

Primary FTM Outcomes	Demonstration Counties (n=9,996 children)	Comparison Counties (n=15,294 children)	Difference (Significance represented with *)
Average Length of Case Opening	329 Days	366 Days	- 37 days *
Whether Child is Placed (n=4,003)	15% (n=1,468)	17% (n=2,535)	- 2% *
Of those Placed, the % Placed with Kin	47%	40%	+ 7% *
Of those Placed, the % exiting to: ...Reunification+	51%	60%	- 9% *
...to Kin Custody	37%	33%	+ 4%
Subsequent Case Openings after Case Closure (n=16,775 children with at least 12 months post-case closure)	11% (n=6,277)	12% (n=10,498)	- 1% *

+Differences in the characteristics of children going to placement in the Demonstration counties relative to the Comparison counties may partially explain their lower rate of reunification.



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To view the full report, visit: <http://www.hsri.org/focus-areas/child-and-family-services/>

"I have almost 34 years in child welfare and the last 12 years have been the most exciting, inspiring years of my career. I do not believe I can go back to doing business in a way that I know now is not in the best interest of families and children."
~ PCSA Director

"FTM's helped me to grow as a parent"
~ Parent

"...At the FTMs, I really felt like I had the support to get the job done."
~ Parent



ProtectOHIO: Family Team Meetings

HSRI Evaluation Brief

Fall 2010

Background of Ohio's Title IV-E Waiver and Family Team Meetings

ProtectOHIO enables counties to provide innovative services, which transformed PCSAs both structurally and culturally; ultimately, PCSAs increased their focus on families and children, leading to positive permanency outcomes.

In October 1997, Ohio implemented ProtectOHIO, a Title IV-E Child Welfare Waiver Demonstration project. ProtectOHIO experiments with the flexible use of federal IV-E dollars; funds normally allowed to be spent only for foster care can be spent for a range of child welfare purposes, based on the belief that purchasing services upfront will benefit children & families. The intent of ProtectOHIO is to reduce the number of children coming into care, decrease the length of stay 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 in 14 Public Child Serving Agencies (PCSAs). The waiver was extended into a second phase through September 30, 2009, with an additional short-term extension through July 2010. The second phase had two changes: the demonstration was expanded to 18 counties, and each county would implement Family Team Meetings (FTMs).

FTMs are a method for engaging family members and other people who can support the family for shared case planning and decision-making. The ProtectOHIO FTM model includes regularly-scheduled meetings throughout the life of the case, facilitated by a trained professional, and bring together family, friends, services providers and advocates. The goal of FTM is to come up with creative and effective solutions to case challenges, ultimately to reduce the need for

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Blue = Demonstration Counties
Green = Comparison Counties

HSRI's Evaluation of FTMs

Since 1998, Ohio has contracted with Human Services Research Institute (HSRI), to conduct a rigorous evaluation of the ProtectOHIO demonstration. Essential to the evaluation is the examination of a group of comparison counties (see Figure in the left sidebar).

The three research questions that guide the FTM study include: 1) How is FTM implemented, 2) What is the demonstration counties' level of fidelity to the ProtectOHIO model, and 3) Do children receiving ProtectOHIO FTM more often experience a positive outcome than children in the

comparison sites? The evaluation involved analyses at both the county and case level, using data sources ranging from observations, site visits, and telephone interviews, to web-based surveys, SACWIS data, and a stand-alone ACCESS database.

Background of Ohio's Title IV-E Waiver and Family Team Meetings



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foster care placement and improve permanency outcomes. FTM has the potential to change the culture of child welfare and service provision.

In Spring 2005, the demonstration counties defined a common FTM model that targets all children in cases that open to ongoing services

with an initial case plan goal of reunification or maintain in home. The counties agreed on four key model components: 1) Initial FTMs would occur within 35 days of case opening; 2) Subsequent FTMs would be held at least quarterly; 3) A range of attendees would attend the FTMs; and 4) An independent, trained facilitator would

lead the FTMs.

Additionally, the meeting process includes: agenda, introductions, information sharing, planning, and decision-making. The facilitator is also responsible for supporting families prior to and during the meetings.



Family Team Meetings are a method for engaging family members and other people who can support the family for shared case planning and decision-making.



Implementation of FTM Across Ohio Demonstration Counties

In implementing the Protect OHIO FTM strategy, demonstration counties hired and/or trained independent FTM facilitators and provided regular FTMs throughout the life of an ongoing case. Since 2005, the counties have provided over 21,000 FTMs to nearly 14,000 children in close to 7,000 families. Through practice, the demonstration counties identified three key components of the FTM strategy: training & orientation for facilitators, workers, & community partners, family engagement in the FTM process, and facilitator-caseworker collaboration and communication.

Most children in the FTM strategy had an average of three

FTMs during the strategy period, which were typically held during an initial planning meeting or as part of a quarterly case review. FTMs are intended to bring together a varied mix of people to engage in a meaningful discussion of the child's situation. These FTMs had, on average, five attendees; parents and primary caregivers were in attendance at about 75% of the meetings. In addition, findings suggest that offering meetings at flexible times and locations, combined with assisting with transportation, may increase parent attendance rates at FTMs. Once at the meeting, families seem to be more engaged when they are prepared prior to the meeting regarding what to expect, and encouraged

to bring support people. Additionally, holding the meeting in a comfortable, family-friendly environment may assist with parent engagement.

The strategy lacked strong training, supervision and monitoring components, and retention of qualified FTM facilitators was difficult. Other challenges included managing limited resources and ensuring the attendance of relevant parties. These factors led to wide variation in practice among the demonstration counties. Nonetheless, PCSA staff were positive about FTM, saying that families build stronger family relationships, natural supports, and feel empowered; families are linked to more appropriate and timely services; and there is an

Implementation of FTM Across Ohio Demonstration Counties (continued from previous page)



opportunity to educate the community and improve agency operations and image.

FTM-type services were not limited to demonstration

counties; over half of comparison counties (13 of 17) provided similar services. However, comparison counties were far less likely than demonstration counties to use an independent facilitator (38% versus 94%), to target all open cases for ongoing services (54% versus 100%), or to hold meetings over the entire course of the case (38%

versus 100%). In FTMs observed by the study team, facilitators, parents, and kin appear to be more highly involved in the demonstration counties than in comparison sites. Since caseworkers in the two county groups were equally involved, these findings suggest that having an independent facilitator may also strengthen parent engagement.



Outcomes for Children in the Demonstration Counties

In the outcomes analysis, the study team examined all eligible children within the demonstration counties compared to those in comparison counties, regardless of whether they actually had been served through the FTM strategy. With this approach one can potentially gain a better understanding of how a change in policy is likely to impact

children and families across a system.

Even with inconsistent implementation of the ProtectOHIO FTM model, numerous positive outcomes emerged for children in the demonstration counties, relative to the comparison group, clearly suggesting an impact of the ProtectOHIO Waiver and the FTM strategy.

In accord with the theory of the waiver, children in the demonstration counties were less likely to go to placement, had shorter case openings, and were less likely to re-open, making them just as safe.

Please refer to the "Primary FTM Outcomes" table on the next page for more information on specific outcomes findings.



Moving Forward & Next Steps

The evaluation findings point to several areas for further study and possible enhancements to the ProtectOHIO FTM strategy. At the practice level, these include: developing a statewide comprehensive FTM facilitator's training; strengthening the facilitator's group; emphasizing strategies to

involve more providers in FTMs; and providing financial resources for ensuring a family-friendly atmosphere. At the research level, further study includes examination of the relationship between case-level FTM fidelity and child outcomes, and child outcomes based on FTM dosage, number

of attendees, and inclusion of family representatives. Additionally, HSRI continues to gather case-level data through the ProtectOHIO data system (PODS) and to disseminate findings in a variety of forms to all stakeholders.



ProtectOHIO FTM Model Fidelity

- 63% of the children had a subsequent FTM within 100 days of their previous FTM.
- 49% of the FTMs had a minimum grouping of attendees (at least one parent/primary caregiver, at least one PCSA staff, and at least one other person).
- 100% of counties had an independent facilitator, and 50% of them had medium-level training.

