that they appeared to fit into another category, (e.g., “aunt” should fit into “relative”; “Help Me Grow,” a provider of early intervention services, would be an “other service provider”). When possible, the study team reassigned attendees listed in the “other” category into a more descriptive category.¹⁹

Sections 3.5 and 3.6 provide more detail regarding the analytic methods used in the fidelity and outcomes analyses.

3.1.5 Organization of Chapter

The following sections of this chapter address the core research questions concerning FTM:

Section 3.2: FTM Strategy in Demonstration Counties: Practices, Policies and Perceptions

- How is FTM implemented in demonstration counties?

Section 3.3: FTM in Comparison Counties

- How are demonstration counties’ practices different from comparison counties?

Section 3.4: Volume and Nature of FTM Activity that Occurred in Practice

- What was accomplished across all demonstration counties in regards to the volume and nature of FTM activity?

Section 3.5: Fidelity to the ProtectOHIO FTM Model

- How do cases receiving FTM within the demonstration sites differ from those not receiving FTM?²⁰
- What level of fidelity to the ProtectOHIO model is achieved in demonstration counties?

Section 3.6: Child- and Case- Level Outcomes: Demonstration versus Comparison Counties

- Do children (or families) receiving FTM in demonstration sites experience different outcomes than children with similar characteristics in comparison sites?
- Do demonstration children (or families) receiving high fidelity FTM experience different outcomes than children with similar characteristics in comparison sites?

Section 3.7: Summary and Conclusions

¹⁹ We expect that further discussion among facilitators in the facilitators’ quarterly meetings will help address this issue and increase data consistency.

²⁰ This is the research question per the Evaluation Plan; however, also per the Evaluation Plan, this Interim Evaluation Report only begins to address this question by examining the number of cases which received ProtectOHIO FTM and the number of cases in the demonstration counties which did not. Future analyses will look at the characteristics of cases in these two groups.

3.2 FTM STRATEGY IN DEMONSTRATION COUNTIES: PRACTICES, POLICIES AND PERCEPTIONS

This section presents qualitative data about the FTM activity that occurred in the 17 demonstration counties, describing FTM policies and practices, and highlighting variations among the counties in the demonstration group.

3.2.1 The Organizational Aspects and Infrastructure to Support FTM

This section describes the demonstration counties' approach to implementing the ProtectOHIO FTM initiative and the effort the PCSAs put into organizational aspects such as hiring and training facilitators, training caseworkers, supporting communication between facilitators and caseworkers, and monitoring the initiative.

3.2.1.1 Facilitator Staffing and Policies Affecting Facilitators

As explained above, the ProtectOHIO demonstration counties began implementing FTM as a common strategy during the second waiver, with some counties experimenting with various forms of family meetings as early as the first waiver. Seeing promising results, they undertook several activities to promote more consistent and informed practice under the third waiver. As a first step, a work group of FTM facilitators was appointed to develop a practice manual providing further detail on the ProtectOHIO model; members of the study team participated in this work group. The group completed its work in January 2011. The practice manual was distributed to all facilitators and used as the basis for a training curriculum, discussed below.

One of the most important organizational aspects of setting up an FTM practice has been the creation of the independent facilitator position to organize, prepare for, and facilitate the meetings. In 14 of the demonstration counties facilitators are employees of the agency; they are contract employees in 3 counties. As shown in Table 3.3, 9 of the 17 demonstration counties have a single facilitator in their agency (they may have additional staff who can step in as a back-up facilitator if the primary facilitator is not available). Five counties have two or three facilitators, and 3 counties have four or more facilitators. The number of facilitators in a county is largely a function of its size. Having fewer facilitators in the county can promote the uniformity and focus of the intervention, but it limits the availability of peer learning opportunities (e.g., observing other facilitators).

Table 3.3: Number of Facilitators in the County²¹	
	Number of counties (n=17)
One facilitator	9
Two or three facilitators	5
Four to six facilitators	3

²¹ Does not include backup facilitators.

The staffing of facilitators has been rather stable during the third waiver and most facilitators have several years' experience on the job. In the 2013 survey of facilitators, 25 of the 32 facilitators who completed the survey (78%) reported that they had been facilitating ProtectOHIO FTMs for three or more years (at least since the third waiver began). Only 2 facilitators (6%) had been facilitating ProtectOHIO FTM for less than one year.

The study team explored the supports and constraints facilitators face in their jobs. Table 3.4 shows that 9 of the 17 demonstration counties are able to provide facilitators with flexible hours, mileage reimbursement and compensatory time or overtime pay; all counties provide at least one of these supports.

Table 3.4: Agency Supports for Facilitators	
	Number of counties (n=17)
Flexible hours	16
Mileage reimbursement	12
Compensatory time or overtime pay	11
All three supports provided	9

In the 2011 survey of facilitators, one-third of the respondents (12 of 36 facilitators) noted that balancing their job responsibilities or managing their workload was a primary challenge they face in performing their job. Facilitators mentioned that scheduling FTMs can consume a large portion of their time. Facilitators may also have other roles within the agency providing quality assurance, training, or supervision of units or programs. Usually these roles are designed so that they will not put the facilitator in contact with families for whom she/he may facilitate meetings; however, in one small county, the FTM facilitator is also the Kinship Coordinator, and she noted that she has to be careful to be impartial when working with families in both of these capacities.

3.2.1.2 Facilitator Training

Implementation research has demonstrated the importance of trained staff to the success of any program (Fixsen, Naoom, Blase, Friedman & Wallace, 2005). After the completion of the practice manual, several facilitators worked with the Ohio Child Welfare Training Program to develop a two-day training based on the practice manual. Together they provided three training sessions in Spring 2011 and two training sessions in Summer 2013; these trainings included content on the ProtectOHIO FTM model and general facilitation skills. Up until this point, the consortium had arranged a few trainings on general facilitation or on another FTM model which was somewhat at odds with the ProtectOHIO model, but only a little over half of the counties participated in these prior trainings, and many facilitators relied instead on their own previous training or on-the-job training by another facilitator. The Spring 2011 training sessions reached more facilitators and demonstration counties than any previous training event with a consistent message on facilitation approach and the ProtectOHIO FTM model: 47 staff representing all 17 demonstration counties attended. Twenty-five facilitators and supervisors from 10 counties attended the training sessions held in Summer 2013.

The study team surveyed facilitators in Summer 2011 to learn more about their perceptions of the training and manual. In the survey, many facilitators commented that the information presented in the training was familiar or a refresher of what they already knew about the FTM framework, requirements, and/or facilitator role. Yet, at least half of the 36 respondents felt that the training and/or manual improved their knowledge or skills in the following areas:

- Finding common areas of agreement which can be used to develop an appropriate plan
- Maintaining their impartiality in the process
- Making sure all participants feel heard and understood
- Resolving conflict between participants
- Identifying family strengths and the problems that need to be resolved
- Preparing for and facilitating meetings in cases where domestic violence is an issue
- Establishing trust with meeting participants
- Managing resistance from caseworkers.

In addition to the training sponsored by the Ohio Child Welfare Training Program (OCWTP), facilitators bring with them a range of other training experiences. Table 3.5 shows the number of survey respondents who have received various types of training relevant to FTM. Facilitators could choose all of the types of training they had participated in: 21 of the 36 respondents (58%) had attended the training and participated in at least one other type of training. Only one respondent had not attended the training or participated in any other type of training.

Table 3.5: Facilitators’ Training As reported in August 2011 Survey	
	Percent of respondents (n=36)²²
Attended OCWTP training on ProtectOHIO FTM	75% (27)
Trained in mediation	42% (15)
Shadowed other facilitators	42% (15)
Trained in another FTM model (TDM, FGDM, etc.)	39% (14)
Mentored/Coached by supervisors or other facilitators	28% (10)
Participated in other relevant training	17% (6)

Most facilitators also come to their job with prior child welfare experience. In our 2011 survey, 20 of the 36 respondents (56%) noted that they had experience as caseworkers and/or supervisors, and an additional 10 of the 36 respondents (28%) had other experience in child welfare in areas such as quality assurance, residential treatment, and parent education.

²² Facilitators chose all the types of training they had participated in.

In summary, in the third waiver the demonstration counties have secured a consistent, basic level of training for nearly all facilitators. In addition, many facilitators have received other relevant training, such as in mediation or another FTM model, or on-the-job training by other supervisors or facilitators. While there has been discussion among facilitators and the Consortium leaders regarding whether this training should be supplemented with coaching and mentoring, ideally from the OCWTP, no coordinated activity has yet taken place. Only one county mentioned that they ask facilitators to observe each other on an ongoing basis for the purpose of continuous professional development.

3.2.1.3 Caseworker Training and Role

Following the roll-out of the ProtectOHIO FTM training for facilitators provided by the OCWTP, it became evident to many counties that caseworkers needed further information on the ProtectOHIO FTM model and their role within it. At Consortium meetings, members had several discussions about how to train caseworkers. The Consortium decided that counties would be responsible for training their own workers, using the materials developed for the facilitators’ training.

Fourteen of the 17 demonstration counties reported that caseworkers received some training subsequent to the development of the FTM manual and facilitators’ training curriculum. In most counties, the base materials for this caseworker training came from a PowerPoint presentation that was developed based on the facilitators’ training curriculum. Managers or facilitators in each county adapted this PowerPoint presentation to their county context.

In all of the counties, the FTM facilitators and/or managers offered a training of two hours or less. Table 3.6 summarizes variations in the way it was offered. In 4 counties the training consisted of a scheduled 90-minute to 2-hour session. In 3 counties, training was characterized as a discussion held at a series of staff meetings, with different topics addressed at different meetings. In 7 counties, the training was provided during a single staff or unit meeting, and may have been as little as half an hour in duration. One potential limitation in this last type of training is that not all casework staff may have been able to attend the training or they may not recall much information from such a short training; this was evidenced in the caseworker focus groups in 2 of these 7 counties.

The training was provided to all ongoing caseworkers and supervisors. Twelve counties also included intake caseworkers in the training. As stated earlier, three counties did not offer any FTM training to existing staff.

Table 3.6: Caseworker Training in FTM	
	Number of Counties (n=17)
“Formal”/Scheduled training session	4
Discussion at a series of staff meetings	3
One session as part of a staff meeting	7
No training for existing staff	3

When new caseworkers are hired, they are usually given some sort of orientation to FTM and may observe a meeting. Specifically:

- 6 counties stated that caseworkers are oriented by a facilitator,
- 5 counties explained that they provide an orientation and that caseworkers observe a meeting,
- 3 counties stated that caseworkers are oriented by their supervisor,
- 1 county said that new workers observe a meeting (but there's no specific orientation), and
- 2 counties did not specify how new workers are oriented.

In caseworker focus groups conducted by the study team during the Fall 2012 site visits, we talked with caseworkers whose experience with the agency ranged from a few months to many years. Caseworkers in 12 counties recalled some sort of training, consistent with the types of training outlined above. Caseworkers recalled a long list of topics that were covered in the FTM training, such as FTM procedures and processes, family engagement, caseworker role, facilitator role, who should be invited, meeting timeframes, and an overview of the waiver. When asked what has proven to be helpful from the training as they participate in family meetings, caseworkers commonly mentioned:

- Understanding the process of an FTM and what to expect in meetings (cited in 5 counties)
- Learning how to engage families (cited in 4 counties)
- Observing an FTM (cited in 4 counties)

Using surveys and focus groups, the study team has asked caseworkers about what they understand as their role in FTMs. While preparation for the meetings was not explicitly mentioned as a topic covered during the training, caseworkers appear to understand their role in preparing materials in advance of FTMs. Over three-quarters of caseworkers responding to our survey (78%, or 256 of 329 respondents) agreed or strongly agreed with the statement "I am encouraged by my agency to spend time gathering or preparing needed information about the family for FTMs." As discussed below, this may be partly due to the fact that so many counties address CAPMIS or SAR requirements in FTMs, which have clear requirements for caseworkers.

In terms of their role during the meeting, 177 of 220 caseworker respondents (80%) thought that they were usually or always asked in FTMs to give feedback on attainable goals and realistic deadlines—suggesting that they were filling (and were expected to address) one of the roles specified in the practice manual. Also consistent with how their role is described in the FTM practice manual, caseworkers participating in our focus groups articulated that their role during the FTM is to:

- Present family history, background information, reasons for involvement (cited in 5 counties)
- Know the family or details of the case, help "fill in the blanks" (cited in 5 counties)
- Present concerns (cited in 4 counties)
- Present case update or share progress made (cited in 4 counties)
- Help identify strengths (cited in 3 counties)
- Help create the case plan or action steps (cited in 3 counties)

- Support the family or answer their questions (cited in 3 counties)
- Identify what services should be put into place (cited in 1 county)²³

In 15 of the 17 focus groups, caseworkers were able to specify some idea of what their role should be in the FTM. In one county, caseworkers mentioned that they have a checklist of what information they should bring to the meeting. Other counties may have a similar practice, particularly for meetings which are addressing the requirements for a Semi-Annual Review (SAR). This is one potential way for counties to clarify the role of caseworkers, if needed.

Overall, caseworkers expressed support for the FTM process. Over 80% of caseworkers responded in the survey that FTMs were always or usually a useful way to decide case plan goals (83%) and review case plan progress (84%).

Caseworkers also described several strengths of the FTM strategy, which illustrate their support for it. They most commonly appreciated that:

- FTM gives families a voice and parents are heard (cited in 5 counties),
- “Families hear us and understand why we’re involved” (cited in 5 counties),
- FTM gets everyone on the same page (cited in 4 counties),
- Having a facilitator to be a neutral third party helps to engage families and meet clients where they’re at (cited in 4 counties), and
- FTM is most beneficial for more severe cases, or it diffuses crises (cited in 3 counties).

In summary, the caseworker training that has occurred during the third waiver appears to have been minimal, most often limited to one presentation or discussion at a staff meeting. While caseworkers’ responses in focus groups and our survey indicate that many support the FTM process and understand their clear role within it, caseworkers also frequently cited aspects of FTM that have been difficult to implement. These challenges may be appropriate subjects for additional training and/or support. Common concerns included:

1. Scheduling FTM (cited in 12 counties). Caseworkers noted that finding a time when all parties can attend an FTM consumes a lot of their time; workers variously cited the schedules of families, facilitators, attorneys, or service providers as being the most problematic.
2. Getting family members to attend (cited in 10 counties). Caseworkers noted that it was difficult to get families to attend FTMs and stated that it was challenging to explain the importance of the meetings to families.
3. Engaging family members once they are at the meeting (cited in 9 counties). Caseworkers expressed uncertainty about what to do when a family appears intimidated, doesn’t appear to stay on topic, or when there is a lot of family conflict playing out in a meeting.
4. Being unclear about the purpose of FTM or feeling that the relevant issues are not addressed in meetings (cited in 5 counties). Some caseworkers stated that they are not sure what the explicit

²³ Caseworkers may have articulated multiple roles.

purpose of some meetings are, how to explain the purpose to families, or what information they should share.

5. Including professionals in the meetings (cited in 4 counties). Workers cited that they would like more service providers to attend, that they struggle when professional parties disagree about the direction a case should go in, or the difficulty of determining who to invite to the first FTM when they are still learning about the case.

3.2.1.4 Communication between the Facilitator and Caseworker

Information sharing prior to the first FTM: As articulated in their FTM practice manual, the demonstration counties believe that caseworkers and facilitators should communicate prior to an FTM. Specifically, the practice manual notes that caseworkers should share information about the family and case situation with the facilitator. Some facilitators feel that it better enables them to remain neutral if the information they receive about a family is limited to potential safety issues that may be present at the meeting or possible points of tension. Others like to have more history and information on the family’s child welfare involvement.

The 2013 survey of caseworkers and facilitators asked the frequency with which caseworkers and facilitators, prior the first FTM, share the six types of information identified in the practice manual as important to communicate. As shown in Table 3.7, more than three quarters of respondents noted they always or usually share potential sources of conflict and safety issues, basic family information, and family history and recent involvement with the PCSA.²⁴ Several respondents noted that county policy determines how to share information with third parties, roles, who will document meetings, and who will enter information into SACWIS; thus a conversation to discuss these issues prior to an FTM is usually not needed.

Table 3.7: Type of Information Shared Between Caseworker and Facilitator Prior to First FTM	
	Always or Usually (n=361)
Potential Sources of Conflict/Safety Issues	83% (298)
Basic Family Information	77% (277)
Family History, Recent Involvement	76% (273)
How Meeting Decisions Will be Shared With Third Parties	50% (179)
Who Will Take Lead/Clarify Roles	45% (161)
Who Will Document Meeting, Enter Info in SACWIS	44% (158)

²⁴ The pattern of responses was similar when facilitators’ responses and caseworkers’ responses were analyzed separately.

Facilitators and caseworkers use a variety of methods to share information (Table 3.8). Information is most often communicated via the SACWIS case notes or through informal discussion; 61% of respondents noted that the facilitator always or usually reviews SACWIS case notes, and 58% of respondents always or usually have informal discussions prior to the first FTM.²⁵ Several respondents wrote in that they have created FTM referral forms for caseworkers or supervisors to complete and share with facilitators prior to the first FTM, which may include information such as names, demographics, contact information, why the case was opened, child care needs, service providers involved with the family, and potential safety issues.

Table 3.8: Survey Responses: How information is shared between facilitators and caseworkers prior to the first FTM	
	Always or Usually (n=361)
Facilitator Reviews SACWIS Case Notes	61% (221)
Informal Discussion	58% (208)
Email Update	35% (128)
Formal Meeting	15% (55)
FTM Referral Form or Transfer Sheet	4% (14)

Focusing on the facilitators' responses, we found that in 13 counties at least one facilitator reported that he or she usually or always has an informal discussion with the caseworker prior to the first FTM. In 12 counties, it appeared that the general practice was to commonly use two or more of these methods. It was only in two counties that the responding facilitator did not select any method as something they always or usually do.

In sum, while pre-meeting discussions may be typical in many counties, there are many cases in which pre-meeting preparation is limited to a review of forms or SACWIS case notes. Responses within counties varied, indicating that facilitators and caseworkers have some discretion in how they work together and that multiple methods of communication are commonly used. It may also signal that the counties lack clear policies about whether and the ways in which facilitators and caseworkers should work together. County staff may feel some ambivalence or confusion about the degree to which facilitators and caseworkers should share information, which may be partly borne out of a desire for the facilitator to play a neutral role in the meeting. In addition, the lack of a consistent method for communication between facilitators and caseworkers prior to the first FTM may be a reflection of heavy workloads and the short timeframe between when the family becomes known to the agency and the first FTM is held. While it is believed that a certain amount of collaboration between facilitators and caseworkers would benefit the FTM process, best practice is ambiguous at this point. Further discussion

²⁵ The pattern of responses was similar when facilitators' and caseworkers' responses were analyzed separately.

among facilitators, caseworkers and managers may be helpful in understanding the benefits and pitfalls of pre-meeting collaboration.

Information sharing between FTMs: On an ongoing basis, facilitators in 12 of 17 counties indicated in interviews that caseworkers contact them when a critical event occurs in a case that warrants an FTM.²⁶ Counties specified that this contact is usually via email or informal discussion, but sometimes it occurs by other means: in one county that frequently holds critical event meetings, the facilitator attends all staff meetings where cases are discussed; caseworkers can also just schedule the meeting on her calendar. Facilitators in five counties acknowledged that their county does not regularly hold FTMs when there are critical events; one county specifically stated the caseworkers take care of any issues that arise between meetings. In the remaining counties, facilitators frequently acknowledged that they aren't notified of all critical events, and, even if they were, they would not have the time to facilitate meetings at all critical events. Section 3.4.4.1 discusses the prevalence of FTMs at critical events.

Counties noted that the process of conducting a critical event FTM is not significantly different from a regularly scheduled follow-up meeting; however, they stated that the meeting will be more focused on the event which triggered the meeting, it may be more intense, and there may be less time to encourage the involvement of a wider range of participants. FTMs held just prior to a case closing can be more of a summary of progress and celebratory in nature.

Overall, it appears that there is some ambivalence among the counties about the role of FTMs at critical events in the case. As discussed below, since many counties have chosen to schedule the FTMs to coincide with and meet state mandates on CAPMIS reviews and SARs, critical event FTMs may be viewed as a lower priority for staff. Further research is needed to understand the extent to which the regularly held FTMs are preventing crises, as well as the frequency of crises which might call for an FTM to be held.

3.2.1.5 Ongoing monitoring

To assist them in their implementation, the FTM facilitators continue to hold quarterly meetings (twice per year in person, twice per year in teleconference). These meetings provide an opportunity for the facilitators to clarify aspects of the practice model, review evaluation issues and data, and discuss other implementation challenges. In the past two years facilitators at these meetings have:

- Discussed emerging programmatic concerns such as: practice when domestic violence is an issue in a case; the processes by which they have provided FTM training to caseworkers in their respective counties, including sharing PowerPoint presentation materials they have used; a questionnaire used by one county to gather input from parents who are incarcerated; differences in how counties involve children/youth in FTMs; other responsibilities that challenge their ability to remain neutral or find enough time to prepare for meetings; and the need for another round of training for facilitators.

²⁶ However, in two of these counties, policy dictates that another type of family meeting be held, and the county does not record these meetings in the PODS database. Our case-level data is limited in that we do not know when these special meetings occur.

- Reviewed evaluation data and discussed the implications of PODS data collected on attendance by family and supports; results of the August 2011 online facilitator survey; and initial findings from early site visits in 2012 relating to county progress in critical event FTMs, caseworker training, and quality assurance.
- Addressed data-entry issues, including new data fields in PODS and the design and testing of a new FTM build in SACWIS which was launched in 2013.

These quarterly meetings may play a role in promoting some cross-site consistency among the facilitators who participate. In terms of their internal activities to monitor their FTM practice, counties report relatively little activity. Fourteen counties reported some sort of monitoring activity and three counties reported that they do not undertake any systematic activities for the purpose of improving FTM practice. Among the counties that did report some sort of monitoring activity, five or six counties have used a satisfaction survey of meeting participants, tracked meeting attendance and meeting due dates, and held ad hoc meetings (see Table 3.9). Monitoring activities that might be considered more intensive, such as regular meetings for the purpose of quality assurance, or a peer-review process where facilitators observe each other’s FTMs, were mentioned in one county each.

Table 3.9: Ongoing monitoring	
	Number of Counties (n=17)²⁷
Satisfaction survey of participants	6
Track attendance	5
Track when meetings are due	5
Managers, facilitators and/or staff discuss issues ad hoc	5
Managers and facilitators discuss issues monthly	1
Peer review process	1
No process	3

In addition, one county specifically mentioned that the facilitators’ supervisor will attend some meetings to observe the facilitation and meeting process. This type of supervision may occur in other counties as well; future data collection will include more systematic information on the supervision process around FTM. There has been increased interest among agency managers and supervisors to be trained in ProtectOHIO FTM model; this may signal that agencies are increasing their attention to this area.

²⁷ Counties may be using more than one method.

3.2.2 Engaging Families and Other Partners in the FTM Process

Through ongoing practice experience, several components of the FTM process have emerged as particularly important. In this section the study team examines four components: engaging families, involving family supports, involving service providers, and involving children.

3.2.2.1 Engaging Families

Caseworkers in nine of seventeen counties visited during the evaluation team's 2012 site visits identified getting families to attend meetings as one of the most difficult aspects of FTM implementation. Family attendance is believed to be crucial to the success of FTM: as the logic model illustrates (see Table 3.1.), demonstration counties believe that by engaging families in FTMs, families will understand their case plan and be more motivated to follow through with it, families' natural supports will be used to a greater extent, and families will be linked to more appropriate and timely services. To better explain how demonstration counties engage families, this section explores their practice in preparing families for FTM, what they do when parents do not show up for a scheduled FTM, and how they engage families in the meeting discussion.

Preparing Family for FTM: The 2013 survey found that both caseworkers and facilitators explain the process of FTM to families prior to the first FTM, in multiple ways. Caseworkers appear to explain the FTM process to families more often than facilitators (Table 3.10). Often it is the intake worker, who is already working with the family, who initially explains the FTM process. FTM is most commonly explained to the family in person: 75% of caseworkers always or usually explain the FTM process in person and 50% of facilitators do so. Staff also make contact with families by phone but this occurs less often than in person. Distributing written material was the least common method used by both facilitators and caseworkers.

	Always or Usually In Person	Always or Usually By Phone	Always or Usually Distribute Brochure/ Letter
Caseworkers (n=329)	75% (248)	44% (145)	26% (86)
Facilitators (n=32)	50% (16)	34% (11)	28% (9)

When discussing FTM with families, caseworkers frequently address the topics that were identified in the FTM practice manual as potential areas to discuss (Table 3.11); these topics relate to the importance of the family's input, what will happen in the meeting, and who should be involved. Many fewer caseworkers shared the contact information of the facilitator, perhaps because they felt it is the caseworker's responsibility to address questions. Also, many fewer caseworkers shared whether the FTM will count as the required case review, which we might expect for later meetings, but does not make much sense to explain in preparation for an initial FTM. Facilitators' responses followed the same pattern as that of caseworkers.

Table 3.11: Type of Information Caseworkers Share With Families Prior to First FTM	
	Always or Usually (n=329)
Importance of the Family's Involvement and Input	95% (313)
Importance of Attending	93% (310)
Issues Likely to be Addressed	92% (303)
That Concerns will be Discussed Openly, Honestly, and with Confidentiality	88% (293)
Importance of Inviting Supportive People	85% (278)
Who the Family's Supportive People Might Be	82% (268)
Which Service Providers to Invite	80% (264)
Alerting Parents that Past/Present PCSA Case may be Discussed	70% (230)
How to Contact the Facilitator for Future Questions about FTM	55% (181)
Whether the FTM Counts as the Required Case Review	46% (150)

The survey asked several questions designed to delve more deeply into how caseworkers feel about FTMs and their role in preparing families for them. Results showed that 97% of caseworkers agreed or strongly agreed with the statement, “I encourage families to attend FTMs.” However, many fewer caseworkers (65%) agreed or strongly agreed that, “I am encouraged by my agency to spend time preparing the family for what to expect in an FTM.” Given that many more caseworkers stated that they address the topics that would prepare families for FTM than did caseworkers who felt encouraged by their agencies to do so, this topic may be worth exploring further in order to understand the apparent difference.

When Parents Do Not Show Up for a Scheduled FTM: If a family does not show up for its scheduled FTM, 7 counties stated that they will try to reschedule the meeting. In addition, 6 counties stated that they will call the family and see if they can join by phone, and 2 counties said they will ask if there is something they can do to help the family attend the meeting (e.g., help with transportation if their car broke down). This appears to be a much more active approach to trying to encourage the family to attend the meeting than what was found in previous years: the Final Evaluation Report of the second wavier in 2010 found that 16 of the 17 demonstration counties proceeded with the meeting if the family failed to show up.

Section 3.4.6 examines the degree to which transportation and/or child care was provided for an FTM, and meetings were held outside of agency offices. Nearly all counties state that they have policies that allow them to offer these accommodations to help facilitate attendance by parents.

Engaging Families In the Meeting Discussion: Once they get families to attend the FTM, caseworkers and facilitators still face challenges in the process. When asked what they do to encourage productive family engagement during the FTM, caseworkers and facilitators stated that they commonly:

- Encourage families to give their input by asking what they feel they need to work on, what support they need, what progress they've made; and encourage the family to speak first.

- Identify family strengths.
- Explain the FTM process or purpose at the beginning of the meeting
- Check that the family understands what’s being said; provide interpreters.
- Skillfully facilitate: enforce ground rules, redirect to keep the meeting on track, create a non-judgmental atmosphere, encourage open and honest discussion, hold all participants accountable.

In addition, the ways that demonstration counties appear to address varying administrative responsibilities in FTMs may be more or less collaborative and empowering to families:

- The ProtectOHIO model is designed to have an initial FTM at the point of transfer to ongoing services for the purposes of initial planning. Yet, a few counties note that they hold the initial FTM once the case plan is written, or that the worker brings a draft case plan to the meeting. This action may not be in direct conflict with the model, but may not necessarily be consistent with the model’s intent of collaborating with the family and jointly making decisions, depending on how the meeting is handled.
- In terms of the decisions that come out of the meeting, 10 counties described their process for developing action plans in the meetings and distributing them to families, suggesting that the meetings have a clear result that is shared with families. In 3 counties, it was not clear if the action plan is distributed to parents; 1 county creates action plans in the meeting but they are not distributed; and 3 counties do not develop action plans.
- Regarding CAPMIS (Comprehensive Assessment and Planning Model-Interim Solution) service reviews to be held every 90 days and Semi-Annual Administrative Reviews (SAR) to be held every 6 months, nearly all of the demonstration counties have chosen to schedule FTMs so that they coincide with the service review schedule: 14 counties address the CAPMIS and SAR requirements at FTMs, 2 counties address SAR requirements at FTMs (but not necessarily CAPMIS), and one county never “merges” FTM with a CAPMIS/SAR meeting. Counties are primarily motivated to combine these efforts into a single meeting out of a desire to limit the number of meetings all participants (including the family) need to attend. The two efforts address many of the same topics (e.g., risk and safety).

However, 7 counties noted that merging an FTM with a CAPMIS review or SAR can affect the tone of the meeting, making the FTM less engaging for families and more administrative in nature. The requirements of a CAPMIS review or SAR may lead caseworkers and/or facilitators to place their primary concern on reading and completing the review documents, rather than engaging in discussion with the family. Indeed, 6 of the 17 demonstration counties stated that the facilitator is responsible for typing into SACWIS during these combined FTMs/reviews. In a couple of these counties, staff stated that they like to use the computer or that it helped the family buy-in to the process to see the facilitator typing. On the other hand, facilitators acknowledged that it can be hectic to manage the meeting and type at the same time.

In general, caseworkers suggested that FTMs addressed important decision points in the case. As shown in Table 3.12, most caseworkers responding to our survey indicated that they thought FTMs usually or always addressed emerging issues, permanency plans, concurrent planning, and difficult family dynamics. Fewer caseworkers thought that FTMs help to motivate the family to work their case plan; further qualitative research is needed to understand whether this might be related to the tone of the meetings or the challenges families face.

Table 3.12: Caseworkers’ Survey Responses: Engagement in the Meeting Discussion or Progress	
	Always or Usually (n=220)
Did the FTMs address emerging issues in the case (e.g., need for placement, risk of placement disruption, case plan amendment, etc.)?	85% (188)
Were permanency plans discussed with the families at the FTMs?	71% (156)
Did the FTMs help to address difficult family dynamics?	70% (154)
Was concurrent planning addressed with the families at the FTMs?	68% (149)
Did the FTMs help to motivate the family to work their case plan?	52% (115)

Overall, facilitators and caseworkers note that they make substantial efforts to prepare for and engage families in FTM. They commonly explain the process in person, addressing a number of topics regarding the importance of the family’s involvement, what will occur, and who should attend. They make efforts to contact the family if they fail to show up at a scheduled FTM. They also use strategies to engage families in the meeting discussion and in making decisions, though practice varies among the counties. In an effort to understand what families perceive as helping them to participate and engage in the FTM process, the study team plans to obtain their feedback (via surveys and/or interviews) in the coming year. It may also be desirable to observe selected meetings, as was done during the second waiver period, to better understand the variations in how decision-making takes place.

3.2.2.2 Involving Family Supports

One way by which FTM is expected to lead to positive safety and permanency outcomes is by increasing the family’s reliance on their natural support system (i.e., relatives, friends, neighbors, church, etc.). Counties generally acknowledge that they encourage friends and family members to participate in FTM: over 80% of caseworkers noted that they always or usually discuss with families the importance of inviting supportive people and who the family’s supportive people may be. When asked if there are specific practices in place for encouraging the participation of family supports, the level of effort varied by county. Facilitators cited a wide range of activities:

- The agency offers help with transportation (e.g., bus/taxi fare, rides) (6 counties)
- Support people can participate in the meeting by phone (5 counties)

- Facilitators call the parents and let them know they can invite supports (4 counties)
- The extended family can send a letter or written statement if they cannot attend, or just talk with caseworker (4 counties)
- Facilitators directly prepare the family supports prior to coming to the meeting (2 counties)
- The extended family's schedule is taken into account when scheduling FTMs (2 counties)
- The agency helps with child care (1 county)
- Caseworkers call the extended family (1 county)

Despite these various efforts, family support people are frequently not attending FTMs, as noted in Section 3.4.5. Caseworkers appeared to have a sense of this: In our survey, only 56% of caseworkers thought that FTMs always or usually help families find extended family or community support; this is further explored in Section 3.4.8. Further exploration is needed to identify the factors that contribute to increased natural and community support.

3.2.2.3 Involving Service Providers

The demonstration counties believe that by engaging families in FTMs, families will be linked to more appropriate and timely services. When surveyed in 2013, 76% of caseworkers thought that FTMs always or usually resulted in families being referred to services that are likely to work for them.

The study team asked facilitators how service providers are identified and how they are encouraged to attend FTMs. Two counties specifically noted that the family is consulted regarding whether there are service providers that they would like to invite (e.g., that they have worked with in the past that they trust). In 13 counties, caseworkers are responsible for identifying which providers should be invited. In 2 counties the facilitator is primarily responsible for identifying the people who should be involved.²⁸ As a matter of policy, counties commonly invite GALs/CASAs, probation officers, other court representatives or attorneys, mental health providers, developmental disability services case managers, and Help Me Grow (early intervention) providers. Section 3.4.5 provides further information on the number of service providers who attend FTM.

Many of the same practices used to encourage the participation of family supports are used to reach out to service providers. During the second waiver, some counties made efforts to provide training to community agencies or the courts in the FTM approach; the only mention of this type of provider-level effort during this waiver was by one county that put an article in the foster parent newsletter to explain the importance of their participation. Counties noted modifications they have made to encourage input from service providers:

- Providers can participate in FTM by phone (14 counties),
- Providers can provide a written statement (5 counties),
- Meetings can be held at the provider's office, court, or jail (4 counties), and

²⁸ In 2 counties it was unclear who was primarily responsible for identifying service providers.

- Facilitators call service providers in advance and explain what to expect at the FTM (2 counties).²⁹

3.2.2.4 Involving Children in FTM

In site visits, counties described varied guidelines for incorporating children in FTMs. Perspectives ranged from “we encourage any and all children to attend,” to “if a child is old enough to make decisions they should be involved,” to encouraging youth to provide written input, to, in one county, admitting that children and youth are generally not involved.

- In 10 counties, involvement depends on the age or maturity of the child, with agency age limits ranging from 6 years and older to 15 years and older.
- 4 counties noted that the caseworker may identify a child who should or wants to attend.
- 2 counties encourage all children to attend, or involve them if they available and present, demonstrating a general acceptance of involving children in FTM.
- 3 counties use written statements, forms, or questionnaires from youth.
- 2 counties noted they schedule meetings in the afternoon or involve adolescents by phone.³⁰

In general, while the demonstration counties acknowledge that sometimes it is appropriate for children/youth to attend FTMs, their involvement is generally on a case-by-case basis, with their age or maturity level being one of the main factors in determining their involvement. Section 3.4.5 provides information on the number of children who attend FTMs.

3.2.3 Challenges and Barriers of the ProtectOHIO FTM Model

The demonstration counties have faced several challenges and barriers as they implement FTM. These can be summarized as follows:

1. During the second waiver and at the onset of the third waiver, facilitators and other county staff expressed concern that caseworkers did not support FTM or understand their role in FTM. The counties have tried to address this barrier by providing in-house training to caseworkers, as described in Section 3.2.1.3. We are unable to determine at this point if facilitators feel that caseworkers’ support has increased. However, in their responses to focus groups and surveys, caseworkers generally supported the practice and were able to clearly describe their role in it. Yet, caseworkers have also articulated several challenges they face, primarily around scheduling and getting all parties to attend, (Section 3.2.1.3) which may need further agency attention if their support is to be maintained.
2. Again, engaging and involving families, family supports, and service providers in the meeting and decision-making process is a challenge that is frequently cited by caseworkers and facilitators. Staff have made several efforts to prepare the various participants for FTM and otherwise reach out, but these efforts take considerable time (Section 3.2.2). Other strategies may be needed to address this barrier.

²⁹ Counties may promote several of these activities.

³⁰ Counties may fit into more than one of these categories.

3. There appears to be some variation within and between counties in the degree to which they are able to use FTM to truly partner with the family in decision making, versus using it as a venue for an administratively-driven case review. The study team plans to explore this area further, including by examining the supervision, ongoing monitoring, and quality assurance activities that counties are using.

3.2.4 Summary of FTM Practice in Demonstration Counties

During the third waiver period, the demonstration counties have undertaken several activities to promote more consistent and informed practice, including writing a practice manual and training curriculum. Facilitators from all demonstration counties were trained using this curriculum. Using materials and ideas from the training, nearly all counties also presented a limited amount of in-house training to their caseworkers. Caseworkers in surveys and focus groups could clearly articulate their role in FTM and were generally quite positive about its benefits. Counties vary in the extent and methods in which facilitators and caseworkers work together and share information prior to FTMs. While many facilitators actively participate in a workgroup of ProtectOHIO facilitators which meets quarterly, counties report relatively few internal activities designed to monitor and improve the quality of their FTM practice.

Demonstration counties differ in the way they fit FTM practice into their usual case management process. Variation remains in the effort counties put into holding FTMs when critical events occur in a case. Instead, emphasis is generally placed on aligning FTM timelines with the timelines for CAPMIS reviews and SARs. Counties note that addressing CAPMIS and SAR requirements within a FTM can affect the meeting's tone in that it can become more document-driven and less family friendly. The demonstration counties appear to address other varying administrative responsibilities in FTMs in ways that are more or less collaborative and empowering to families; this includes whether the case plan is drafted before the FTM, and whether action plans are created and distributed to families.

Facilitators and caseworkers state that they put significant effort into preparing families for FTM and conveying the importance of their involvement. They commonly explain the process in person, addressing a number of topics regarding the importance of the family's involvement, what will occur, and who should attend. If families do not show up for a scheduled FTM, they are commonly called to see if they can participate in the meeting by phone. They also use strategies to engage families in the meeting discussion and in making decisions, though practice varies among the counties. Yet, engaging and involving families, family supports, and service providers in the meeting and decision-making process is a challenge that is frequently cited by caseworkers and facilitators.

3.3 FTM IN COMPARISON COUNTIES

The analysis presented here describes the similarities and differences between the demonstration and comparison sites, in terms of the policy and practice that agency staff described in site visits or telephone interviews. We examine the extent to which FTM practice in the demonstration counties differed in availability and intensity from normal child welfare practice as evidenced in the comparison sites.

3.3.1 Differences on the Core Elements of the Model

When the study team last examined the practice of the comparison counties in 2010, we found that only one of the 17 comparison counties had an FTM model that targeted all cases in ongoing services, held regular meetings over the course of the case, and used an independent facilitator.³¹ Several other counties had a family meeting practice that included some of these key elements of the ProtectOHIO FTM model, but varied from the ProtectOHIO model in other key elements (e.g., four additional counties used an independent facilitator in their model, but they only targeted cases with children in placement or they only held one meeting per case).

Based on interviews with agency managers held in 2012, we found that practice still varies considerably among the comparison counties (Table 3.13). The study team identified two of the 17 comparison counties as having an FTM practice very similar to ProtectOHIO FTM. These two suburban/large counties hold meetings with all families as they transfer to an ongoing case and at subsequent critical events over the course of the case for the purpose of including families' strengths and contributions in making decisions or developing a case plan. The meetings are facilitated by an independent facilitator and a range of participants are invited including family supports, service providers and agency staff.

Table 3.13: FTM in Comparison Counties	
	Number of Counties (n=17)
FTM very similar to ProtectOHIO model	2
FTM targeted to cases in custody or at risk of placement, rather than all cases in ongoing services	4
Regular family meetings managed by caseworker or line supervisor; no independent facilitator	5
Family meetings on case-by-case basis; no independent facilitator	6

Four of the 17 counties have a family meeting practice that includes an independent facilitator and a similar range of possible participants; however these counties target family meetings to cases in custody or at risk of placement, which is generally a subset of the ongoing services caseload. The metro comparison counties are among the group of counties following this type of practice.

Five of the 17 counties have a regular practice of pulling families, staff, and service providers together to make decisions, but the meetings are facilitated by the caseworker or line supervisor, and thus lack facilitation by a neutral third party.

³¹ Kimmich, M., et al. (2010). ProtectOHIO Final Evaluation Report.

The remaining six counties pull together family meetings on a case-by-case basis. These meetings lack an independent facilitator. Holding the meeting may have been recommended at certain points in the case, but the decision was ultimately made by the caseworker. These meetings also have less emphasis on including extended support and/or service providers.

In summary, comparison counties' family meeting practice is varied in availability and intensity. This contrasts with the level of uniformity in implementation seen among the demonstration counties, as explained in the previous section. The demonstration counties are substantially more likely to have a family meeting practice that is targeted to all ongoing cases and facilitated by a specially trained, neutral party.

3.4 VOLUME AND NATURE OF FTM ACTIVITY THAT OCCURRED IN PRACTICE

The following section of the implementation analysis provides an overview of FTM activity during the first half of the third waiver. Using primarily quantitative data collected about each meeting, this section highlights the characteristics of FTM across the 17 demonstration counties. It also describes the nature and volume of the meetings which were held and for which data was provided, including the number of FTMs and families in our study population, the living arrangements and custody status of their children at the onset of FTM, the number and types of meetings held, the number and types of attendees at the meetings, accommodations offered to families to make it easier for them to attend FTMs, and recommendations that result from the FTMs.

3.4.1 FTM Study Population

The FTM study population for this Interim Evaluation Report includes cases that transferred to ongoing services and had an initial FTM between February 16, 2011³² and December 31, 2012. As noted in Section 3.1.4.2, analyses were conducted on a subset of cases which had an intake on or after October 1, 2010 (when the third waiver began) and had an FTM that fell within a chronologically appropriate case episode found in SACWIS. The study team used data from the first case episode that occurred on or after October 1, 2010 and excluded subsequent case episodes and any FTMs that fell within a subsequent case episode.

Table 3.14 provides information about the number of families, children, and FTMs included in the FTM study population. Per county, the number of families in the study population ranged from 31 to 896, the number of children ranged from 53 to 1,570, and the number of meetings held ranged from 60 to 2,685. County population size is the main contributor to the range in the number of families served, though capacity in terms of the number of facilitators doing ProtectOHIO FTMs also plays a role.

³² HSRI made changes to some data elements in PODS in Feb. 2011 reflecting changes made per the FTM Practice Manual written by facilitators at the beginning of the third waiver. By limiting the study population to cases with initial FTMs on or after Feb. 16, 2011, the study focuses on those cases that began FTM after implementation of the practice manual. It also takes advantage of the improved data collection and capability of the updated PODS, including more specific codes and elements and the training that was conducted on the use of PODS. See Figure 3.5 for a description of the differences between the study population used for the Volume & Nature, Fidelity, and Outcomes analyses.

Table 3.14: Number of Families, Children, and Meetings Held	
Total Number of Families	3,863
Total Number of Children	7,778
Total Number of FTMs	10,085

3.4.2 Common Living Arrangements and Custody Status of Children at Initial FTMs

To better describe who the FTM strategy is serving, Table 3.15 presents the common types of living arrangements and custody statuses of children at the time of their initial FTM. Nearly two-thirds of children (63%) were living with their parents and in the custody of their parents at the time of their initial FTM. Twelve percent of children were living in substitute care and in the custody of PCSA or Court at the time of the initial FTM. Twenty-two percent of children were living with kin at the time of the initial FTM, with parents most often holding custody of those children, followed by kin or the PCSA/Court holding custody. These numbers highlight demonstration counties' efforts over the past 15 years to reduce placement utilization in favor of working with families to prevent the need for removal.

Table 3.15: Living Arrangements and Custody of Children of Children at Initial FTMs		
		Number and Percent of Children (n=7,778)
Live with Parents, Custody of Parents		4,905 (63%)
Live in Substitute Care, Custody of PCSA/Court		932 (12%)
Live with Kin	Custody of Parents	870 (11%)
	Custody of Kin	473 (6%)
	Custody of PCSA/Court	377 (5%)
All Other*		221 (3%)

*Other custody arrangements include law enforcement removal and youth who have recently turned 18, other living arrangements include shelter care, hospital, and detention center, among others.

3.4.3 Distribution of FTMs Per Case

Seventy-five percent of the cases in our study population received 3 or fewer meetings. Cases ranged from receiving 1 to 11 meetings over the course of the study period. The average number of FTMs per family was 3 with a standard deviation of 1.8, and the median was 2.³³ Depending on when during the study period a family began receiving FTM, the number of meetings a family receives may vary greatly. Table 3.16 presents the distribution of FTMs held per case. Meetings may still be ongoing

³³ The median is a measure of central tendency representing the middle value for an ordered set of values. It is less sensitive to outliers than the mean.

for a family’s case if the case had not closed by the end of the study period, and cases may have more meetings because FTMs were held to address critical events that occurred. In future reports, the study team will explore whether the number of meetings that a case experiences has an impact on outcomes.

Table 3.16: Distribution of FTMs Held Per Family	
Total Number of FTMs	Number of Families With Given Number of FTMs (n=3,863 families)
1 FTM	1,362 (35%)
2 FTMs	936 (24%)
3 FTMs	597 (15%)
4 FTMs	389 (10%)
5 FTMs	264 (7%)
6 FTMs	138 (4%)
7 FTMs	95 (2%)
8 FTMs	57 (1%)
9 FTMs	16 (<1%)
10 FTMs	8 (<1%)
11 FTMs	1 (<1%)

3.4.4 The Purpose of FTMs

The ProtectOHIO model calls for FTMs to be held for a variety of reasons: the initial FTM should be held at the point the case transfers to ongoing services, for the purpose of initial planning; FTMs should be held at least quarterly throughout the life of a case; and additional FTMs should be considered at any critical points in the case, including at case closure.³⁴ Table 3.17 shows the primary purpose of the FTMs held. Not surprisingly, the majority of FTMs were held for the purposes of 90-day meetings, followed by initial planning meetings.

³⁴ Other critical events that could trigger the need for a meeting include: emergency removals, a custody or placement change under consideration, a new CAN report on an existing case, preparation for court hearings, or other reasons such as a safety planning meeting or when the family requests to hold one.

Table 3.17: Purpose of FTMs Held	
Meeting Purpose	Number of Meetings (n=10,085 FTMs)
Initial Planning Meeting	3,378 (34%)
90-Day Meetings	5,708 (57%)
Crisis/Critical Event Meetings	699 (7%)
Case Closure Meetings	300 (3%) ³⁵

Critical Event Meetings: Although holding critical event meetings is identified as a core component of FTM in the FTM Practice Manual, critical event meetings comprised only 7% of the total meetings held. Through site visit interviews with facilitators and managers, the study team learned that five counties do not generally hold critical event meetings. Additionally, two more counties hold critical event meetings outside of the FTM model and the study team was unable to obtain data on these meetings. If we focus only on the critical event meetings that occur within the 10 counties that say they hold critical event meetings and for which we have data, critical event meetings comprise 12% of the total meetings held. Among these 10 counties, the percentage of critical event meetings ranged from 4% to 21% of total meetings held.

The need for critical event meetings may be prevented through holding regular FTMs, but the study team cannot distinguish when this might have occurred. Overall, there appears to be some ambivalence among the counties about the role of FTMs at critical events in the case. Since many counties have chosen to schedule the FTMs to coincide with and meet state mandates on CAPMIS reviews and SARs, critical event FTMs may be viewed as a lower priority for FTM facilitators.

3.4.5 FTM Attendees

An integral part of the FTM model is the concept of engaging the family, natural family supports, and community providers in case planning and decision making. FTMs may include a wide variety of participants - anyone the family or the worker determines would be helpful in making decisions about the child's future. As the demonstration counties have stipulated in the FTM Practice Manual, they believe that enabling parents to invite extended family members and friends gives parents a sense that their view is respected. The goal is to have a good mix of participants and enough people in the room to engage in meaningful discussions.

Overall, the average number of meeting attendees (not including the facilitator) is 4 with a standard deviation of 2.3, and the median number of attendees is 4. Counties ranged from having a median of 3 to 8 attendees at meetings. Table 3.18 demonstrates the total number of meetings that included at least

³⁵ Case closure meetings comprise 3% of total meetings held; further exploration will be done on a subset of the FTM population to determine the rate at which case closure meetings are held for cases that have closed.

one representative of each category: parents, kinship caregivers, relatives, parent supports,³⁶ child supports,³⁷ reviewed children, service providers,³⁸ and PCSA staff.

Table 3.18: Types of Attendees at FTMs	
Attendee Type	Number of FTMs at Least One Participant Type Attended (n = 10,085)
PCSA Staff	10,070 (100%)
Parent	6,452 (64%)
Service Provider	2,342 (23%)
Reviewed Child	2,036 (20%)
Kinship Caregiver	1,759 (17%)
Child Support	1,586 (16%)
Relative	1,569 (16%)
Parent Support	285 (3%)

PCSA staff were the most common participants, attending nearly all meetings. Parents attended about two-thirds of the meetings (64%). Meeting participants identified as "Parent Supports" attended only 3% of meetings; however, relatives and kinship caregivers attended a larger portion of meetings (16% for each group). It is worth noting that meeting participants may fall into several categories; a relative may participate in a meeting to support the child or a parent, or both. It is up to the facilitator to determine which category a meeting participant best fits. Child supports, such as GALs and CASAs, are invited to FTMs to provide a child's voice at an FTM when the child is unable to do so for his or herself. Although child supports only attended 16% of total meetings, reviewed children attended 20% of meetings. While it is unknown if the children included in the "Reviewed Children" category actually participated in the FTMs or not, several counties have policies in place for including children in meetings, as discussed in Section 3.2.2.4. Section 3.5.2.3 has further information about the mix of attendees at each meeting.

³⁶ The PODS Manual defines "Parent supports" as: advocates, mentors, friends, neighbors, or anyone else a facilitator determines is there for the purpose of supporting a parent, and does not fit into a different, more appropriate category. For the purposes of this report, the study team has included clergy (a separate attendee category in PODS) in the parent support category as well.

³⁷ Child support include: GALs, CASAs, mentors, friends, coaches, and anyone else a facilitator determines is there for the purpose of supporting a child, and does not fit into a different, more appropriate category.

³⁸ Service providers include staff from mental health agencies, health providers, group home providers, AOD providers, etc.

3.4.6 Meeting Location and Accommodations to Encourage Parent Attendance

The FTM Practice Manual emphasizes that the PCSA should do anything reasonably possible to assure that parents come to meetings. Strategies to encourage parent attendance at meetings vary across counties, and are described generally at the policy level in Section 3.2.2. This section summarizes the meeting-level data available on three strategies that were identified by facilitators and PCSA staff: where meetings were actually held, whether transportation was provided, and whether childcare was provided.

Meeting Location: Near the end of the second waiver, facilitators identified the meeting location as a key factor affecting family attendance at meetings; however, the vast majority of meetings (87%) were held at agency settings.³⁹ Only ten percent of meetings were held at parents' or caregivers' homes, and 3% were held off-site at a neutral location. The majority of meetings held in parents' homes were concentrated in four counties. When measuring the location of meetings held among these four counties only, we find that 70% were held at agency settings and 27% were held at parent's or caregiver's homes. One county held 55% of their meetings at caregivers' homes, while the other three ranged from holding 6% to 15% of meetings at caregivers' homes. Barriers to holding meetings outside of the agency setting include the time needed for multiple PCSA staff to travel to a meeting and security at the meeting location.

Transportation Assistance: Another strategy to promote parental attendance at FTMs is to assist parents and/or support people with transportation by providing rides, bus or taxi fare, or gas vouchers. The majority of counties state that they offer families help with transportation to families. However, families only appear to be using transportation assistance for 4% of all meetings. Fifteen counties rarely provided transportation while one county provided transportation for over 10% of their total meetings.⁴⁰

Childcare Assistance: Providing childcare while holding FTMs is yet another strategy that facilitators have identified to encourage parental attendance at meetings, yet childcare was provided for a very small percentage of overall meetings (2%). Eleven counties provided childcare for 1% or less of their meetings, while the remaining six counties provided childcare for 4% to 10% of their meetings.

³⁹ Facilitators identified this strategy to encourage parental attendance at FTMs at the September 2009 Facilitator Retreat.

⁴⁰ Fifteen counties provided transportation for 6% or less of their total meetings.

Table 3.19: Accommodations Made by PCSA to Encourage Parent Attendance at FTMs	
Meeting Location	Number of Meetings Held (n=10,085 FTMs)
Agency Setting	8,757 (87%)
Parent/Caregiver Home	977 (10%)
Neutral/Off-Site	269 (3%)
Placement Setting	39 (<1%)
Other	43 (<1%)
Childcare Assistance	Number of Meetings for which Childcare was Provided
All Demonstration Counties	191 out of 10,085 (2%)
Six Demonstration Counties That Provide Childcare	157 out of 2,489 (6%)

Although we cannot definitively say that these strategies contribute to parents attending meetings more often, there does appear to be a positive association between the strategies listed above and higher parental attendance rates. Parents or primary caregivers attended 78% of meetings in the county that provided the most transportation, parents or primary caregivers attended 72% of meetings in the county that held over half of their meetings at caregivers' homes, and parents or primary caregivers attended 67% of meetings in the county that provided the most childcare. Table 3.19 presents the number of meetings held at various locations and the number of meetings for which childcare was provided.

3.4.7 Facilitator type

A core component of the ProtectOHIO FTM model is that meetings are led by an independent facilitator, meaning the facilitator does not have direct line responsibility for the case. All 17 demonstration counties have one or more independent facilitators. While larger counties may have multiple full-time facilitators, many smaller counties have only one. In all counties, back-up facilitators are used if a primary facilitator needs to miss a meeting. Back-up facilitators may include caseworkers or supervisors, although it is unknown at the meeting-level whether backup facilitators have direct line responsibility for the case. Nearly all FTMs are facilitated by facilitators (98%) with the remaining meetings were led by supervisors or other people, indicating that nearly all meetings are facilitated by an independent facilitator and back-ups are used rarely.

3.4.8 Meeting Outcomes

Each meeting may result in several immediate outcomes or decisions. Common meeting outcomes included:

- Developing or signing off on a case plan (24% of meetings)
- Identifying new or needed change in a service for a parent or child (22% of meetings)
- A recommended change in custody (14% of meetings)

- Identifying support people (12% of meetings)
- A recommended change in living arrangement (5% of meetings).

It is interesting to note that, although several meeting outcomes may be recorded for a given meeting, 48% of meetings did not result in any outcome other than an update on the family situation. It is unknown if other outcomes were not identified at these meetings because these cases were already working towards a resolution and recommendations were not needed, or if there was a lack of recommendations/other meeting outcomes for some other reason.

3.4.9 Summary of the Volume and Nature of FTMs Held

The seventeen demonstration counties provided over 10,000 FTMs to over 3,000 families and over 7,000 children. Most children were living with their parents and in the custody of their parents at the time of their initial FTM. Three-fourths of families had 3 or fewer FTMs over the course of the study period. Most of the meetings were held as either initial planning meetings or quarterly reviews; very few meetings were held for the purpose of responding to critical events. Parents and primary caregivers, considered the most important participants in the meeting, were in attendance at 64% of meetings held. Several counties utilize strategies to encourage parental attendance at meetings, including holding meetings at flexible locations, assisting with transportation, or assisting with childcare, but these strategies are not pervasive. Counties which use these strategies the most often were associated with higher parental attendance rates at FTMs.

The next section explores the demonstration counties' adherence to the ProtectOHIO FTM model using case-level quantitative data and analyzes the association between outcomes for children and families in the demonstration counties versus similar children and families in the comparison sites.

3.5: FIDELITY TO THE PROTECTOHIO FTM MODEL

This section of the report explores how well the demonstration counties have adhered to the ProtectOHIO FTM intervention model, also known as fidelity. In prior sections, we spoke to this broadly at the county level, describing FTM implementation activity. This section addresses the research question, "What level of fidelity to the ProtectOHIO model is achieved in demonstration counties?" Using case-level quantitative data, it examines variations among the demonstration counties in the degree to which they implement key components of the FTM model, as defined in the ProtectOHIO FTM Practice Manual. It also explores the level of fidelity each case received.

Before evaluating the impact of a specific service intervention on outcomes, it is critical to measure fidelity to the defined practice model. Only by understanding fidelity can one reliably attribute outcomes to the intervention. In addition, understanding the degree of adherence to model fidelity provides a context for interpreting the outcome findings, and identifies some of the caveats to those findings. While exploring FTM implementation (Section 3.3), the study team discovered variation among the demonstration counties, but also found notable differences overall between demonstration and comparison sites.

3.5.1 Extent to Which the FTM Strategy Reached Eligible Families

Before measuring the degree to which counties met various fidelity components of the FTM strategy, it is critical to understand the degree to which the FTM strategy was provided to the eligible population in the 17 demonstration counties. As stated in the ProtectOHIO FTM Practice manual, all cases that transfer to ongoing services are eligible for FTM. Overall, during the FTM study time period, 6,386 cases⁴¹ transferred to ongoing services; 73% of them received FTM, with individual counties serving between 34% and 90% of eligible cases.⁴² In seven counties the penetration rate was 80% or higher. While the study team is unable to definitively report why cases did not receive FTM, some reasons that have been suggested by the counties include: the case plan goal was not reunification or maintain-in-home, the case closed within 30 days of the transfer date, the family refused or repeatedly failed to attend meetings, or criminal charges were pending. Additionally, it is possible that workers may feel that some cases would not benefit from the FTM strategy and thus not offer FTM to these families. This last reason suggests potential bias in the representation of the FTM group. In response, in upcoming reports, the study team plans to explore the differences between the populations that received and did not receive FTM as well as further explore qualitatively the reasons counties may not serve all of their cases. Yet, the demonstration counties reached nearly three-fourths of their ongoing caseload with the FTM strategy, showing the strategy has had considerable reach.

3.5.2 Measures of ProtectOHIO FTM Fidelity

Here, we use case-level data to provide a more in-depth look at adherence to the model for the cases that did receive FTM. The study team explored three specific components of the ProtectOHIO FTM model:

1. Initial FTM within 35 days of case opening.
2. Subsequent FTMs held at least quarterly.
3. Range of FTM participants: at minimum, one parent or primary caregiver, one PCSA staff, and one other type of person.

3.5.2.1 Timeliness of Initial FTMs

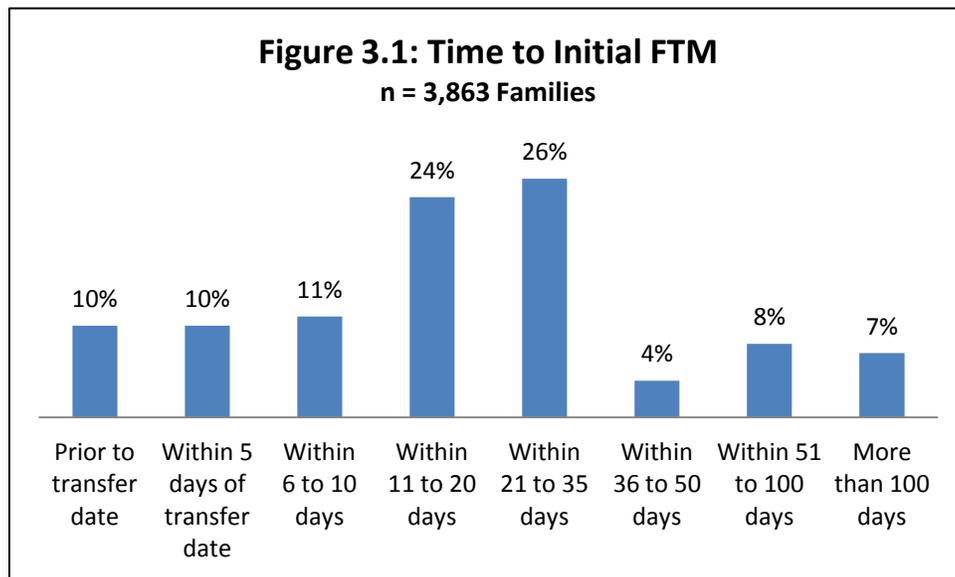
Engaging families soon after a case opens allows for family input in the development of goals that will guide the family and agency. Demonstration counties believe that the initial FTM should be held as soon as possible, in order to engage families early and create a clear case plan that links them to more timely services and other natural supports, ultimately leading to more positive child outcomes (see logic

⁴¹ The penetration analysis includes all cases with intakes on or after Oct. 1, 2010 that transferred to ongoing services, regardless of initial FTM date. All other FTM analyses include only those cases with initial FTMs from Feb. 16, 2011 through Dec. 31, 2012.

⁴² In order to determine the penetration rate in counties that sample FTM cases, the study team calculated the total number of cases receiving FTM out of total number expected to receive FTM, based on each county's sampling rate.

model, Table 3.1). The study team examined the number of FTMs that were held prior to or within 35 days of the transfer of the case from assessment/investigation status to ongoing status.⁴³

Overall, the average number of days from the case transfer date to the initial FTM was 28 with a standard deviation of 52, and the median number of days was 18. It is interesting to note that seven counties had a median of 2 or fewer days between the case transfer date and the initial FTM, while the remainder of the counties had a median of 9 days or greater. Those counties with a median of 2 or fewer days may have established a practice whereby they attempt to hold the first FTM almost immediately after the decision to transfer the case. Figure 3.1 displays the variation among the number of days from the transfer date to the initial FTM.



In general, counties were successful in holding initial meetings on time. Overall, 81% of initial meetings (3,115 out of 3,863) were held within 35 days of the decision to transfer to ongoing services. Counties ranged from holding 50% to 100% of initial meetings on time; thirteen counties held 80% or more of their initial meetings on time, while the remaining four counties held between 50% and 79% of their initial meetings on time.

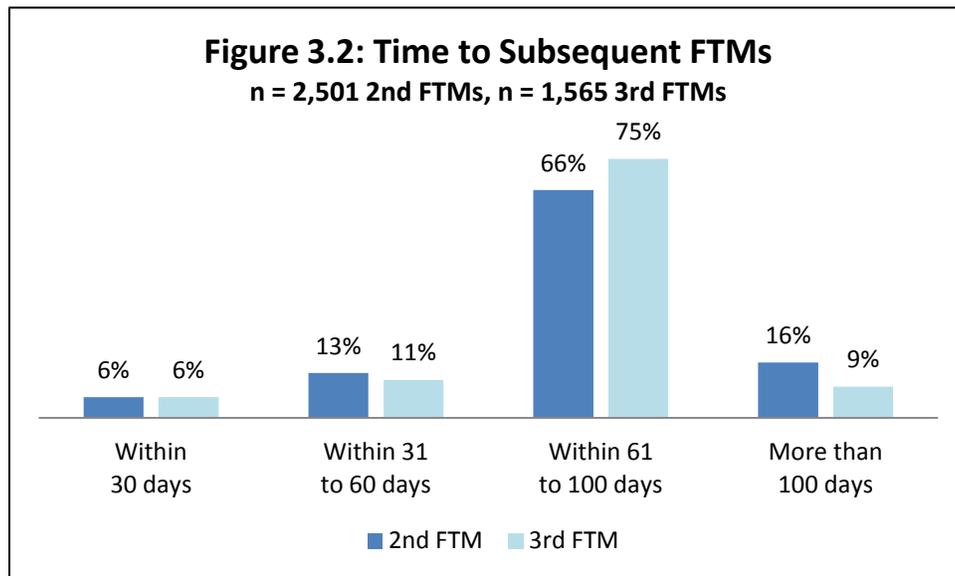
3.5.2.2 Timeliness of Subsequent FTMs

The ProtectOHIO FTM strategy argues that holding regular meetings throughout the life of the case helps to address issues proactively and to hold all parties accountable to the action steps agreed upon, thus moving the case to a quicker resolution. Meetings may be called when a critical event occurs such as a court hearing or a new CAN (Child Abuse/Neglect) report on an existing case. If a meeting is not held for some other reason, the ProtectOHIO model calls for meetings to be held at least quarterly (at

⁴³ Strictly speaking, the model calls for initial FTMs to be held within 30 days of the decision to transfer the case to ongoing services (i.e., family assessment approval date). For simplicity, and to allow some flexibility for holidays, sick days, etc., the study team chose to use 35 days as the measure.

least every 90 days) throughout the life of the case for as long as the case plan goal is reunification or maintain-in-home.⁴⁴

Overall, the average number of days between the first and second FTM was 85 and the median was 84 days. The average number of days between the second and third FTM was 82 with a standard deviation of 33, and the median was 84 days. Figure 3.2 displays the variation among the number of days to subsequent FTMs.



Overall, 74% of subsequent meetings (second and third FTMs) were held on time (3,538 out of 4,779 instances where a subsequent FTM was expected)⁴⁵ Counties ranged between holding 34% and 98% of their subsequent meetings on time. Eight counties held 80% or more of their subsequent meetings on time, six counties held between 60% and 80% of their subsequent meetings on time, and the remaining three counties held 60% or less of their subsequent meetings on time.

3.5.2.3 Mix of Meeting Attendees

Having a wide range of meeting attendees around the table makes the FTM more valuable because it allows various perspectives to be considered in case planning and decision making, and allows attendees to work together to support the family in accomplishing its goals. Facilitators and

⁴⁴ Strictly speaking, quarterly would be 91 days; if translated into months, three months could be 90 days or as much as 93 days. For simplicity, and to use the same measure as used in the Second Waiver Final Evaluation Report (2010), the study team determined that meetings would be considered on time if they were held within 100 days of the previous meeting.

⁴⁵ A case was eligible for a second FTM if 90 days had passed since the 1st FTM and the case was still open. A case was eligible for a third FTM if 90 days had passed since the 2nd FTM and the case was still open. This resulted in 4,779 instances where a subsequent FTM was expected. Given that 75% of cases in our dataset held three or fewer meetings the study team chose to measure fidelity to the timeliness of subsequent meetings using the second and third meeting of each case. While the fidelity analysis includes the number of FTMs that were expected to be held, Figure 3.2 relates to FTMs that were actually held.

caseworkers frequently comment that having key parties together in one room allows for better communication and avoids triangulation, as everyone hears what is said by the others present. The ProtectOHIO model does not specify what attendee grouping is the minimum standard for a meeting; rather, it merely states that meeting participants may include the birth parents, primary caregivers, other family members, foster parents (if applicable), support people, and professionals.

To determine whether a range of attendees are at the table, the study team examined the number of meetings that included at a minimum: at least one parent or primary caregiver,⁴⁶ at least one caseworker or other PCSA staff, and at least one other type of person (not including the facilitator).⁴⁷ Overall, 47% of the FTMs recorded (3,713 of 7,929)⁴⁸ included this minimum grouping of attendees. Counties ranged from 26% to 76% of their meetings having this group; ten counties ranged from 26% to 59% of their meetings including this group, and the remaining seven counties ranged from 60% to 76% of their meetings having the minimum group of attendees. Counties appeared to be slightly more successful at achieving this attendee mix at initial meetings than at subsequent meetings: 52% of initial meetings included this attendee mix, whereas 42% of subsequent meetings included this attendee mix.

Counties were consistently successful in securing PCSA staff attendance, but struggled to secure the attendance of both a parent or primary caregiver and an "other" type of participant: Nearly 100% of meetings (7,916 out of 7,929) included a caseworker or other PCSA staff, 66% of meetings (5,254 out of 7,929) included a parent or primary caregiver, and 61% of meetings (4,824 out of 7,929) included an "other" type of participant.

Although only 47% of meetings included the minimum attendee mix, an additional 19% of meetings had both a PCSA Staff person and a Parent, but were missing an Other type of participant, and an additional 14% of meetings included a PCSA staff person and an Other type of person, but were missing a parent (Table 3.20). It is interesting to note that 20% of meetings included PCSA staff only. Further exploration is needed to determine if cases benefit from holding FTMs in which only PCSA staff are present.

Table 3.20: FTM Participants	
FTM Participants	Number of FTMs with Participant Mix (n=7,929)
Included Minimum Group of Participants	3,713 (47%)
Included Parents and PCSA Staff - Missing Other	1,521 (19%)
Included PCSA Staff and Other - Missing Parents	1,101 (14%)

⁴⁶ There was no difference in attendee fidelity when kinship caregivers were included in the "parent or primary caregiver category" or in the "other" category.

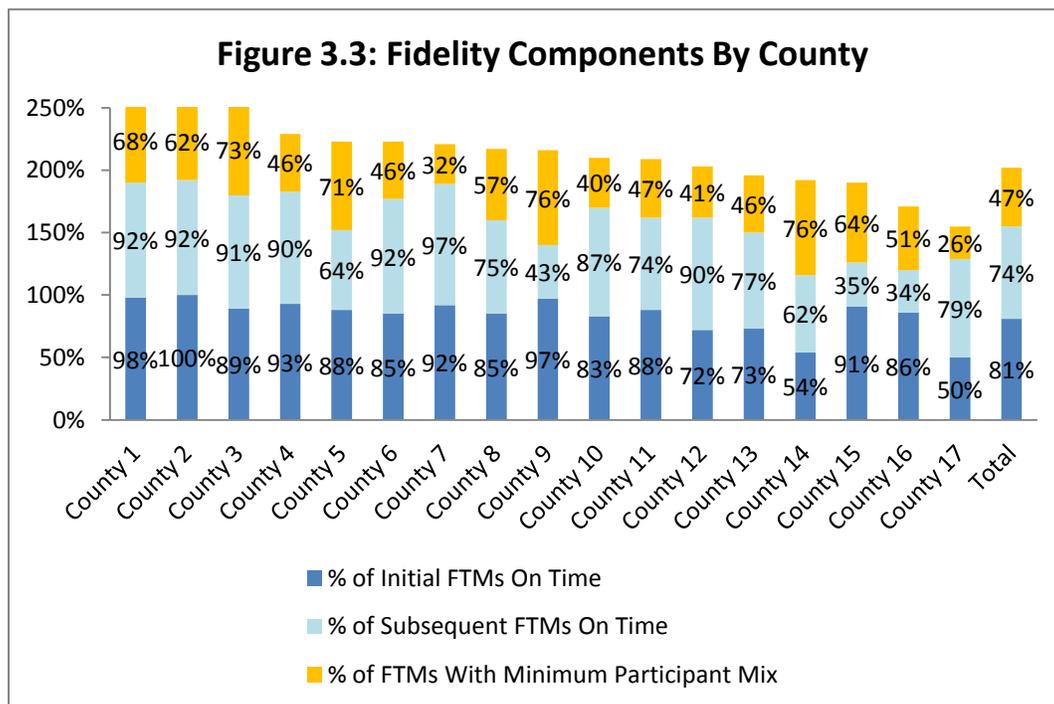
⁴⁷ The other type of person could include, but was not limited to, relatives, CASAs, service providers, parent supports, etc.

⁴⁸ To remain consistent with the fidelity measurements on the timeliness of meetings, the study team measured FTM participant fidelity on the first three meetings of each case.

It is not surprising that facilitators and caseworkers consistently cite family and service provider attendance as one of the main challenges of the FTM strategy. Again, parents are not present at approximately one-third of all meetings, a rate which does not appear to have changed substantially since the second waiver. In some cases the case plan goal is no longer to maintain the children in the parents’ home or to reunify the children with their parents, and thus we would not necessarily expect that parents would be participating in FTM; however, the data suggest that this scenario is only true in a small number of cases. Further research is needed to examine whether meetings that either do not include parents or primary caregivers, or do not include other types of participants are associated with the desired outcomes.

3.5.3 Overall County-Level Fidelity to the FTM Model

This section synthesizes the data presented above on three key components of the ProtectOHIO FTM model. Figure 3.3 depicts the differences among the counties in their overall fidelity to the model. Each county-specific bar shows the contribution of each of the fidelity components to the composite county rank. Each stacked bar represents a county on the three fidelity components: the percentage of initial meetings that were held on time, the percentage of subsequent meetings (second and third meetings) that were held on time, and the percentage of total meetings (first, second, and third meetings) that included a minimum group of attendees in each county.

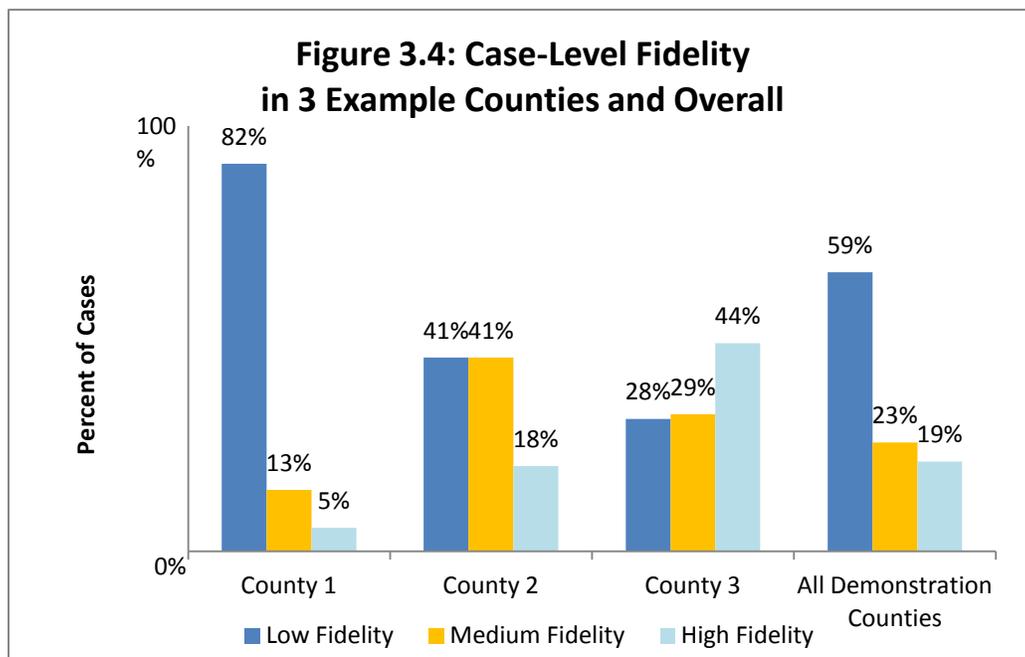


This chart demonstrates that fidelity is quite variable among the demonstration counties; for example, the range in percentages of those that had timely subsequent FTMs ranges from 34% in one county to 97% in another county. Overall, counties were more successful at holding meetings on time, and less successful at getting a minimum attendee mix to attend FTMs. While not directly comparable,

the rate at which counties are meeting the attendee fidelity component does not appear to have changed since last reported in the Second Wavier Final Evaluation Report (2010). Again, it is considerably lower than their conformance to the component regarding the timing of subsequent meetings. With nearly all counties combining their subsequent FTM with SARs and CAPMIS reviews, the state mandates around the timing of those reviews almost guarantees that subsequent FTMs will occur quarterly, and should proceed even if not all of the relevant parties are able to attend.

3.5.4 Case-Level Fidelity

Examining county-level fidelity gives us an idea of how well counties are carrying out some key components of the FTM model. In this next step, the study team examines case-level fidelity, in terms of overall adherence to the model per case. The examination of fidelity at the case-level gives a fuller understanding of the FTM experience of families from case opening to case closure, and allows case-level fidelity scores to be used to understand the impact of fidelity on outcomes. The study team grouped cases into three fidelity levels, based on each case's overall adherence to the FTM model in both the timeliness and meeting participant fidelity components (see appendix C for a description of calculations used to determine fidelity levels). Figure 3.4 demonstrates the percentage of cases in each fidelity level, in three selected counties which illustrate the range among counties, and for the 17 demonstration counties combined.



Overall, as the right hand set of bars indicates, 19% (721) of cases met the threshold for high fidelity FTM, 23% (874) received medium fidelity FTM, and the remaining 59% (2,268) were classified as low fidelity. Counties ranged from high fidelity cases comprising 5% to 44% of their total cases, medium fidelity cases comprising 13% to 41% of their total cases, and low fidelity cases comprising 26% to 82% of their cases.

In summary, about one-fifth of all cases that received FTM received the intervention with high fidelity, meaning that their meetings met the timing and attendee fidelity components of the ProtectOHIO model at least two-thirds of the time.⁴⁹ Over half of the families that receive FTM do not have meetings that generally meet the timing and attendee fidelity measures; it is likely that their meetings are limited in who attends them, or they may not be held on a timely basis. Further research would be needed to determine what absolute level of fidelity is associated with the desired outcomes. In the remainder of the chapter, the study team examines child- and case-level outcomes for all families that received FTM, and for families that received high fidelity FTM.

3.6 CHILD AND CASE LEVEL OUTCOMES: DEMONSTRATION VERSUS COMPARISON COUNTIES

A primary goal of the ProtectOHIO evaluation is to understand the impact of the ProtectOHIO FTM model on children and families, within the context of the flexible funding made available by the waiver. Two comparisons will be made:

1. Children and families in the demonstration counties who received ProtectOHIO FTM (and had the benefit of the waiver) will be compared to similar children and families in the comparison counties (who did not have the waiver and in general did not receive a FTM intervention similar to the ProtectOHIO FTM model).⁵⁰
2. To further isolate the impacts of the FTM intervention, children and families in the demonstration counties who receive FTM with high fidelity, as defined in the previous section, will be compared to similar children and families in the comparison counties.

The outcomes analysis presented here uses propensity scores to reduce bias in our findings due to the demographic and risk characteristics of children in the demonstration and comparison counties.

3.6.1 Data Collection and Analytic Methods

3.6.1.1 Data Sources

Two sources of data are used for the FTM outcomes analyses: SACWIS and PODS. The final SACWIS dataset extracted for this analysis contained data through April 2013 and included demographics, intake, case, family assessment, risk assessment and placement data. The PODS dataset contained all information related to FTM and necessary for this analysis: the dates of families' FTMs, information regarding who participated in the meeting, the county in which the FTM took place, and IDs upon which a match with SACWIS could be established. The two data sources were merged in order to identify families in demonstration counties that had experienced a case episode⁵¹ during which at least one FTM had occurred, together with the appropriate family and risk assessment for the relevant episode.

3.6.1.2 Analytic Methods

Randomized control trials are often considered the gold standard when trying to understand the effects of an intervention on a population. This is because, on average, randomization can serve to

⁴⁹ See Appendix C for details on how "high fidelity" was defined.

⁵⁰ Details on the population included in the FTM outcomes analysis are presented in section 3.6.1.3.

⁵¹ Our study population includes cases that were still open at the time the SACWIS data was extracted.

eliminate any differences that are observed in the background characteristics, or circumstances, of the groups of participants who receive the intervention and those who do not. Any differences shown between the two groups on the outcomes of interest can then be attributed with more confidence to the intervention itself rather than to a bias of some kind (deliberate or not) in the selection of participants receiving the intervention. Nonetheless, randomization is not always possible due to ethical and/or practical reasons. Such was the case for this evaluation.⁵²

Rosenbaum and Rubin (1983) proposed an alternative approach when randomization to intervention and comparison groups is impossible or undesirable. Their solution for estimating causal effects when randomization is not possible is to use propensity scores as a way to match similar individuals across intervention and comparison groups. Propensity score matching has the potential to reduce bias, but, it should be noted, that bias is only reduced on those characteristics that have been chosen to create the propensity score; thus, the degree to which outcome differences can be attributed to the intervention is only as strong as the characteristics chosen to establish balance between groups. The selection of characteristics to produce that score is therefore a critical part of the process of calculating the propensity score (see Appendix D). By using propensity scores as a mechanism to statistically balance differences between participants in the intervention and comparison groups, we can be more confident that any differences shown in the outcomes are attributable to the intervention. Therefore this is the approach the study team decided to take.

In statistical terms, a propensity score estimates the probability of an individual being assigned to one or other group based on the background characteristics that have been used to make the balance. As many characteristics as possible are chosen upon which to estimate an overall propensity vector. Participants from the intervention group are then matched with those in the comparison group, based on the similarity of their overall propensity score. Potentially, this is a superior method to assessing differences in outcomes based on just one or two characteristics, and provides a better estimate of intervention effects than comparing children with all possible others regardless of how similar or dissimilar they are.

Logistic regression was used to create two propensity score vectors, one at the case level (or family level) and one at the child level. The study team endeavored to identify as many background characteristics as possible upon which to compute the propensity scores; these included demographic characteristics such as race and age, previous contact with children's services, and previous placement in out-of-home care. The family and risk assessments were also considered important to use because these assessments contain significant case- and child-level information that is key in the process taken by caseworkers and supervisors to decide whether to transfer a family to ongoing services.⁵³

All analyses were conducted using SPSS, version 19.0. Nearest neighbor matching without replacement was used for matching using a macro developed by John Painter (2004)⁵⁴ specifically for use with SPSS. This method consists of randomly ordering cases within the intervention group and then finding, one at a time, the closest match for each randomly sorted intervention case from the pool of

⁵² Further explanation is provided in: *Evaluation of Ohio's Title IV-E waiver, ProtectOHIO: Phase 3 Evaluation Plan*. Tualatin, OR: HSRI, June 2011.

⁵³ See Appendix 3.D for a complete list of the data available from the family and risk assessments.

⁵⁴ <http://www.unc.edu/~painter/SPSSsyntax/propen.txt>

comparison group members. This is an iterative process; as each match is found from the comparison pool the matched pair is set aside for later merging with subsequent matched pairs.

3.6.1.3 Study Population

The FTM outcomes analysis presents the findings for families in the demonstration counties who had a report of abuse or neglect, whose case was transferred to ongoing services between January 1st 2011 and October 1st 2012, and for whom at least one FTM was conducted during the case.⁵⁵ Limiting data to the cases that transferred to ongoing services by October 2012 means that all families had at least 6 months of information for analysis following the opening of their case to ongoing services. For families experiencing more than one case episode during the designated time period, the focal case episode for analysis was taken as the first case episode that transferred to ongoing services during the time period stated.

3.6.1.4 Data Challenges and Limitations

As anyone who has ever worked with administrative data can attest, working with these extremely large and complex data sets provide a myriad of time consuming challenges both in understanding when, how and by whom data is entered, how the tables within the data systems link together after data extraction (i.e., understanding the circumstances in which files can or should not be merged together), and how the same codes are used differently by different counties. Given the many months of conversations with county representatives and the extensive testing of the data files that was completed by the study team, the majority of these challenges were anticipated and addressed; nonetheless, certain challenges remained. These are described in more detail below together with the remedial approach the study team took.

Multiple Agencies Associated with the Case: Demonstration counties agreed to enter all information including their county name into PODS; however, identifying the agency in which a comparison county case was located resulted in more difficulty for the study team. Ideally, we would find the county in which the family assessment occurred since this was the trigger for a case being a potential match for a FTM demonstration case; nonetheless, a direct link was not identified in the SACWIS data received by the study team members, between the cases receiving a family assessment and the county in which that assessment took place. Therefore, the study team examined intakes occurring within the parameters of the official opening of the case (case open effective date) and the family assessment in hopes that this would help us identify which comparison county a case belonged to. Two issues arose; first, intakes could not be found for all open cases. It is likely that this is because the intake occurred in a county that was not part of the evaluation and thus for which we do not have data, before transferring to a ProtectOHIO county. Second and importantly, some cases had more than one county attributed to their case, and in some instances one of the counties attributed to the case was a demonstration county while the other was a comparison county.

⁵⁵ On February 16th 2011 a revision was made to the data elements recorded in PODS. Only families with a first FTM after this date were analyzed. The January 1st 2011 begin date therefore allowed the majority of the earliest cases recorded in the revised PODS a window during which their prior family assessment should have occurred

Our original plan had been to use county size as part of the propensity score calculation since it was considered possible that environmental issues experienced in different types of counties (rural/urban, large/small) might impact the results of our analyses. However, with the impossibility of disentangling the overlap between counties this variable was abandoned for the current propensity score calculation. Those cases that appeared to have intakes from both demonstration and comparison counties were eliminated from the pool of cases from which to draw matches, as were those with no intake; all other cases with overlapping comparison counties were retained. This decision somewhat reduced the sample pool from which to draw the match, and also meant that using county size as a matching variable was no longer possible. While this was an unexpected problem for the current set of analyses, it is expected that this will be resolved for the analyses for the final evaluation report due in 2016.

Family in Need of Services (FINS) and Dependency Cases: In preparation for analyses the decision had previously been made to use variables contained in the risk assessment as a major component from which to compute propensity scores at the case level. The risk assessment is completed at the same time as the family assessment for all cases of abuse or neglect and Alternative Response cases, in preparation for the case closing at that juncture, or transferring to ongoing services. The study team initially understood that this assessment was also completed for FINS and Dependency cases; however, it later became evident that, for FINS and Dependency cases, workers are not required to complete a risk assessment at the time of case transfer to ongoing. This caused a dilemma in which the study team could either choose to compute propensity scores without the risk assessment (a major contributor to the propensity score) or could analyze the different types of cases separately. The decision was ultimately made to complete the full propensity score calculation for only the abuse and neglect cases, since hypothetically these cases would be the ones to benefit most from FTMs. For now the study team decision was to put the FINS and Dependency cases to one side for further exploration at a later date. Analyses will be completed for this subset of cases in the Final Evaluation Report in 2016.

3.6.1.5 Final Sample for Analysis

Overall, 4,174 FTM cases were extracted from PODS and were identified as potential candidates for analysis. These cases were matched to SACWIS data to construct the analysis files. Because the cases extracted from PODS experienced their first FTM on or after February 16, 2011, the SACWIS data set was limited to cases in which the decision to transfer to ongoing services (represented by the family assessment approval date) had occurred on or after January 1st 2011.⁵⁶

Figure 3.5 presents an overview of the linkages made between files and decisions leading to the final sample sizes for all FTM cases and children, as well as high fidelity cases and children. Of the 4,174 cases in PODS, 3,509 were found in SACWIS to have had family assessments with a transfer to ongoing services between January 1st 2011 and October 1st 2012. Cases were excluded due to the following reasons:

- Data entry errors in PODS: Over the course of the third waiver period the study team has made substantial efforts to work with the counties to identify incorrect IDs or FTM dates; nonetheless

⁵⁶ If a case has their first FTM on or after February 16, 2011, it most likely transferred to ongoing services after January 1, 2011, this therefore was the cut-off point chosen

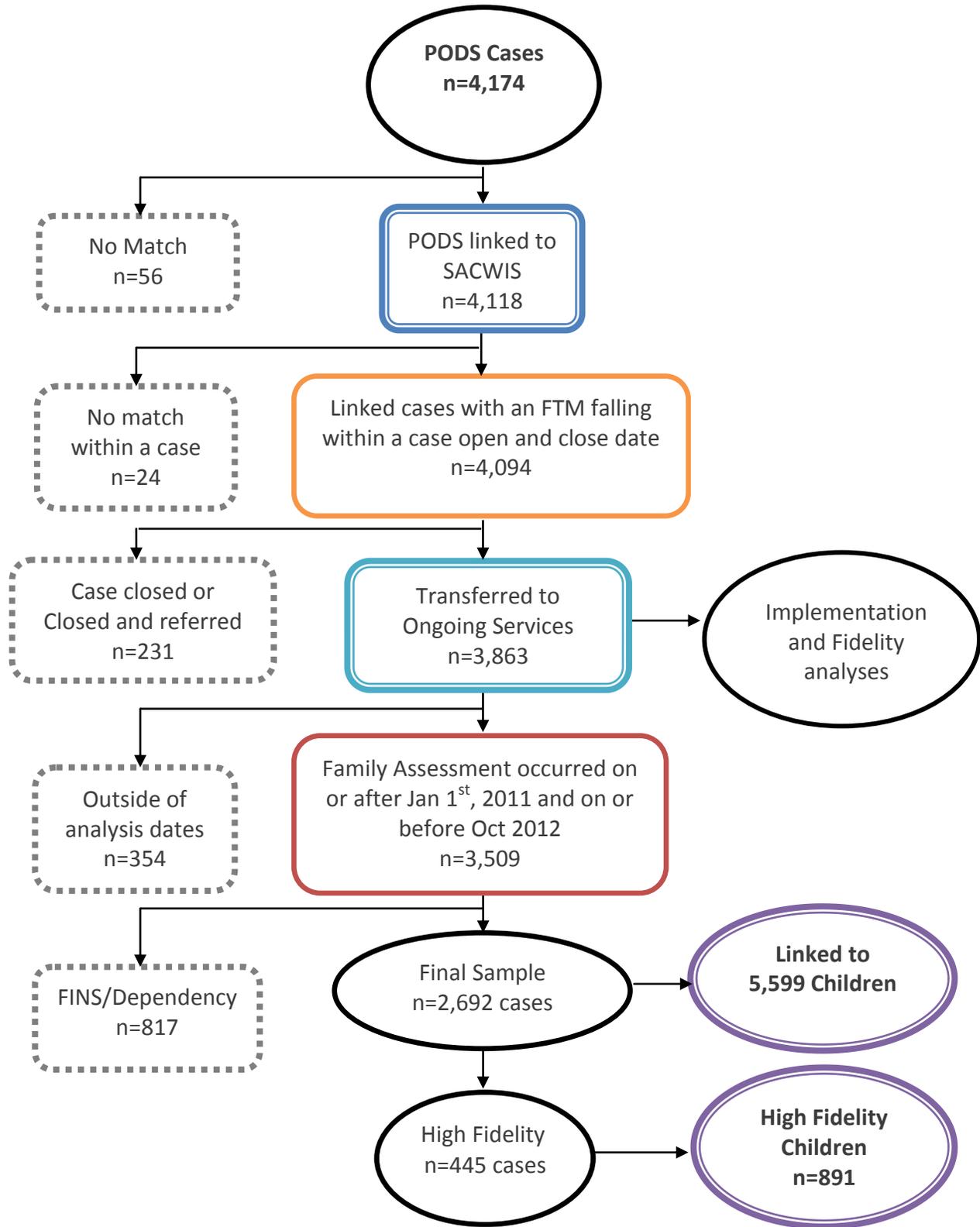
for this analysis, there remained cases for which an ID or chronologically appropriate case episode could not be found within SACWIS.

- Some entries in PODS did not transfer to ongoing services: In other words, an FTM was completed prior to a family assessment and the county decided to close the case rather than transfer to ongoing services.⁵⁷
- The SACWIS time frame used: In other words, although the FTM occurred during early 2011, the family assessment for that case may have occurred in 2010.
- As described above, the data set was ultimately limited to cases with a report of abuse or neglect.

This resulted in a case-level sample size of 2,692. Based on the information captured in PODS, the study team identified 5,599 children associated with these cases, which serves as the child sample. For our second-level outcome analysis, 445 of the 2,692 cases were classified as having received high fidelity FTM; the high-fidelity cases included 891 children.

⁵⁷ It may be that holding this initial FTM contributed to the ability of the PCSA to close the case without risk to the child, thus preventing a transfer to ongoing services. This desirable effect of FTM cannot be systematically examined in this report but may be a topic for future analysis.

Figure 3.5: Sample Selection for Outcomes Analyses



As a context for understanding the findings presented in the next section, we show in Table 3.21 the characteristics of the families and children in the FTM sample identified for matching with comparison cases and children.

Table 3.21: FTM Case and Child Characteristics:	
Case Level: n=2,692	Percent or Age
Female Primary Caregivers	96%
Primary Caregiver: Average Age	30 years
Primary Caregiver: Black/African American	18%
Primary Caregiver: White	70%
Primary Caregiver: Race Unknown, Mixed or Other	12%
Case Risk Level: High	53%
Case Risk Level: Intensive	11%
Case Risk Level: Moderate or Low	36%
Alternative Response Cases	4%
Child Level: n=5,599	
Female Children	49%
Average Age of Children ⁵⁸	6.5 years
Black/African American	18%
White	60%
Mixed	6%
Race Unknown or Missing	16%

Less than one percent of children were identified as American Indian, Asian or Pacific Islander.

3.6.2 Outcome Findings

The two overarching questions driving these sets of analyses are:

- Do children or families receiving FTM in demonstration counties experience different outcomes when compared with those children or families with comparable characteristics in comparison sites?
- Do demonstration children or families receiving high fidelity FTM experience different outcomes than children or families with similar characteristics in comparison sites?

⁵⁸ Although the average age of all children was approximately six and a half years old, 28% of the FTM children analyzed were aged two or younger.

For each outcome addressed, two sets of analyses are presented. The first provides the results for all children, or families, receiving FTM in the demonstration counties. The second provides the results for just those children, or cases, deemed to have reached the threshold for “high fidelity” (see Appendix C for an overview of fidelity and the conceptualization of “high fidelity”).

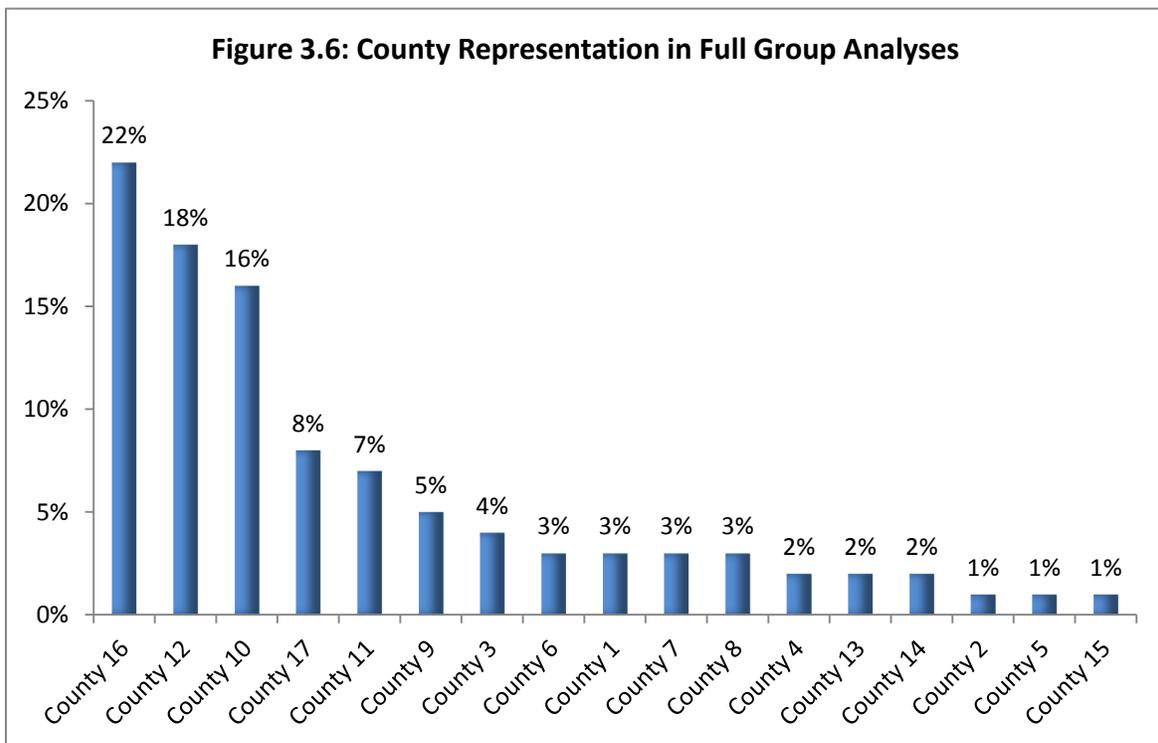
We are cognizant that FTM is a family-level intervention, in that the meetings generally address all children in the case, and discuss services that may impact the entire family regardless of how many children are involved (e.g., treatment services for a parent). When feasible, these analyses use the family, or case, as the level of analysis. The following outcomes are explored at the case/family level:

- Length of case opening
- Re-reports after case opening

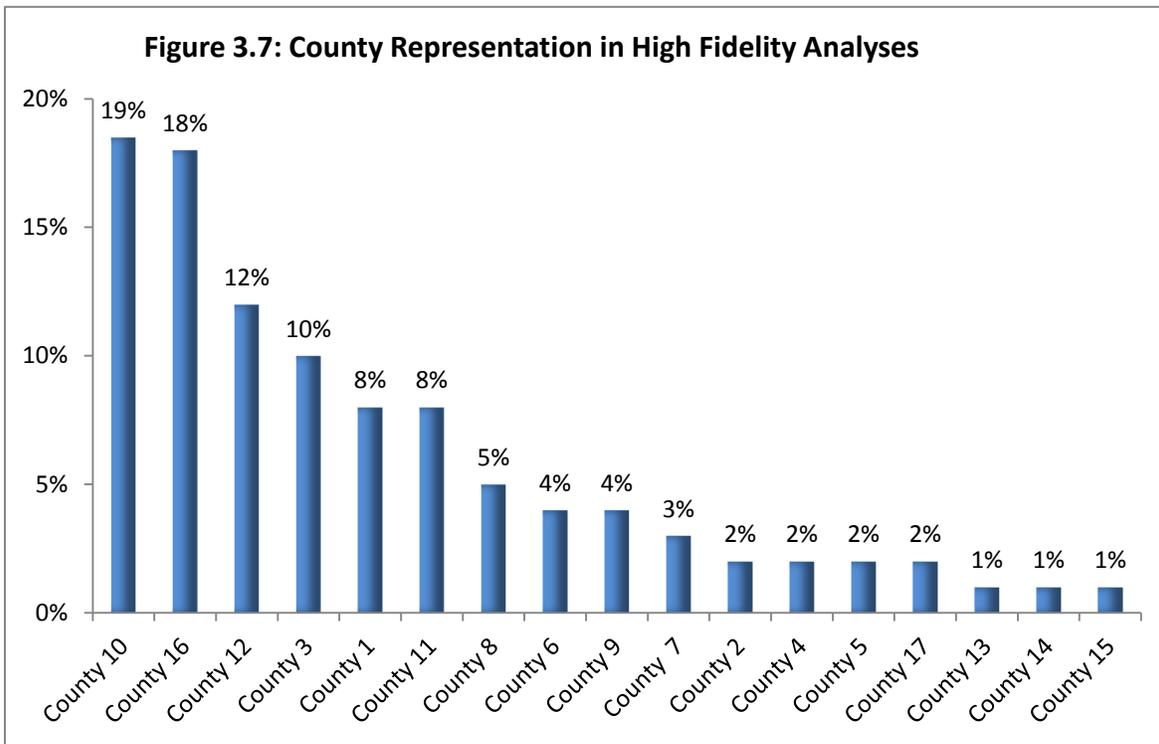
Other outcomes, because they can vary by child within a case, are explored at the child level.⁵⁹ The following outcomes are explored at the child-level:

- Proportion of children entering placement
- Number of placement days experienced

Figures 3.6 and 3.7 provide an overview of the percentage of cases from each county that contribute to the overall analyses at the case level both for the full group analysis as well as for those cases meeting the threshold for high fidelity. As shown, for all analyses, all counties are represented (percentages are rounded)



⁵⁹ In order to complete these analyses, family-level data (i.e., the level of FTM fidelity for the case) were applied to each child in the case record. Future analyses will explore the use of statistical techniques to adjust for the clustering of children within families.



3.6.2.1 Length of Time Case is in Ongoing Services

For families, often of immediate concern is the length of time they may be expected to be involved with the child welfare system. The length of time a case remains open is equally of concern to the child welfare agency, both in terms of resource utilization and, more important, in terms of the disruption and uncertainty that agency involvement brings to family life. As illustrated in the logic model (Table 3.1), the demonstration counties believe that FTMs will decrease the length of time the case is open because FTMs will ensure better case decision-making, make greater use of natural supports, motivate families, identify more appropriate services, and hold everyone accountable for getting those services into place. For these analyses case length was conceptualized as the time from when the case officially transferred to ongoing services to the time the case officially closed.⁶⁰

Time-to-event analyses were conducted to examine how case length differs between those families in demonstration counties receiving FTM and matched cases from comparison counties. Specifically, the study team chose to use Kaplan Meier survival curves in order to compare differences in the time to case closure between intervention and comparison cases. This technique allows for the statistical estimation of length of case while taking into account those cases that are ‘censored;’ in other words, while taking into account those cases for which the event (case closure) had yet to happen at the time the data was extracted.⁶¹ Table 3.22 indicates the percentage and number of cases that were censored for each analysis and in the graphs shown below. For both graphs in Figure 3.8, the lower line (coded as

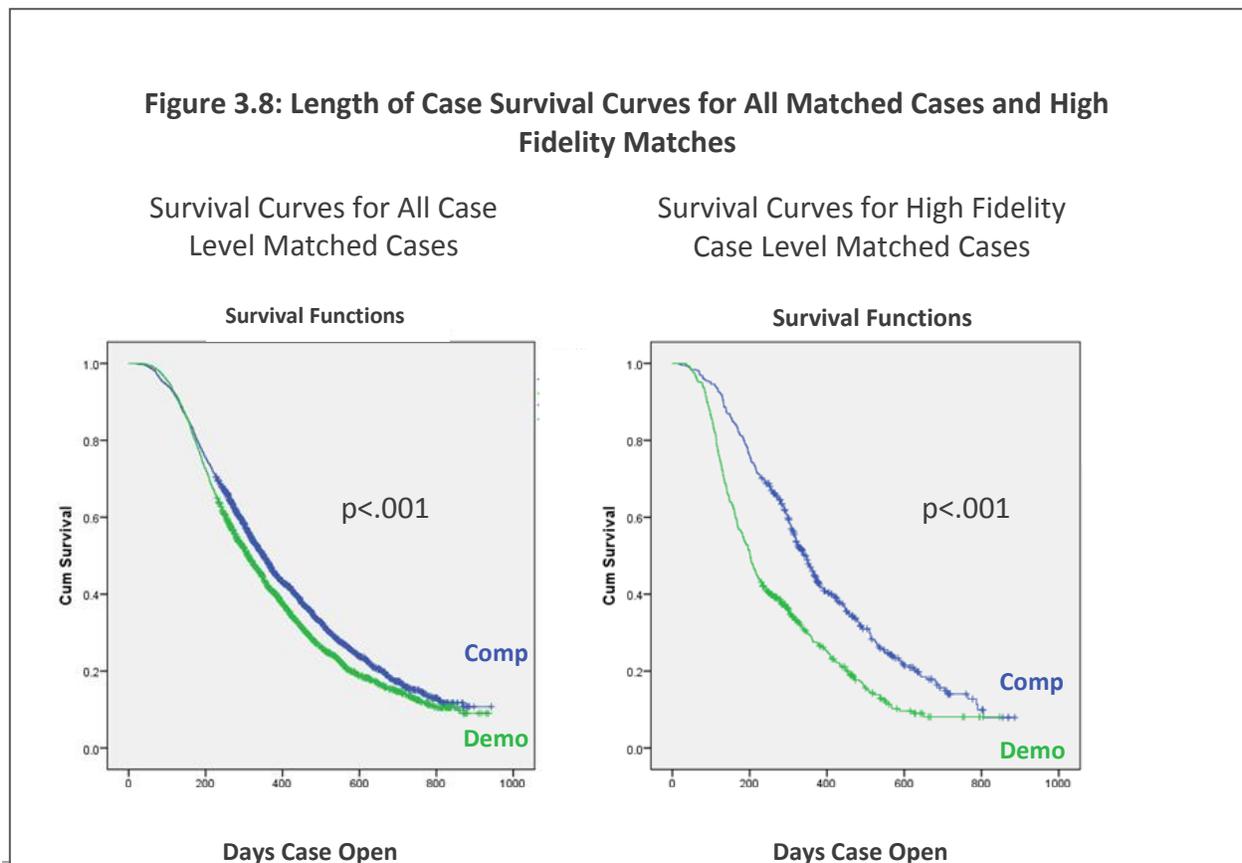
⁶⁰ Case length is defined in SACWIS as beginning with the date of the family assessment approval, and ending with the case end effective date.

⁶¹ This allows the statistical model to include cases that are still open at the time the data was pulled from SACWIS and estimate a realistic length of case for them.

'1' in the associated legend) represents FTM cases, while the upper line (coded as '0') represents comparison cases.

Table 3.22: Percentage and Number of Censored Cases Entered into the Kaplan Meier Analysis		
Censored Cases (Cases Remaining Open at the Time the Data was Extracted)		
	FTM Cases	Comparison Cases
Full Case Level Matched Group (n=2,692)	23.7% (n=639)	30.6% (n=824)
High Fidelity Matched Group (n=445)	28.5% (n=127)	20% (n=89)

Figure 3.8 presents the results of survival curves for all case level matches as well as for those cases reaching the threshold for high fidelity. The area under the survival curve graphically represents the proportion of cases that are still open at a particular time point following transfer to ongoing services. Analyses indicated a significant difference between FTM cases when compared with their comparison cases both for the larger dataset containing all 2,692 FTM cases as well as for the subset of 445 high-fidelity cases. Both graphs show the lines for FTM cases dropping more rapidly than that of their comparisons indicating that case closure occurred more quickly for FTM cases than for comparison cases. While the log rank test indicated significant differences between the curves for both sets of analyses, the difference is particularly evident for those cases that experienced high fidelity FTM practice.



This difference is further supported by the non-overlapping 95% confidence intervals (CI) around the average and median case length, as shown in Table 3.23. (The confidence interval around the estimated mean and median for each group, FTM and comparison, indicates the range in which we can be relatively sure that the average and median case length lies.) The table shows that the upper bound for the average FTM case is 397 days, less than the lower bound of 407 days for comparison cases; hence there is no overlap; a similar result is evident for the high-fidelity case comparison.

Table 3.23: Time to Case Close for All FTM Cases and High Fidelity Cases, Compared to Matched Comparison Cases						
	Estimated Average Case Length	95% CI Lower Bound	95% CI Upper Bound	Estimated Median Case Length	95% CI Lower Bound	95% CI Upper Bound
FTM Cases	386	376	397	311	299	323
Comparison Cases	419	407	430	351	338	636
High Fidelity Matched Cases						
High Fidelity FTM Cases	287	265	310	201	185	217
Comparison Cases	345	328	363	344	321	367

In conclusion, the evidence suggests that FTM cases close more quickly than comparable comparison cases both in general but particularly for high-fidelity cases, thus leading to shorter average and median case lengths.

3.6.2.2 Re-Reports Within Six Months of Transfer to Ongoing Services

One of the major concerns for child welfare agencies in general, and particularly for agencies operating under a Title IV-E waiver, is threat to child safety. An immediate indicator of a continuing threat may be estimated by looking at substantiated and/or indicated re-reports after an intervention has occurred. Family Team Meetings are expected to occur within 30 days of transfer to ongoing services and are seen as an opportunity to bring relevant family support members and professionals together in order to ameliorate threats and provide support. Thus, as another gauge of the success of these meetings the study team chose to explore differences between intervention and comparison groups in the percentage of cases receiving a substantiated or indicated report of abuse or neglect within six months of the transfer to ongoing services. The study team conducted these analyses using chi-square tests. Results indicated the following:

- A significant difference emerged for the larger FTM case-level group when compared with the matched comparison cases. Evidence suggests that FTM cases were significantly more likely to have a re-report within a 6-month period than their matched comparison cases (FTM group 10.4% (n=281); Comparison group 7.5% (n=201); $p < .001$; $\Phi = .05$). While the result of the

analysis was significant it is also very important to note the very small effect size.⁶² Cohen's convention for estimating the implication of the effect suggests that .10 equates to a 'small' effect. Based on this rule of thumb, the effect size found ($\Phi=.05$), equates to an extremely small effect size. Thus although significant, the difference between the two groups was marginal.

- There was no significant difference between the proportion of re-reports for high-fidelity cases when compared with their matched comparisons (FTM 6.5% (n=29); Comparison group 7.9% (n=35)).

It is interesting to note that although the likelihood of FTM cases experiencing a re-report within a six-month time frame was slightly higher than the matched comparisons, this effect was not evident when comparing high-fidelity matches. This analysis therefore offers some support for the thesis that high-fidelity FTMs bolster families' abilities to keep their children safe and avoid re-reports. At this point it is impossible to say if one fidelity component holds more weight than another in ameliorating this safety issue; nonetheless this question should be further explored in the final evaluation report due in 2016, when enough time will have passed to conduct these analyses with a larger sample size.

3.6.2.3 Proportion of Children Entering Placement After the Family Assessment

A further indicator of child safety and a primary goal of both Family Team Meetings and the waiver itself is to reduce the number of children that are removed from the home. Once again crosstabs with simple chi-square tests were used to estimate the differences in proportions between FTM children who entered out-of-home care when compared with matched children. Two sets of analyses were conducted: the first, for cases that had closed, examined the rate of removal after the family assessment but within the case episode; the second examined the rate of removal at any time after the family assessment regardless of whether the case had closed or remained open. It is important to note that this analysis does not include children who are removed from the home prior to the first assessment; while the demonstration counties felt that these removals were outside of the reach of the FTM initiative, this may be a topic for future exploration.

⁶² It should be noted that statistical significance is partially determined by the size of the sample analyzed. Large samples are more likely to reach significance even when in practical terms there may be little difference between groups. On the other hand small samples may only just reach significance while in practical terms the difference is large. Thus, in combination with a measure of significance the effect size should also be considered. The effect size estimates the magnitude of the difference in practical terms and is less vulnerable to sample size. In short both significance and effect size should be considered when assessing overall differences. Cohen suggested a rule of thumb such that .1 would be considered a relatively small effect.

Table 3.24: Proportion of Children Entering Out of Home Care Subsequent to Transfer to Ongoing Services				
	FTM Children	Matched Comparison County Children	Chi-square	Phi
All Matched Children: Removed after the first family assessment but within the case episode.	12% (n=671)	10% (n=539)	<.001	.04
High Fidelity Matched Children: Removed after the first family assessment but within the case episode.	9% (n=80)	9% (n=80)	ns	-
All Matched Children: Removed at any time after the first family assessment including removals occurring as a result of a subsequent case episode.	13% (n=731)	12% (n=650)	<.05	.02
High Fidelity Matched Children: Removed at any time after the first family assessment including removals occurring as a result of a subsequent case episode.	11% (n=95)	10% (n=93)	ns	-

Table 3.24 shows that for the full matched sample, FTM children tend to be removed from the home at a higher rate than children from comparison counties; however, based on Cohen’s estimates of small, medium and large effects size, where .10 is considered to be a small effect it can be seen that despite the significant findings in favor of comparison children the effects are marginal. Importantly, the high fidelity matched groups show no significant differences in the rate of removal between groups. This suggests that FTM may have little effect on the likelihood of placement.

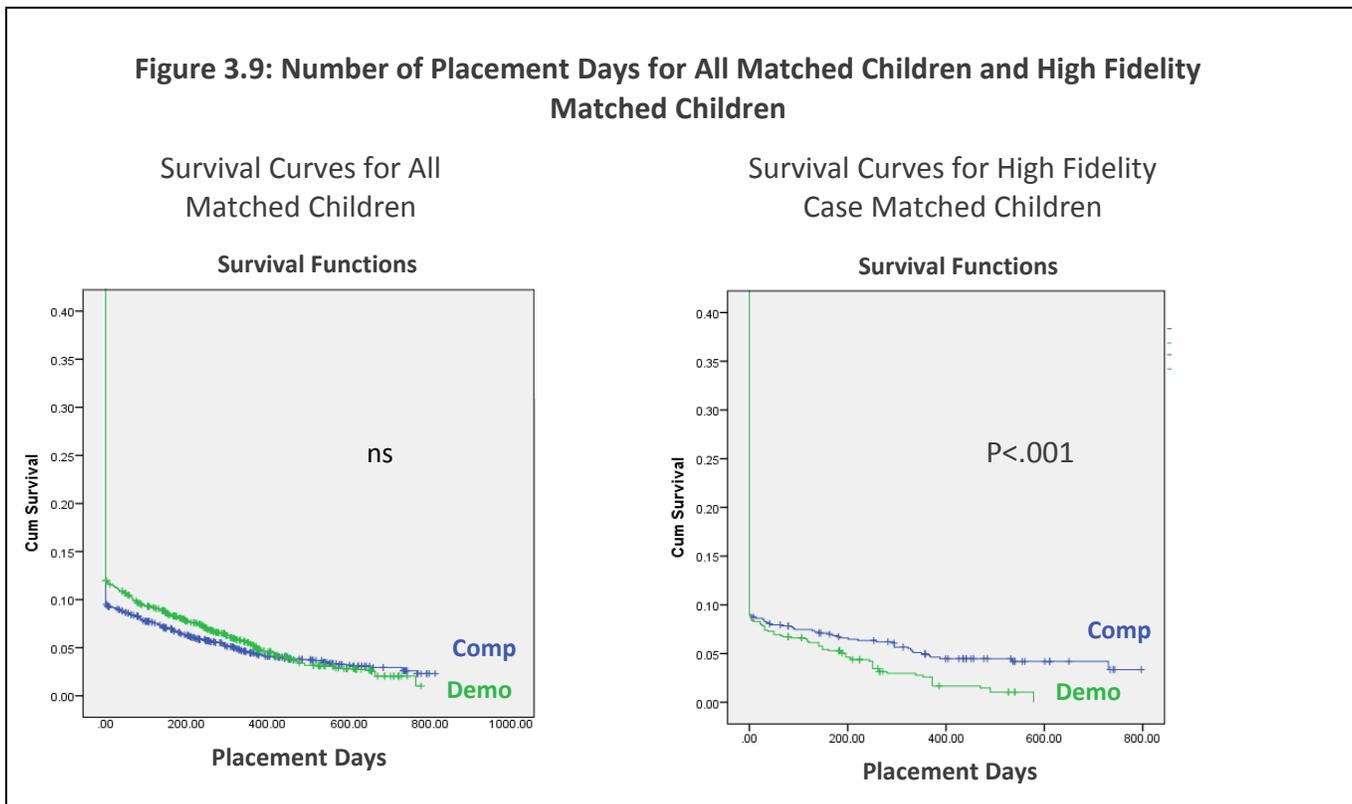
3.6.2.4 Number of Placement Days Experienced

Kaplan Meier survival analyses were conducted to explore differences in the number of placement days experienced by FTM-involved-children when compared with the matched sample. Once again, differences in outcomes for those children associated with cases meeting the threshold for high fidelity were explored as a sub-group of the larger sample. The initial set of analyses focused on the number of placement days for children who were placed out of home at any time on or after the intake (but within the case episode) that resulted in child welfare involvement. The second set of analyses focused on the number of placement days for just those placements occurring subsequent to the completion of the family assessment (within the case episode). It should be noted that for these analyses, children who were not placed in out-of-home care were given a placement length of zero days and were factored into the overall analyses.

Table 3.25: Number of Placement Days Experienced					
	N	Censored Cases	Average Number of Placement Days	95% CI Lower Bound	95% CI Upper Bound
FTM Children: Placed on or After the Intake Initiating Child Welfare Involvement	5,599	471	90	83	95
Matched Comparison Group Children: Placed on or After the Intake Initiating Child Welfare Involvement	5,599	541	100	93	106
FTM High Fidelity Children: Placed on or After the Intake Initiating Child Welfare Involvement	891	54	66	55	78
Matched Comparison Children: Placed on or After the Intake Initiating Child Welfare Involvement	891	75	78	69	88
FTM Children Placed: on or After the Family Assessment Completion Within Case Episode.	5,599	277	43	38	47
Matched Comparison Group Children: Placed on or After the Family Assessment Completion Within Case Episode Within Case Episode.	5,599	264	39	35	44
High Fidelity Children: Placed on or After the Family Assessment Completion Within Case Episode.	891	21	22	16	28
Matched Comparison Children: Placed on or After the Family Assessment Completion Within Case Episode.	891	43	43	32	54

As shown in Table 3.25, overlap between confidence intervals suggest no significant differences in the average number of placement days between FTM children and their matched comparisons for placements occurring after intake. Similarly, there were no significant differences in the number of placement days experienced by the full set of matched children when placed in out-of-home care after transfer to ongoing services. Interestingly, however, inspection of the survival functions shown in Figure 3.9, together with the evidence supplied by looking at the non-overlapping confidence intervals and the significant Log Rank test, suggests that at high levels of fidelity, the number of placement days may be reduced for FTM-involved-children. This suggests that as a group, children who receive FTM with high fidelity spend fewer days in placement after the family assessment than similarly matched comparisons. Further research will be able to explore this outcome in more depth in order to more fully understand the contributing factors.

Figure 3.9: Number of Placement Days for All Matched Children and High Fidelity Matched Children



3.6.3 FTM Outcomes Summary

For the FTM outcomes analysis the study team created two sets of propensity scores: one to complete case level matches and one to complete a match at the child level. In order to compute propensity scores, demographic information as well as information from the family and risk assessments was used. Nearest neighbor matching, without replacement, was utilized to match FTM cases and children with their counterparts from comparison counties thus creating two separate datasets for analysis, one at the case level and one at the child level. At this stage, analyses were completed for all

FTM cases (and children) experiencing a report of abuse or neglect that transferred to ongoing services triggered by a family assessment occurring after January 1st 2011 and on or before October 1st 2012.

Results indicated some support for FTM as an intervention that could reduce case length, particularly when it is delivered with high-fidelity. Surprisingly, re-reports during a six month follow-up period appeared to be marginally higher for the FTM cases when assessing the larger matched sample; however, when assessing the likelihood of re-reports for high-fidelity FTM cases this difference disappeared indicating that these children remained equally safe in the face of a shorter case episode.

On a similar note, FTM children appeared to be slightly more likely to be placed in out-of-home care than their matched counterparts when examining the larger group of matched children (although it is important to note that the magnitude of this difference was very small); when examining this outcome for the high fidelity matched cases, once again, differences between groups disappeared.

Lastly, the study team examined whether there were any differences in the number of placement days experienced by the matched children after transfer to ongoing services. No differences were revealed for the larger matched group of children; however, at high fidelity there was evidence to suggest fewer placement days when placement occurred after the family assessment. In sum, when differences were revealed in support of FTM as a useful intervention, those differences tended to emerge at higher levels of fidelity to the FTM model.

Next steps will be to assess whether FTM children are more likely to be placed with kin than other children and to examine the permanency decisions for children who exit placement. The study team will also address the data challenges discussed above, including how to clearly identify counties completing the family assessment in comparison counties in order that the county type can be added to the variables contributing to the propensity score. Similarly, more exploration will be conducted around the best variables for a FINS/Dependencies propensity match. The study team will do further work to assure that we are using the best possible variables for the propensity score match at both the case- and child-levels. Lastly, more exploration will be conducted to assess the most important components of fidelity that contribute to positive child and family outcomes as well as the lowest threshold of fidelity that contributes to overall positive outcomes.

3.7 SUMMARY, CONCLUSIONS, NEXT STEPS

The study team explored the ProtectOHIO Family Team Meeting (FTM) strategy in 17 demonstration counties and 17 comparison counties. An implementation, fidelity, and outcomes analysis was conducted in order to address the following research questions:

How is FTM implemented? This question was addressed in the implementation analysis by describing the practice among the demonstration counties and comparing it to that of the comparison sites (Sections 3.2 through 3.4).

How do cases receiving FTM within the demonstration sites differ from those not receiving FTM within the demonstration sites? This question was preliminarily addressed in the fidelity analysis by identifying which children in the demonstration counties did and did not receive FTM and estimating a penetration rate (Section 3.5).

What level of fidelity to the ProtectOHIO model is achieved in demonstration counties? This question was addressed in the fidelity analysis by looking at variations among the 17 demonstration sites and among all cases within the demonstration counties as a whole (Section 3.5).

Do children (or families) receiving FTM in demonstration sites experience different outcomes than children with similar characteristics in comparison sites? This question considers children who received FTM in demonstration counties and children in the comparison counties with similar demographic and risk characteristics, using propensity score matching (Section 3.6).

Do demonstration children (or families) receiving high-fidelity FTM experience different outcomes than children with similar characteristics in comparison sites? Similarly, this question considers children who received FTM with high fidelity in demonstration counties and children in comparison counties with similar demographic and risk characteristics, using propensity score matching (Section 3.6).

In the implementation analysis, the study team explored three areas: (1) practices, policies and perceptions in the demonstration counties; (2) the extent to which FTM practice in the demonstration counties differed from normal child welfare practice as evidenced in the comparison sites; and (3) the nature and volume of FTM activity that occurred in the demonstration counties. Through this analysis, the study team developed a portrait of how FTM was implemented and what was accomplished in the demonstration counties.

During the third waiver period, the demonstration counties have undertaken several activities to promote more consistent and informed practice, including writing a practice manual and training curriculum. Facilitators from all demonstration counties were trained using this curriculum. Using materials and ideas from the training, nearly all counties also presented a limited amount of in-house training to their caseworkers. Caseworkers in surveys and focus groups could clearly articulate their role in FTM and were generally quite positive about its benefits. Counties vary in the extent and methods in which facilitators and caseworkers work together and share information prior to FTMs. While many facilitators actively participate in a quarterly workgroup, counties report few internal activities designed to monitor and improve the quality of their FTM practice.

Demonstration counties differ in the way they fit FTM practice into their usual case management process. Variation remains in the effort counties put into holding FTMs when critical events occur in a case. Instead, emphasis is generally placed on aligning FTM timelines with the timelines for CAPMIS reviews and SARs. Counties note that addressing CAPMIS and SAR requirements within a FTM can affect the meeting's tone in that it can become more document-driven and less family friendly. The demonstration counties appear to address other varying administrative responsibilities in FTMs in ways that are more or less collaborative and empowering to families; this includes whether the case plan is drafted before the FTM, and whether action plans are created and distributed to families.

Facilitators and caseworkers state that they put significant effort into preparing families for FTM and conveying the importance of their involvement. They commonly explain the process in person, addressing a number of topics regarding the importance of the family's involvement, what will occur, and who should attend. If families do not show up for a scheduled FTM, they are commonly called to see if they can participate in the meeting by phone. They also use strategies to engage families in the meeting discussion and in making decisions, though practice varies among the counties. Yet, engaging

and involving families, family supports, and service providers in the meeting and decision-making process is a challenge that is frequently cited by caseworkers and facilitators.

Among the comparison counties, there is a wide range in the availability and intensity of FTM-like practices. Only two of the 17 comparison counties have a practice similar to ProtectOHIO FTM, where they hold independently facilitated meetings with all families in ongoing services over the course of the case. Four additional counties hold independently facilitated meetings with a subset of their ongoing caseload. Five counties hold regular family meetings, but they are not facilitated by a neutral third party. The remaining six counties essentially lack a regularly used family meeting practice.

The study population for this Interim Evaluation Report includes 3,863 families, comprised of 7,778 children, who received 10,085 FTMs. Seventy-five percent (75%) of the families had three or fewer meetings. Thirty-four percent (34%) of the meetings were held for the purpose of initial planning, 57% were quarterly review meetings, 7% were crisis or critical event meetings, and 3% were case closure meetings. Parents attended 64% of the meetings; relatives, kinship caregivers, and parent supports attended 31% of the meetings; service providers attended 23% of the meetings; child supports (including CASAs/GALs) attended 16% of the meetings. The vast majority of meetings were held in an agency setting, and few families used transportation or child care supports; however, counties that made greater use of these supports or held more meetings outside of the agency were associated with higher parent attendance rates.

Thus, the implementation analysis concludes that 17 demonstration counties have generally come together to implement an FTM model with similar expectations in terms of meeting facilitation, meeting timelines, and who should attend meetings; however, variations remain in their ability to carry out those expectations, particularly as they relate to involving families and supports. Variation also remains in the degree to which the meetings are carried out in a way that empowers and motivates families. While there is variation among the demonstration counties surrounding aspects of their implementation, there are notable differences overall between demonstration and comparison sites: as a whole, the comparison counties practice is markedly different from that of the demonstration counties in terms of the use of independently facilitated meetings that target all ongoing cases over the course of their cases.

In the fidelity analysis, the study team used quantitative data to take a closer look at the demonstration counties' fidelity to the ProtectOHIO FTM model. It estimated that 73% of all cases that became eligible for FTM during the study period received FTM. The study team highlighted three main components of the model: 1) initial FTM within 35 days of case opening, 2) subsequent FTMs held at least quarterly, and 3) having a range of attendees. Overall, 81% initial FTMs were held within 35 days of the case opening, 74% of subsequent meetings were held within 100 days of their previous FTM, and 47% of the initial three meetings included a minimum grouping of attendees which included at least one parent or primary caregiver, at least one PCSA staff, and at least one other type of participant. Fidelity to these three components was quite variable among the demonstration counties; for example, the range in percentages of those meetings that included a minimum participant mix ranged from 26% in one county to 76% in another county.

The study team also explored fidelity at the case-level, in terms of overall adherence to the model per case to give a fuller understanding of the FTM experience of families from case opening to case closure. Overall, 19% of families experienced high-fidelity FTM, meaning that their meetings met the timing and attendee fidelity components of the ProtectOHIO model at least two-thirds of the time. Over half (59%) of the families that receive FTM do not have meetings that generally meet the timing and attendee fidelity components; it is likely that their meetings are limited in who attends them, or they may not be held on a timely basis.

For the FTM outcomes analysis the study team created two sets of propensity scores: one to complete case level matches and one to complete a match at the child level. In order to compute propensity scores, demographic information as well as information from the family and risk assessments was used. Two separate datasets were created for analysis, one at the case level and one at the child level. At this stage, analyses were completed for all FTM cases (and children) experiencing a report of abuse or neglect that transferred to ongoing services triggered by a family assessment occurring after January 1st 2011 and on or before October 1st 2012.

Results indicated some support for FTM as an intervention that could reduce case length, particularly when it is delivered with high-fidelity. Re-reports during a six month follow-up period appeared to be marginally higher for the FTM cases when assessing the larger matched sample but not for high-fidelity FTM cases, indicating that these children remained equally safe in the face of a shorter case episode.

Similarly, FTM children appeared to be marginally more likely to be placed in out-of-home care when examining the larger group of matched children, but when assessing this outcome for the high fidelity matched children no differences in likelihood of placement in out-of-home care were found.

Lastly, the study team examined whether there were any differences in the number of placement days experienced by the matched children after transfer to ongoing services. No differences were revealed for the larger matched group of children; however, at high fidelity there was evidence to suggest fewer placement days for FTM children. In sum, when differences were revealed in support of FTM as a useful intervention for working with families, those differences tended to emerge at higher levels of fidelity to the FTM model.

3.7.1 Next Steps

Next steps for the implementation analysis will be to further understand families' experiences and the degree to which they feel FTM empowers and motivates them. While not written into the evaluation plan, over the course of the third waiver period, the study team has become increasingly focused on the need to understand more about the families' perspectives. Although the study team had earlier plans to survey families, as discussed in the annual evaluation report in 2012, after reviewing the FTM logic model and hearing concerns from several facilitators over implementing a family survey, the study team determined this information could be gathered from conducting qualitative interviews with families from select counties instead. Qualitative interviews will provide an avenue to collect richer information regarding the families' perspectives on outputs included in the logic model (e.g., greater use of family supports, more clarity in case plans, etc.) for which we are currently lacking data. In order to enhance our understanding of the demonstration counties' FTM practice, the implementation analysis also

intends to further explore: the ongoing monitoring of FTM practice and FTM-related quality improvement activities of the demonstration counties, benefits and challenges of facilitator-caseworker collaboration, the frequency of case crises which call for FTMs and the extent to which FTMs avert crises, and the role the courts play in the FTM process and how they may encourage its success. Finally, the study team will further explore the ways in which staff engage families in the meeting and decision-making process, through a variety of methods including observing some meetings.

Additional exploratory and confirmatory work will be conducted around the finalization of variables for propensity score matching, including the identification of variables for a FINS/Dependencies propensity match. Efforts will also be focused on the identification of counties completing the family assessment in comparison counties in order that the county type can be added to the variables contributing to the propensity score. More exploration is needed to assess the most important components of fidelity that contribute to positive child and family outcomes as well as the lowest threshold of fidelity that contributes to overall positive outcomes. In combination this two-pronged approach of tightening the match between children, and assessing the important components of fidelity, will contribute to a more nuanced understanding of FTM outcomes.

CHAPTER 4:

KINSHIP SUPPORTS STRATEGY

4.1 INTRODUCTION

Kinship caregivers are an extremely valuable resource to public child welfare agencies, offering a viable option for placement and permanency that is ‘in the best interests of the child.’ Child welfare agencies in Ohio and around the country share a common belief that placing a child with kin significantly reduces the amount of trauma children face by minimizing disruption in their lives, placing them in a familiar setting closer to the family, neighborhood, and culture they know best. The evidence base for these beliefs is growing rapidly, most recently through a number of studies that examine outcomes for children in kinship placements in comparison to a matched set of similar children in non-relative foster placements. This and other work indicate substantial benefits to the use of kinship placement including that children experience more frequent and consistent contact with birth parents and siblings, greater stability, and remain as safe or safer than children in traditional foster placements.⁶³

Nationally, the use of kinship placements has grown substantially in recent years, allowing children at risk of out-of-home placement to instead be cared for by a kinship caregiver, maintaining familial, community, or cultural connections that may have otherwise been disrupted. In Ohio, attention to supporting and promoting kinship placement is evidenced by a continuum of care available to kinship families; including the ProtectOHIO Kinship initiatives, Kinship Navigator programming, statewide Kinship Permanency Incentive funding, and various additional activities in individual counties. Loosely linking all these efforts is the statewide State Kinship Advisory Council.

As this promising practice develops and child welfare agencies increasingly utilize kinship placements, agency leaders recognize the need to increase the support available to kinship caregivers. Under the second waiver period of ProtectOHIO and now again under the third waiver, the demonstration counties have chosen to utilize waiver flexibility to pursue a kinship supports strategy. In the broadest sense, the waiver enables the demonstration counties to expand and enhance activities to support kinship placements, including location and identification of kin, assessments of home safety and kinship family needs, home visiting, and the purchase and provision of services for children and kinship caregivers.

The mission of the third waiver ProtectOHIO Kinship Strategy is to explore the potential of kinship placement as best practice, increasing attention to and support for kinship placements, caregivers, and families. The Kinship Strategy focuses on children in kinship placements who have open cases with the PCSA. The purpose of the Kinship Strategy is to ensure that these kinship caregivers have the support they need to meet the child’s physical, emotional, financial, and basic needs. In contrast to the second waiver effort, the third waiver Kinship Strategy expands to include all 17 demonstration counties and establishes a well-defined approach, including consolidating the intervention under a kinship

⁶³ Geen (2003); HSRI Interim Evaluation Report (2007); Koh (2010); NSCAW CPS Wave 1 Data Analysis Report (2005), Rubin et al (2008); Schlonsky et al (2003); Testa (2001 & 2002); Winokur et al (2008); and others

coordinator in each PCSA and specific activities to be conducted by the kinship coordinator or other designated PCSA staff.

The current Kinship Strategy evaluation builds on findings from the second waiver evaluation of kinship supports provided in six counties. It entails both a process and an outcomes evaluation, exploring the breadth and depth of demonstration counties' Kinship Strategy efforts at the county, caregiver, and child level, and the resulting outcomes for children. This chapter explores how the Kinship Strategy has been implemented in the 17 demonstration counties. Because this is an interim report, our primary purpose is to provide feedback to the counties to assist them in reflecting on and refining their practice, not to make a conclusive assessment about their performance. For the final report, a more structured approach to fidelity analysis, focusing on the unique practices adopted by individual counties, will be explored along with child outcomes.

4.2 BACKGROUND

In this section, we provide an overview of the second waiver evaluation findings and the process of developing the current Kinship Strategy and evaluation.

4.2.1 Second Waiver Kinship Strategy

During the second waiver period of ProtectOHIO, six demonstration counties chose to use their waiver flexibility to enhance services and supports for kinship caregivers. The strategy focused on increasing the use of kinship settings for children who cannot remain in their birth home, through broadly-defined efforts in recruitment, provision of supportive services, and frequent communication with kinship caregivers (Kimmich et al., 2010). The process evaluation revealed limited differences between the activities in the six kinship counties and those occurring in other counties. Prominent among the findings were the following:

- Kinship counties more often had designated positions to support kinship caregivers, and these designated workers had more responsibilities than designated staff in comparison counties.
- Kinship counties appeared to provide more hard goods and services needed by kinship caregivers to help them care for the children living with them.
- Kinship counties more often offered legal custody to kinship caregivers, giving children permanency and providing caregivers with legal authority to care for the children.
- Caregivers in kinship counties appeared to be more often involved in FTMs, allowing the caregivers to advocate for the child in their care.
- Caregivers in kinship counties who were interviewed reported feeling better supported by caseworkers than their counterparts interviewed in other counties.

In terms of child-level outcomes, the study team found that:

- Children in the kinship counties were more likely to be in the legal custody of a kinship caregiver at the 'end' of a kinship placement episode and less likely to reunify with a birth parent following such an episode, relative to those in the comparison counties. Based on qualitative findings from interviews with county staff, it appears that the lower likelihood of reunification in

the kinship counties could be due to strategy county efforts to utilize kinship placements when reunification is not likely.

- Examination of the length of time spent in kinship placement indicates that children’s kinship placements were longer in the kinship counties, though this could be due to the higher rate of placements ending in legal custody, a process that is known to take more time due to court procedures.

4.2.2 Third Waiver Kinship Strategy

The second waiver kinship evaluation was clearly exploratory. Although ODJFS offered detailed policy and practice guidance to the county child welfare agencies, each of the six PCSAs tailored its procedures and emphasized certain elements according to local needs and norms. The lack of a well-defined intervention common to the six counties made it more difficult to evaluate whether the enhanced kinship supports led to better outcomes for children. Refining this approach continues to be an explicit goal of the third waiver period. In order to begin to gather solid evidence of the efficacy of the Kinship Supports strategy, during the first half of the current waiver both ODJFS and the 17 demonstration counties have developed a precise definition of the kinship intervention and provided consistent data on its implementation.

There are few evidence-based practices in the child welfare field; Ohio is using its Title IV-E Waiver to move both the kinship and the FTM strategies toward a stronger evidence base. To the extent that the evaluation shows significant positive effects on child outcomes stemming from kinship and/or FTM, ODJFS stands ready to expand use of these interventions throughout the state.

In response to this desire to develop effective practices, and in view of the evaluation findings from the second waiver kinship strategy, the Consortium worked with ODJFS staff and the study team to define the strategy more precisely and to develop the Kinship Strategy Practice Manual. The purpose of the manual is to guide counties in consistent implementation of the Kinship Strategy. The major components of the manual and the third waiver Kinship Strategy are:

- The eligible population includes all children with PCSA cases that open to ongoing services at any point during the waiver period, regardless of custody status or supervision orders.
- In each demonstration county, a kinship coordinator with knowledge regarding best practices in supporting kin families serves as the expert resource on kinship support practice within the PCSA. The coordinator need not be solely dedicated to kin work; and some kinship coordination functions may be assigned to other PCSA staff as needed.
- PCSA caseworkers work closely with the kinship coordinator. Caseworkers typically conduct many of the activities included in the Kinship Strategy. The strategy constitutes an enhanced focus on the kinship caregivers’ needs for support, and thus the strategy-specific activities will be fully integrated with standard PCSA practices for working with kinship caregivers.
- Two new kin-specific assessment tools and processes are used to ensure that kinship caregivers can support the children in their care, and that services and supports they receive are aligned with their needs. The tools include a kinship home assessment and a kinship caregiver needs assessment, including a validated scale called the Family Resource Scale.

- A support plan is developed in accordance with the home assessment and needs assessment results. This plan has no standard format; it may be incorporated into the case plan or completed as a separate document.
- Home visits with kinship families occur at least monthly and include attention to the needs and concerns of the kinship caregiver as well as the child(ren) and other family members.
- Each county provides caregivers with a PCSA Kinship Handbook, and makes available appropriate training.
- Each county assures that services are available to support kinship families in accordance with their needs. All counties make available a set of “core” services; at county discretion, additional “optional” services are also available.⁶⁴

4.3 EVALUATION DESIGN

In this section, we describe the third waiver Kinship Strategy evaluation design, including the overall key evaluation questions and measurement, as well as the process study data collection and analysis procedures. Because this is an interim report and the Kinship Strategy was implemented recently in the second year of the current waiver, we also specify which evaluation questions will be addressed in this report. The remaining questions will be addressed in the final evaluation report.

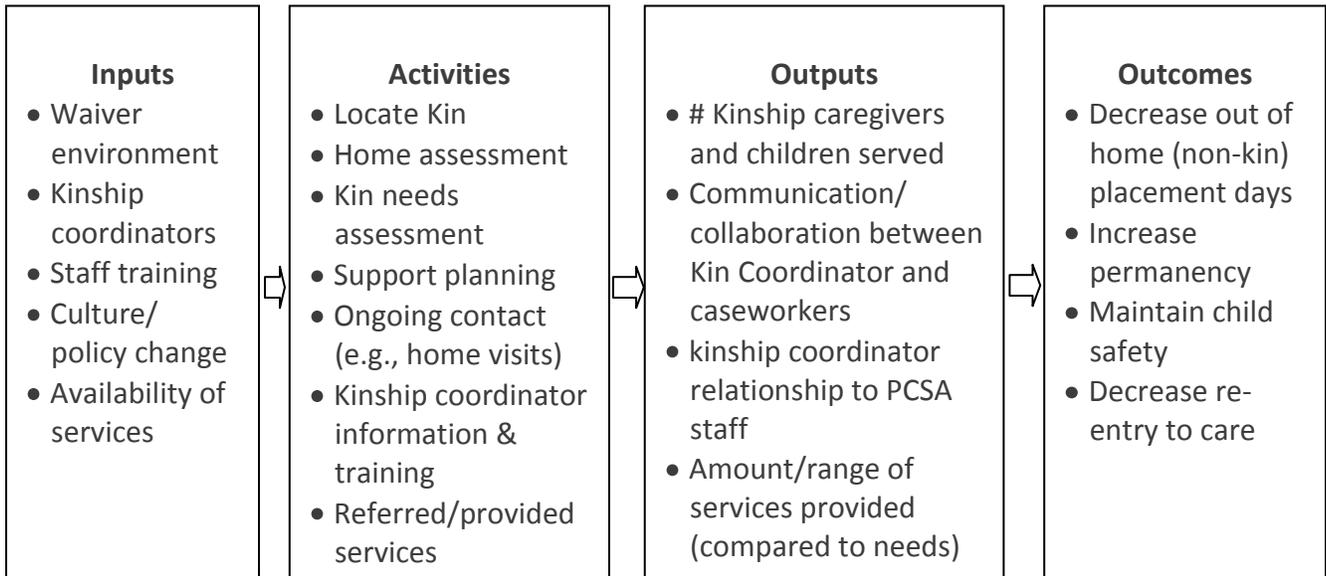
4.3.1 Evaluation Questions and Measurement

Because the Kinship Strategy represents an overlay to standard child welfare practice, with special emphasis on identifying and meeting the unique needs of kinship caregivers and their families, it is particularly important to clarify how this intervention is expected to alter outcomes for children who spend some amount of time living with kinship caregivers. The logic model in Figure 4.1 shows the inputs, activities, outputs, and the expected outcomes for children and families served by the Kinship Strategy.

The basic argument presented in the logic model is that full implementation of the Kinship Strategy (designated, trained staff assessing and supporting kinship caregivers) will foster greater collaboration among PCSA staff and greater engagement between staff and kinship families, generating more complete and appropriate provision of services and supports to address kinship family needs, and ultimately leading to improved safety, permanency and well-being for children.

⁶⁴ Core services include I&R, mental health and substance abuse assessments, mental health therapy/counseling, in-home intensive family services, hard goods, home-related supports, financial assistance for rent/utilities/etc., transportation, and training. Optional services include legal services, child care, and respite care.

Figure 4.1: Kinship Strategy Logic Model



To understand the full complexity of the Kinship Strategy, the evaluation entails a process study and an outcomes study. The research questions guiding the study are shown in Table 4.1. Questions one through five delineate the process study and questions six and seven delineate the outcomes study; for the process study and this interim report, we address the first two research questions in Table 4.1. Because the Kinship Strategy has continued to evolve since it formally began in the Fall of 2011, addressing the other evaluation questions on comparison county kinship practices, demonstration county fidelity to the model, and child outcomes would be premature. As stated previously, the primary purpose of this report is to provide feedback to the demonstration counties to assist them in reflecting on and refining their practice, not to make a conclusive assessment about their performance and the outcomes of children who receive Kinship Strategy services. The remaining questions will be addressed in the final evaluation report.

Table 4.1: Kinship Strategy Evaluation Focus		
Research Questions	Analysis Level	Data Collection Methods
1. How is the Kinship Strategy implemented?	County level Demonstration counties	Interviews, surveys,
2. How have Kinship Strategy efforts been integrated into Family Team Meeting practices and processes?	Case level, County level Demonstration counties	PODS ⁶⁵ , Interviews
3. How do the Kinship Strategy efforts in the demonstration counties differ from the various kinship support efforts in the comparison counties?	County level Demonstration counties vs. comparison counties	Interviews, surveys
4. What level of fidelity to the ProtectOHIO model is achieved in demonstration counties?	Case level, County level Demonstration counties	SACWIS ⁶⁶ , PODS, Interviews, surveys
5. How do children receiving the Kinship Strategy differ (in terms of their individual/family characteristics?) from those not receiving it – or those receiving the Kinship Strategy at a lower level of fidelity?	Case level Demonstration counties	SACWIS, PODS
6. Do children in the Kinship Strategy experience different outcomes than children with similar characteristics in comparison sites?	Case level Demonstration counties vs. comparison counties	SACWIS
7. Do demonstration children receiving high-fidelity Kinship Strategy experience different outcomes than comparison county children w/ similar characteristics?	Case level Demonstration counties vs. comparison counties	SACWIS

Examining implementation of the strategy in the demonstration counties entails gathering information on a number of topics:

- The extent to which the specific practices as defined in the manual are being followed;
- Internal and external contextual factors that may impact implementation, such as changes in agency structure, interagency relationships, or service array; and
- How the Kinship Strategy efforts have been integrated into FTM policies and practices (the interplay between the two strategies).

⁶⁵ ProtectOHIO Data System, see Appendix E for a complete list of all kinship-related information collected in the system.

⁶⁶ Ohio's State Administered Child Welfare System.

As Table 4.1 indicates, both county-level and case-level data are used in the process evaluation. The Kinship Strategy specifies activities that the county should engage in – for example, designating a kinship coordinator – and it also details activities that should occur in each case served – such as providing services to respond to the identified needs of the kinship family.

In order to test whether an intervention makes a difference in participant outcomes, a well-defined and consistently implemented intervention is needed. Fidelity is the extent to which the critical components of a program model are implemented. It does not encompass all aspects of implementation but rather the essential pieces. Assessing fidelity to the Kinship Strategy “model” (research question 4) is an important aspect of the evaluation for the final report, but not this interim report as the strategy is still too young. However, it is worth outlining the measurement of Kinship Strategy fidelity in this report as the procedures were determined after the current waiver began. Table 4.2 lists the measures that will be used to determine fidelity to the strategy in the 17 demonstration counties for the final report, as well as the domains assessed and data sources.

Table 4.2: Kinship Fidelity Measures

Domain	Data Source	Measure
Training	Institute for Human Services attendance records	% of counties with at least one kinship coordinator attending part I % of counties with at least one kinship coordinator attending part II
Structure	Short survey and site visit interviews	% of counties with either: (1) a kinship coordinator plus a Kinship Unit or (2) a kinship coordinator serving as an expert resource to caseworkers.
Assessment completion	PODS	% of kinship households with part 1 needs assessment completed prior to or at the time of placement % of households with part 2 completed within thirty days of the placement % of households with a needs assessment completed every 90 days
Support plan completion	Engagement survey at 90 days or case closure	% of caregivers reporting that the kinship worker set goals that were relevant to their needs.
Services received	SACWIS	% of caregivers linked to core services, as specified in the Kinship Strategy Practice Manual.
FTM participation	SACWIS	% of kinship cases also participating in the FTM Strategy % of kinship cases with a caregiver attending at least one FTM
Engagement	Engagement Survey at 90 days or case closure	<u>Relationship Quality</u> : Building a relationship between worker and caregiver; this relationship builds on individual respect and a commitment to the process, supports collaborative actions, develops understanding, and is open to growing and changing as circumstances require
		<u>Communication Quality</u> : Open, honest, respectful, two-way interactions (including listening) that leads to understanding of individuals, circumstances, and shared expectations
		<u>Action Quality</u> : Commitment to a goal-oriented, collaborative process that produces positive outcomes/change. Involvement in a casework process with collaborative activities appropriate to the individual’s role (worker and family member)

4.3.2 Kinship Process Study Data Collection and Analysis

The study team is conducting site visits or telephone interviews in demonstration and comparison counties each year of the waiver. One round of site visits occurred in Fall, 2012, approximately one year after the Kinship Strategy formally began in the demonstration counties; a second round of site visits will occur late in the waiver period, in 2014. Telephone interviews, done in the years without site visits, target specific issues related to kinship caregiving practices in the counties.

During the Fall 2012 site visits, the study team visited each demonstration county. Each visit consisted of a semi-structured interview with PCSA Managers, kinship coordinators, and caseworkers. The interviews focused on the role of the kinship coordinator; orientation and training to the strategy;

use of assessments, written support plans, and kinship handbooks; and the benefits of the strategy as well as challenges in implementation.

All county-level data collected via site visit interviews were analyzed qualitatively utilizing Dedoose software. The findings provide a description of what the overall Kinship Strategy model is in demonstration counties. In later stages of the evaluation, the study team will explore in more detail the experiences of particular kinship cases, integrating all the case-level data on a selected child and family (especially detailed information on the amount and timing of services received) with information from caregiver and caseworker interviews. These case studies are expected to enrich our understanding of the context and nuances of a kinship placement experience.

Most case-level data comes from the ProtectOHIO Data System (PODS) and Ohio's Statewide Automated Child Welfare Information System (SACWIS); PODS provides data on all cases that receive the Kinship Strategy in the demonstration sites, while SACWIS provides data on all eligible children in both demonstration and comparison sites. SACWIS data is vital to understanding kinship placement dynamics, from basic information about kin caregivers and children to placement dates, custody statuses, and service referral/delivery. The Kinship Workgroup and the Data Workgroup have worked closely together in the first half of the current waiver to identify SACWIS elements essential to the evaluation of the strategy and generated specifications for needed SACWIS changes as well as training needed to assure consistent use of SACWIS data entry screens.

The Kinship Strategy outcome evaluation will address all cases opened to ongoing services beginning October, 1 2011. The study will follow the cases through December 2014. Case-level data from PODS and SACWIS will be analyzed utilizing SPSS. Data used for the fidelity analyses are derived from all of the sources noted above, including county-level fidelity measures coming from interviews and surveys and case-level data come from PODS and SACWIS. The analysis entails precise definition of each element of fidelity, calculation of element-specific fidelity for each kinship case, and creation of a composite fidelity score.

4.4 INTERIM EVALUATION FINDINGS: COUNTY LEVEL

Because the Kinship Strategy is new, outcomes of children in kinship placements are not included in this report. The findings in this section are focused on the implementation of the Kinship Strategy.

4.4.1 Kinship Strategy Development

The development of the Kinship Strategy Practice Manual and a Kinship Section of PODS led to the formal start of the Kinship Strategy in all 17 demonstration counties on October 1, 2011. The Practice Manual was created through a collaborative process involving key county PCSA staff, ODJFS staff, and the study team. It provides a blueprint for kinship services in the demonstration counties, making it more likely that the counties provide these services in a similar fashion. The manual specifies the mission and purpose of the strategy, kinship coordinator competencies and duties, and case management procedures for completing assessments and written support plans, conducting home visits, and providing services.

The Kinship study team developed a PODS Kinship section to collect the data necessary for the evaluation, including SACWIS Kinship Provider and Person IDs, caregiver demographics, home assessments, Family Resource Scales, and needs assessments for each kinship family. In response to changes made in SACWIS for those children in child legal (voluntary) status, PODS was modified to begin collecting certain elements in PODS in order to merge kinship families with relevant living arrangement data. In addition, the study team made enhancements to PODS by launching several canned kinship reports; now counties can run reports on their own data. HSRI staff conducted three separate on-line trainings for kinship coordinators and data-entry staff on how to use the Kinship section of PODS. In addition, the study team provided on-going technical assistance when issues arose for the demonstration counties, changes were made to the system, and new reports were created.

4.4.1.1 Kinship Strategy Workgroup

The Kinship Strategy Workgroup consists of kinship coordinators and kinship staff, and was formed to support the ongoing development of the strategy. It consists of kinship coordinators and staff, the ODJFS ProtectOHIO project manager, and members of the study team. To better support kinship coordinators in fully implementing the strategy, the Workgroup met on a quarterly basis and convened via telephone on a monthly basis for the first year of the waiver. Since that time, they have continued to meet in-person on a quarterly basis, but no longer check-in over the telephone on a monthly basis. The meetings typically include updates from the Consortium, study team, and counties and address any issues that have arisen since the last meeting. For example, in one meeting the use of a caregiver engagement survey was discussed and in another meeting problem-solving around the entry of case services data into SACWIS occurred.

During site visits in Fall 2012, the study team interviewed kinship coordinators about their involvement in the Kinship Strategy Workgroup. The kinship coordinators in 13 counties found the workgroup to be helpful for their work with caregivers and/or caseworkers, primarily because of the opportunity to network and share information with kinship coordinators from other counties. One kinship coordinator found the workgroup to be confusing because implementation of the strategy varies so greatly across the counties. Kinship coordinators from two other counties felt that the meetings were too long. One kinship coordinator had not yet participated in the workgroup.

4.4.1.2 Kinship Strategy Training

In its capacity as State Training Coordinator of the Ohio Child Welfare Training Program, the Institute for Human Services led a group of key demonstration county staff, ODJFS staff, and study team members to develop and provide two kinship trainings for kinship coordinators. One training focused on the general needs of kinship caregivers; the other focused specifically on implementing the strategy according to the Practice Manual. On multiple occasions between November 2012 and July 2013, both trainings were offered in various regions across the state; each session lasted approximately six hours. A full report by the Institute for Human Services on the development of the trainings, the content that was included, where they were offered, who attended, and attendee satisfaction is included in Appendix F. Briefly, 131 agency staff, including kinship coordinators, kinship workers, and other agency staff, from 15 of the demonstration counties attended the training on the general needs of caregivers and 144 agency staff from 16 of the demonstration counties attended the training on the Kinship Strategy Practice

Manual. Together, kinship coordinators or kinship workers and other agency staff from 14 of the 17 demonstration participated in both trainings.

The site visits also revealed that, prior to the formal training, kinship coordinators in 13 of the demonstration counties received an introduction to the Kinship Strategy from a Manager who explained the background of ProtectOHIO and provided an overview of the strategy. The kinship coordinators in the remaining counties introduced themselves to the strategy, primarily by reviewing the Kinship Strategy Practice Manual. In addition, kinship coordinators in two counties had been heavily involved in the development of the manual, and the kinship coordinators in another two counties felt well prepared to lead the strategy, as they had been providing kinship services for many years before the strategy started.

The Kinship Strategy Practice Manual emphasizes the importance of kinship coordinators and caseworkers playing complementary roles in the Kinship Strategy. Because of this, the Consortium recommended that training for caseworkers be provided, and each county agreed to be responsible for assuring that caseworkers were appropriately trained in accordance with the manual and local policy.⁶⁷ By the time of the site visits in Fall 2012, caseworkers in only a handful of the demonstration counties had participated in a kinship related training. In four counties, caseworkers reported participating in the general kinship training through the Regional Training Center; caseworkers in two counties recalled receiving information and education about kinship at unit or staff meetings.

4.4.2 Kinship Strategy Implementation: Three Models

The heart of the Kinship Strategy is the coordination of a set of core kinship functions that include both direct and indirect work with kinship families. According to the Kinship Strategy Practice Manual, the kinship coordinator or another agency staff member may be responsible for the direct work, whereas the kinship coordinator must be responsible for the indirect work. This section of the analysis focuses on how counties have chosen to distribute responsibility for the direct work and how kinship coordinators are responsible for the indirect work. As defined by the Practice Manual, direct work with kinship families entails:

- Providing direct support to kinship families, regularly or on an as-needed basis.
- Providing training and support to kinship families.
- Advocating for individual kinship cases and/or in the broader context of influencing and informing policy and practice guidelines.
- Supporting kinship caregivers in fulfilling their roles in connection with child welfare court proceedings.
- Providing kinship caregivers with information regarding the juvenile and family court system and their roles in different types of court proceedings involving children in their care.

⁶⁷ The manual leaves it up to individual counties to decide exactly how to distribute responsibility for the various kinship coordination functions.

Indirect work with kinship families is defined in the Practice Manual as:

- Establishing relationships with community public and private service providers with the intent to educate them regarding the needs of kinship families and to develop capacity and expertise to respond to their needs; and serving as an ongoing liaison between the PCSA and the community.
- Assuring that the county resource guide/list is up-to-date so that it is useful to families and staff.
- Supporting/advising staff on how to locate, assess and engage kinship caregivers.
- Sharing responsibility for training all workers (intake and ongoing) on how to support kinship caregivers.
- Serving as an expert resource to caseworkers in their work with kinship families, assisting them to find services within and outside the county.
- Assuring Family Team Meeting facilitators are knowledgeable regarding the Kinship Strategy and are able to incorporate and integrate strategy practice into team meetings as necessary and appropriate (i.e., location efforts, visitation, permanency planning, and ongoing support).
- Assuring accurate and complete data collection for the Kinship Strategy.

While all demonstration counties had a kinship coordinator, the site visits revealed three different models of direct work with kinship caregivers with varying degrees of kinship coordinator responsibility for indirect work across the models. One of these models included a kinship coordinator supervising a unit of kinship workers who worked directly with caregivers and another included the kinship coordinator working directly with caregivers. In the remaining model, caseworkers had sole responsibility for working directly with caregivers. Each model is described below in terms of its inclusion of the direct and indirect work with Kinship Strategy families; the major defining features of each model are displayed in the Table 4.3.

Table 4.3: Major Features of the Three Kinship Strategy Direct Service Models

Model	# of counties	Mean % of kinship coordinator time on kinship duties	Caregiver direct service duty	Caregiver assessment completion duty	% counties where kinship coordinator maintains caregiver resource guide	% counties where kinship coordinator serves as expert resource on kinship for caseworkers	% counties where kinship coordinator is had trained caseworkers
Kinship Unit works directly with caregivers	5	100%	KWs and CWs	kinship workers and caseworkers	20% (1/5)	80% (4/5)	60% (3/5)
Kinship coordinator works directly with caregivers	10	81%	KCs and CWs	kinship coordinators, kinship coordinator aides, and caseworkers	40% (4/10)	90% (9/10)	70% (7/10)
Caseworker works directly with caregivers	2	6%	CW's	caseworkers	50% (1/2)	0% (0/2)	0% (0/2)

4.4.2.1 Synthesis across the three models

Coordinator time on kinship duties: The percentage of kinship coordinator time spent on Kinship Strategy duties varied across the three different models, as well as within the model where the kinship coordinator had at least some responsibility for working with caregivers. Within the 10 counties where the kinship coordinator had at least some responsibility for working with caregivers, six had kinship coordinators with all of their time allotted to Kinship Strategy duties; one had a kinship coordinator with 90% time allotted to these duties, two counties each had kinship coordinators with approximately 50% time allotted to these duties; and one county had a kinship coordinator with 20% time devoted to these duties (with an eventual increase to 100% by the end of 2013).

Direct service: While caseworkers had all responsibility for working directly with caregivers in two counties, responsibility for this varied in the counties with a kinship unit or where the kinship coordinator worked directly with caregivers. In five of these counties, kinship workers in kinship units or kinship coordinators were responsible for all aspects of direct service to caregivers, including conducting home visits, providing case management, and completing parts I and II of the kinship home assessment. In 10, caseworkers and kinship workers or kinship coordinators provided direct services to caregivers, with both caseworkers and kinship workers or kinship coordinators conducting home visits, but with caseworkers as the primary case manager focusing on the safety of the placement, leaving the kinship workers or kinship coordinators to address caregiver needs.

In three of these 10 counties, the kinship worker or kinship coordinator was responsible for completing all assessments, including the Family Resource Scale every 90 days. In the remaining counties, the responsibility for completing assessments was shared between caseworkers and kinship

workers or kinship coordinators. For example, in three of these counties, the kinship coordinator was responsible for completing part II of the home assessment and the Family Resource Scale, but the caseworker completed part I of the home assessment while conducting the safety assessment of the kinship home.

Indirect service: Whereas the Kinship Strategy Practice Manual leaves it to the discretion of counties to determine who provides direct services to kinship caregivers, kinship coordinators must provide indirect services. One key indirect service is to assure that the kinship county resource guide is up to date so that it is useful to kinship families and agency staff. Less than 40% of the demonstration counties across the three direct service models had a kinship coordinator who kept one up to date. In the counties where the coordinator was not keeping a kinship resource guide up to date, coordinators were either in the process of developing one, had plans to develop one, had no plans to develop one (two counties), or were using a state administered resource guide that included resources for kinship families.

Across the three direct service models, 77% of demonstration counties had a kinship coordinator who served as a kinship expert to caseworkers and 59% had a kinship coordinator who had provided kinship related training to caseworkers. These are two key indirect service responsibilities delineated in the Kinship Strategy Practice Manual. Coordinators primarily served as an expert resource by assisting caseworkers to identify and understand the needs of kinship caregivers they served and by helping them to locate relevant kinship resources and services in their counties. Although over half of the counties had a kinship coordinator who had provided training to caseworkers, caseworkers in only a quarter of the counties reported that they had received any sort of kinship related training.

4.4.3 Kinship Strategy Target Population

Although the Kinship Strategy Practice Manual specifies the target population of the strategy to be all cases open to ongoing regardless of custody status or supervision orders, only about a third of demonstration counties were targeting this population. In nine counties, the target population included all cases open to ongoing with a long-term kinship placement and in two counties, the target population was all cases open to ongoing with a kinship placement, regardless of the length of placement. For the nine counties that required placements to be long-term, this was defined as kinship placements lasting 30 days or longer in three counties and in one county it was defined as placements lasting 14 days or longer. In the remaining five counties, the kinship coordinator only reported that placements needed to be long-term, but did not specify the minimum number of days required.

4.4.4 Kinship Strategy Case Management Tools

We describe here the results of interviews with kinship coordinators regarding the three case management tools recommended in the strategy manual. Section 4.5 below reports details of their utilization at the kinship household-level.

Kinship home assessment

The goal of the kinship home assessment process is to document safety needs/concerns, the ability and willingness of the kinship caregiver to provide permanence for the child, and identification of the needs to be met in order for the kinship caregiver to provide for the child. The kinship coordinators in 12 of the demonstration counties reported that the information gathered through parts I and II of the kinship home assessment is useful for their work with caregivers or caseworkers. The coordinators used

both parts to assess the history, strengths, and needs of their kinship families. The coordinators in eight counties used the information gathered from part I to determine the safety of caregiver homes and the kinship coordinators in two counties shared the information with caseworkers to increase their understanding of the needs of their kinship cases. Information from part II of the home assessment was used by kinship coordinators in two counties to address caregivers' expectations and to educate them about kinship caregiving in general. In another county, information from part II was used to explore and understand family dynamics and in another county it was used to look at the overall appropriateness of the placement. Kinship coordinators in five counties reported that the information gathered through the home assessment was not useful for their work with kinship families, primarily because it duplicated the information already gathered in their agency's standard home assessment procedures. These coordinators reported that they utilize the information gathered through standard agency assessments to complete the home assessment.

Family Resource Scale

The Family Resource Scale should be completed every 90 days throughout the life of a kinship placement. It is a validated instrument for assessing family resource needs related to life quality and should be completed by caregivers. The kinship coordinators in eight of the demonstration counties reported that the information gathered is useful for their work with caregivers or caseworkers. The kinship coordinators in seven of these counties used the information to identify the specific needs of caregivers. In three counties, the kinship coordinator passed it along to caseworkers to increase their understanding of the needs of kinship cases. Difficulties in using the Family Resource Scale were its redundancy to already established agency procedures, and some of the questions at the end of Scale were deemed to be irrelevant (e.g., Do you have time to keep in shape and/or looking the way you want?) by staff. The kinship coordinator in two counties completed the Family Resource Scale themselves based on what they had learned about the kinship family through other assessment procedures. Doing so, however, invalidates the scale and, as a result, the Family Resource Scales received thus far from these counties will need to be excluded from the final report analyses.

Written Support Plans

Written Support Plans are plans focused specifically on kinship caregivers. According to the Kinship Strategy Practice Manual, they may be separate documents or incorporated into the child's case plan. Four sites use support plans that are separate from the case plan (Table 4.4). Other counties reported that they include caregiver goals or needs in the standard case plan; in ten counties, this information went into the goals section of the case plan, but in the remaining counties it was unclear where caregiver information was notated. In the counties that include caregiver goals in the case plan, it was largely unclear how they utilized and assessed progress toward the goals.

Table 4.4: Location of Written Support Plans	
Location	Number of Demonstration Counties
Support plan is separate document	4
Caregiver goals are in case plan, in goals section	10
Caregiver goals/needs are in case plan, but not in a consistent place	3

The use of the Written Support Plans also differed across counties. Kinship coordinators variously said that they use it to assess progress toward goals; in 90 day reviews and SARS to remind everyone of the caregivers’ goals and any progress that has been made toward them; or to assess progress toward goals on a monthly basis. One kinship coordinator noted, “It’s a reminder of the promises I made to them.”

4.4.5 Kinship Strategy and Family Team Meetings

According to the Kinship Strategy Practice Manual, an indirect service responsibility of kinship coordinators is to assure that Family Team Meeting facilitators are knowledgeable about the Kinship Strategy and can incorporate and integrate the Kinship Strategy practice into team meetings. Given that kinship coordinators in all demonstration counties reported that caregivers are invited to attend Family Team Meetings, this responsibility is particularly important.

At the time of our site visits in the Fall of 2012, 11 of 17 kinship coordinators had attended at least one Family Team Meeting where the goal was permanency with a kinship caregiver. Beyond this, seven kinship coordinators had not yet addressed the responsibility of ensuring that facilitators are knowledgeable about the Kinship Strategy. Two of these kinship coordinators reported that the facilitator was already knowledgeable, but did not specify how they had become knowledgeable. The most common method of addressing this responsibility by the remaining kinship coordinators was through informal conversations with facilitators, which usually occurred in staff meetings and/or individually; one of these kinship coordinators spoke about the Kinship Strategy with the facilitator while driving to Consortium meetings. A less common method of assuring that facilitators were knowledgeable was by providing an agency-wide Kinship Strategy information session that the facilitator attended. Another less common method was through having or having had a role as a facilitator; one kinship coordinator was also the FTM facilitator, one had been an FTM facilitator in the past, and another was the back-up facilitator for the agency.

4.5 INTERIM EVALUATION FINDINGS: KINSHIP HOUSEHOLD LEVEL

This section focuses on the extent to which the Kinship Strategy reached the intended target population, and the extent to which kinship home assessment and Family Resource Scale were utilized with caregivers who received Kinship Strategy services.

4.5.1 The Extent to Which the Kinship Strategy Reached the Eligible Population

The target population for the Kinship Strategy is all children with PCSA cases that are open to ongoing services in a ProtectOHIO demonstration county, regardless of custody status or supervision orders. The following analysis examines the degree to which the Kinship Strategy was implemented throughout the target population in each of the demonstration counties.

The penetration rate refers to the number of kinship households served by the Kinship Strategy out of the number of kinship households eligible within the kinship study time period. This includes all households with at least one kinship placement or living arrangement that occurred within a case episode that transferred to ongoing services on or after Oct. 1, 2011.⁶⁸ Several counties are working with additional cases that had already transferred to ongoing services at the beginning of the kinship study (Oct. 1, 2011); those cases are not included in the following analyses.

Overall, 46% (661 out of 1,448) of all kinship households received Kinship Strategy services across 16⁶⁹ demonstration counties. Counties ranged widely from serving 7% to 91% of all kinship households. As noted above in section 4.4.3, several counties did not consider a case eligible for Kinship Strategy services until a placement lasted 30 days, or was expected to last at least 30 days; however, the length of kinship placements or living arrangements did not appear to have an effect on the penetration rate; 49% of all kinship households with a placement or living arrangement lasting 30 days or longer received Kinship Strategy services.

4.5.2 Home Assessment Completion

A total of 793 households across all demonstration counties with a kinship placement received Kinship Strategy services from October 1, 2011 to the end of this reporting period. Table 4.5 shows that the large majority of households were assessed at least once with each of the home assessment components. More importantly, though, approximately half of the families were assessed with all three components within 30 days of the placement. Because the home assessment is designed to determine the safety of kinship households and the current needs of kinship families, it is important that all components be completed prior to placements or within a fairly short time period after placements begin. In fact, whether they are assessed with all three components within 30 days of placement is a marker of the formal fidelity analyses that we will be conducting for the final report.

⁶⁸ Kinship placements were excluded if they began after Dec. 31, 2012 (PODS data-end date).

⁶⁹ One county does not serve the entire kinship strategy population, but rather serves a portion of those cases in a particular region of that county. This county has been excluded from the penetration analysis. Further work will be done to examine the penetration rate of that particular county, and the penetration rate among all 17 demonstration counties will be reported at that time.

Table 4.5: Kinship Strategy Home Assessment Completion		
Home Assessment Component	Out of 793 Kinship Households Served	
	% Served with One Completed	% Served with One Completed within 30 days of placement
Part I	97%	71%
Part II	90%	62%
Family Resource Scale	84%	52%

4.6 SUMMARY, CONCLUSIONS, NEXT STEPS

This chapter of the interim report focused on the development and implementation of ProtectOHIO’s Kinship Strategy. Funding for the third waiver period began in October of 2010. In the first year of the waiver, demonstration counties worked collaboratively with ODJFS to develop common county procedures for providing kinship supports. The Kinship Strategy Practice Manual emerged from this process. The purpose of the manual is to guide demonstration counties in consistent implementation of the strategy. This report documented the efforts demonstration counties made to implement the Kinship Strategy. It also serves as an opportunity for counties to reflect on their progress toward consistent implementation.

The development of the Kinship Strategy Practice Manual led to the formal start of the strategy in October, 2011. The Kinship Strategy Workgroup was formed at that time to support the ongoing development of the strategy. It consists of kinship coordinators, kinship staff, the ODJFS ProtectOHIO project manager, and select study team members. In addition to the workgroup, two state sponsored trainings were offered beginning in November 2012, one of which focused on the general needs of kinship caregivers and another which focused on implementing the strategy according to the practice manual. Kinship coordinators and kinship staff from almost all demonstration counties attended both trainings.

The Kinship Strategy Practice Manual leaves it up to individual demonstration counties to decide exactly how to distribute responsibility for the various direct service kinship coordination functions. Three distinct direct kinship service models were developed by counties that included either a kinship coordinator supervising a unit of kinship workers who provided caregiver direct services; a kinship coordinator providing direct services; or a kinship coordinator providing no direct services. Kinship unit workers were generally responsible for all direct service responsibilities, but the degree of responsibility for this varied in the counties where the kinship coordinator had at least some responsibility for working directly with caregivers.

Unlike direct services to kinship caregivers, the practice manual specifies that coordinators must provide the indirect services included in the practice manual. At the time of our site visits in Fall 2012, less than half of the demonstration counties had a kinship coordinator who was maintaining a county kinship

resource guide for caregivers. Most counties did have a kinship coordinator who was serving as an expert resource to caseworkers and training caseworkers on the strategy and how to support caregivers. However, caseworkers in only a quarter of all demonstration counties reported that they had received any type of kinship related training. In addition, over one third of counties had a kinship coordinator who had not addressed the indirect service of assuring that Family Team Meeting facilitators are knowledgeable about the Kinship Strategy.

The practice manual clearly defines the Kinship Strategy target population as all cases open to ongoing regardless of custody status or supervision orders, but only about a third of the demonstration counties targeted this population. In just over half of the counties, placements were required to be long-term (usually 30 days or longer) to receive strategy services. Overall, less than half of all kinship households in demonstration counties received Kinship Strategy services. And, the extent to which kinship placements lasting 30 days or longer received strategy services was only marginally better.

The primary case management tools provided in the Kinship Strategy Practice Manual are the home assessment and written support plans. Although the vast majority of kinship households served were assessed with all three components of the home assessment, only about half were assessed within 30 days of the child being placed with the caregiver (key component of fidelity listed in Table 4.2). Kinship coordinators in approximately one-third of counties reported that the information gathered through the home assessment was not useful for their work with kinship families, primarily because it duplicated the information already gathered in their agency's standard home assessment procedures. In two counties, the coordinator reported that they completed the Family Resource Scale themselves based on their existing understanding of the needs of their kinship families, which invalidates the measure. Finally, most counties had chosen to incorporate caregiver goals into case plans instead of in separate written support plans, and it was largely unclear what methods were used to assess and refine the goals in these counties.

4.6.1 Next steps

Next steps for the Kinship Strategy evaluation will be to address issues affecting the quality of data received through the Living Arrangement module in SACWIS, and to address research questions three through seven in Table 4.1, including examining:

- How Kinship Strategy efforts in the demonstration counties differ from the various kinship support efforts in the comparison counties.
- Whether the demonstration counties are implementing the strategy with fidelity according to the measures listed in Table 4.2.
- How children receiving the Kinship Strategy and those not receiving it in the demonstration counties differ in terms of their individual and family characteristics.
- Whether demonstration county children experience different outcomes than children with similar characteristics in comparison sites.
- Whether demonstration county children receiving high-fidelity strategy services experience different outcomes than comparison county children with similar characteristics.

CHAPTER 5: FISCAL ANALYSIS

This chapter presents the findings of the fiscal outcomes study. The first section recaps the fiscal stimulus embedded in the ProtectOHIO Waiver and its expected impact. This section includes a history of waiver funding and savings. Next, we describe the data collected by the fiscal study team and issues that arose in interpreting the data. The third section describes changes in foster care board and maintenance expenditures and related data. Then, we report on the analysis of how much flexible funding demonstration counties had during the first two years of the third waiver (2011 and 2012) and the extent to which those funds were spent on child welfare purposes other than foster care board and maintenance. We are not conducting statistical analyses at this interim point. The comparison we use is usually the average of 2009-2010 to the average of 2011-2012.

The Department of Health and Human Services authorized a new five-year waiver period that began on October 1, 2010. The fiscal study addresses the question of whether the third waiver will have the hypothesized effect on child welfare expenditure patterns, relative to the period prior to the third waiver. This chapter presents the analysis of data collected from 2009 and 2010, two years prior to the beginning of the third waiver, through 2011 and 2012, two years into the third waiver period.

5.1 WAIVER STIMULUS

The fiscal stimulus embedded in the ProtectOHIO Waiver was anticipated to reduce foster care expenditures in demonstration counties by allowing county administrators freedom to invest in services other than foster care. Yet, waiver participation posed both benefits and risks to county administrators. This section describes the influence of waiver participation on Title IV-E revenues in demonstration counties and the payment methodology of the first and second waivers.

Counties participating in the waiver traded guaranteed, unlimited, fee-for-service federal contributions to foster care board and maintenance costs for certain children in exchange for a fixed amount of money that could be used for all child welfare services for any child. The fixed amount of money was intended to be the same amount as the county would have received under normal Title IV-E reimbursement rules in the absence of the waiver. The amount was based on each county's historical foster care expenditures, adjusted each year in accordance with changes in foster care utilization and unit costs of a group of cost-neutrality control counties not participating in the waiver.

This trade had three facets for demonstration counties. First, the waiver gave county administrators the opportunity to treat federal Title IV-E revenue as a source of flexible funding that could be allocated to a range of child welfare services that normally could not be supported with Title IV-E funding. The waiver addressed the prevailing belief that restricting the use of Title IV-E funding to foster care created a disincentive for reducing foster care expenditures. Without the waiver, counties would "lose" federal Title IV-E funding if the county agency was able to reduce foster care expenditures. Under the waiver, counties would be able to retain this federal Title IV-E funding for other child welfare purposes. As a

result, administrators in demonstration counties were expected to take more action to reduce foster care expenditures in ways that were favorable to children, families, and communities, relative to actions taken by comparison counties.

Second, the waiver made the amount of Title IV-E revenue more predictable. Rather than fluctuating with the number of children in placement or the number of high-cost placements, the waiver payment grew or shrunk by a relatively small amount from year to year. Revenue in the second waiver period became even more predictable when annual Title IV-E eligibility rates were removed from the calculation of each county's waiver payment.

Third, the waiver exposed county administrators to new risks. At a minimum, county administrators risked that the fixed amount of money received through the waiver would be less than the county would have received under normal Title IV-E reimbursement rules. If foster care expenditures did not change at the same rate as the control counties during the waiver period, the county would lose revenue as a result of waiver participation. In addition, county administrators risked the amount they had invested in services intended to reduce foster care expenditures. If foster care expenditures did not go down, these investments would not be paid for by reductions in foster care and would have to be funded by another source of revenue.

The structure of the waiver stimulus has been the same since the beginning of the waiver in 1997. The essential feature of the payment methodology is that a county's Title IV-E foster care payment in a given year is based on the prior year's payment, adjusted by the change in placement day usage and unit costs generated by a group of control counties.⁷⁰ Thus the two components of foster care expenditures – days and unit costs – are allowed to vary independently.

The base amount for the original set of demonstration counties traces back to the county's own historical foster care expenditures and care day utilization from July 1, 1996 – June, 30, 1997. At the beginning of the second year of the first waiver and for each year after that, ODJFS applied estimates of changes in control county unit cost and placement days to the previous year's budget to derive the new year's budget. In the first waiver period, this budget was then adjusted by the actual percent of children who were Title IV-E eligible in that year. ODJFS then reconciled those payments once actual control county data was available.⁷¹

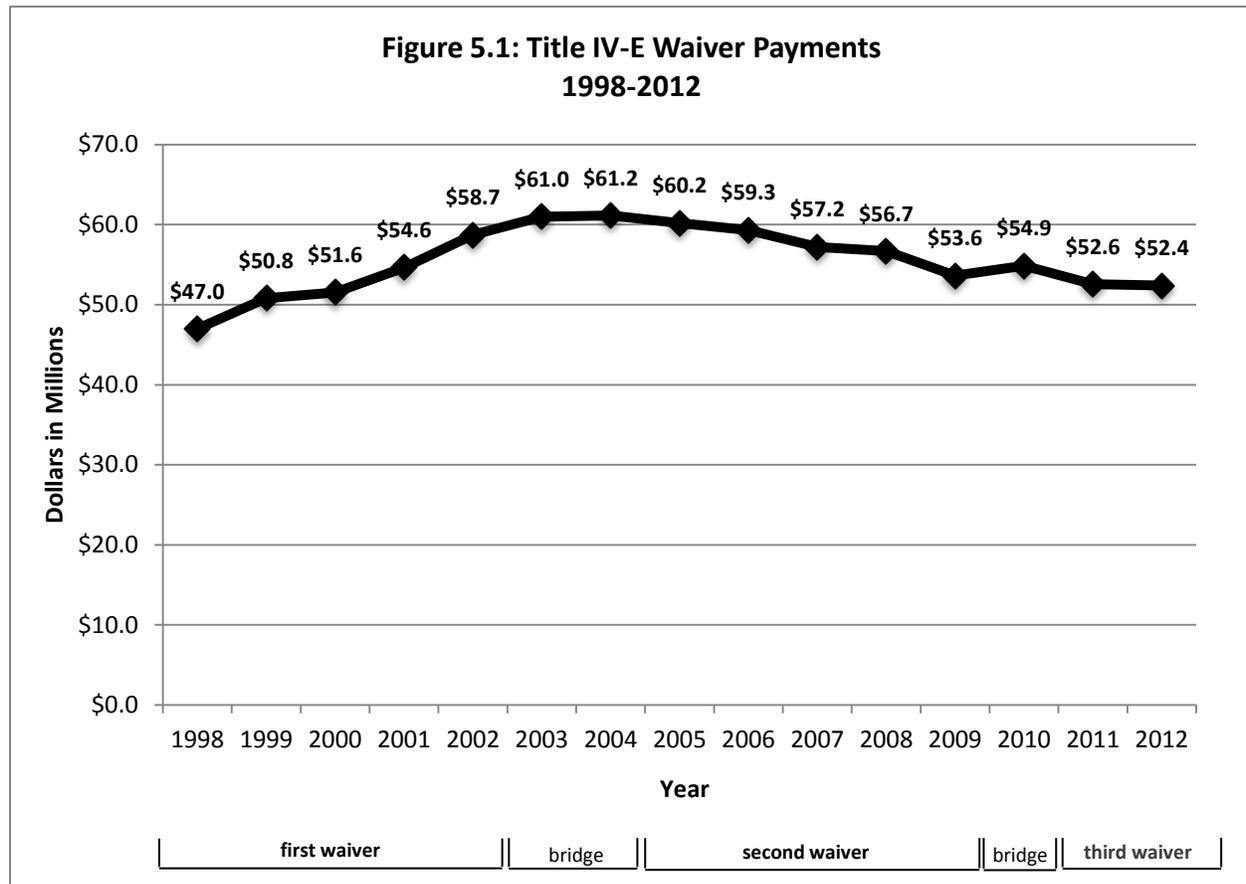
Figure 5.1 shows the total amount of federal revenue paid through the waiver to the original fourteen demonstration counties over the last fifteen years. During the first waiver period, particularly in the first years, control counties had high rates of placement day growth, generating a total amount of revenue that reached \$61 million in 2003. During the second waiver period (2005-2009), placement day utilization of the aggregated group of control counties shrunk, causing demonstration county's waiver payments to go down relative to the prior years.⁷² Waiver revenue declined modestly in almost every one of the last eight years. In 2012, waiver payments totaled \$52.4 million. This trend in reduction of

⁷⁰ The control counties are a different group from the comparison counties used for the evaluation, though some counties are in both groups.

⁷¹ While ODJFS sought to avoid overestimating waiver revenue, in some years, demonstration counties received less (after reconciliation) than was originally estimated.

⁷² Waiver payments went down in each of the last four fiscal years, by 1.9% in FFY 2005, 0.5% in FFY 2006, 4.66% in FFY 2007 and 0.25% in FFY 2008.

foster care board and maintenance expenditures among control counties reflects the fact that over this period, reductions in the use of foster care were taking place across Ohio. Thus, from a cost-neutrality point of view, the reduction is “fair” in the sense that it represents what would have happened in the absence of flexible funding.



Despite these reductions, most demonstration counties continued to receive more waiver revenue than they would have under normal reimbursement rules. Table 5.1 shows the results of comparing the amount of waiver revenue received in a year to the estimated amount of Title IV-E reimbursement the county would have received, based on actual foster care expenditures in that same year. (This calculation is discussed in detail in Section 5.4) If a county received more waiver revenue than the federal share of foster care expenditures would have been, the county had waiver savings to reinvest. As shown in Table 5.1, six counties had savings to reinvest in all nine years (2004-2012). Three counties had savings in at least 5 of the 8 years. Hamilton County (shown separately because of missing data in 2004-2007) also had savings to reinvest in all five of the most recent years. A minority of the demonstration counties (four) had savings in four or fewer years.

Table 5.1: Years with Waiver Savings, 2004 - 2012	
Counties with savings in all 9 years	Belmont Clark Crawford Lorain Portage Richland
Counties with savings in 5-8 years	Medina Muskingum Stark
Savings in all five of most recent years	Hamilton
Counties with savings in 4 or fewer years	Ashtabula Fairfield Franklin Greene

Even though the majority of demonstration counties have been “stimulated” for thirteen years prior to the start of the third waiver, we would expect the fiscal stimulus of the waiver to continue to operate and, if effective, give rise to distinctions between demonstration and comparison counties. For example, county administrators and staff who reduced the use of foster care during the second waiver period may find themselves facing rising placements due to new challenges in their community. In theory, a demonstration county, facing a fixed budget for foster care, would work harder to find alternatives to placement than a comparison county, where there would be fewer concerns about covering 100% of foster care costs above a certain amount. Thus, the original waiver hypothesis still applies: counties receiving waiver funds can be expected to reduce foster care expenditures more than comparison counties. We present below interim expenditure figures for demonstration and comparison counties.

5.2 METHODOLOGY

As in prior evaluations, the fiscal study team used county budget documents, clarified through interviews with county officials, to compile annual county-level aggregate expenditure data for child welfare services from demonstration and comparison counties. Since the last evaluation report, the study team collected fiscal data from 2009 through 2012 for a total of 33 counties: 16 demonstration counties (14 original and two 2005 counties) and 17 comparison counties (14 original and three 2005 counties). Hardin County, a demonstration county that joined in 2005, was unable to provide data for the evaluation.

The data presented are best estimations of program costs for each county rather than an exact accounting of expenditures. Two reasons lie behind this lack of precision: first, counties differed widely in their ability to track expenditures by program type. For example, some line items as reported by the county contained expenditures that spanned multiple expenditure categories. Resolving such difficulties sometimes required estimations and some counties were better able to resolve certain difficulties than others. Second, counties' ability to interpret expenditure trends also varied significantly. Some counties had difficulties interpreting their own historical data, and many had not previously viewed expenditure information in a summarized format designed to show trends over time. Not all counties were able to explain their expenditure trends.

Using the data available to date, the team examined the following dependent variables:

- Paid placement days;
- Average daily cost of foster care placement (total foster care expenditures divided by paid placement days⁷³);
- Total foster care expenditures; and
- All other child welfare expenditures.

For each dependent variable listed above, we present the change in the indicator in the first two years of the waiver by comparing the average of 2009-2010 (two years prior to the second waiver) to the average of 2011-2012 (the first two years of the third waiver). No statistical analysis is conducted at this point.

5.3 FOSTER CARE EXPENDITURES

If counties were to reduce foster care expenditures, they would have to reduce the number of paid placement days, reduce the average daily cost of care, or both. This section presents data on trends in paid placement days, unit costs, and foster care expenditures.

⁷³ The average daily cost summarizes the daily cost of care based on the cost of each unit (level of care) and the amount of each unit provided. While we arrive at this cost by dividing all days into all foster care expenditures, we would arrive at the same figure if we were able to differentiate days by level of care and multiplied those days by the unit costs for each level.

5.3.1 Paid Placement Days

Table 5.2 shows counts of paid placement days provided from 2009 to 2012. The column “Average Change” shows the percent change between the average of 2009 and 2010 and the average of 2011 and 2012. For example, Belmont reduced paid placement days by 2%, comparing the two years of the third waiver to the two years immediately preceding the waiver. While the individual counties that reduced placement days the most were demonstration counties (Clark, Green, Highland), demonstration counties and comparison counties can be found at both ends of the distribution, and similar numbers of counties show placement day growth and decline.

Because the waiver stimulus has been operating for 15 years, it is important to consider the possibility that, for some counties that were particularly successful in reducing placement utilization in the early years of ProtectOHIO, further placement day reductions were not possible. Going into 2012, a few counties had already dramatically reduced placement days since 1998. These were Richland (demo), Lorain (demo) and Miami (comp). In each of these counties, there was a year prior to the start of the third waiver when placement days were one-third of what they had been in 1998. This common experience prior the third waiver was not continued in the third waiver. In Richland and Miami counties, placement days have modestly decreased, whereas in Lorain county, placement days have increased. Still, in Lorain county, placement day utilization in 2012 was half of what it was in 1998. The experience of these counties suggests that some reductions may continue to be possible, with expected fluctuations from year to year.

Table 5.2: Annual Counts of Paid Placement Days Provided					
Demonstration Counties	2009	2010	2011	2012	Average Change⁷⁴
Ashtabula	24,444	31,611	31,667	31,960	14%
Belmont	11,381	14,015	13,744	11,240	(2%)
Clark	59,790	47,545	40,462	38,160	(27%)
Coshocton	6,793	6,225	7,823	8,636	26%
Crawford	13,956	11,873	12,629	12,629	(2%)
Fairfield	27,345	27,566	35,355	38,524	35%
Franklin	671,618	612,351	605,387	574,732	(8%)
Greene	40,692	41,022	32,231	28,455	(26%)
Hamilton	366,723	354,319	377,381	388,729	6%
Highland	17,009	10,007	9,665	11,802	(21%)
Lorain	25,827	33,500	34,618	39,051	24%
Medina	6,477	8,763	14,255	13,200	80%
Muskingum	22,974	21,338	25,464	18,398	(1%)
Portage	38,859	36,304	34,527	25,947	(20%)
Richland	18,003	16,356	14,401	18,427	(4%)
Stark	140,600	128,641	139,098	123,115	(3%)
Comparison Counties					
Allen	34,453	33,182	35,066	29,091	(5%)
Butler	110,524	119,767	114,528	128,935	6%
Clermont	89,361	81,249	78,810	83,990	(5%)
Columbiana	31,251	27,587	28,702	22,984	(12%)
Guernsey	15,984	18,512	19,457	16,182	3%
Hancock	16,087	16,225	15,028	19,147	6%
Hocking	12,362	8,433	10,020	11,268	2%
Mahoning	77,881	69,135	66,648	65,375	(10%)
Miami	22,011	14,390	14,870	18,553	(8%)
Montgomery	263,025	279,818	263,613	249,877	(5%)
Morrow	4,036	3,457	3,517	5,567	21%
Perry	10,039	12,175	12,914	11,141	8%
Scioto	20,377	19,951	25,857	21,262	17%
Summit	208,135	195,947	171,430	150,164	(20%)
Trumbull	65,441	60,890	58,275	54,888	(10%)
Warren	17,053	21,068	27,844	32,810	59%
Wood	13,763	15,103	15,267	15,980	8%

Source: SACWIS

⁷⁴ "Average Change" shows the percent change between the average of 2009 and 2010 and the average of 2011 and 2012

5.3.2 Unit Costs

Table 5.3 shows annual average daily cost of foster care placement (unit cost) from 2009 to 2012. In the column “Average Change” it also shows the percent change between the average of 2009 and 2010 and the average of 2011 and 2012. The average daily cost of foster care placement is calculated by dividing the number of paid days into foster care expenditures. This cost summarizes the daily cost of care based on the cost of each unit (level of care) and the amount of each unit provided. While we arrive at this cost by dividing all days into all expenditures, we would arrive at the same figure if we were able to differentiate days by level of care and multiplied those days by the unit costs for each level. The average daily cost of placement can change as unit costs for each level change, and as share of days provided at each level changes. For example, if fewer low-cost units are provided (say, regular foster care) and the same number of high-cost units are provided, the average daily cost of care will go up.

During the first two years of the third waiver, twenty-one out of thirty-three counties had an average annual decrease in unit costs; nine of these counties were demonstration counties and twelve were comparison counties. Of the eight counties with average growth in unit costs of greater than four percent, four were demonstration counties and four were comparison counties. It should be noted that over the course of the same four years, average annual inflation was 2.3%. We will explore in subsequent site visits and management interviews how counties have made these decreases happen – whether through changes in unit cost payments and/or changes in the mix of types of care used.

Table 5.3 Annual Average Daily Cost of Foster Care Placement					
Demonstration Counties	2009	2010	2011	2012	Average Change⁷⁵
Ashtabula	\$87.87	\$82.60	\$85.36	\$71.68	(8%)
Belmont	\$49.29	\$38.32	\$37.62	\$50.36	0%
Clark	\$71.15	\$77.51	\$80.20	\$80.06	8%
Coshocton	\$49.17	\$52.85	\$51.90	\$48.87	(1%)
Crawford	\$72.21	\$92.23	\$67.16	\$77.36	(12%)
Fairfield	\$52.04	\$42.81	\$38.41	\$46.44	(11%)
Franklin	\$72.40	\$80.69	\$81.76	\$92.27	14%
Greene	\$93.21	\$91.95	\$71.86	\$79.42	(18%)
Hamilton	\$86.58	\$89.78	\$92.17	\$90.93	4%
Highland	\$25.46	\$35.08	\$27.94	\$38.72	10%
Lorain	\$81.00	\$64.12	\$65.00	\$66.17	(10%)
Medina	\$96.80	\$94.60	\$86.00	\$80.76	(13%)
Muskingum	\$90.93	\$94.39	\$83.14	\$119.09	9%
Portage	\$94.03	\$102.41	\$112.67	\$90.92	4%
Richland	\$32.99	\$34.18	\$31.66	\$33.00	(4%)
Stark	\$62.02	\$61.47	\$59.23	\$60.93	(3%)
Comparison Counties					
Allen	\$54.19	\$45.93	\$42.78	\$48.50	(9%)
Butler	\$79.33	\$71.75	\$64.69	\$65.40	(14%)
Clermont	\$83.96	\$62.30	\$62.87	\$52.56	(21%)
Columbiana	\$77.92	\$54.01	\$57.35	\$81.97	6%
Guernsey	\$37.85	\$41.38	\$45.33	\$50.74	21%
Hancock	\$71.67	\$64.96	\$65.68	\$66.96	(3%)
Hocking	\$52.66	\$62.73	\$55.29	\$51.83	(7%)
Mahoning	\$87.61	\$95.58	\$83.63	\$78.15	(12%)
Miami	\$96.63	\$97.98	\$99.66	\$85.16	(5%)
Montgomery	\$64.99	\$57.69	\$52.59	\$53.14	(14%)
Morrow	\$28.49	\$106.74	\$74.21	\$65.56	3%
Perry	\$49.61	\$29.73	\$29.19	\$33.30	(21%)
Scioto	\$47.11	\$44.06	\$40.92	\$45.53	(5%)
Summit	\$75.36	\$75.67	\$82.98	\$82.39	9%
Trumbull	\$76.99	\$80.95	\$86.19	\$97.58	16%
Warren	\$74.18	\$57.24	\$52.36	\$50.53	(22%)
Wood	\$106.81	\$95.21	\$103.29	\$97.00	(1%)

⁷⁵ "Average Change" shows the percent change between the average of 2009 and 2010 and the average of 2011 and 2012.

5.3.3 Foster Care Board and Maintenance Expenditures

The previous two sections showed trends in the two components of foster care expenditures – paid placement days and unit costs. In this section, the combination of the two components is presented.

Table 5.4 shows annual foster care board and maintenance expenditures from 2009 to 2012. In the column “Average Change” it also shows the percent change between the average of 2009 and 2010 and the average of 2011 and 2012. For example, in Coshocton county, foster care board and maintenance costs in 2011 and 2012 were 25% percent higher than in 2009 and 2010. During the first two years of the third waiver, 18 counties had an average decrease in foster care board and maintenance expenditures. Eight were demonstration counties and 10 were comparison counties. Of the 14 counties with an average growth in foster care expenditures of 4% or higher, eight were demonstration counties and six were comparison counties.

In a separate analysis, the study team also examined foster care expenditure trends in the fifteen years since the waiver began in 1997. Using 15 years of the CPI-U, each county’s 1997 foster care expenditures were projected for 15 years, through 2012. This formed a baseline for comparison to actual expenditures in each year. In eight counties (five demonstration -Belmont, Clark, Lorain, Portage, Richland - and three comparisons - Allen Butler, Wood), 2012 foster care expenditures were below adjusted 1997 expenditures in at least 12 out of 15 years. In three counties, (Allen, comp; Wood, comp; Portage, demo), foster care expenditures were below 1997 levels in all fifteen years.

**Table 5.4: Annual Foster Care Board and Maintenance Expenditures
in Thousands of Dollars**

Demonstration Counties	2009	2010	2011	2012	Average Change⁷⁶
Ashtabula	\$2,148	\$2,611	\$2,703	\$2,291	5%
Belmont	\$ 561	\$ 537	\$ 517	\$ 566	(1%)
Clark	\$4,254	\$3,685	\$3,245	\$3,055	(21%)
Coshocton	\$ 334	\$ 329	\$ 406	\$ 422	25%
Crawford	\$1,008	\$1,095	\$ 848	\$ 977	(13%)
Fairfield	\$1,423	\$1,180	\$1,358	\$1,789	21%
Franklin	\$48,626	\$49,413	\$49,499	\$53,028	5%
Greene	\$3,793	\$3,772	\$2,316	\$2,260	(40%)
Hamilton	\$31,752	\$31,811	\$34,781	\$35,346	10%
Highland	\$ 433	\$ 351	\$ 270	\$ 457	(7%)
Lorain	\$2,092	\$2,148	\$2,250	\$2,584	14%
Medina	\$ 627	\$ 829	\$1,226	\$1,066	57%
Muskingum	\$2,089	\$2,014	\$2,117	\$2,191	5%
Portage	\$3,654	\$3,718	\$3,890	\$2,359	(15%)
Richland	\$ 594	\$ 559	\$ 456	\$ 608	(8%)
Stark	\$8,720	\$7,908	\$8,239	\$7,501	(5%)
Comparison Counties					
Allen	\$1,867	\$1,524	\$1,500	\$1,411	(14%)
Butler	\$8,768	\$8,593	\$7,409	\$8,432	(9%)
Clermont	\$7,503	\$5,062	\$4,955	\$4,415	(25%)
Columbiana	\$2,435	\$1,490	\$1,646	\$1,884	(10%)
Guernsey	\$ 605	\$ 766	\$ 882	\$ 821	24%
Hancock	\$1,153	\$1,054	\$ 987	\$1,282	3%
Hocking	\$ 651	\$ 529	\$ 554	\$ 584	(4%)
Mahoning	\$6,823	\$6,608	\$5,574	\$5,109	(20%)
Miami	\$2,127	\$1,410	\$1,482	\$1,580	(13%)
Montgomery	\$17,093	\$16,143	\$13,863	\$13,279	(18%)
Morrow	\$ 115	\$ 369	\$ 261	\$ 365	29%
Perry	\$ 498	\$ 362	\$ 377	\$ 371	(13%)
Scioto	\$ 960	\$ 879	\$1,058	\$ 968	10%
Summit	\$15,685	\$14,828	\$14,225	\$12,372	(13%)
Trumbull	\$5,038	\$4,929	\$5,023	\$5,356	4%
Warren	\$1,265	\$1,206	\$1,458	\$1,658	26%
Wood	\$1,470	\$1,438	\$1,577	\$1,550	8%

⁷⁶ "Average Change" shows the percent change between the average of 2009 and 2010 and the average of 2011 and 2012.

5.3.4 All other Child Welfare Expenditures

Table 5.5 shows four years of all other child welfare expenditures. As in previous tables, the column “Average Change” shows the percent change between the average of 2009 and 2010 and the average of 2011 and 2012.

Two-thirds of counties – eleven demonstration and eleven comparison counties -- reduced non-foster care spending in the first two years of the waiver. These findings are consistent with what many counties reported about challenges on the service and revenue side (Chapter 2). Notably, all four counties who had the greatest increase in (or, if you prefer, had double-digit increases in) non-foster expenditures were demonstration counties.

Table 5.5: Annual All Other Child Welfare Expenditures in Thousands of Dollars					
Demonstration Counties	2009	2010	2011	2012	Average Change⁷⁷
Ashtabula	\$4,849	\$4,830	\$5,038	\$4,688	0%
Belmont	\$2,953	\$2,048	\$2,358	\$2,245	(8%)
Clark	\$7,754	\$6,643	\$6,463	\$7,430	(4%)
Coshocton	\$1,298	\$1,155	\$1,252	\$1,459	11%
Crawford	\$1,352	\$1,310	\$1,271	\$1,011	(14%)
Fairfield	\$4,063	\$7,742	\$8,880	\$9,910	59%
Franklin	\$119,321	\$116,319	\$118,177	\$115,138	(1%)
Greene	\$5,432	\$5,210	\$5,244	\$4,755	(6%)
Hamilton	\$37,119	\$35,465	\$32,062	\$35,305	(7%)
Highland	\$ 723	\$ 608	\$ 470	\$ 669	(14%)
Lorain	\$15,047	\$14,821	\$14,548	\$13,256	(7%)
Medina	\$2,688	\$2,700	\$2,346	\$2,243	(15%)
Muskingum	\$3,545	\$3,466	\$3,870	\$4,202	15%
Portage	\$4,264	\$3,782	\$3,050	\$3,561	(18%)
Richland	\$7,901	\$7,907	\$8,366	\$9,232	11%
Stark	\$15,814	\$16,215	\$16,246	\$15,165	(2%)
Comparison Counties					
Allen	\$4,390	\$4,291	\$4,572	\$4,332	3%
Butler	\$18,593	\$16,948	\$16,797	\$16,725	(6%)
Clermont	\$3,985	\$3,883	\$4,296	\$3,883	4%
Columbiana	\$2,163	\$2,082	\$1,925	\$2,014	(7%)
Guernsey	\$2,370	\$2,260	\$2,059	\$2,012	(12%)
Hancock	\$1,336	\$1,290	\$1,338	\$1,269	(1%)
Hocking	\$ 846	\$ 840	\$ 843	\$ 899	3%
Mahoning	\$8,504	\$9,097	\$8,536	\$8,067	(6%)
Miami	\$2,029	\$1,813	\$1,746	\$1,910	(5%)
Montgomery	\$33,905	\$32,196	\$31,128	\$30,986	(6%)
Morrow	\$1,220	\$ 949	\$ 879	\$ 910	(18%)
Perry	\$1,208	\$1,291	\$1,293	\$1,229	1%
Scioto	\$1,863	\$1,801	\$1,792	\$1,753	(3%)
Summit	\$34,183	\$35,543	\$32,885	\$31,743	(7%)
Trumbull	\$10,056	\$10,129	\$9,819	\$10,548	1%
Warren	\$2,662	\$2,464	\$2,397	\$2,586	(3%)
Wood	\$1,842	\$1,874	\$1,884	\$2,065	6%

⁷⁷ "Average Change" shows the percent change between the average of 2009 and 2010 and the average of 2011 and 2012

5.4 WAIVER REVENUE AND SPENDING

A key benefit of ProtectOHIO financing is that counties can utilize savings (from reducing placement costs) for other child welfare activities. The prior tables have shown that only limited reductions have occurred in the first two years of the third waiver, and indeed most demonstration counties have decreased spending for non-foster care activities. However, these change figures are relative to the 2009-2010 baseline. Another way to examine the question of how demonstration sites have used waiver savings is to look simply at 2011-2012 federal waiver revenue received by each county, compared to what would have been received under traditional IV-E reimbursement rules.

To estimate the amount of additional revenue each demonstration county received to spend on services other than foster care board and maintenance, the fiscal study team estimated the amount of Title IV-E reimbursement a county would have received for foster care expenditures during 2009-2012. This amount was compared to the actual waiver award to determine how much was left over for flexible spending after paying what would have been the federal share of foster care board and maintenance.

Table 5.6 shows waiver revenue calculations for all demonstration counties. Franklin and Portage provided their own estimates of waiver reimbursement; for all other demonstration counties, the fiscal study team estimated what the county would have received in absence of the waiver by multiplying total foster care expenditures by the county's average annual Title IV-E eligibility rate and the federal Title IV-E participation rate. According to these calculations, four counties received less under the waiver than the estimate of Title IV-E reimbursement, but not significantly less (decreases between \$93,000 for Greene and \$272,000 for Fairfield). Two counties, Highland and Medina, received approximately the same amount of revenue. Ten counties received more revenue under the Waiver. Thus, in the first two years of the third waiver, 10 counties can be said to have had flexible waiver revenue to reinvest. Taken together, these ten demonstration counties had an additional \$16.5 million to spend on non-foster care services during the first two years of the third waiver.

Table 5.6: Estimates of ProtectOHIO Revenue Available for Flexible Spending (in Thousands of Dollars)

County	ProtectOHIO Waiver Revenue 2011-2012	Estimated Title IV-E Foster Care B&M Reimbursement in Absence of Waiver, 2011-2012	Total ProtectOHIO Revenue Available for Non-Foster Care Services 2011-2012
Ashtabula	\$1,486,000	\$1,629,342	(\$143,342)
Belmont	\$1,183,000	\$339,000	\$844,000
Clark	\$5,052,000	\$3,396,000	\$1,656,000
Coshocton	\$262,000	\$403,000	(\$141,000)
Crawford	\$1,404,000	\$812,000	\$592,000
Fairfield	\$810,000	\$1,082,000	(\$272,000)
Franklin	\$39,158,000	\$39,001,000	\$157,000
Greene	\$1,971,000	\$2,064,000	(\$93,000)
Hamilton	\$29,134,000	\$26,717,000	\$2,417,000
Highland	\$372,000	\$321,000	\$51,000
Lorain	\$4,761,000	\$2,420,000	\$2,341,000
Medina	\$670,000	\$647,000	\$23,000
Muskingum	\$2,400,000	\$1,865,000	\$535,000
Portage	\$3,598,000	\$2,124,599	\$1,473,401
Richland	\$2,593,000	\$547,000	\$2,046,000
Stark	\$10,752,000	\$6,394,000	\$4,358,000
Total	\$105,606,000	\$89,761,941	\$16,493,401

** Franklin and Portage provided their own estimates of expenditures eligible for foster care board and maintenance reimbursement.

However, to say that these dollars represented “additional” revenue for reinvestment does not take into account the fact that for most of these counties, this revenue was used to continue to fund investments made in prior years on services and operations that are now part of the county’s base budget. To address the question of continued reinvestment of waiver savings in non-foster care activities, the study team examined whether each county’s flexible revenue pool continued to grow in 2011 and 2012. Six counties had more flexible revenue in 2011 and 2012 than they had in 2010. Four counties had flexible waiver revenue in 2011 and 2012, but had less flexible revenue in both those years than in 2010. As a result, they did not have any additional flexible waiver revenue to invest in 2011 and 2012.

Table 5.7 shows the additional waiver revenue generated in six demonstration counties, compared to changes in all other child welfare expenditures. For example, Clark County had \$236,000 in additional waiver revenue to spend during 2011 and 2012. During those same two years, Clark County's other child welfare expenditures grew, so all of the additional waiver revenue was reinvested in some expenditure other than foster care; indeed, Clark County came up with an additional \$371,000 to supplement the waiver revenues to fund non-foster care activities. In Crawford County, a similar amount of new waiver dollars was available, but Crawford County reduced all other child welfare expenditures by more than that amount, so the new flexible dollars went to offset other county expenditures. Overall, two of the counties with additional waiver dollars reinvested all of their additional flexible revenue in non-foster care activities and four did not.

It is important to note that this analysis pertains to only \$2.1 million of the total \$16.4 million estimated to be available to counties.

Table 5.7: Comparison of Additional Waiver Revenue and Changes in All Other Expenditures, 2011 and 20112, Relative to 2010

Demonstration County	Additional Waiver Revenue	Changes in All Other Expenditures	Difference (Additional Investment of County Dollars)
Clark	\$236,000	\$607,000	\$371,000
Crawford	\$292,000	(\$337,472)	\$0
Hamilton	\$431,000	(\$3,563,203)	\$0
Muskingum	\$65,000	\$1,140,000	\$1,075,000
Portage	\$1,007,884	(\$953,000)	\$0
Stark	\$72,000	(\$1,019,000)	\$0
Total	\$2,103,884	(\$4,125,675)	

5.4 DISCUSSION

The fiscal analysis of the first waiver period (October 1, 1997-September 30, 2002) was published in 2003 (Kimmich et al., 2003); the report provided evidence that foster care utilization, unit costs and therefore expenditures in the demonstration county group during the five years of the waiver did not appear to be different from foster care utilization and unit costs in the comparison county group during the same time period. The fiscal analysis of the first four years of the second waiver period was published in 2010 (Kimmich et al., 2010). This report found that presence of the waiver was associated with a reduction in the proportion of child welfare expenditures spent on foster care board and maintenance. This reduction was caused by a combination of reductions in foster care board and maintenance and increases in spending on other child welfare services, such as expansion in county staff

and programs and family and community-based services. These increases were funded in part by waiver revenue. As a result, demonstration counties did increase the variation in services supported by Title IV-E funds beyond foster care board and maintenance. Given the variety of operating environments for both demonstration and comparison counties, it was an important finding that the waiver stimulus distinguished the groups in this way.

The third waiver period is unfolding in yet another context, one which may challenge counties programmatically and fiscally. As discussed in this chapter, a few counties (both comparison and demonstration) had already reduced foster care utilization significantly. Will waiver counties have the capacity and expertise for sustaining community-based services and other strategies that reduce the need for out-of-home placement? Will other demonstration counties, who have increased the use of foster care in the last few years, develop such capacity and expertise? Will demonstration counties, with a source of stable waiver revenue, cut all other child welfare services less than comparison counties? These and other questions will be taken up in the final evaluation report. Thus far, the data show trends in expected directions, but no strong pattern distinguishes the two groups based on 2011 and 2012 expenditures.

CHAPTER 6:

PARTICIPANT OUTCOMES STUDY:

PLACEMENT OUTCOMES ANALYSIS

6.1 INTRODUCTION

6.1.1 Overview

This chapter examines the effects of the Title IV-E Waiver on placement outcomes for children placed in out-of-home care during the third waiver period. For the interim report, analyses focus on children and youth entering care during Calendar Year (CY) 2011. The current analyses estimate the waiver effect on the likelihood and timing of an exit to permanency, following children for 12 months from the date of entry. Permanency is defined to include reunification, custody or guardianship to a relative or third party, and finalized adoption. In the final report the study team will also examine the likelihood and time to re-entry into care for those exiting care; sufficient data are not available at this time for re-entry analyses.

In addition, the placement outcomes analysis explores placement disruption among children who enter care during CY 2011. The analysis seeks to understand whether being in a demonstration county decreases placement disruption, under the hypothesis that demonstration counties have a wider range of placement options and prevention options to choose from at the time of initial placement. For the interim report we examine early disruption—having more than two moves within the first month of care.

The POA analyses test three main hypotheses regarding the third Title IV-E Waiver period, in which all demonstration counties adopted the same two strategies (Family Team Meetings and Kinship Care Strategy), adhering to a standard model for each. We hypothesized the following:

- **Reduction in Placement Duration:** For children entering agency custody and placement, children in demonstration counties will have a greater likelihood of exit to permanency in fewer placement days (less time spent in care), compared to children in comparison counties.
- **Increase in Permanent Placements without Re-entry:** For children who are reunified, a smaller proportion of children will re-enter custody and placement in demonstration counties compared to children in comparison counties.
- **Increase Placement Stability / Decrease Placement Disruption:** For children entering agency custody and placement, children in demonstration counties will experience more placement stability, and fewer disruptions, than children in comparison counties. More specifically, children in demonstration counties will be less likely to experience early placement disruption, within the first month in care.

The POA study team used Cox Proportional Hazards Regression to model the relationship between waiver status (children and families served in a demonstration county versus comparison county) and permanency outcomes, after controlling for child and family characteristics and placement episode related factors. The Taylor's Series Linearization method was used to account for clustering within

counties (Section 6.2.1). Each child was followed for 12 months from the time of entry. Kaplan-Meier analyses, also adjusted for clustering, were conducted to provide survival curves, stratified by demonstration and comparison county. The POA team conducted logistic regression analysis to model the relationship between waiver status and early placement disruption for children in care at least one month, controlling for child, family, and placement episode characteristics, and accounting for clustering within counties. The SAS 9.3 with SUDAAN add-on were used to estimate these models. Methodology is discussed in more detail in Section 6.2.4 below.

The preliminary findings reported in this chapter are summarized below. Findings from these analyses were interpreted as statistically significant if the p-values were $p < .05$ even if the effect size is small. These findings are preliminary, focusing on the children entering or in care during CY 2011. Analyses will be conducted again when more data become available. In sum, preliminary findings indicate the following:

- Children in demonstration and comparison counties exit care at similar rates. There are no statistically significant differences in the types of exits experienced by children in demonstration and comparison counties.
- Children in demonstration and comparison counties had similar experiences in where they go after placement and in the timing of their exit from care. There are no statistically significant differences between demonstration and comparison counties in the likelihood and timing of exits to permanency (reunification, custody or guardianship of a relative or third party, and adoption).
- Children in demonstration and comparison counties experience similar levels of early placement disruption. There are no statistically significant differences between demonstration and comparison counties in the presence of early disruption.
- Other factors predicted the likelihood and timing of exits to permanency and early disruption. These factors are described in Section 6.3.

The research questions, methods, and findings are provided in more detail in the remainder of this chapter, followed by a discussion of findings.

6.1.2 Research Questions and Hypotheses

In the third Title IV-E Waiver period the research questions regarding placement outcomes for children entering the custody and care of the child welfare agency are as follows:

Exit Reasons

1. What proportion of children exit child welfare custody and placement to permanent placements (reunification, custody or guardianship to relative or third party, or adoption) or non-permanent placements (emancipation, runaway, transfer to another agency, death, and unclassified) and what proportion remain in care in demonstration and comparison counties?
2. Do demonstration and comparison counties differ in the proportion of children experiencing each exit type?

Placement Duration

3. Does waiver status (demonstration vs. comparison counties) predict the likelihood and timing of a permanent exit, after controlling for other factors? Permanent exit⁷⁸ refers to “desirable” exit reasons including reunification, custody or guardianship to a relative or third party, or adoption.
4. What other factors predict exit to a permanent placement?

Re-entry after Exiting to Permanent Placement

5. Of the children who exit to permanent placements, what proportion of children re-enter child welfare custody and placement in demonstration and comparison counties? Is there a significant difference between demonstration and comparison counties?
6. For children who exit to permanent placements, does waiver status (demonstration vs. comparison counties) predict the likelihood and timing of re-entry, after controlling for other factors? What factors predict re-entry?

Placement Stability/Disruption

7. Does waiver status predict the likelihood of early placement disruption? Specifically, for those children remaining in care for at least one month, are children in demonstration counties more likely to experience three placements (two moves)⁷⁹ within their first month of care?
8. Does waiver status predict the likelihood and timing of placement disruption?

As specified in the overview, we hypothesized that there would be a reduction in placement duration, an increase in permanent placements without re-entry, and a decrease in placement disruption for children in demonstration counties compared to comparison counties (see Section 6.1.1 for detailed hypotheses).

Each of these research questions and hypotheses will be examined in the final report. For this interim report, we focus on the questions pertaining to exit reasons, placement duration, and placement stability. For the final report we will also examine research questions pertaining to re-entry. We exclude re-entry from the interim report because the data currently available does not fit the timeframe for the analyses planned, following children to exit for up to 12 months, then following those who exit for another 12 months to examine re-entry outcomes. Also, it is important to note that the findings presented in the interim report are preliminary, as the data currently available only allow us to follow one cohort from the third waiver (CY 2011) forward for 12 months.

⁷⁸ This analysis focuses on desirable permanent exits, which we define in a manner that is consistent with the federal definition of permanency. According to the federal government, permanency includes “Reunified with parents or primary caretakers, Living with other relatives, Living with a legal guardian, Legally adopted” (U.S. Department of Health and Human Services, Administration for Children and Families, n.d., p.11)

⁷⁹ A first placement that lasted only one day was considered an emergency placement and not considered in this analysis of placement moves.

6.2 METHODS

6.2.1 Design

The placement outcomes study is designed to test the theory that the Title IV-E Waiver—allowing flexible funding to support non-placement activities—reduces placement days and improves placement outcomes. The theory of the waiver requires a reduction in placement days to fund the other activities. Unlike the first two waivers, in this third waiver the demonstration counties all adopted the same two strategies (Family Team Meetings and Kinship Supports) and committed to adhering to a standardized model rather than developing independent models that produce variation among counties (fidelity to these models is discussed in Chapters 3 and 4.) The placement outcomes analysis (this chapter) looks for effects of the third waiver on placement duration, exit type, and placement stability/disruption.

Like most Title IV-E Waiver demonstrations, this theory is being tested using a non-experimental design, controlling for other factors that may influence outcomes. At the inception of the Title IV-E Waiver, comparison counties were selected based on having similar characteristics to demonstration counties (see Chapter 1, Table 1.1). When testing the hypotheses, multivariate analyses are used to control for child, family, and placement episode related factors that may be related to outcomes, including any measured differences identified in bivariate analyses comparing demonstration and comparison counties.

Child welfare services, including placement services, are administered by county agencies in Ohio. Because children within the same county may have similar experiences due to county level policies, and their experiences may be somewhat different than children in other counties, there may be clustering of data by county that has the potential to lead to false results. To address this concern, each of the analyses adjusts for clustering within county (see Section 6.2.4.4 for details).

6.2.2 Sample

The analysis for this interim report examines outcomes for children entering custody and placement during Calendar Year 2011 (n=6,395), the first calendar year in the third period of Ohio's Title IV-E Waiver Demonstration. The sample includes children entering care for the first time (n=5,063, 79%) and children who entered during the year but had also been in care prior to 2011 (n=1,332, 21%) (Table 6.1). The sample includes children in demonstration counties (n=4,180, 65%) and comparison counties (n=2,215, 35%).

Table 6.1: Children Entering Custody and Placement during Calendar Year 2011 through May 2013

	2011		2012		2013 (as of May)		Total	
	N	%	N	%	N	%	N	%
First-Time Entries	5,063	79.2	4,796	84.0	1,671	87.2	11,530	82.2
Demonstration	3,279	78.4	3,014	84.1	1,015	86.4	7,308	81.7
Comparison	1,784	80.5	1,782	83.8	656	88.4	4,222	83.0
Repeat Entries	1,332	20.8	916	16.0	246	12.8	2,494	17.8
Demonstration	901	21.6	571	15.9	160	13.6	1,632	18.3
Comparison	431	19.5	345	16.2	86	11.6	862	17.0
Total	6,395	100.0	5,712	100.0	1,917	100.0	14,024	100.0
Demonstration	4,180	100.0	3,585	100.0	1,175	100.0	8,940	100.0
Comparison	2,215	100.0	2,127	100.0	742	100.0	5,084	100.0

6.2.2.1 Sample Characteristics

Table 6.2 provides the child and family characteristics for all children in the study, by demonstration and comparison counties. Title IV-E eligibility is used as a proxy for poverty income levels for families. The table also presents placement episode characteristics, including number of previous episodes in placement, predominant and initial placement types, number of placement settings, and county size. Analysis of all variables is conducted at the child level.

Child Characteristics. More than one third (37%) of the children were age 3 or younger, with slightly more male children (53%) than female children (47%). Most of the children were identified as being either White (55%) or Black (32%). About 4% of children were identified as Hispanic, but this data was missing for 17% of children. Mental health problems were identified for 30% of the children.

Family Characteristics. Just over half (52%) of the children were removed from “mother only” households, and almost two-thirds (64%) had siblings in care. Close to half of caregivers were identified as using drugs or alcohol (48%) or having a mental health problem (44%), and 38% experienced domestic violence. Most families (81%) were IV-E eligible, indicating that many have income below the poverty level.

Placement Episode Characteristics. Most children (79%) had no previous placements, 15% had one prior placement, and 6% had two or more prior placements. Over half (55%) of the children were initially placed in foster homes, 25% in kinship homes, and the remainder in group homes, residential facilities, or other placements. (Removal reason was not available for 60% of the children, so it has been excluded from analyses.)

Table 6.2: Child, Family, and Placement Episode-Related Characteristics for Children ⁸⁰ Entering Custody and Placement during CY 2011 (n=6,395)						
	Demonstration Counties		Comparison Counties		Total	
	N	%	N	%	N	%
Entry Year						
2011	4,180	100.0	2,215	100.0	6,395	100.0
Entry Type						
First-time Entry	3,279	78.4	1,784	80.5	5,063	79.2
Repeat Entry (has prior episodes)	901	21.6	431	19.5	1,332	20.8
Child Factors						
Age at entry*						
Infants	686	16.4	441	19.9	1,127	17.6
1 to 3 years	738	17.7	503	22.7	1,241	19.4
4 to 6 years	528	12.6	310	14.0	838	13.1
7 to 12 years	759	18.2	449	20.3	1,208	18.9
13 to 15 years	795	19.0	305	13.8	1,100	17.2
16 years and older	665	15.9	203	9.2	868	13.6
Age missing	9	0.2	4	0.2	13	0.2
Gender						
Male	2,199	52.6	1,166	52.64	3,365	52.6
Female	1,953	46.7	1,036	46.77	2,989	46.7
Gender missing	28	0.7	13	0.59	41	0.6
Race of Child						
White	2,094	50.1	1,388	62.7	3,482	54.5
Black	1,497	35.8	567	25.6	2,064	32.3
Other (Asian, Native American, Other)	428	10.2	151	6.8	579	9.1
Race Missing	161	3.9	109	4.9	270	4.2
Hispanic						
Yes	171	4.1	73	3.3	244	3.8
No	3,245	77.6	1,796	81.1	5,041	78.8
Ethnicity Missing	764	18.3	346	15.6	1,110	17.4 ⁸¹

⁸⁰ All variables in Table 6.2 are constructed at the child level.

⁸¹ Due to high rate of missing data, Hispanic ethnicity will not be included in multivariate analysis.

Table 6.2: Child, Family, and Placement Episode-Related Characteristics for Children⁸⁰ Entering Custody and Placement during CY 2011 (n=6,395)						
	Demonstration Counties		Comparison Counties		Total	
	N	%	N	%	N	%
Child Mental Health						
No mental health problem	2,718	65.0	1,572	71.0	4,290	67.1
Mental health problem	1,333	31.9	584	26.4	1,917	30.0
Missing	129	3.1	59	2.7	188	2.9
Child Drug/Alcohol Use						
No Drug/Alcohol Use	3,883	92.9	2,153	97.2	6,036	94.4
Drug/Alcohol Use	168	4.0	3	0.1	171	2.7
Missing	129	3.1	59	2.7	188	2.9
Family Factors						
Family Structure (removal home of each child)						
Two parents	1,209	28.9	651	29.4	1,860	29.1
Mother only	2,280	54.6	1,037	46.8	3,317	51.9
Father only	193	4.6	95	4.3	288	4.5
Other ⁸²	45	1.1	6	0.3	51	0.8
Missing	453	10.8	426	19.2	879	13.8
Siblings in foster care						
No siblings in care	1,552	37.1	728	32.87	2,280	35.7
Yes siblings in care	2,628	62.9	1,487	67.13	4,115	64.4
Caregiver ⁸³ Mental Illness						
No Mental Illness	2,344	56.1	1,027	46.4	3,371	52.7
Mental Illness	1,703	40.7	1,120	50.6	2,823	44.1
Missing	133	3.2	68	3.1	201	3.1
Caregiver Drug/Alcohol Use						
No Drug/Alcohol Use	2,138	51.2	1,014	45.8	3,152	49.3
Drug/Alcohol Use	1,909	45.7	1,133	51.2	3,042	47.6
Missing	133	3.2	68	3.1	201	3.1

⁸² Includes “legally separated” (does not specify mother or father), relative, and non-relative caregiver.

⁸³ Caregiver refers to the primary parent or other caregiver from whom the child was removed. Most caregivers are parents.

Table 6.2: Child, Family, and Placement Episode-Related Characteristics for Children ⁸⁰ Entering Custody and Placement during CY 2011 (n=6,395)						
	Demonstration Counties		Comparison Counties		Total	
	N	%	N	%	N	%
Caregiver experienced domestic violence [^]						
No domestic violence	2,374	56.8	1,405	63.4	3,779	59.1
Domestic violence	1,673	40.0	742	33.5	2,415	37.8
Missing	133	3.2	68	3.1	201	3.1
Title IV-E Eligibility/Low income						
Not Eligible	831	19.9	384	17.34	1,215	19.0
Title IV-E Eligible (low income)	3,343	80.0	1,830	82.62	5,173	80.9
Missing	6	0.1	1	0.05	7	0.1
Placement Episode Characteristics⁸⁴						
Number of previous placement episodes						
None	3,279	78.4	1,784	80.5	5,063	79.2
One	603	14.4	342	15.4	945	14.8
Two or more	298	7.1	89	4.0	387	6.1
Initial Placement Type This Episode						
Foster home	2,133	51.0	1,409	63.6	3,542	55.4
Kinship home ⁸⁵	1,121	26.8	497	22.4	1,618	25.3
Group home	190	4.6	53	2.4	243	3.8
Residential Center	419	10.0	116	5.2	535	8.4
Other ⁸⁶	310	7.4	138	6.2	448	7.0
Not available	7	0.2	2	0.1	9	0.1

⁸⁴ Reason for Removal is not presented due to high levels of missing data (59%).

⁸⁵ Children in kinship care are included in the sample if the child welfare agency has agency legal status (i.e., custody of the child). This includes children in certified, approved relative homes and certified, approved non-relative homes.

⁸⁶ For initial placement, "Other" includes: detention, medical or educational facility, independent living, adoptive placement, and other.

Table 6.2: Child, Family, and Placement Episode-Related Characteristics for Children⁸⁰ Entering Custody and Placement during CY 2011 (n=6,395)						
	Demonstration Counties		Comparison Counties		Total	
	N	%	N	%	N	%
Predominant Placement Type This Episode						
Foster home	1,943	46.5	1,327	59.9	3,270	51.1
Kinship home	1,301	31.1	581	26.2	1,882	29.4
Adoptive home	112	2.7	78	3.5	190	3.0
Group home	172	4.1	67	3.0	239	3.7
Residential Center	574	13.7	136	6.1	710	11.1
Other ⁸⁷	71	1.7	24	1.1	95	1.5
Not available	7	0.2	2	0.1	9	0.1
Number of placement settings this episode*						
1 placement	2,102	50.3	1,288	58.2	3,390	53.0
2 placements	1,170	28.0	572	25.8	1,742	27.2
3 placements	506	12.1	199	9.0	705	11.0
4 or more placements	395	9.5	154	7.0	549	8.6
Missing number of placements	7	0.2	2	0.1	9	0.1
County Size						
Metro	3,280	78.5	1,505	68.0	4,785	74.8
Large	613	14.7	393	17.7	1,006	15.7
Small to Medium	287	6.9	317	14.3	604	9.4

[^]p<.10 (marginal evidence) *p<.05 **p<.005

6.2.2.2 Bivariate Comparison of Characteristics in Demonstration and Comparison Counties

Demonstration and comparison counties were compared in bivariate analyses, using the Taylor’s Series Linearization method to adjust for clustering within counties when running statistical analyses (see Section 6.2.4 for details). This comparison identifies any differences in characteristics of the children and families served by demonstration and comparison counties that should be controlled for when analyzing outcomes. In unadjusted tabulations, children in demonstration counties tend to be slightly older (35% in demonstration counties vs. 23% in comparison counties are age 13 and older); whereas children in comparison counties tend to be younger (34% in demonstration counties vs. 43% in comparison counties are age 3 and younger). Children in demonstration counties were also somewhat

⁸⁷ For predominant placement, “Other” includes: detention, medical or educational facility, independent living, and other.

more likely to experience two or more placements (50%) than children in comparison counties (42%). After adjusting for clustering of data within counties, there is a statistically significant difference between demonstration and comparison counties on two variables: children differ in the age at removal (Adjusted Wald $F=4.61$, $p=0.039$) and the number of placement settings experienced (Adjusted Wald $F=4.36$, $p=0.045$), when those variables are entered as continuous variables.⁸⁸ There was also a trend toward a difference in the proportion of caregivers who experienced domestic violence (Adjusted Wald $F = 3.518$, $p=0.07$).

Beyond age at removal and number of placements, there are no statistically significant differences ($p<.05$) between demonstration and comparison counties on the child, family, and placement episode variables measured, suggesting that groups are similar on most known characteristics. Multivariate analyses (described in Section 6.2.4) will control for the variables in which demonstration and comparison counties are somewhat different, as well as other variables, to reduce bias in findings.

6.2.3 Variables

Data were obtained from Ohio’s Statewide Automated Child Welfare Information System (SACWIS) maintained by Ohio’s Department of Job and Family Services. The SACWIS system tracks child and family involvement with the child welfare system, including child maltreatment, removals from home, legal status, placement changes, services, providers, and other information. This includes information about child and family characteristics collected in the family assessments.

6.2.3.1 Outcome Variables

The study examines the following outcome variables: (1) exit type; (2) time to permanent exit (reunification, custody or guardianship of a relative or third party, adoption); (3) time to re-entry after permanent exit; (4a) early disruption and (4b) time to disruption. Exit type was constructed based on information in the discharge reason field and the court termination reason data, and the exit type was recoded into fewer categories: reunification, custody or guardianship of a relative or third party, adoption, and emancipation, and other types. Custody or guardianship of a relative includes custody to a kinship caregiver (relative or non-relative), guardianship to a kinship caregiver (relative or non-relative), and custody to third party. “Other” types include exit to other agency, absent without leave, and child death.

The time to permanent exit was calculated for each child as the number of days from the date of removal to the date of discharge. In the subsets of children exiting to reunification, relative or third party, adoption, emancipation, and other, this calculation represents the time to that type of exit.

Time to re-entry was not calculated for the interim report, but will be calculated for the final report as the number of days from exiting care to re-entering care.

Early disruption was defined as having three placement settings—two or more moves⁸⁹—within one month of care, for the subset of children in care for at least one month. The placement setting data was

⁸⁸ However, there is no difference when age and number of placements are entered as categorical variables in the adjusted models.

⁸⁹ As noted earlier, the first placement that lasted only one day was considered an emergency placement and not counted as a placement setting in any analyses we conducted.

adjusted to account for temporary absences that are not considered placements. Following federal guidelines, temporary absences from an ongoing placement (e.g., runaway, hospitalization, respite, trial home visit) were not counted as placement settings as long as the child returned to the same foster home after that absence within a specified timeframe.⁹⁰

6.2.3.2 Predictor Variables and Covariates

Sixteen independent variables were entered into the multivariate analyses, including child characteristics, parent and family characteristics constructed at the child level, and placement episode related factors; these are the same factors shown in Table 6.2. As seen in the table, most of the variables are either dichotomous (two categories) or categorical (with three or more categories). Age is presented in the table as a categorical variable to help describe the children in the sample, but was entered into multivariate analyses as a continuous variable. Child mental health and child drug or alcohol use indicate that the child either did or did not have this issue, as recorded in the SACWIS system as part of the Family Assessment.

Parent and family characteristics were entered at the child level. Family structure describes the adult structure of the home of removal; that is, the child was removed from a home with two parents, mother only, father only, or other. “Other” includes step-parent only, relative, non-relative, and “legally separated,” which did not identify which parent was the caregiver. Presence of siblings in foster care indicates whether or not each child in the data set has a sibling in agency placement and care, as identified by having the same case identifier in the SACWIS system. Caregiver mental health, drug or alcohol use, and experience of domestic violence indicate that one or more of the caregivers either did or did not have this issue, as recorded in the SACWIS system as part of the Family Assessment. Title IV-E eligibility, identified in the SACWIS, was used as a proxy for family income at or below poverty level.

For placement episode variables, placement settings were re-categorized into six categories: foster home, kinship home (including relative and non-relative kinship placements), adoptive home, group home, residential center, and other. “Other” type of placement includes detention, medical or educational facility, independent living, and other types, which together made up a very small proportion of placement settings. Predominant placement type was calculated by summing the number of days in each type of placement (e.g., the number of days the child was in foster home settings, number of days in kinship placements, etc.) during the placement episode and selecting the type with the longest duration. The number of placement settings was calculated (excluding temporary absences, defined in Section 6.2.3.1) and categorized into four groups: 1, 2, 3, or 4 or more placements. County size was defined using the population size at the beginning of the waiver, divided into three categories: metro (more than 200,000), large (100,000 to 200,000), or small to medium (less than 100,000). Waiver status indicates that the child is in either a demonstration or a comparison county; this is the primary predictor variable of interest in the current study.

⁹⁰ To be counted as a temporary absence for the current analysis, children had to return from hospitalization, their own home, or runaway within 30 days. Respite care generally lasted a few days, but was still considered respite up to 7 days for single respite events, and up to 14 days in a small number of cases in which the child spent that time in a home where they had recurring short respite stays.

6.2.4 Data Analysis Methods

The POA team conducted descriptive and bivariate analyses; survival analyses, including the Kaplan-Meier procedure and Cox proportional hazards models; and logistic regression to test the hypotheses. The Taylor series linearization method was used to adjust for clustering within county for each bivariate and multivariate analysis. All analyses were conducted using data from the CY 2011 entry cohort.

6.2.4.1 Descriptive and Bivariate Statistics

Descriptive data are provided to describe the characteristics of the sample, the proportion of children exiting to reunification, custody or guardianship of a relative or third party, adoption and non-permanent exits (e.g., emancipation, runaway, transfer to another agency, death, and unclassified), as well as the proportion remaining in care, and placement disruptions for all children in demonstration and comparison counties. Descriptive data similar to the federal measures (e.g., what percent of children were reunified in less than 12 months from the time of the latest removal from home) are also provided. In addition to describing each group, bivariate statistics (e.g., chi-square) tested whether or not there is a statistically significant difference between groups on each of the variables. The Taylor series linearization method (described in 6.2.4.4) was used to adjust for clustering within county, to produce unbiased estimates.

6.2.4.2 Survival Analysis: Kaplan Meier Procedure

Survival analyses (also called event history analyses) were used to model time-to-event data to study placement duration and placement disruption for entry cohorts during the waiver period. Specifically, the Kaplan-Meier and Corrective Cox Proportional Hazards Regression procedures were conducted using SAS 9.3 with the SUDAAN add-on. The Kaplan-Meier procedure is described here, and the Cox regression is described in Section 6.2.4.3.

The Kaplan-Meier procedure was used to model the time to event (i.e., exit from care, or placement disruption), using the Taylor linearization method to adjust for clustering within counties (see Section 6.2.4.4 for details). The Kaplan-Meier procedure produces estimates of the cumulative proportion of the sample that did not experience the event over time, stratified by demonstration and comparison counties. Cases were “censored” if the event had not occurred (e.g., if they did not exit care) during the analysis timeframe—within the 365 day observation period—or if the child exited to a different exit reason (e.g., emancipation, placed in detention, etc.), as the outcome of interest was no longer an option for those cases.

Censoring is a mathematical device which accounts for the fact that for some units (children) we do not have complete information about exit time. For example, if the child had not exited care within the study period the child is “censored” at the study period end, thus accounting for the fact that exit may or may not have occurred at the time beyond the observation period end. For children who exited care for reasons other than the outcome of interest, censoring accounts for the fact that even though a form of exit took place, this exit was not the one of interest and hypothetically, in a universe where the actual reason for exit did not exist, the child may have had the outcome of interest at a time beyond that which we observed. In both situations, the bottom line is that censoring distinguishes between the information on the outcome of interest that is complete (where it is actually observed) and where the information is incomplete due to non-observance of the outcome of interest for some reason. This

enables the model to correctly estimate parameters of interest, using the incomplete information as efficiently as possible while acknowledging its limitations.

The Kaplan-Meier estimates were graphed to produce the survival curves, including the average estimated proportion of children in each group who experience the event each day for 365 days, and the 95% confidence intervals (lower level and upper level) for these estimates. When the confidence intervals overlap for the distinct groups, there is no evidence of a statistically significant difference, whereas when confidence intervals do not overlap there is evidence of a difference.

The Kaplan-Meier procedure was also used to examine the timing and occurrence of each exit type using a competing risks framework, to determine whether or not the time to exit was different depending on exit type. In the competing risks analysis, first we model time to exit using the Kaplan-Meier procedure, stratified by exit reason, to ascertain whether or not there is a difference in time to exit for each type. Next, if there is a significant difference between groups, survival analyses would be run separately for each exit type, censoring for children who exit for another reason as well as children still in care after 365 days, as we have discussed earlier.

6.2.4.2 Survival Analysis: Cox Proportional Hazards Regression

The Cox proportional hazards model was used to examine whether or not being in a demonstration county predicts the “hazard,” or likelihood, of exiting care to permanency after controlling for as many confounding factors as possible. In survival analysis procedures, “surviving” refers to the time without experiencing the event and “hazard” refers to the likelihood of experiencing the event. In the placement duration analyses, “survival” in care is a negative outcome, whereas the “hazard” of exit or reunification is a positive outcome.

For the Cox models, a series of predictive variables were identified in the literature and entered into the analyses to determine which factors predict permanency outcomes in the current study. The model produces Hazards ratios and confidence intervals, with p-values, to identify those variables that are significant predictors of the outcome variable and the strength of those relationships.

6.2.4.3 Logistic Regression

Logistic regression was used to model early disruption of placements, defined as having three or more placement settings within the first month in care, for those children in care for more than one month. Logistic regression is a statistical technique that models the outcome of a categorical dependent variable based on one or more predictor variables. It is used in estimating empirical values of the parameters in a qualitative response model. It models the probability of each outcome category, as a function of the explanatory variables, using a mathematical transformation of the probabilities called the logistic function or logit. Although logistic regression may be used to model outcomes that have more than two categories, it is more commonly used to model binary (yes/no) type outcomes.

Coefficients of a logistic regression model cannot be interpreted the same way as in linear regression models. This is because logistic regression coefficients represent the change in the logit for each unit change in the predictor, not the change in the outcome or the probability of the outcome category itself. The usual interpretation is to examine the odds ratio. Odds are the ratio of the probability that an event will happen to the probability that the event will not happen. The odds ratio is the ratio of the odds of an event occurring in one group to the odds of it occurring in another group. The

odds ratio is a measure of effect size, describing the strength of association or non-independence between two binary data values.

In our situation, due to the clustered nature of the data, Taylor's series linearization techniques were used to adjust all significance tests performed.

6.2.4.4 Taylor Linearization Method (*adjusting for clustering in all models*)

The data in this project are clustered, that is, organized into units such as counties and families. Potentially the data within each cluster are more similar than data from two different clusters. For example, data from units (children, families) within the same county may be similar due to the same county level policies applying to the units. Due to this non independence of the observation units there is extra variation in an estimated statistic beyond what would be expected under independence, where children are not clustered by county or family. Analyses that assume independence of the observations will generally underestimate the true variance and lead to test statistics with inflated Type I errors, or in other words showing falsely significant results. The variances and tests need to be adjusted to get a truthful picture of the data. In general, such adjustment is a fairly complicated procedure owing to the difficulty of estimating accurately the degree of non-independence. Adjustment methods include replication techniques, which are more applicable to clustered data arising from complex surveys, and using Taylor's series linearization techniques, which have been used here.

Taylor's series linearization is a mathematical technique used to adjust for clustering in statistical analyses. Taylor's series linearization simplifies the statistic in question by linearization of the function on which the statistic is based. This linearized variable is then substituted into the appropriate variance formula under the specified clustering in the data. The actual formulae and the form of the linearized variable depend on the statistic in question, whether mean, proportion, regression coefficient etc. This method enables us to get an approximation to the true variance of the statistic being estimated. In practice, Taylor's series techniques are widely implemented in standard statistical software.⁹¹ By applying this method, we are more confident that the statistical tests do not provide false significant results, and thus more confident in the findings.

6.3 FINDINGS

6.3.1 Exit Reasons

Table 6.3 contains exit reasons, as of May 2013, for children who entered care in CY 2011. Most children exited to reunification (42%) or the custody or guardianship of a relative or third party (25%). A small proportion exited to adoption (3%) or emancipation (3%). Almost one quarter (24%) of children remained in care as of May 2013.

⁹¹ The current study uses SAS with the SUDAAN add-on to run the analyses applying the Taylor's series method.

Table 6.3: Exit Type as of May 2013, for Entry Cohort 2011 (N=6,395)						
	Demonstration		Comparison		Total	
	N	%	N	%	N	%
Reunification	1,847	44.2	858	38.7	2,705	42.3
Custody or Guardianship to Relative or Third Party	1,015	24.3	603	27.2	1,618	25.3
Adoption	137	3.3	69	3.1	206	3.2
Emancipation ^a	131	3.1	69	3.1	200	3.1
Other Exit ^b	100	2.4	22	1.0	122	1.9
Missing Exit Type	30	0.7	11	0.5	41	0.6
Still in Care	920	22.0	583	26.3	1,503	23.5
Total	4,180	100.0	2,215	100.0	6,395	100.0

^a Emancipation includes aged out of system or emancipated.

^b Other Exit (n=122) includes exit to other agency (n=49), AWOL (n=63), and child death (n=10).

Offering a different perspective on exit status, Table 6.4 looks at exit status one year after entry, following each child for 12 months from the date of entry. Well over half (58.5%) were discharged from care within the 12 month timeframe, whereas 41.5% remained in care for more than a year. Table 6.5 focuses on those who exited within 12 months (n=3,741): 59.5% of the children were reunified, 33% exited to guardianship or custody of a relative or third party, and 1% were adopted within the first year. Another 7% had other outcomes, including emancipation (3%) and other reasons (3%).

The results presented in Tables 6.3-6.5 indicate that demonstration and comparison counties are very similar. Rates of exit from care were not statistically different after adjusting for clustering within counties (Adjusted Wald F=0.0023, p=0.962). Exit types were also similar after adjusting for clustering within counties (Adjusted Wald F=1.6113, p=0.181).

Table 6.4: Exit Status for Children within 12 Months of Entry, for Entry Cohort 2011 (N=6,395)						
	Demonstration		Comparison		Total	
	N	%	N	%	N	%
Number Exited	2,450	58.6	1,291	58.3	3,741	58.5
Still in Care	1,730	41.4	924	41.7	2,654	41.5
Total	4,180	100.0	2,215	100.0	6,395	100.0

Table 6.5: Exit Type for Children Exiting Care within 12 Months, For Entry Cohort 2011 (N=3,741)						
	Demonstration		Comparison		Total	
	N	%	N	%	N	%
Reunification	1,506	61.5	720	55.8	2,226	59.5
Custody or Guardianship to Relative or Third Party	731	29.8	496	38.4	1,227	32.8
Adoption	30	1.2	9	0.7	39	1.0
Emancipation ^a	75	3.1	41	3.2	116	3.1
Other Exit ^b	86	3.5	18	1.4	104	2.8
Missing Exit type	22	0.9	7	0.5	29	0.8
Total	2,450	100.0	1,291	100.0	3,741	100.0

^a Emancipation includes aged out of system or emancipated.

^b Other Exit includes exit to other agency, AWOL, and child death.

The exit reasons for children and youth in each county, organized by waiver status, are presented in Appendix G. Like the data presented here, the county level data represent the exits within 12 months of entry into care for the 2011 entry cohort.

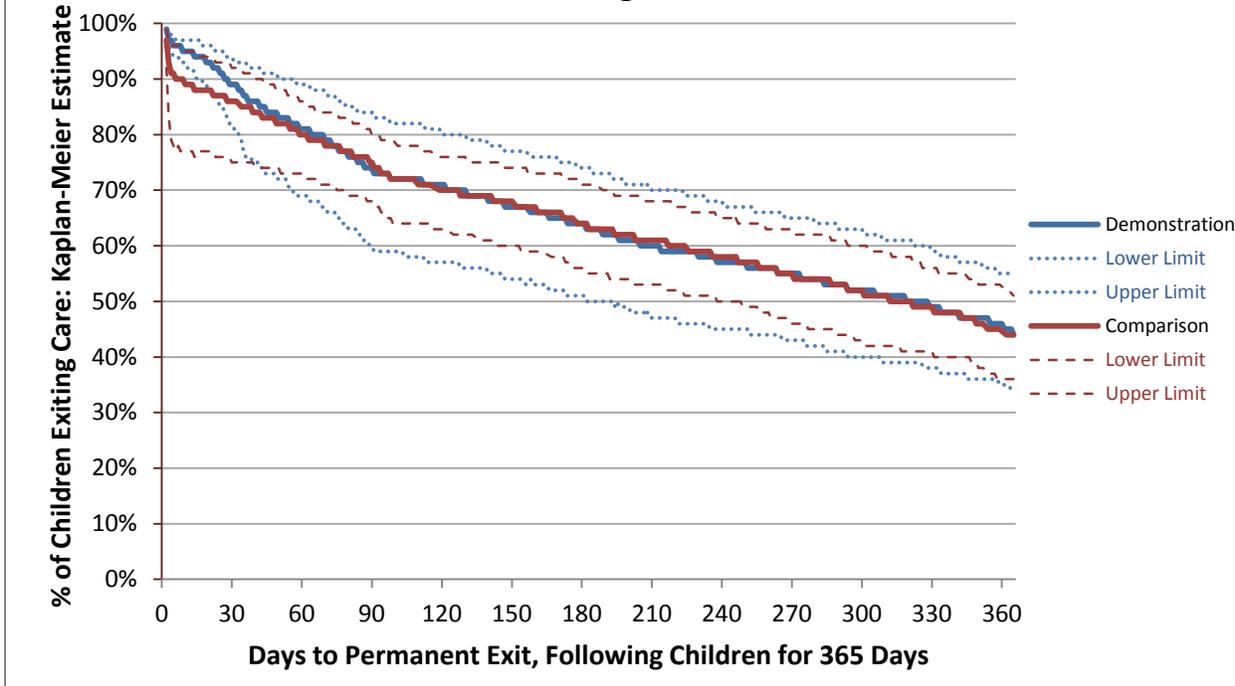
6.3.2 Placement Duration and Likelihood of Exit

6.3.2.1 Time to Permanent Exit

The time to permanent exit was modeled for all children entering care during CY 2011. Permanent exit was defined as exits to reunification, custody or guardianship of a relative or third party, or adoption. Cases were censored if they did not exit care during the 12 month observation period, or if they exited for reasons that are not considered desirable, permanent placements, including emancipation, absent without leave, and death (see Section 6.2.4 for discussion of censoring). Of the 6,395 children, 3,492 (55%) exited care to a permanent placement and 2,903 (45%) were right censored, indicating the event (permanent exit) had not been observed during the observation period. Censoring is illustrated in Appendix H.

The study team used the Kaplan Meier procedure, applying the Taylor series linearization method to adjust for clustering within counties, to produce survival curves for demonstration and comparison counties for the time to permanent exit (Figure 6.1). As noted, cases were censored on exits to emancipation or “other” exit and on children still in care after 12 months.

**Figure 6.1:
Time to Permanent Exit by Waiver Status
Children Entering Care in CY 2011**

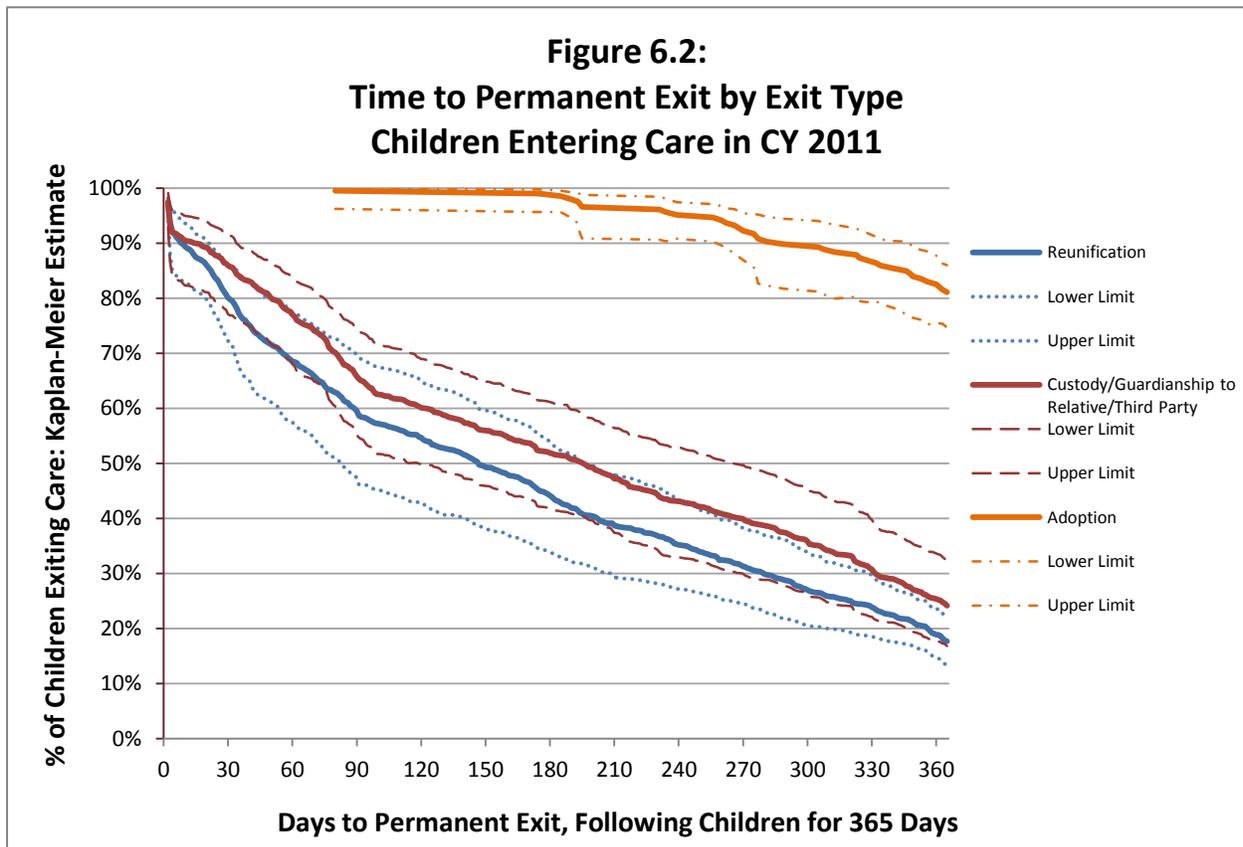


No statistically significant difference is evident between demonstration and comparison counties on length of time to a permanent exit. In the first few days there is evidence of a marginal difference between the proportions of children who have exited, with 5% more children exiting in comparison counties. However, the lines converge to be 3% different after the first month, and within 1% of each other for most of the period. The confidence intervals overlap completely (with demonstration encompassing comparison estimates) after the first month, and remain that way for the remainder of the year. Based on the CY 2011 data, the estimates indicate that at the end of one year 56% of children are likely to have exited and 44% are likely to remain in care in both demonstration and comparison counties.⁹² The 95% confidence intervals for remaining in care range from 34% - 55% in demonstration counties and 36% to 51% in demonstration counties.

⁹² These estimates are slightly different from the percentages presented in the descriptive table because the Kaplan-Meier procedure takes into account censoring whereas the descriptive proportion does not.

6.3.2.2 Time to Permanent Exit by Exit Type: Competing Risks Framework

A competing risks framework was used to determine whether or not additional analyses should be conducted modeling time to specific permanent exit types. The POA study team used the Kaplan-Meier procedure, with Taylor series linearization method, to produce survival curves stratified by the three permanent exit types (reunification, custody/guardianship of relative or third party, and adoption) for the time to permanent exit within 12 months (Figure 6.2). Cases were censored on exits to emancipation or “other” exit and on children still in care at the end of the 12 month observation period.



As seen in Figure 6.2, the 95% Confidence Intervals (CI) for the Kaplan Meier estimates of time to reunification and time to custody or guardianship of a relative or third party overlap throughout the 12 month period for these two categories. The graph shows that the reunification curve overlaps the confidence interval of the custody and guardianship curve, and vice versa. Based on this, it looks like there is some weak evidence that there may be some difference, but it is not marked enough to justify additional analyses at this point in time.

As expected, there was a statistically significant difference between time to adoption and time to the other two permanent exit types. The 95% CI’s for adoption were clearly separate from the CI’s for reunification and custody or guardianship of a relative or third party. Time to adoption is significantly longer than time to reunification or custody or guardianship.

Given this result, it will be beneficial to model these different types of permanent exits separately for the Cox regression, in addition to the overall model of time to permanent exit. However, given the small number of adoption cases available for the interim report, these three individual exit types will not be modeled at this time.

6.3.2.3 Likelihood and Timing of Permanent Exit: Multivariate Analysis

In order to test the hypothesis that demonstration counties have reduced placement duration, the POA study team conducted a Cox proportional hazards model (a multivariate analysis), controlling for other variables that may influence the findings. The POA team used Cox proportional hazards regression to model time to permanent exit, following all children for 12 months, censoring on cases with exits to emancipation or “other” exit and on cases with children still in care. The model includes 16 predictor variables, including waiver status, the main variable of interest. This model adjusts the variance to account for clustering within counties, using the Taylor series linearization method.

Of the original 6,395 children entering care in CY 2011, 1,248 (19.5%) had missing data for one or more independent variables in the multivariate model, and thus these cases were excluded from the regression analyses. Preliminary missing data analysis indicated that the children who were excluded from the analysis due to missing data were somewhat different than those children with complete data (Adjusted Wald $F = 6.58$, $p = 0.0151$) on the outcome variable time to permanency. Children with missing data were slightly more likely to exit more quickly to permanency (HR=0.72, 95% CI 0.56-0.94). This raises some concern as to whether or not the findings generalize to all of the children. We note, however, that only 19.5% of the children have missing data, so the impact on generalizability is likely small to moderate. To explore this issue further, in the future we will conduct additional analyses to better understand the characteristics of children with missing data. In the interim, we use the data available to us to examine the likelihood and timing of permanent exit for children with data on all independent variables.

Of the 5,147 children included in multivariate analysis, 2,729 (53%) exited care to a permanent placement and 2,418 (47%) were censored—meaning that they did not exit care during the 12 month period, or that they exited but not to a permanent placement (i.e., to emancipation, other agency, AWOL, or the child died). Findings from the Cox proportional hazards regression model, which tests the null hypothesis, are presented in Tables 6.7a and 6.7b. Table 6.7a presents the statistical tests and p-values for the overall model and each independent variable and its categories, and Table 6.7b provides the hazard ratios and effects for each independent variable.

The overall Cox regression model is statistically significant, indicating that certain variables predict the likelihood and timing of permanent exit. Wald F , Adjusted Wald F , and Wald Chi Square were each computed, and all three have p-values $<.001$ (Table 6.7a). Five variables in the model were statistically significant ($p <.05$) predictors of the likelihood of permanency, and findings were consistent across the three statistical tests (Table 6.7a). However, our main variable of interest, waiver status, does not predict likelihood and timing of exit to permanency (Table 6.7a). This means that the likelihood of a permanent exit and the speed of that exit are no different for children in demonstration counties than for those in comparison counties. Each of the significant variables is discussed below, and hazard ratios for all independent variables and effects are presented in Table 6.7b.

For children included in the analysis, children are more likely to exit to permanency within 12 months if they are older; have a substance use issue; have no siblings in care; were predominantly placed with kinship families, “other” placement settings, and residential centers, compared to foster home; and have only one placement setting while in care. More specifically, as shown in Table 6.7b:

- Children who are older (HR=1.02, 95%CI 1.01-1.03, Table 6.7b), for each additional year, had a greater likelihood of exiting more quickly; each additional year of increase in age leads to a slight increase in the likelihood of exit to permanency (reunification, custody or guardianship of a relative, or adoption).
- Children identified as having a substance use issue (HR=1.89, 95%CI 1.26-2.84) have a greater likelihood of exiting more quickly compared to those who do not. It is important to note, though, that substance use is only reported for a small number of youth (3%); most of these youth with substance use issues exit to reunification (75%, compared to 55% of the entire sample).
- Children with no siblings in care (HR=1.16, 95%CI 1.03-1.30) were more likely than those with siblings in care to exit more quickly.
- Children who were predominantly placed with kinship families (HR=2.17, 95%CI 1.54-3.06), “other” placement types (HR=2.10, 95%CI 2.10-4.37), or residential placement (HR=1.41, 95%CI 1.21-1.64), compared to predominant placement in a foster home, were more likely to exit more quickly. “Other” placements include a variety of settings such as detention, medical or educational facility, independent living, and other types. Children predominantly placed in an adoptive home were less likely than those in foster homes to exit within 12 months (HR=0.19, 95%CI 0.12-0.30), as may be expected due to the timeframe needed for the legal process of adoption. There was no statistically significant difference between foster home and group home placement.
- Children who experience only one placement setting while in care are more likely to exit to permanency more quickly. Children are less likely to exit with each additional placement (HR=0.47, 95%CI 0.42-0.52 for 2 placements compared to 1; HR=0.21, 95%CI 0.18-0.26 for 3 placements compared to 1; HR=0.11, 95%CI 0.08-0.14 for 4 or more placements compared to 1). It appears that as the number of placement settings increases the likelihood of exit to permanency decreases.

There is some evidence of a relationship between family structure and exit to permanency; however, the evidence is not very strong. As seen in Table 6.7a, all three statistical tests had p-values between 0.05 and 0.08. There is also some evidence that county size is related to likelihood of a permanent exit within 12 months (Adjusted Wald F =3.29, p= 0.0500; Walf F=3.40, p=0.046; Wald χ^2 =6.79, p=0.034). Compared to children in small or medium size counties, children in large counties were less likely to exit to permanency within 12 months (t=-2.60, p=0.014; HR=0.57, 95%CI 0.37-0.88).

**Table 6.7a. Cox Proportional Hazard Model⁹³ Tests of Null Hypothesis:
Predicting Likelihood of Permanent Exit within 12 Months of Entry for Children Entering Out-of-Home Care from January 1, 2011 through December 31, 2011 (n=5,147)**

	<i>df</i>	Wald <i>F</i>	<i>p</i>	Adj. Wald <i>F</i>	<i>p</i>	Wald ²	<i>p</i>
Overall Model	26	495.81	0.000**	120.20	0.000**	12890.97	0.000**
Child factors							
Age at entry	1	26.17	0.000**	26.17	0.000**	26.17	0.000**
Gender	1	0.13	0.717	0.13	0.717	0.13	0.715
Race/Ethnicity	2	0.18	0.833	0.18	0.838	0.37	0.832
Child Mental Health	1	2.54	0.121	2.54	0.121	2.54	0.111
Child Drug/Alcohol Use	1	10.04	0.003**	10.04	0.003**	10.04	0.002**
Family factors							
Family Structure	3	2.68	0.063^	2.52	0.077^	8.03	0.045*
Presence of siblings in foster care	1	6.97	0.013*	6.97	0.013*	6.97	0.008*
Caregiver Mental Health	1	0.25	0.618	0.25	0.618	0.25	0.614
Caregiver Drug/Alcohol Use	1	0.24	0.630	0.24	0.630	0.24	0.627
Caregiver experiences domestic violence	1	0.00	0.945	0.00	0.945	0.00	0.945
Title IV-E Eligibility	1	3.00	0.092^	3.00	0.092^	3.00	0.083^
Placement Episode Related factors							
Previous placement episodes	1	2.40	0.131	2.40	0.131	2.40	0.122
Predominant Placement Type	5	19.87	0.000**	17.46	0.000**	99.37	0.000**
Number of placement settings	3	130.57	0.000**	122.65	0.000**	391.70	0.000**
County Size	2	3.40	0.046*	3.29	0.0500^	6.79	0.034*
Waiver Status	1	0.06	0.813	0.06	0.813	0.06	0.811
Number of events: 2,729 Total cases: 5,147 % Censored: 47.0%							

^*p*<.10 (marginal evidence) **p*<.05 ***p*<.005

⁹³ Using the Taylor Linearization Method to adjust for clustering within counties.

Table 6.7b. Cox Proportional Hazard Model⁹⁴ Independent Variables and Effects: Predicting Likelihood of <u>Permanent Exit within 12 Months of Entry</u> for Children Entering Out-of-Home Care from January 1, 2011 through December 31, 2011 (n=5,147)							
	B	SE	T-test	p	HR	95% CI for HR	
						Lower	Upper
Child factors							
Age at entry	0.02	0.00	5.12	0.000	1.02**	1.01	1.03
Gender							
Male							
Female	0.01	0.04	0.37	0.717	1.01	0.94	1.09
Race/Ethnicity							
White							
Black	0.05	0.12	0.45	0.658	1.05	0.83	1.34
Other	0.04	0.11	0.41	0.682	1.05	0.84	1.30
Child Mental Health							
No mental health problem							
Mental health problem	-0.08	0.05	-1.59	0.120	0.93	0.84	1.02
Child Drug/Alcohol Use							
No Drug/Alcohol Use							
Drug/Alcohol Use	0.64	0.20	3.17	0.003	1.89**	1.26	2.84
Family factors							
Family Structure - Removal Home							
Two parents							
Mother only	0.09	0.07	1.40	0.171	1.10	0.96	1.26
Father only	0.21	0.09	2.32	0.027	1.23	1.03	1.48
Other	0.44	0.27	1.61	0.116	1.55	0.89	2.71
Presence of siblings in foster care							
Siblings in care							
No siblings in care	0.15	0.06	2.64	0.013	1.16*	1.03	1.30
Caregiver Mental Health							
No Mental Illness							
Mental Illness	-0.03	0.06	-0.50	0.618	0.97	0.87	1.09
Caregiver Drug/Alcohol Use							
No Drug/Alcohol Problem							
Drug/Alcohol Problem	0.03	0.06	0.49	0.630	1.03	.92	1.15
Caregiver experience domestic violence							
No domestic violence							
Domestic violence	0.01	0.10	0.07	0.945	1.01	0.83	1.23

⁹⁴ Using the Taylor Linearization Method to adjust for clustering within counties.

Table 6.7b. Cox Proportional Hazard Model⁹⁴ Independent Variables and Effects: Predicting Likelihood of <u>Permanent Exit within 12 Months of Entry</u> for Children Entering Out-of-Home Care from January 1, 2011 through December 31, 2011 (n=5,147)							
	B	SE	T-test	p	HR	95% CI for HR	
						Lower	Upper
Title IV-E Eligibility							
Not Eligible							
Title IV-E Eligible	0.38	0.22	1.73	0.092	1.46 [^]	0.94	2.27
Placement Episode Related Factors							
Previous placement episodes							
None							
One or more	-0.13	0.08	-1.55	0.131	0.88	0.75	1.04
Predominant Placement Type							
Foster home							
Kinship home	0.77	0.17	4.59	0.000	2.17**	1.54	3.06
Adoptive home	-1.68	0.23	-7.40	0.000	0.19**	0.12	0.30
Group home	0.12	0.18	0.67	0.509	1.12	0.79	1.61
Residential	0.34	0.07	4.65	0.000	1.41**	1.21	1.64
Other	1.11	0.18	6.13	0.000	2.10**	2.10	4.37
Number of placement settings							
1 placement							
2 placements	-0.76	0.05	-13.84	0.000	0.47**	0.42	0.52
3 placements	-1.54	0.09	-17.78	0.000	0.21**	0.18	0.26
4 or more placements	-2.22	0.14	-15.68	0.000	0.11**	0.08	0.14
County Size							
Small to Medium							
Large	-0.56	0.22	-2.60	0.014	0.57*	0.37	0.88
Metro	-0.33	0.22	-1.52	0.139	0.72	0.46	1.12
Waiver Status							
Demonstration							
Comparison	0.05	0.22	0.24	0.813	1.05	0.68	1.64
Overall Model:							
<i>df</i> =27 Wald <i>F</i> =506.61, <i>p</i> <0.001, Adjusted Wald <i>F</i> =107.46, <i>p</i> <0.001, Wald χ^2 =13678.50, <i>p</i> <0.001							
Number of events: 2,729 Total cases: 5,147 % Censored: 47.0%							

B=Beta Coefficient; SE=Standard Error; HR=Hazards Ratio; CI=Confidence Interval

Reference categories are listed first for each categorical variable.

[^]*p*<.10 (trend) **p*<.05 ***p*<.005

6.3.3 Placement Stability

6.3.3.1 Early Disruption

Early disruption was defined in this study as having three or more placement settings (or two moves) within the first month of care, in a subset of children that remained in care for at least one month (see Section 6.2.3.1 for a more detailed definition). Of the 6,395 children entering care in CY 2011, N=5,624 (88%) remained in care for at least one month and thus were included in the early disruption analysis. Table 6.8 shows the number of demonstration and comparison children contained in this analysis and the proportion that experienced early disruption.

	Demonstration		Comparison		Total	
	N	%	N	%	N	%
Two or fewer placement settings (0 to 1 move)	3,599	96.9	1,881	98.5	5,480	97.4
Early disruption	115	3.1	29	1.5	144	2.6
Total	3,714	100.0	1,910	100.0	5,624	100.0

^a Disruption is defined here as having two or more moves, or three placement settings, consistent with Federal definition of placement instability.

^b N=771 of the N=6,395 who entered during the year were in care for less than one month.

In order to test the hypothesis that waiver status (being in demonstration counties versus comparison group) decreases early placement disruptions, the POA study team conducted logistic regression (a multivariate analysis), controlling for other variables that may influence the findings and adjusting for clustering within counties using the Taylor series linearization method. The model includes 15 predictor variables, including waiver status, the main variable of interest.

Of the 5,624 in care for at least one month, 1,025 (18%) were excluded from the logistic regression analysis because there was missing data for one or more of the independent variables. Children included in the analysis were similar to those excluded from the analysis (due to missing data) in regards to the early disruption outcome, with no statistically significant differences between these two groups (Adjusted Wald F= 0.0139, p=0.9067). We therefore assume that the remaining 4,599 children (82% of the original subset) are representative of the full group.

Of those included in the logistic regression analysis, 4,482 (97%) experienced two or fewer placement settings within the first month in care, whereas a small portion (N=117, 2.5%) experienced early disruption. Findings from the logistic regression model, which tests the null hypothesis regarding early disruption, are presented in Tables 6.9a and 6.9b. Table 6.9a presents the statistical tests and p-values for the overall model and each independent variable, and Table 6.9b provides the odds ratios and effects for each independent variable and its categories.

The overall logistic regression model is statistically significant; Wald F and Adjusted Wald F were computed, and both have p-values <.0001 (Table 6.9a). Four variables were statistically significant ($p < .05$) predictors of the likelihood of early disruption, and findings were consistent across the two statistical tests (Table 6.9a). However, our primary variable of interest, waiver status, does not predict the likelihood of early disruption, after controlling for other factors and adjusting for clustering within county (Adjusted Wald F=0.48, $p = 0.492$).

Table 6.9a. Logistic Regression Model⁹⁵ Tests of Null Hypothesis: Predicting Likelihood of <u>Early Placement Disruption</u> for Children Entering Out-of-Home Care from January 1, 2011 through December 31, 2011 Who Remained in Care For One Month or More (n=4,599)					
	<i>df</i>	<i>Wald F</i>	<i>p</i>	<i>Adj. Wald F</i>	<i>p</i>
Overall Model	23	1131.08	0.000**	377.03	0.000**
Child factors					
Age at entry	1	3.65	0.0647 [^]	3.65	0.0647 [^]
Gender	1	2.42	0.129	2.42	0.129
Race/Ethnicity	2	0.10	0.905	0.10	0.907
Child Mental Health	1	0.68	0.417	0.68	0.417
Child Drug/Alcohol Use	1	0.60	0.443	0.60	0.443
Family factors					
Family Structure	3	6.83	0.001**	6.42	0.002**
Presence of siblings in foster care	1	2.98	0.094	2.98	0.094
Caregiver Mental Health	1	1.87	0.181	1.87	0.181
Caregiver Drug/Alcohol Use	1	0.12	0.736	0.12	0.736
Caregiver experiences domestic violence	1	2.28	0.141	2.28	0.141
Title IV-E Eligibility	1	27.39	0.000**	27.39	0.000**
Placement Episode Related factors					
Previous placement episodes	1	9.18	0.005**	9.18	0.005**
First Placement Type	4	14.64	0.000**	13.31	0.000**
County Size	2	2.36	0.110	2.29	0.118
Waiver Status	1	0.48	0.492	0.48	0.492

[^] $p < .10$ (marginal evidence) * $p < .05$ ** $p < .005$

⁹⁵ Using the Taylor Linearization Method to adjust for clustering within counties.

**Table 6.9b. Logistic Regression Model⁹⁶ Independent Variables and Effects:
Predicting Likelihood of Early Placement Disruption for Children Entering Out-of-Home Care from
January 1, 2011 through December 31, 2011
Who Remained in Care For One Month or More (n=4,599)**

	B	SE	T-test	p	OR	95% CI for HR	
						Lower	Upper
Child factors							
Age at entry	0.06	0.03	1.91	0.065*	1.06	1.00	1.13
Gender							
Male							
Female	0.22	0.14	1.56	0.129	1.25	0.93	1.66
Race/Ethnicity							
White							
Black	0.05	0.16	0.34	0.734	1.05	0.77	1.45
Other	0.15	0.35	0.44	0.660	1.17	0.57	2.37
Child Mental Health							
No mental health problem							
Mental health problem	-0.28	0.35	-0.82	0.417	0.75	0.37	1.52
Child Drug/Alcohol Use							
No Drug/Alcohol Use							
Drug/Alcohol Use	-0.54	0.70	-0.78	0.443	0.58	0.14	2.40
Family factors							
Family Structure - Removal Home							
Two parents							
Mother only	0.10	0.18	0.57	0.574	1.11	0.77	1.60
Father only	-0.30	0.50	-0.60	0.550	0.74	0.27	2.06
Other	1.87	0.43	4.33	0.000**	6.51	2.70	15.71
Presence of siblings in foster care							
Siblings in care							
No siblings in care	-0.27	0.15	-1.73	0.094^	0.77	0.56	1.05
Caregiver Mental Health							
No Mental Illness							
Mental Illness	0.25	0.19	1.37	0.181	1.29	0.88	1.88
Caregiver Drug/Alcohol Use							
No Drug/Alcohol Problem							
Drug/Alcohol Problem	0.07	0.19	0.34	0.736	1.07	0.72	1.58
Caregiver experience domestic violence							
No domestic violence							

⁹⁶ Using the Taylor Linearization Method to adjust for clustering within counties.

**Table 6.9b. Logistic Regression Model⁹⁶ Independent Variables and Effects:
Predicting Likelihood of Early Placement Disruption for Children Entering Out-of-Home Care from
January 1, 2011 through December 31, 2011
Who Remained in Care For One Month or More (n=4,599)**

	B	SE	T-test	p	OR	95% CI for HR	
						Lower	Upper
Domestic violence	0.26	0.17	1.51	0.141	1.29	0.92	1.82
Title IV-E Eligibility							
Not Eligible							
Title IV-E Eligible	1.84	0.35	5.23	0.000**	6.30	3.08	12.87
Placement Episode Related factors							
Previous placement episodes							
None							
One or more	-0.39	0.13	-3.03	0.005**	0.68	0.52	0.88
First Placement Type							
Foster home							
Kinship home	0.99	0.42	2.34	0.025*	2.68	1.14	6.31
Group home	-0.14	0.35	-0.40	0.688	0.87	0.42	1.78
Residential	0.07	0.47	0.15	0.885	1.07	0.41	2.81
Other	1.74	0.33	5.33	0.000**	5.72	2.94	11.13
County Size							
Metro							
Large	-0.69	0.32	-2.13	0.041*	0.50	0.26	0.97
Small to Medium	-0.40	0.55	-0.73	0.472	0.67	0.22	2.04
Waiver Status							
Demonstration							
Comparison	-0.28	0.40	-0.70	0.492	0.75	0.33	1.72
Overall Model: <i>df=23 Wald F =1131.08, p<0.005, Adjusted Wald F=377.03, p<0.005</i>							

B=Beta Coefficient; SE=Standard Error; OR=Odds Ratio; CI=Confidence Interval

Reference categories are listed first for each categorical variable.

^p<.10 (trend) *p<.05 **p<.005

The significant variables include caregiver structure, Title IV-E eligibility, prior removals, and first placement. More specifically:

- Family structure predicted likelihood of early disruption (Adjusted Wald $F=6.42$, $p=.0016$). Compared to children coming from homes with two parents, children with “other” family structure were more likely to experience early disruption (OR=6.51, 95%CI 2.70-15.71. “Other” includes a step-parent (only) caring for the child, “legally separated” but no indication if the caregiver was a mother or father, relatives, and non-relatives. Children from mother only and father only homes had similar rates of disruption as children from two parent homes.
- Title IV-E Eligibility predicted likelihood of early disruption (Adjusted Wald $F=27.39$, $p<.0005$). Children who were IV-E eligible were more likely to experience early disruption than those who were not eligible (OR=6.30, 95%CI 3.08-12.87).
- Prior Removals predicted likelihood of early disruption (Adjusted Wald $F=9.18$, $p=0.0047$). Children with prior removals were less likely to experience placement disruptions (OR=0.68, 95%CI 0.52-0.88).
- First Placement Type predicted likelihood of early disruption (Adjusted Wald $F=13.31$, $p<.0005$). Compared to children initially placed in foster homes, children initially placed in kinship homes (OR=2.68, 95%CI 1.14-126.31) and “other” placement types (OR=5.72, 95%CI 2.94-11.13) were more likely to experience early disruption.

There was marginal evidence that two additional variables are related to early placement disruption: Child age (Adjusted Wald $F=3.65$, $p=.0647$) and having siblings in care (Adjusted Wald $F=2.98$, $p=0.0936$). There is marginal evidence that as children get older, they are more likely to experience early disruption (OR=1.06, 95%CI 1.0-1.13). There is some weak evidence that, compared to children with siblings in care, children with no siblings may be less likely to experience early disruption (OR=0.77, 95%CI, 0.56-1.05).

6.3.3.2 Placement Disruption within 12 Months

The number of placements that children experienced within 12 months of entering care is presented in Table 6.10 and Table 6.11. The tables include all children who entered care during CY 2011. The number of placements is calculated for all children following them for one year, including those who exit before the end of the year. Most children (84%) who entered in 2011 experienced two or fewer placements while in care (within the first year). In bivariate analysis, there was no statistically significant difference in the number of placements experienced by children in demonstration and comparison counties after adjusting for clustering (Adjusted Wald $F=2.012$, $p=0.133$). However, there is marginal evidence (in bivariate analysis) of a difference in the proportion of children experiencing disruption (three or more placements) within a year of entry in demonstration and comparison counties after adjusting for clustering (Adjusted Wald $F=3.569$, $p=0.068$), where demonstration counties may be more likely to experience disruption. However, further analyses are needed to test for differences while controlling for other variables (multivariate analysis), and taking the amount of time children spend in placement into consideration. Further analysis of placement disruption within 12 months of entry will be conducted for the final report.

Table 6.10: Number of Placements within 12 months, by Waiver Status^a, for Children Entering Care During Calendar Year 2011 (N=6,395)						
	Demonstration		Comparison		Total	
	N	%	N	%	N	%
1 placement	2,213	52.9	1,361	61.4	3,574	55.9
2 placements	1,237	29.6	565	25.5	1,802	28.2
3 placements	462	11.1	186	8.4	648	10.1
4 or more placements	268	6.4	103	4.7	371	5.8
Total	4,180	100.0	2,215	100.0	6,395	100.0

^aNo statistically significant differences between demonstration and comparison counties after adjusting for clustering (Adjusted Wald $F= 2.0118$, $p=0.1327$).

Table 6.11: Proportion with Two or Fewer Placements within 12 months, by Waiver Status^a, for Children Entering Care During Calendar Year 2011 (N=6,395)						
	Demonstration		Comparison		Total	
	N	%	N	%	N	%
Two or fewer placements	3,450	82.5	1,926	87.0	5,376	84.1
Three or more placements	730	17.5	289	13.1	1,019	15.9
Total	4,180	100.0	2,215	100.0	6,395	100.0

6.4 DISCUSSION

6.4.1 Summary

The preliminary POA analyses tested two of the three main hypotheses regarding the third Title IV-E Waiver period, in which demonstration counties all adopted Family Team Meetings and Kinship Care Strategies. We hypothesized that children in demonstration counties will experience reduced time to permanent placements, increased permanent placement without re-entry, and decreased placement disruption. The current analyses were limited to children who entered care during Calendar Year 2011, following them forward for 12 months from the date of entry. We found no statistically significant difference between demonstration and comparison counties on placement duration or early placement disruption, suggesting the Title IV-E Waiver neither increased nor decreased placement duration and placement stability. Thus, the preliminary findings at this stage do not provide evidence supporting our

hypotheses regarding placement duration and early disruption, but no conclusions should be made at this time due to the limited data currently available. There were other factors that did predict placement duration and early disruption outcomes. Re-entry outcomes were not tested.

Data presented in this report represent preliminary findings prepared for this Interim Report. The Final Report will re-analyze the data across multiple years and for longer periods of time. Nonetheless, we discuss the preliminary findings in light of prior research in this section. However, since the data in this report represent preliminary findings, it is too early to discuss implications of the findings.

6.4.1.1 Exit Types

More than half (58.5%) the children were discharged from care within the 12 month timeframe, whereas 41.5% remained in care for more than a year. The most common exit type was reunification (59.5%), followed by custody or guardianship of a relative (32.8%), consistent with prior research and the principles of child welfare practice. Given that this study followed children for just one year, and the time needed to meet legal requirements for termination of parental rights and finalize an adoption, it is not surprising that just 1% of children were adopted within the 12 month period.

6.4.1.2 Placement Duration

The current study sought to understand whether or not implementation of a Title IV-E Waiver—including a Kinship Strategy and Family Team Meetings—would reduce the placement duration for foster children. Contrary to the hypothesis that placement duration would be reduced, there was no statistically significant difference in the number of days children spent in placement in demonstration counties and comparison counties, for those entering in CY 2011. On the other hand, placement duration did not increase in demonstration counties, suggesting this approach was not detrimental to placement duration.

There were a number of factors that predicted a greater likelihood of reunification: age, the child having a substance use issue, having no siblings in care, having one placement setting, and predominant placement setting being with kinship families, residential placements or “other” placement types, compared to foster homes.

Child factors. Consistent with recent literature (Akin, 2011; Becci, 2011; Weigensberg, 2009), older children were more likely to exit to permanent placements more quickly. Although the recent studies focused on exits to reunification and guardianship individually, the current study is similar because it examines permanency within the first 12 months, and thus most of the children who exit to permanency are either reunified or exit to the custody or guardianship of a relative or third party. The findings were unlike an earlier study of children in one Ohio county almost 20 years ago, in which only African American infants were reunified more slowly than other children (Wells & Guo, 1999).

Interestingly, children with a substance use issue exited to a permanent placement more quickly than those without a substance use issue. Substance use is only reported for a small number of youth (3%), and most of these youth with substance use issues exit to reunification (75%, compared to 55% of the entire sample). This issue will be explored further in future analysis.

Gender and race—which have been found to be predictors in some studies but not others—were not significant predictors of permanency in the current study. Although an earlier study of one Ohio county (Wells & Guo, 1999) found that African American children—especially infants—exited more slowly than White children, the current study found similar rates of permanency among African American and White children; however, the county in the earlier study was not included in the current study, and that analysis occurred almost 20 years ago. Also, having a mental health problem identified in the SACWIS system did not predict permanency in the current study, although mental health was a factor in at least one other recent study (Akin, 2011),

Family factors. Children who did not have siblings in care had a greater likelihood of exiting more quickly to a permanent placement within the 12 month period. This is somewhat consistent with prior research finding that children with no siblings in placement had a greater likelihood of exiting to reunification than children with sibling placements that were separated (Akin, 2011), although that study also found that children with siblings placed together were more likely to exit than those placed separately. Separation of siblings was not examined as a factor in the current study.

In the prior study of one Ohio county (Wells & Guo, 1999), being removed from a mother only family, compared to two parents, predicted permanency. However, in the current study there was only marginal evidence of a relationship between family structure and permanency, and it was the father only families that appeared may have a greater likelihood of permanency.

Caregiver mental health problem, substance use, domestic violence, and IV-E eligibility were not predictive of time to permanency.

Placement episode related factors. Contrary to prior research that identified a weak effect of prior removals (Akin, 2011), having a history of prior removals did not predict timeliness of exit to permanency in the current study.

Predominant placement setting, however, did predict likelihood of a faster exit to permanency. In other words, the type of setting in which the child spent the most time while in care was related to the timeliness of permanency. Children who spent most of their time placed with kinship families were more likely to exit to permanency within 12 months than children in foster homes. This finding is consistent with results from several studies (e.g., Akin, 2011; Koh, 2008), including a multi-state study which identified the same result for Ohio and several states but found the opposite for other states (Koh, 2008). Interestingly, though, another study found that there were no differences in permanency outcomes for children in kinship and non-kinship foster homes when using propensity score matching to address selection bias (Koh & Testa, 2008).

Children in residential placement also had a greater likelihood of permanency within 12 months compared to children in foster homes, whereas children placed predominantly in group homes had similar permanency rates as children in foster homes. This will be explored further in the final report. Children with predominant placement in “other” types of placement settings also had a greater likelihood of permanency than children in foster homes, but this finding is difficult to interpret given the variety of settings (detention, medical or educational facility, independent living, and other types) and small portion of children in this category (1.5%).

Children who experienced only one placement setting while in care had a greater likelihood of timely exit to permanency, and children were less likely to exit with each additional placement. Similarly, children with early placement stability were more likely to exit to reunification in another study (Akin, 2011).

6.4.1.3 Early Disruption

The current study also sought to understand whether or not implementation of a Title IV-E Waiver would reduce the placement disruption for foster children. Contrary to the hypothesis that early placement disruption would be reduced, there was no statistically significant difference in the proportion of children who experienced two or more moves (three or more settings) during their first month in care in demonstration counties compared to comparison counties. Fortunately, most children (97%) who remained in care at least one month experienced two or fewer placements during that time.

There were a number of factors that predicted a greater likelihood of early disruption: being removed from a home described as having “other” caregiver structure (compared to two parents, mother only and father only); being Title IV-E eligible, being placed in care for the first time, and having the first placement in a kinship setting or “other” placement predicted early disruption. Family structure is difficult to interpret, given that multiple categories are combined into one. Having two or more prior removals predicted placement instability in a prior study (Connell et al., 2006), so it is somewhat surprising that in this Interim Evaluation study being placed in care for the first time predicted greater risk than having one or more prior placements. Future analyses will also examine longer periods of time to see if this finding is true for placement stability over a year, or only early disruption, in this sample.

The finding that children initially placed in a kinship home are more likely to experience early placement disruption compared to children initially placed in a foster home is somewhat surprising, given prior evidence that children initially placed with kin generally have more placement stability (e.g., Connell et al., 2006). On the other hand, there is prior evidence that the risk of placement change decreases as children spend more time in kinship care (James, 2004). Our analysis focuses only on the first month in care, so it is possible that once we examine a longer period of time, we may find more stability in kinship settings. Also, there is evidence that children in relative care with a mental health problem are at higher risk of placement change than children in a group home setting with an identified mental health problem (Connell et al., 2006). This interaction will be considered in future analyses. Another consideration is that Ohio’s Kinship Strategy has the potential to prevent formal placement, which could perhaps result in formal placements being used for children with more challenges, who may be at greater risk of placement disruption. Also, the current analysis looks only at those children in care for at least a month, so it is possible that some children placed with kin exited within that month period and thus were excluded from the early disruption analysis. These are questions to consider in future analysis.

This study found a trend toward older children being at greater risk for early disruption. This finding is consistent with prior literature that has identified a link between age and placement disruption (Barth et al., 2007; Connell et al., 2006; James, 2004; Weiner, et al., 2011). Prior studies have identified a link between child behavior problems and placement disruption (Barth et al., 2007, Chamberlain et al., 2006, Cross et al., 2013, James, 2004). Unfortunately, in the current analysis we were unable to control for behavior problems because we were not able to adequately identify these children in this data set.

6.4.2 Strengths and Limitations

The current study tests the hypotheses that children in demonstration counties have decreased placement duration and reduced early disruption compared to comparison counties.

The current study is quasi-experimental, but several steps were taken to reduce the possibility of bias in findings. First, at the beginning of the project an effort was made to select comparison counties that were similar to demonstration counties on a series of variables, including county population size, the percent of county considered rural, the percent of children in the population receiving Aid to Dependent Children (ADC), the percent of child welfare spending coming from local government, child abuse and neglect rates, out-of-home placement rates, and median placement days. Nonetheless, there is the possibility that children in demonstration and comparison counties may be different in some characteristics, which could lead to biased findings. Demonstration and comparison groups were analyzed to determine whether or not there were group differences on measured variables. For most variables, children in demonstration and comparison counties had similar characteristics. However, there were differences between demonstration and comparison counties in the age at which children were removed and the number of placement settings experienced. These variables, and others, were included in multivariate analysis to statistically adjust for group differences and reduce bias in the findings.

A strength of this study is that it addresses a limitation of prior studies by adjusting for clustering within counties in the analyses, avoiding false findings. Observed children in this study are organized into groups within counties. Because of this, there is naturally occurring dependence among observations (i.e., similarities among children from the same county). Such dependency leads to larger standard errors than would occur if the data were not clustered. Thus, if clustering and dependency are not adjusted for, estimated standard errors will be too small and thus significance levels too large and hence analyses may result in misleading findings, leading one to believe falsely that there are significant effects. In the current study we adjust for this clustering when conducting statistical tests in order to avoid false findings that may occur due to the clustering.

Clustering also occurs within families, as all children in placement from each family are included in the current study. Ideally we would want to adjust the data to address family clusters to avoid misleading results. However, we do not have the data needed to do this. Viewing the data from the family perspective, 70% of families⁹⁷ had only one child in care, not multiple children, so the variance estimates we could produce after adjusting for clustering would be unstable. If the final data set contains more families with multiple children we may revisit that decision.

The analyses for the Interim Report have several limitations. First, they are limited to a 12 month period, based on data currently available. Future analyses will examine placement duration over a longer period, which is particularly important for adoption outcomes. Second, in the multivariate analysis of likelihood and timing of permanent exit, the children who were excluded from the analysis (due to missing data on independent variables) were somewhat different on this outcome than the

⁹⁷ The majority (70%) of families had one child in care, but because of the presence of larger families in the sample (i.e., all children from a family are included in the sample), about two-thirds (64%) of the individual children had siblings in care.

children who were included in the analysis. Thus, findings presented in this Interim Report may not be generalizable to all children who entered in CY 2011. However, the impact is likely small because only 19.5% of the children have missing covariate information. In the future the POA study team will conduct additional analyses to further explore the characteristics of children with missing data to have more confidence in the generalizability of findings from the study. This was not a concern for the early disruption analysis.

Finally, a limitation of the models presented is that they do not include some theoretically relevant variables, either because the variable is not available in the data set or a large portion of data are missing: Hispanic ethnicity (17.4% missing data); child health or disability; child behavior problems; parenting skills, attitudes or behaviors; parent maltreatment history (as a child); parent criminal history; level of risk at entry (28.9% missing data); and reason for removal (59% missing data). Reason for removal was identified in prior literature as a significant predictor of reunification, where children who were neglected had a slower rate of reunification than children removed for physical abuse (Akin, 2011; Wells & Guo, 1999) or sexual abuse (Akin, 2011). We will need to investigate why this data is missing for so many placements. We may have to defer to the intake allegation findings data on this variable in the Annual Report in order to include a reason for removal.

CHAPTER 7: MAINTAINING SAFETY: TRAJECTORY ANALYSIS ON PLACEMENT AND RE-ABUSE

7.1 INTRODUCTION

Among other objectives, waiver programs are designed to afford county caseworkers the latitude needed to serve children at home with their families. The view is that staying with parents, as long as children can be kept safe using in-home services, offers continuity of relationships that benefits children. The waiver creates this context by promoting investments in alternatives to placement.

By their nature, waivers require synergy across levels of the system. Policy makers have to make resources available; caseworkers have to use the services for those clients who stand to benefit. The key is rebalancing the system without increasing population-level safety risks, all things being equal.

In the waiver context, three basic indicators point to whether demonstration counties responded to the waiver stimulus and succeeded in changing placement patterns without increasing safety risks relative to the comparison counties. The indicators are: placement into foster care following a substantiated or indicated report; recurrence of maltreatment in situations where the child was not placed; and, occurrence of maltreatment following the child's return home.

In this chapter, we examine whether demonstration counties were able to reduce entry into out-of-home care without increasing safety risks, either prior to placement or after leaving foster care. What follows is a description of the study populations and an overview of how we answered the primary evaluation questions.

7.2 METHODS

7.2.1 Research Questions

This chapter presents the results from three methodologically similar sub-studies, each one of which follows a distinct population of children in the demonstration and comparison counties. The research questions and target population include:

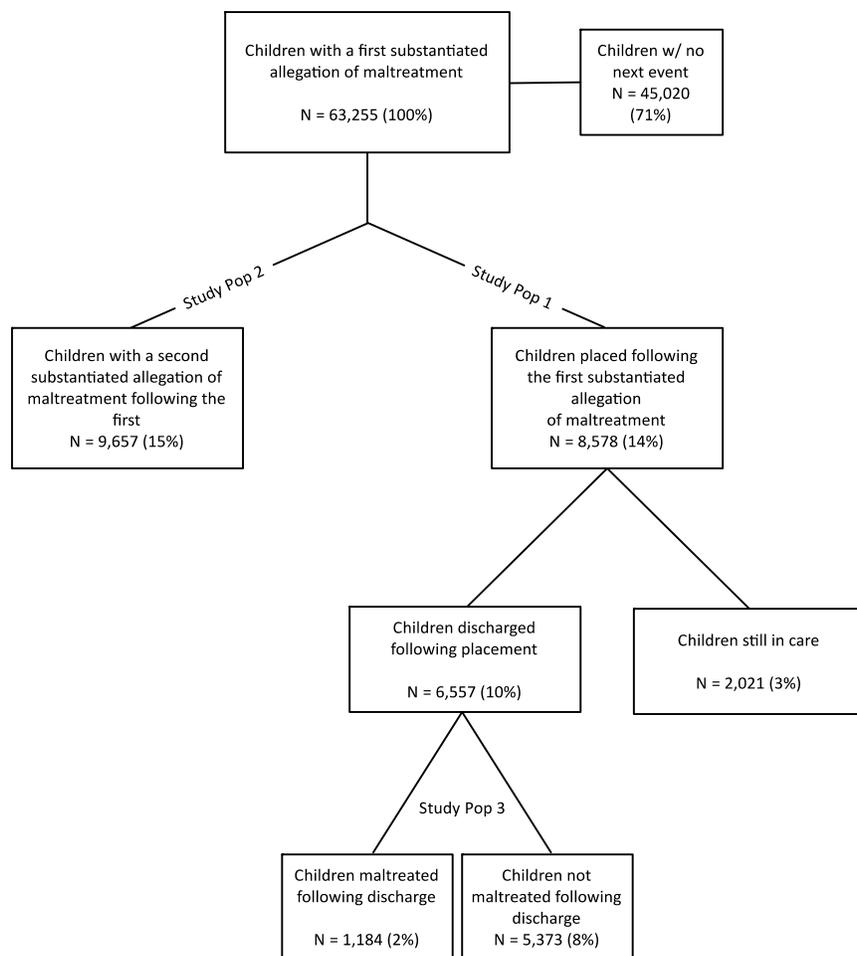
- **Study Pop. 1:** Did the probability of placement following the first substantiated/indicated allegation of maltreatment change in demonstration counties at a rate that was different than the pattern of change observed in the comparison counties? For ease of exposition we refer to this population as *children who were placed*.
- **Study Pop. 2:** Did the probability of a substantiated abuse report following the first substantiated abuse report (recurrence) change in demonstration counties at a rate that was different than the pattern of change observed in the comparison counties? These

children are referred to as having experienced a *recurrent maltreatment* event (i.e., recurrence).

- **Study Pop. 3:** Did the probability of a substantiated maltreatment following discharge from placement (occurrence following discharge) change in demonstration counties at a rate that was different than the pattern of change observed in the comparison counties? These are children who have experienced *post-placement re-abuse*.

The actual distribution of children by sub-study is shown in Figure 7.1. Overall, between January of 2009 and March of 2013, there were 63,255 first-time victims of child maltreatment across the demonstration and comparison counties. Studies 1 and 2 use the whole sample to ascertain whether changes in placement and recurrence rates in the demonstration counties differ from those reported in the comparison counties; study 3 looks at whether the subset of children in the sample who were placed following the substantiated report experienced another substantiated allegation once they were discharged from care.

Figure 7.1: Study Populations in Relation to the Trajectory Followed



7.2.2 Empirical Strategies

The empirical strategy for all three studies is the same. For studies 1 and 2, we are interested in what happens after the first substantiated report of maltreatment. There are three possibilities: [1] the child is placed following the substantiated maltreatment report; [2] the child is re-abused before a placement takes place; or [3] there is no subsequent contact with the child welfare system following the first substantiated report. Study 1 follows children who are placed; study 2 follows children who are maltreated again. Study 3 follows children who were placed and then discharged from placement.

Each of the underlying questions involves the likelihood that one event will be followed by another as time passes. Questions of this sort are typically answered using some type of event history model. For this piece of the analysis, we adopt a discrete time hazard model, which is more fully explained in the Appendix I. Discrete time hazard models offer a number of advantages over other types of event history techniques. In the waiver context, one important advantage has to do with the fact that discrete time models are readily adapted to a multilevel framework. As shown below and discussed in prior chapters, counties within the demonstration and comparison groups differ considerably in size. Practically speaking, this means that counties provide differing amounts of information to the analysis. The multilevel framework takes these differences into account when estimating effect sizes. Again, these issues are covered in greater detail in the Appendix I.

7.2.3 Data Description and Summary Statistics

Ohio's SACWIS data contains historical data for children who were reported to child protective services from 2009 through March 31, 2013. For purposes of the evaluation, only children with a first substantiated report between those two dates are included. Children in this group are followed from the date of the first substantiated report through March 31, 2013. Children for whom there is no next event (i.e., no placement or substantiated report) are censored.⁹⁸

A child is considered abused when a child report was recorded as substantiated or indicated. In order to be consistent with the previous evaluation report (Kimmich et al., 2010), only children 13 years old or younger when their first investigation occurred are included in this report

As noted in Figure 7.1 above, for the placement question (Study Population 1) and the recurrence question (Study Population 2), 63,255 children were included in the analysis. For Study Population 3 there were 6,557 children discharged from foster care and therefore at risk of post-discharge abuse. Table 7.1 shows the number of observations in each study population by year, from 2009 through 2013.

⁹⁸ Chapter 6 offers more explanation of censoring.

Table 7.1: Study Sample Size by Year and County Type

Year of Admission and County Type	Frequency		Percent	
	Study Pop. 1 & 2	Study Pop. 3	Study Pop. 1 & 2	Study Pop. 3
All Counties				
Total	63,255	6,557	100%	100%
2009	17,670	2,225	28%	34%
2010	16,333	1,936	26%	30%
2011	14,220	1,524	22%	23%
2012	12,510	790	20%	12%
As of 3/31/13	2,522	82	4%	1%
Demonstration Counties				
Total	37,612	3,754	100%	100%
2009	10,461	1,290	28%	34%
2010	9,880	1,127	27%	30%
2011	8,616	892	23%	24%
2012	7,253	417	19%	11%
As of 3/31/13	1,402	28	4%	1%
Comparison Counties⁹⁹				
Total	25,643	2,803	100%	100%
2009	7,209	935	28%	33%
2010	6,453	809	25%	29%
2011	5,604	632	22%	23%
2012	5,257	373	21%	13%
As of 3/31/13	1,120	54	4%	2%

Table 7.2 presents basic demographic data on children from the demonstration and comparison counties. By and large, children in the base population (37,612 in demonstration counties and 25,643 in comparison counties) are similar, with a single exception. The proportion of Black children was larger in the demonstration counties, due to the presence of larger urban counties within the sample of demonstration counties.

With respect to Study population 3, some key differences are evident. Demonstration county children were younger; were more likely to be Black; and were more likely to be female. Because children in Study Population 3 represent the sub-set of children who were placed and then discharged, the observed differences are likely tied to differences in the underlying placement and discharge processes.

⁹⁹ Effect size refers to the magnitude of the impact observed; for example, analysis may find a statistically significant difference in placement rates, indicating that difference is not due to chance; but the magnitude of the difference observed may be only 1%, a small effect size.

Table 7.2: Study Sample by County Type, Age, Race, and Gender

County Type, Age, Race, and Gender	Number		Percent	
	Study Pop. 1 & 2	Study Pop. 3	Study Pop. 1 & 2	Study Pop. 3
All Children				
Age, total	63,255	6,557	100%	100%
Under 1	8,314	1,338	13%	20%
1 to 6	29,493	3,285	47%	50%
7 and above	25,448	1,934	40%	29%
Race	63,255	6,557	100%	100%
Black	16,090	2,270	25%	35%
White	31,721	3,771	50%	58%
Other	15,444	516	24%	8%
Gender	63,255	6,557	100%	100%
Male	31,490	3,433	50%	52%
Female	31,765	3,124	50%	48%
Demonstration Counties				
Age	37,612	3,754	100%	100%
Under 1	4,930	849	13%	23%
1 to 6	17,486	1,841	46%	49%
Other	15,196	1,064	40%	28%
Race	37,612	3,754	100%	100%
Black	10,804	1,381	29%	37%
White	18,978	2,107	50%	56%
Other	7,830	266	21%	7%
Gender	37,612	3,754	100%	100%
Male	18,679	1,930	50%	51%
Female	18,933	1,824	50%	49%
Comparison Counties				
Age	25,643	2,803	100%	100%
Under 1	3,384	489	13%	17%
1 to 6	12,007	1,444	47%	52%
7 and above	10,252	870	40%	31%
Race	25,643	2,803	100%	100%
Black	5,286	889	21%	32%
White	12,743	1,664	50%	59%
Other	7,614	250	30%	9%
Gender	25,643	2,803	100%	100%
Male	12,811	1,503	50%	54%
Female	12,832	1,300	50%	46%

7.3 FINDINGS – DESCRIPTIVE ANALYSIS

Table 7.3 shows the likelihood of placement following the initial substantiated report. From these data, two specific conclusions are most relevant. First, at the aggregate level, the likelihood of placement following the first substantiated report differs only slightly between the two groups of counties. In the demonstration counties the placement rate was 13.2 percent; in the comparison counties the comparable figure was 14.1 percent.

Table 7.3: Likelihood of Placement Following the Initial Substantiated Allegation of Maltreatment

Demonstration Counties			Comparison Counties		
County	Number	% Placed	County	Number	% Placed
Total	37,612	13.2%	Total	25,643	14.1%
10003	1,038	16%	10001	1,696	8%
10006	531	8%	10008	3,454	14%
10011	13,60	8%	10012	2,048	12%
10015	277	6%	10014	951	4%
10016	520	11%	10029	324	13%
10022	664	25%	10031	725	6%
10024	9,991	17%	10036	260	13%
10028	1,074	12%	10049	1,309	10%
10030	7,800	15%	10054	504	5%
10032	355	6%	10056	6,300	9%
10035	479	20%	10058	203	8%
10046	3,224	5%	10063	391	26%
10051	440	16%	10072	788	28%
10059	1,350	17%	10076	3,748	33%
10066	1,422	11%	10077	955	13%
10069	3,036	2%	10082	1,040	13%
10075	4,051	16%	10086	947	3%

Table 7.3 also shows that county-level placement rates vary substantially. For demonstration counties, placement rates range from 2% to 25% and from 4% to 33% for comparison counties. The variation among counties poses a challenge for the evaluation because counties provide varying amounts of information. In order to take into account the specific nature of county effects, the study

team utilized a multilevel model (Raudenbush & Bryk, 2002). Details of the model used are found in Appendix I.

If children are not placed following the first substantiated report, they stay with their families. For these children, there is a risk of recurrence. Recurrence is an important evaluation question; if caseworkers assess that children can stay at-home safely, the soundness of their decisions in the aggregate may be judged by comparing recurrence rates in the demonstration counties with those in the comparison counties.

Table 7.4 provides the recurrence rates for the demonstration and comparison counties. As seen in Table 7.3, there are again two general findings to highlight. The demonstration / comparison county difference is negligible. Sixteen percent of the children in the demonstration county experienced recurrence whereas 14 percent of the comparison counties experienced recurrence.

Table 7.4: Likelihood of Recurrence Following the Initial Substantiated Allegation of Maltreatment

Demonstration Counties			Comparison Counties		
County	Number	% Re-abused	County	Number	% Re-abused
Total	37,612	16.2%	Total	25,643	14.0%
10003	1,038	17%	10001	1,696	16%
10006	531	12%	10008	3,454	12%
10011	1,360	17%	10012	2,048	14%
10015	277	14%	10014	951	17%
10016	520	15%	10029	324	12%
10022	664	9%	10031	725	15%
10024	9,991	13%	10036	260	15%
10028	1,074	14%	10049	1,309	15%
10030	7,800	13%	10054	504	11%
10032	355	21%	10056	6,300	16%
10035	479	11%	10058	203	17%
10046	3,224	20%	10063	391	15%
10051	440	9%	10072	788	10%
10059	1,350	19%	10076	3,748	12%
10066	1,422	21%	10077	955	12%
10069	3,036	33%	10082	1,040	11%
10075	4,051	16%	10086	947	14%

The data also show substantial variation among counties. The range of recurrence rates in the demonstration counties was from 9 percent to 33 percent. Among the comparison counties the range was 10 percent to 17 percent.

To complete the initial picture of safety, Table 7.5 presents data on rates of abuse following discharge. Again, the story follows the established narrative: there is effectively no difference between comparison and demonstration counties in the rate of post-discharge maltreatment and there is significant variation among the counties within each county group (i.e., demonstration and comparison counties).

Table 7.5: Likelihood of Abuse Following Discharge from Placement

Demonstration Counties			Comparison Counties		
County	Number	% Abused Post-Discharge	County	Number	% Abused Post-Discharge
Total	3,754	17.9%	Total	2,803	18.2%
10003	118	18%	10001	108	22%
10006	31	23%	10008	359	22%
10011	70	17%	10012	168	25%
10015	8	50%	10014	27	11%
10016	46	35%	10029	31	26%
10022	116	15%	10031	30	7%
10024	1,372	16%	10036	21	10%
10028	110	23%	10049	99	21%
10030	743	17%	10054	22	23%
10032	16	19%	10056	370	15%
10035	65	11%	10058	12	33%
10046	115	10%	10063	77	9%
10051	43	26%	10072	175	14%
10059	199	20%	10076	1,105	18%
10066	122	23%	10077	100	21%
10069	54	26%	10082	75	9%
10075	526	21%	10086	24	29%

7.4 FINDINGS – STATISTICAL MODEL

The descriptive data presented above point to negligible demonstration / comparison county differences, regardless of the outcome. That said, because counties differ in size and population composition, multilevel statistical models were used to study county differences at a deeper level. The specifics of the model used in this study are found in Appendix I. The presentation of the results is in two

parts. Below, we present three graphs (Figures 7.2a through 7.2c) that depict the probability of placement, recurrence and post-placement abuse. The graphs show both demonstration and comparison county differences as well as patterns that relate the likelihood of placement, recurrence, and post-placement abuse with the passage of time. The results depicted in the graphs are adjusted results; that is, the probabilities take into account population composition (e.g., race/ethnicity, gender, and age) and size. The second presentation is found in Appendix I, where detailed results of the statistical models can be found.

Because the results are comparable across the outcomes, we offer here a single explanation of the findings. For each graph, the x-axis (D1, D2, D3, etc.) refers to a specific interval of time. In the case of placement after the first substantiated maltreatment report, the time between events is divided into one-month intervals. The y-axis shows the likelihood of an event within the corresponding interval. For recurrence and post-discharge maltreatment, time was divided into 6-month intervals.

**Figure 7.2a: Placement Following the Initial Substantiated Report:
Demonstration and Comparison Counties**

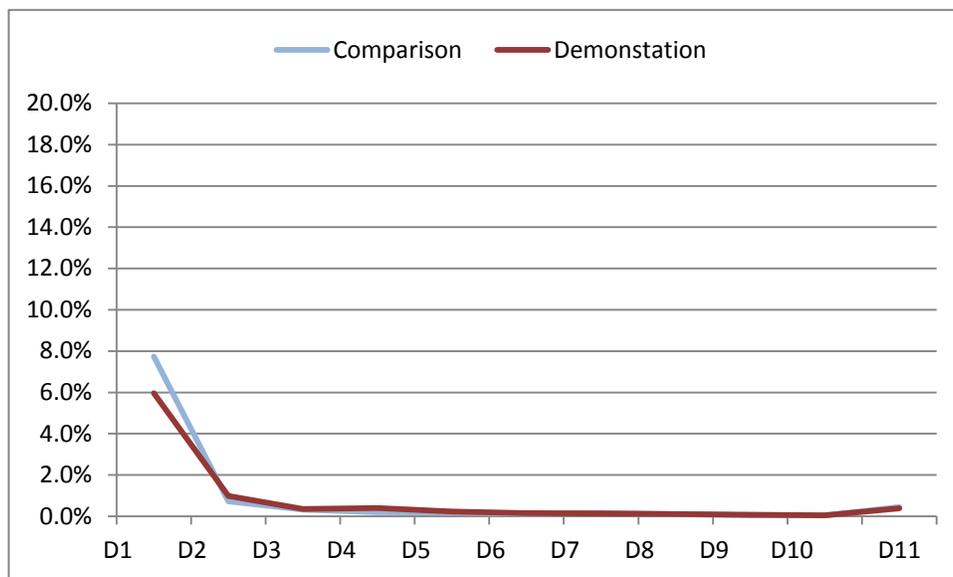
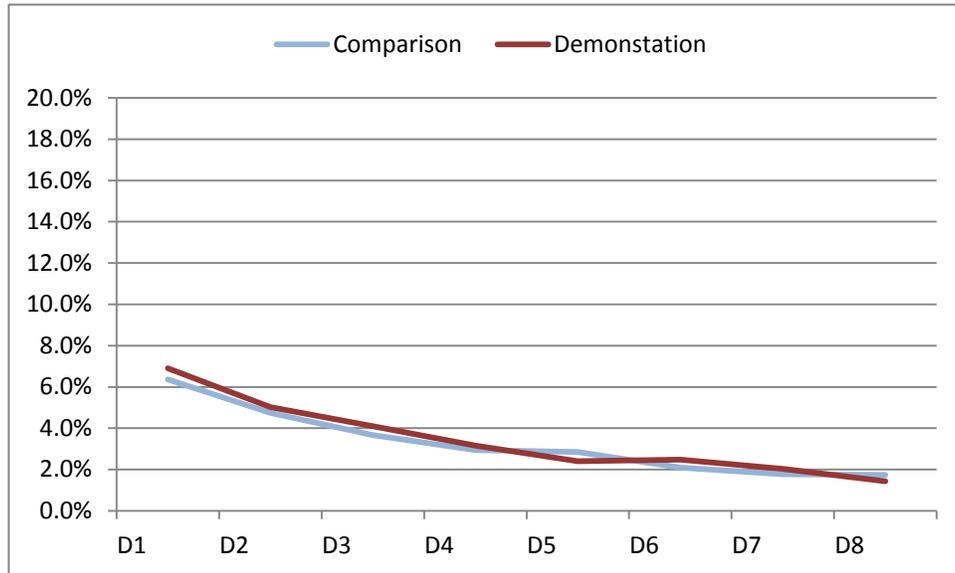
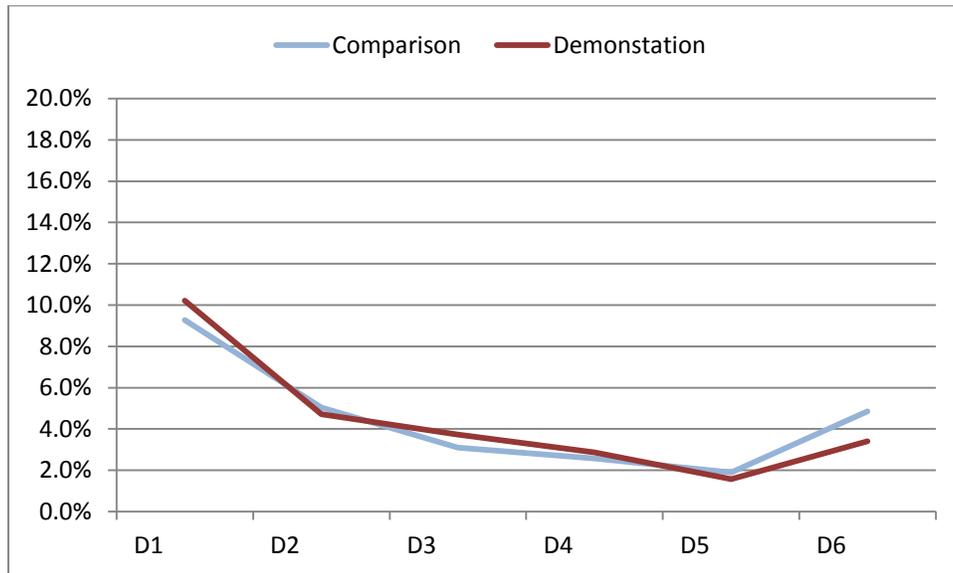


Figure 7.2b: Recurrence of Maltreatment Following the Initial Substantiated Report: Demonstration and Comparison Counties



In the case of placement, recurrence, and post-discharge maltreatment, the risk is greatest in the interval immediately following either the first substantiated report or discharge from foster care, respectively. Thereafter, risk declines. For example, placement is unlikely in any given time interval following the initial month. With respect to the other outcomes, the risk following the first interval is lower than during the first interval. Figure 7.2c shows elevated risk in the sixth interval. This is an artifact of how the data was grouped. Because post-discharge maltreatment depends on a series of preceding events (i.e., maltreatment, placement, and discharge), the time needed to observe the full set of preceding events reduces the time available to observe post-discharge events. Consequently, all reported (and substantiated) maltreatment in subsequent time periods were grouped into the sixth interval. It is important to note that the risk of maltreatment following discharge from foster care is somewhat higher than the risk of recurrence (Figure 7.2c compared to 7.2b). Post-discharge maltreatment following discharge from foster care affects a small number of children (2% of the total sample) but the risk is nonetheless substantial, although no different for the demonstration counties relative to the comparison counties.

Figure 7.2c: Maltreatment Following Discharge from Foster Care: Demonstration and Comparison Counties



The pairs of lines in Figures 7.2a through 7.2c show demonstration/comparison group differences by outcome. As suggested with the descriptive data, there were no statistically significant differences between the two groups of counties, even after controlling for the composition of the county populations and county size.

7.5 SUMMARY

To answer whether the waiver has an impact on placement, recurrence, and post-discharge maltreatment, the study team analyzed the data using a multilevel discrete time hazard model. The multilevel discrete time model was chosen because it provides for a unified statistical approach to the problems of censoring (i.e., children in the sample were still at risk of experiencing one of the outcomes when the data was pulled for the analysis) and the unobserved effect of counties.

The descriptive results show that counties differ in size. Counties also differ with respect to the outcomes. Nevertheless, when the between-county variation is taken into account, we failed to detect a waiver effect. Children in the demonstration counties were no more or no less likely to experience placement, recurrence, or post-discharge maltreatment; i.e., they remained equally safe under the waiver as they would have been under usual Ohio child welfare practices (as represented by the comparison counties).

CHAPTER 8:

SUMMARY AND CONCLUSIONS

8.1 SUMMARY OF FINDINGS

The table below presents a summary of findings for the IER. Included are the findings which address the evaluation questions, as well as the other relevant findings which emerged from the analysis of data.

8.1.1 Process Study Findings

Research Question: How are Ohio counties faring during the third waiver period?

Findings	Summary
Demonstration and comparison counties experienced financial struggles during the first half of the waiver.	Revenue shortfalls and increased caseloads (i.e., reductions in the number of caseworkers) are common across counties.
There appears to be somewhat greater fiscal stability among the demonstration counties.	The demonstration counties have greater access to flexible funds than comparison counties, especially through local child welfare levies, and these funding sources have been more consistent over time.

8.1.2 Family Team Meetings Findings

Research Question: How is FTM implemented?

Findings	Summary
The demonstration counties began implementing FTM as a common strategy during the second waiver; seeing promising results, they undertook several activities to promote more consistent and informed practice under the third waiver.	A workgroup of FTM facilitators developed a practice manual on the ProtectOHIO FTM model. After completion of the manual, several facilitators, together with the Ohio Child Welfare Training Program, provided three two-day training sessions on the contents of the ProtectOHIO FTM model and general facilitation skills. Staff from all 17 demonstration counties participated in these trainings.
Demonstration counties vary in the way they fit FTM practice into their usual case management process.	The ways in which facilitators and caseworkers share information with each other prior to FTMs varied among demonstration counties. While it is believed that a certain amount of collaboration between facilitators and caseworkers would benefit the FTM process, best practice is ambiguous at this point.

Findings	Summary
<p>Demonstration counties vary in the way they fit FTM practice into their usual case management process (continued).</p>	<p>There appears to be some variation amongst counties in the degree to which they use FTM to truly partner with the family in decision making versus using it as a venue for an administratively-driven case review. However, there currently appears to be a much more active approach to encourage families to attend meetings than what was found in the second waiver period.</p> <p>Variation remains in the effort counties put into holding FTMs when critical events occur in a case. Overall, emphasis is generally placed on aligning FTMs with the timelines for CAPMIS reviews and SARs.</p>
<p>The demonstration counties are substantially more likely than comparison counties to have a family meeting practice that is targeted to all ongoing cases and facilitated by a specially trained, neutral party.</p>	<p>Among comparison counties, there is a wide range in the availability and intensity of FTM-like practices. Only two of the 17 comparison counties have a practice similar to ProtectOHIO FTM, where they hold independently facilitated meetings with all families in ongoing services over the course of the case.</p>

Research Question: What level of fidelity to the ProtectOHIO model is achieved in demonstration counties?

Findings	Summary
<p>Overall, counties were more successful at holding meetings on time, and less successful at getting a minimum attendee mix to attend FTMs.</p>	<p>Fidelity to the ProtectOHIO FTM model varied considerably by county. Overall, 81% of initial meetings were held within 35-days of the case opening, 74% of subsequent meetings (second and third meetings) were held within 100-days of their previous FTM, and 47% of the initial three meetings included a minimum grouping of attendees, which included at least one parent or primary caregiver, at least one PCSA staff, and at least one other type of person.</p>
<p>One-fifth of families across all 17 demonstration counties received high fidelity FTM.</p>	<p>The study team examined case-level fidelity in order to understand overall adherence to the model per case. About one-fifth of cases (19%) received the intervention with high fidelity, meaning their meetings met the timing and attendee fidelity components of the model at least two-thirds of the time. Over half of the families that received FTM did not have meetings that generally met the timing and attendee fidelity measures. Further exploration will be done to determine what absolute level of fidelity is associated with desired outcomes.</p>

Research Question: Do children (or families) receiving FTM in demonstration counties experience different outcomes than children (or families) with similar characteristics in comparison counties? Similarly, do children (or families) receiving high-fidelity FTM in demonstration counties experience different outcomes than children (or families) with similar characteristics in comparison counties?

Findings	Summary
FTM as an intervention may reduce case length, particularly when it is delivered with high fidelity.	There was a significant difference in case length between FTM cases when compared with their matched comparison cases: FTM cases closed more quickly. The difference was particularly evident for those cases that experience high fidelity FTM.
Children and families who receive high-fidelity FTM are as safe as their matched comparisons.	Surprisingly, the likelihood of FTM cases experiencing a re-report within a six-month timeframe was slightly higher than their matched comparisons; however this effect was not evident when comparing high-fidelity matches.
FTM, when delivered with high fidelity, may reduce placement days for children.	There were no differences in placement days for the larger matched group of children; however, there was evidence to suggest fewer placement days for children who received high-fidelity FTM when the placement occurred after the transfer to ongoing services (the point at which most cases begin receiving FTM).

8.1.3 Kinship Supports Strategy Findings

Research Question: How is the Kinship Strategy implemented in the demonstration counties?

Findings	Summary
<p>Demonstration counties worked to develop and consistently implement the Kinship Strategy.</p>	<p>In the first year of the waiver, demonstration counties worked with ODJFS to develop the Kinship Strategy Practice Manual. The purpose of the manual is to guide counties in the consistent implementation of the Kinship Strategy. Ongoing support has included the Kinship Strategy Workgroup and two state sponsored trainings on understanding the needs of kinship caregivers and implementation of the strategy according to the Kinship Strategy Practice Manual. Both trainings were well attended and received by kinship staff.</p>
<p>Direct service delivery to kinship caregivers was structured differently across the demonstration counties.</p>	<p>Three distinct direct kinship service models were developed by counties that included either a kinship coordinator supervising a unit of kinship workers who provided caregiver direct services; a kinship coordinator providing direct services; or caseworkers providing direct services.</p>
<p>Indirect service delivery to kinship caregivers varied across the demonstration counties.</p>	<p>Unlike direct services to kinship caregivers, the practice manual specifies that coordinators must provide the indirect services included in the manual. At the time of our site visits in Fall 2012, less than half of the demonstration counties had a kinship coordinator who maintained a county kinship resource guide for caseworkers. Most counties did have a kinship coordinator who was serving as an expert resource to caseworkers and training caseworkers on the strategy and how to support caregivers. However, caseworkers in only a quarter of all demonstration counties reported that they had received any type of kinship related training since the start of the Kinship Strategy. In addition, in over one third of counties the kinship coordinator had not addressed the issue of assuring that Family Team Meeting facilitators are knowledgeable about the Kinship Strategy.</p>

Findings	Summary
<p>The Kinship Strategy did not reach the majority of the intended target population in the demonstration counties.</p>	<p>The practice manual clearly defines the Kinship Strategy target population as all cases open to ongoing services regardless of custody status or supervision orders, but only about a third of the demonstration counties targeted this population. In just over half of the counties, placements were required to be long-term (usually 30 days or longer) to receive strategy services. Overall, less than half of all kinship households in the demonstration counties received Kinship Strategy services. And, even when considering only those kinship placements lasting 30 days or longer, the proportion of eligible households that received strategy services was only marginally better.</p>
<p>For many kinship cases, the Kinship Strategy home assessment was not completed in a timely manner.</p>	<p>Although the vast majority of kinship households served were assessed with all three components of the home assessment, only about half were assessed within 30 days of the child being placed with the caregiver (key component of fidelity listed in Table 4.2).</p>

8.1.4 Fiscal Analysis Findings

Research Question: How have waiver payment amounts changed?

Findings	Summary
<p>The amount of waiver payments continued to decrease in the first two years of the third waiver.</p>	<p>During the first waiver period, particularly in the first years, comparison counties had high rates of placement day growth, generating a total amount of revenue that reached \$61 million in 2003. During the second waiver period (2005-2009), placement day utilization of the aggregated group of comparison counties shrunk, causing demonstration counties' waiver payments to go down relative to the prior years. Waiver revenue declined modestly in almost every one of the last eight years. In 2012, waiver payments totaled \$52.4 million. This trend in reduction of foster care board and maintenance expenditures among comparison counties indicates that over this period, reductions in the use of foster care were taking place across Ohio. Thus, from a cost-neutrality point of view, the reduction is “fair” in the sense that it represents what would have happened in the absence of flexible funding.</p>

Research Question: Did demonstration counties change child welfare expenditure patterns as a result of the waiver?

Findings	Summary
<p>The rate of change in placement days, unit costs, and total foster care board and maintenance expenditures were similar in demonstration and comparison counties.</p>	<p>During the first two years of the third waiver, both demonstration and comparison counties experienced increases and decreases in placement days and in the average daily cost of placement. In addition, little differences between groups were evident in total foster care costs: 18 counties had an average decrease in foster care board and maintenance expenditures, eight which were demonstration counties and 10 were comparison counties. Of the 14 counties with an average growth in foster care expenditures of 4% or higher, eight were demonstration counties and six were comparison counties.</p>
<p>The greatest increases in non-foster care expenditures occurred in demonstration counties.</p>	<p>Two-thirds of counties – eleven demonstration and eleven comparison counties -- reduced non-foster care spending in the first two years of the waiver. All four counties who had the greatest increase in non-foster expenditures were demonstration counties.</p>

Research Question: Did demonstration counties re-invest additional waiver revenue in non-foster care related activities?

Findings	Summary
<p>A large majority of demonstration counties were unable to re-invest additional waiver revenue in non-foster care related activities.</p>	<p>Ten demonstration counties had an additional \$16.5 million to spend on non-foster care services during the first two years of the third waiver. However, to say that these dollars represented “additional” revenue for reinvestment does not take into account the fact that for most of these counties, this revenue was used to continue to fund investments made in prior years on services and operations that are now part of the county’s base budget. Six counties had more flexible revenue in 2011 and 2012 than they had in 2010. Four counties had flexible waiver revenue in 2011 and 2012, but had less flexible revenue in both those years than in 2010. As a result, they did not have any additional flexible waiver revenue to invest in 2011 and 2012. Overall, two of the counties with additional waiver dollars reinvested all of their additional flexible revenue in non-foster care activities and four did not.</p>

8.1.5 Placement Outcomes Analysis Findings

Research Question: Do child outcomes differ between demonstration and comparison counties on placement duration and/or early placement disruption?

Findings	Summary
<p>No differences were found between demonstration and comparison counties on placement duration or early placement disruption.</p>	<p>Most children (97%) in care experienced two or fewer moves. This evidence suggests that, at this point in the waiver, strategies meant to impact child outcomes neither increased nor decreased placement duration and placement stability.</p>
<p>No differences were found between demonstration and comparison counties in where children went after exiting care.</p>	<p>Children in demonstration and comparison counties experience similar levels of reunification (6 of 10), and guardianship (3 of 10).</p>
<p>No differences were found between demonstration and comparison counties in the number of days children spent in placement.</p>	<p>Whereas no differences were found, it is also true that placement days did not increase for either group.</p>

8.1.6 Trajectory Analysis Findings

Research Question: To what extent are placement patterns changed in demonstration counties without increased safety risks, relative to comparison counties?

Findings	Summary
No differences were found between demonstration and comparison counties in terms of safety risks, whether children went to placement or were served in their own homes.	Children in demonstration counties were no more or no less likely to experience placement, to experience a recurrence of maltreatment when not placed, or to experience maltreatment after discharge from placement; i.e., they remained equally safe under the waiver as they would have been under usual Ohio child welfare practices

8.2 INTERIM CONCLUSIONS

The evidence collected and the findings presented in this Interim Evaluation Report support two conclusions:

- Considering the cases served just during the first period of the third waiver, demonstration and comparison counties do not yet differ significantly on many of the salient research questions; and,
- Some evidence indicates a continuing positive effect of the 12-year waiver on child welfare practice in Ohio’s demonstration counties.

These interim conclusions must be interpreted through a broad filter, specifically, that the third Ohio waiver period is only partially complete, and the second half of the waiver evaluation will examine each of these questions in detail. In the meantime, there are some important considerations to bear in mind:

1. This is an interim, preliminary evaluation of the third waiver period, using data on a limited number of children and families.

The outcomes analysis of the FTM strategy looks at cases that transferred to ongoing services between January 1, 2011 and September 30, 2012; this window allows us to follow cases through provision of FTM to case close. The participant outcomes analysis uses children entering their first placement during 2011; this enables us to observe what occurs during a 12-month window following that initial placement. The trajectory analysis of safety outcomes examines the largest group of children, those with a first substantiated report of child abuse/neglect during 2009-2012; this time period encompasses the end of the second waiver period as well as the first half of the current waiver.

2. Participation in the waiver continues to provide the demonstration counties with valued flexibility in how to spend their limited resources.

For the 14 original demonstration counties, the waiver continues to provide them with more funding than they had at the beginning of the waiver, thus they continue to have resources that they can spend on non-placement activities, as long as they can contain their use of out-of-home placement. Most demonstration counties have continued to reduce reliance on placement, although comparison

counties have performed similarly. The benefit to the demonstration counties comes from having a predictable amount of IV-E revenue, which enables them to support activities that can prevent placement, shorten length of stay, and/or reduce re-entry. A few counties have been able to add to their “waiver reserve pool” consistently over time and have thereby established as part of their operational base a broader array of prevention and treatment options – including but not limited to the two waiver strategies. Continuing success in reducing placement utilization may solidify the ability of the demonstration counties to practice in this new way and achieve waiver-enabled improvements in child and family outcomes.

3. The two waiver strategies, FTM and Kinship Supports, have been implemented in all 17 demonstration counties, but the interventions have reached only a portion of the target population, and with less than ideal levels of fidelity to the defined strategy.

Both strategies are targeted to all cases that transfer to ongoing services. FTM has been used by the demonstration counties for several years; the minor modifications made to data collection in early 2011 were quickly integrated into established practice and the majority of eligible cases have been served; however, there still remain a notable number of cases that should be reached with the strategy in order to fully realize the potential of FTM to improve outcomes. Similarly, the degree to which counties have been able to deliver FTM in conformance to the model (i.e., with fidelity) is less than desired; facilitators may need to more systematically share with each other ways to provide timely meetings that have a mix of key people around the table.

The kinship strategy is relatively new to the demonstration counties, and it took most of the first year of the third waiver to get the basic strategy defined and implemented. Many kinship caregivers who are caring for children known to the PCSA have yet to be reached with the strategy; and even among those cases served, counties continue to struggle to conduct the basic assessment tasks in a timely manner and enter that information consistently, despite the fact that the assessment completion rate remains high. Counties may need to focus more intently on this strategy, to improve its reach and its fidelity, in order to facilitate a full evaluation of its efficacy.

4. FTM shows some modest positive effects on case-level and child-level outcomes, and the level of FTM fidelity a case received appears to enhance the positive effects.

The outcomes analysis of the FTM strategy found a positive impact on case length and on some placement-related outcomes. Looking just at CAN cases, the study team found that cases that received FTM had significantly shorter case episodes than did a matched group of comparison cases; this positive effect was more pronounced among FTM cases that had high fidelity to the model. Additionally, high-fidelity FTM children fared better than their matched comparisons in relation to the number of placement days, when the placement occurred after the transfer to ongoing services. In short, greater adherence to the FTM model appears to yield better results. To the extent that counties can further improve fidelity, results can be expected to improve.

5. Children are not adversely affected by the waiver in terms of placement.

The placement outcomes analyses focused on children who went to placement, and found no significant differences between demonstration children and comparison children in whether they exited within 12 months, where they exited to (reunification, custody/guardianship to kin, and adoption being the positive options), and how long they were in care before they exited. The analyses also looked at

placement stability, in terms of the number of placements a child experienced while in care; again there was no significant difference between demonstration and comparison children. The final report will afford us a longer time period to observe children in care, thus offering the opportunity to more completely examine waiver impact.

6. Children are equally safe under the waiver as they would have been under normal circumstances.

The trajectory analysis of safety outcomes found no statistically significant differences between demonstration county children and their comparison county counterparts, indicating that children are equally safe when served through flexible waiver funding as through regular IV-E reimbursement arrangements. Whether children were placed or served in-home, demonstration and comparison children fared similarly in terms of experiencing a subsequent substantiated report of abuse or neglect. The open question remains whether the ProtectOHIO strategies, and other services made possible through availability of flexible IV-E funds, alter this basic picture – i.e., do demonstration county children who receive FTM and kinship supports through the PCSA, and are better connected to needed case services, remain safe longer, including after case closure, and do not re-enter the child welfare system with another report?

Overall, the findings presented in this interim evaluation of the third waiver period suggest that much potential still exists, in terms of time and flexible resources as well as staff skills and commitment, to yield positive effects on child and family outcomes, perhaps even stronger than those observed at the end of the second waiver period. The theory of change underlying ProtectOHIO is that the waiver stimulus, mediated through two strong waiver strategies, will positively impact child and family outcomes; the demonstration counties will need to apply themselves more purposefully to maximizing their use of the FTM and Kinship Supports strategies so that the evaluation can fully assess the validity of the theory.

8.3 NEXT STEPS

The findings of this interim evaluation of the third waiver period point to two areas of action for the evaluation team in the coming two years:

Programmatic Efforts

The evaluation team is interested in sharing more detailed findings with the counties, and working with the Consortium and strategy workgroups to use the data to help them improve the strategy penetration rates and fidelity to the FTM and Kinship Supports models.

Most counties in Ohio expressed concern about the fiscal strains which are exerting substantial influence over decision making and staffing. As the next two years unfold, the evaluation team needs to carefully observe whether and how these constraints impact waiver outcomes.

Methodological Efforts

In addition to the efforts the evaluation team will be undertaking to provide additional detailed data to inform county practice, as well as working to understand how fiscal constraints may impact waiver outcomes, the evaluation team sees several areas for future learning:

- **FTM:** The FTM study team is interested in expanding the FTM sample that can be used for outcomes analysis, through (a) the creation of a propensity score matched comparison group for FTM children that enter intake with FINS or dependency reasons; and, (b) working with counties to identify reasons why some PODS cases cannot be matched to SACWIS, and why some SACWIS cases that appear to be eligible for FTM did not receive it. Additionally, the evaluation team is interested in improving case-level FTM fidelity measures, as well as improving the development of propensity scores, and the analytic models in which propensity scores can best be utilized.

Finally, the study team plans to administer a family team meeting survey which will be used to further understand families' experiences and the degree to which they feel FTM empowers and motivates them.

- **Kinship Supports:** The Kinship study team will begin conducting more comprehensive analyses of case services data in relation to kinship. The purpose of these tests is to identify inconsistencies in the integrity, validity, and/or reliability of the datasets the study team receives from the state. Ultimately, the case services data will be used to better understand implementation of the kinship strategy and its impact on child and caregiver outcomes.

The study team also plans to distribute a kinship caregiver survey to learn about their experiences with kinship workers/coordinators. This survey is designed to gather information from kinship caregivers on their perspectives towards the strategy and the quality of services for kinship caregivers overall.

- **Participant Outcomes:** The Participant Outcomes study team is interested in using the FTM case-level fidelity measure as a covariate to improve placement outcomes analyses.

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