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Bridge Report:  
Evaluation of Ohio's Title IV-E  
Waiver Demonstration Project  
"ProtectOhio"

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September, 2004



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# 1. INTRODUCTION AND DESCRIPTION OF MAJOR ACTIVITIES

## 1.1 INTRODUCTION

In October 1997, Ohio implemented “ProtectOhio”, the Title IV-E Child Welfare Demonstration project. As one of a score of Title IV-E Waiver programs in the country, ProtectOhio experiments with flexible use of federal IV-E dollars. To provide insight into the effects of the Waiver demonstration, in July 1998 the Ohio Department of Job and Family Services (ODJFS) contracted with a team of researchers led by Human Services Research Institute (HSRI) to conduct a five-year evaluation<sup>1</sup>. The findings from the first five years of the study are available in the Final Comprehensive Report: Evaluation of Ohio’s Title IV-E Waiver Demonstration Project “ProtectOhio.”

As the five-year ProtectOhio demonstration project came to a close in June 2003, ODJFS staff began a series of conversations with staff from the U.S. Children’s Bureau to explore the possibility of extending the demonstration project for additional years, allowing Ohio counties to continue to utilize Waiver flexibility. While these conversations took place, ODJFS received a temporary Bridge extension from the Children’s Bureau, which included continuing HSRI’s evaluation services, based on the assumption that the Waiver would be continued for additional years. This report describes the activities that have taken place during the Bridge period of the evaluation, July 2003 through September 2004; it also lays the foundation for the evaluation design for the Waiver extension.

## 1.2 EVALUATION TEAM ACTIVITIES DURING THE BRIDGE

The evaluation team spent a significant amount of time during the Bridge planning for the activities which will take place once the Waiver extension has been finalized. The major activities included:

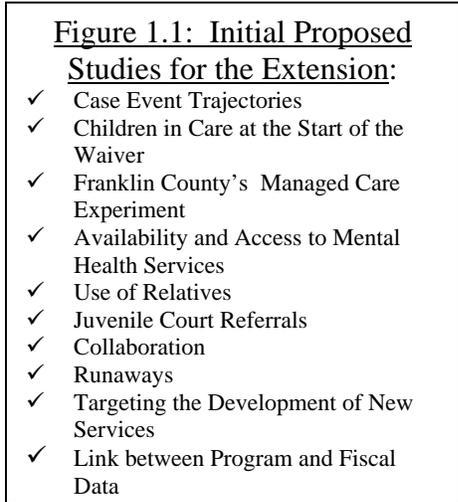
- *Meetings of the Evaluation Team:* The evaluation team met in Washington, D.C. in July of 2003 to identify key areas which could be the focus of the Waiver extension evaluation. The team met again in September of 2003 in Columbus to further refine the research topics. The evaluation team has also held numerous conference calls among team members to finalize details of the preliminary research design.
- *Participation in the Consortium Meetings:* Members of the evaluation team attended the November 2003 Consortium meeting to present their ideas about possible focus areas for the extension evaluation (see Appendix A). In July 2004, team members from HSRI, Westat, and IHSM attended the Consortium meeting and led small group discussions around possible intervention strategies on which demonstration counties might choose to focus for the Waiver extension, building on discussions from the November 2003 meeting. Evaluation team members also attended the September

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<sup>1</sup> HSRI subcontracts with Westat, Chapin Hall Center for Children, and Institute for Human Service Management (IHSM).

2003, May 2004, and September 2004 Consortium meetings, contributing to discussions as needed.

- *Investigation of Reason for Referral for New Cases:* Counties suggested that youth referred from the court for reasons such as unruliness or delinquency have different child welfare careers than children entering for reasons resulting from an incident of abuse or neglect. During the Bridge period, Westat staff examined FACSIS data with respect to case trajectories, and definitional work around youth referred from the court will support additional analysis of this topic during the extension. Findings from this effort can be found in Appendix B)
- *Development of Research Designs for Waiver Extension:* The evaluation team worked intensively during the Bridge to develop “feasibility studies” for each of a group of research topics (see Figure 1.1). Each of these descriptions offered a detailed research plan about how to gather more in-depth information about a topic which had been initially explored in the first five years of the evaluation. The descriptions also included proposed work plans, staffing estimates, and timelines. These studies were presented at the November 2003 Consortium meeting. After this meeting, the evaluation team modified the list of topics, and further refined the feasibility studies, dropping some topics and adding others. (Feasibility studies which were developed and then dropped are included in Appendix C). Incorporating the suggestions provided by demonstration counties during Consortium meetings, the evaluation team developed a revised list of feasibility studies which we propose to finalize once the extension is granted. These seven topic areas are considered to be the key strategies on which demonstration counties have agreed to focus in the extension of the Waiver; these are main areas where demonstration counties believe they can most effectively use the Waiver flexibility to impact child and family outcomes in a positive way:



- Relative Placements
- Mental Health and Substance Abuse Services
- Juvenile Court
- Managed Care
- Adoption- NEW
- Visitation- NEW
- Family Team Meetings- NEW

The evaluation team also spent considerable time fleshing out the details of the proposed Participant Outcomes study for the extension.

## **2: EVALUATION DESIGN FOR WAIVER EXTENSION**

This section of the report describes the research designs that have been developed for each of the proposed evaluation areas of the Waiver extension. First, we describe the plans for the continuation of evaluation studies which were conducted in the first five years of the Waiver: the Participant Outcome study, the Process Implementation study, and Fiscal Outcome study. Then, we describe the plans for the feasibility studies described above, hereafter referred to as Special Studies. It should be understood that these proposals are still being modified; finalized design plans will be submitted to ODJFS shortly after the Waiver extension is in place.

### **2.1 PARTICIPANT OUTCOMES STUDY**

The Participant Outcomes Study is comprised of five fairly distinct sets of activities. The first is a general data audit, establishing the foundation for all of the other studies in the evaluation. Four other “sub-studies” fill out the Participant Outcomes Study: a case trajectory analysis, expansion of the length of stay analysis conducted under the first evaluation contract, analysis of children in care at the start of the Waiver (parallel to our earlier work on children entering care during the Waiver), and analysis of basic caseload dynamics (continuation of work we did during the first evaluation contract). We describe these pieces briefly below.

#### **2.1.1 Data Audit**

##### ***Statement of Issues***

Several of the proposed extension projects will require collecting information from county FACSIS systems to clarify uncertainties about the counties’ coding, variable definitions, and processing procedures, and to obtain a better understanding of what information is available locally. In addition to the data needs of these specific extension projects, the evaluation team will also need to conduct ‘general’ audit activities to address several underlying FACSIS issues relevant to a large part of the work in the extension: these issues involve the usual challenges associated with large secondary data sets, such as changing and inconsistent variable definitions and data entry procedures, loss of some data in the transmission process, case duplication, and data modifications over time. This work plan summarizes the data audit needs for each extension study, as well as describes the general data audit activities that will support all the analyses.

##### ***Work Plan***

Each extension proposal describes the process of determining what information will need to be gathered during the audit for that project. These items will be collected during a single extensive audit in each of the 28 evaluation counties. This work plan first summarizes the data audit needs of specific projects, as were described in the extension proposals, and then describes actual data audit activities that will support all the analyses.

1. *Case Event Trajectories*: As pointed out in the Year 5 report, outcome findings in the area of child safety were severely constrained by data limitations in the areas of substantiation and indication, as well as the variation among counties in how they categorize cases, assess risk, and record risk levels. One purpose of the data audit will be to see if there is other information available in the counties that pertains to safety and that the team could use for the trajectory analysis. Prior to creating the trajectories, the evaluation team will use the data audit to explore (1) what data are available on events prior to investigation, and (2) how consistent the counties have been in coding the various case events. The audit will be used to understand what data are available; which data should be used in each county to identify trajectories; and what each case type means in each county, in terms of services provided. The audit explores counties' coding processes and what information is in their systems (both FACSIS and local). One issue to clarify will be cases that were coded inconsistently by the counties, such as "Child in Court Custody" cases.
2. *Expansion of the Length-of-Stay Analysis*: The data audit for this study will focus on clarifying counties' coding related to abuse and neglect cases. In Hamilton County, the audit will additionally involve listing and comparing cases that were different in the two data sets (original and revised), and asking the county to clarify why the cases (or a selected sample) were different.
3. *Children in Care at the Start of the Waiver*: The purpose of this part of the data audit will be to obtain a better understanding of the data available in FACSIS and how the counties coded various cases and events. The evaluation team will assess the FACSIS data to identify where there are ambiguities, then select a random sample (as large as possible, based on available resources) from among the cases with ambiguities and ask the counties to review the records to clarify the case and custody types. Some of the issues to be explored in the data audit include: how consistently counties coded "court custody" and what "court custody" means in the various counties; the extent to which siblings can be identified in FACSIS; and the steps between permanent commitment and adoption, and how those steps are documented in the data system. In counties where the courts collect data, such as Hamilton County, the evaluation team will include an audit of the court data, as much as possible.
4. *Use of Relatives*: The evaluation team will audit local systems to identify counties that track use of relative care when the PCSA does not take custody. In counties where the process is automated, the team will document the system collects. In counties where the process isn't automated, we would determine if any data is gathered that would assist in tracking the use of relatives. Franklin County may be the only one to fully track these cases, but there may be some information available in other counties at the county level. We might ask a quick set of questions to determine agency policies regarding the use of relatives.
5. *Mental Health*: For this topic, the data audit will involve pulling a sample of cases to learn what information could consistently be gathered during a record review regarding the assessment, referral, receipt and availability of mental health services. This would occur only in some counties.

6. *Court Referrals:* The data audit would be used to determine whether each county tracks court referrals. Is it kept in a MicroFACIS file? Is there any other information system that would have info on court referrals? If we generated a list, could they use some information system, or would we have to go to case workers on a case by case basis? (To test the assumptions of our algorithm and check our population count, a combination of methods will be used in the audit: 1) pick sample of cases and call workers to determine if they are court cases, giving us an error rate (but wouldn't work for older cases) , 2) use county event if available or simply a list of court kids, as a way to check our estimates, 3) or audit case records.)
7. *General Audit:* In addition to these specific audit activities, the evaluation team will visit each county to interview caseworkers, data entry personnel, and supervisors to learn more about how their procedures have changed since the Year 1 interviews, clarify variable definitions, and find out about what information is available in the local MicroFACIS systems that is not available at the state level. (This piece of the audit would provide information for the trajectory project and caseload dynamics.)

### ***Staffing and Timeline***

The following section describes the activities that will take place for this data audit. The description assumes that each extension project has built in time to determine and report their needs for the data audit, as well as time to analyze the information received from audit process.

1. *General audit preparation:* Westat will determine what will need to be collected for the general audit.

Timeline: December 2004-January 2005

2. *Data audit staff gathers questions from individual extension projects and develop interview guide.* This work will primarily be performed by Westat analyst and HSRI research associate (3 days each). After the guide is developed, it will be redistributed to the team for a final review.

Timeline: December 2004-January 2005

3. *Conducting data audit:* The audits will consist of 1 to 2 ½ day visits to all 28 counties, with one or two members of the evaluation team. All staff from Westat and HSRI will have to be involved due to the amount of time and travel needed.

Timeline: January-April 2005

4. *Analyze, redistribution, and write up:* all staff who conduct audits will have one day per county to write up findings. Then, Westat analyst and HSRI research associate will have 3 days each to distribute findings back to each individual extension project.

Timeline: April-June 2005

## 2.1.2 Case Event Trajectories

### *Statement of Issues and Expected Impact of Waiver*

A crucial question that the evaluation must address is: Are children who are served by the demonstration counties safe? So far the evaluation has only partially answered that question through three findings in Year 5: (1) the rate of re-entry did not increase for children who were reunified with their families after first placements, suggesting that the Waiver did not harm this group of children; (2) the demonstration counties had significantly more cases that had been opened four or more times, which may suggest that those counties tended to close cases too quickly, leading to a greater proportion of the cases re-opening; and (3) demonstration counties experienced a statistically significant effect on runaways, which suggested that the Waiver increased the proportion of children running away from their placements over what it would have been in the absence of the Waiver.

Clearly much is unknown regarding child safety under the Waiver – particularly regarding children who were served in-home rather than placed into foster care, who comprised about three quarters of the caseload overall. Other planned evaluation activities (addressed in separate work plans) will examine running away, as well as re-entry for children with other types of exits from placement (besides reunification) through counterfactual modeling. Both those activities will address only children who experienced placements. The proposed study “Case Event Trajectories” will examine safety outcomes through a different approach that will include children who were served in-home as well as placed in foster care, and will help understand variations in service patterns and their impacts on children’s safety.

### *Work plan*

The study “Case Event Trajectories” will use FACSIS data to identify the most commonly followed paths, or case event trajectories, through the county systems. Safety outcomes examined will include:

- *For children exiting placements:* the proportion that eventually re-enters placement.
- *For children initially receiving services in their homes:* the proportion that eventually experience placement into foster care despite the in-home services; the length of time they receive in-home services; the types of in-home services they receive; their length of stay in placement; and their exit type.
- *For cases with two or more openings:* the proportions that are served in-home and through placement; the length of time between case events (i.e., case openings, investigations, services, placements, exits from placements, closings, re-openings); the services provided; and outcomes associated with those services.

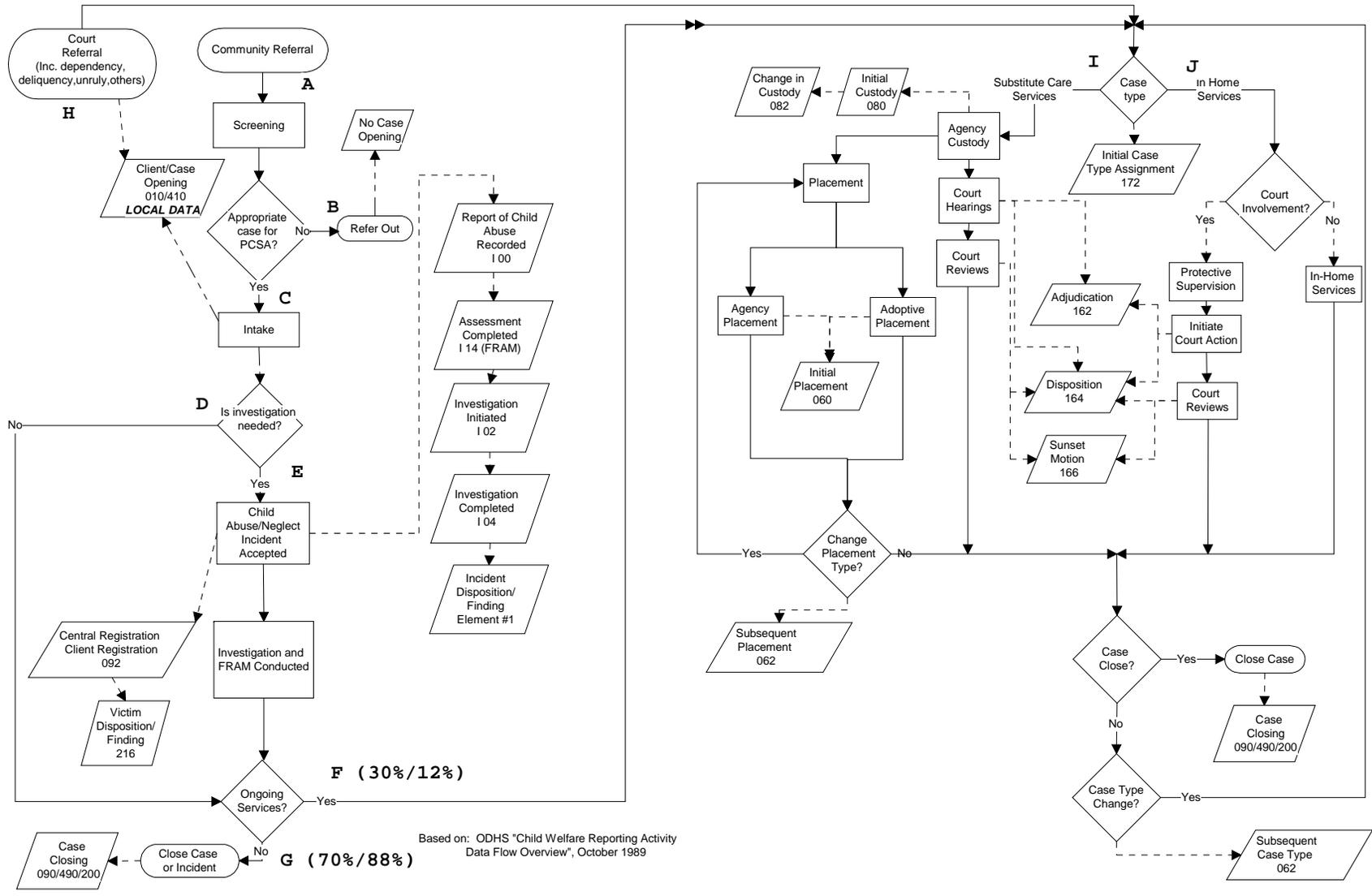
Using the resulting information, the study will analyze patterns of case events and safety outcomes for both placement and in-home cases; document shifts in counties' emphasis on prevention; and assess the effects of service development and interagency collaboration on safety outcomes under the Waiver. Through both quantitative and qualitative analysis, it will answer questions such as: how did trajectories change under the Waiver, and why? Did demonstration counties increase preventive services? If so, how did the increase influence trajectories? Under the Waiver, did counties delay placing children who, before the Waiver, would have been placed immediately? If so, what happened during the delays and what were the outcomes of the cases? For children who were not placed immediately and received in-home services, what services were received and what were the outcomes? How many were eventually placed into foster care anyway? For cases with multiple openings, what proportions of children were served in-home and through placement, and what were the outcomes of those cases?

Step 1: The study on "Case Event Trajectories" will use the case flow diagram on the following page, showing the various case events. Prior to creating the trajectories, the evaluation team will conduct a data audit to explore (1) what data are available on events prior to investigation, and (2) how consistent the counties have been in coding the various case events.

The data audit will be used to understand what data are available; which data should be used in which counties to identify trajectories; and what each case type means in each county, in terms of services provided. The evaluation team will conduct the data audit in an iterative process. First, the team will interview staff in the demonstration and comparison counties regarding their coding processes and what information is in their systems (both FACSIS and local). These interviews will be similar to those in earlier years of the evaluation, but will obtain new and updated information. Then the team will identify the frequencies of selected case events, build tentative trajectories that appear to be the most common, and discuss selected cases with counties to confirm definitions and deepen the understanding of the trajectories.

One early decision to make, based on the results of the data audit, will be the types of cases to include in the trajectory analysis. Some cases probably should not be included, such as "Interstate Courtesy Supervision" cases. Other cases have been coded inconsistently by the counties, such as "Child in Court Custody" cases, and the evaluation team will discuss with the counties how to handle those cases.

Timeline: January-March 2005



Based on: ODHS "Child Welfare Reporting Activity Data Flow Overview", October 1989

Step 2: Following the data audit, the first phase of the study – a quantitative analysis – will involve creating trajectories of cases by plotting out the intake, investigation, and service events that are available in FACSIS; sorting cases by the frequency of different trajectories; and analyzing the timing and sequencing of events. The analysis will compare two 3-year periods, one from the early 1990’s (before the Waiver) and the other 1999-2001 (during the Waiver). It also will compare demonstration counties and comparison counties. The resulting trajectory analysis will provide information on the most common trajectories before and during the Waiver, and in demonstration and comparison counties.

Timeline: May 2005 into next contract period

Step 3: Based on this analysis, the evaluation team will conduct a qualitative phase in selected counties to find out the reasons for the trajectories, to fill in details about preventive and wraparound services provided, and to explore the role of interagency collaboration in the trajectories. This phase will involve sampling cases and interviewing caseworkers about decision-making processes in the cases, services provided, and perceptions of available options. It also will involve interviewing supervisors, administrators, and representatives of collaborating agencies in selected counties.

Timeline: next contract period

Step 4: After obtaining a detailed understanding of the trajectories and their service patterns, another quantitative phase will involve counterfactual modeling of the trajectories. This will assess the direct effects of the Waiver on the trajectory outcomes, which could include permanency outcomes such as length-of-stay and exit types, as well as safety outcomes such as recidivism and multiple case openings.

Timeline: next contract period

### ***Staffing***

The “Case Event Trajectories” study will use staff from HSRI, Westat, and Chapin Hall:

- 1) The data audit will require staff time to interview county staff and analyze the responses, and will be divided among the three companies.
- 2) Westat and Chapin Hall will conduct most of the work in the quantitative phase involving developing frequencies and identifying trajectories of interest.
- 3) HSRI and Westat will conduct the qualitative phase, which will include interviews of caseworkers, supervisors, administrators, and collaborating agencies.
- 4) Westat will be responsible for the final phase, the counterfactual modeling of the trajectories.
- 5) HSRI, Westat, and Chapin Hall will produce the report on the study findings and discuss the findings with the counties.

### 2.1.3 Expansion of Length of Stay Analysis

Building on the work in Years 4 and 5, the evaluation team proposes additional model development to revise the length-of-stay model to incorporate the recently revised FACSIS data. All additional model development will address changes in case mix, as did Year 4 and Year 5 analyses. The additional work also will incorporate the managed care index, which was not done previously, to see if the level of managed care utilization influenced the findings.

Did the Waiver affect length of stay, especially for placements in residential settings (which tend to be very service-intensive and costly)? The study team analyzed length of stay in detail in Year 5. However, following that analysis the study team received extensively revised data from Hamilton County, and the scope of the revisions invalidated some of the previous results and precluded presenting any findings on residential placements. Also, Hamilton County had to be excluded from the tables showing Waiver effects, and the “overall” findings in some tables had to be excluded. The study team proposes conducting an audit of Hamilton County’s data and revising the model during the extension so that the team can present complete findings on length of stay. In addition, based on feedback from the counties, the team will (1) explore incorporating other FACSIS variables in the analysis, and (2) add additional years of placement data to examine changes in later years of the Waiver.

### 2.1.4 Analysis of Children in Care at the Start of the Waiver

#### *Statement of Issues and Expected Impact of Waiver*

The length-of-stay and type-of-exit analyses conducted so far in the evaluation only included children whose first placements began after the Waiver’s starting date of January 1, 1998.<sup>2</sup> The analyses excluded children who were already in care at the start of the Waiver because initially the evaluation team heard from the counties that the new placements were the ones most likely to be affected by the Waiver. However, 62 percent of placement days in the first 2 years of the Waiver were used by children in care at the start of the Waiver. In addition, some counties later reported that they particularly focused on children who had been in care for a long time at the start of the Waiver, to try to move those children out of care. Thus, the experiences of these children may help in understanding the demonstration counties’ use of placement days and the lack of significant decreases under the Waiver. The proposed study on “Children in Care at the Start of the Waiver” will describe the custody types, exit types, and length of stay of these children, and through statistical modeling will assess any Waiver impacts.

Several county concerns pertaining to long stays in care underlie this analysis.

- *Increased numbers of children in permanent commitment.*<sup>3</sup> The state requires a permanency hearing when a child has been in care for 1 year. At that point, the temporary custody order expires and the court decides whether a child will stay in foster care with an extended temporary custody order, go to a relative’s custody, go into another system (such as mental health), go into a Permanent Planned Living Arrangement (PPLA), or go into Permanent Commitment (PC) in which parental rights are terminated and the child is

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<sup>2</sup> Although the Waiver began on October 1, 1997, the evaluation team uses January 1, 1998, as the date that the Waiver was fully implemented.

<sup>3</sup> Here “permanent commitment” includes the county category “permanent surrender.” In “permanent surrender,” the result is the same as “permanent commitment” but there are fewer procedural steps along the way.

made available for adoption. Around 20 per cent of the children in placement on 1/1/98 were in permanent commitment or surrender. By 12/31/02, nearly 40 per cent were in permanent commitment or surrender or had that custody type prior to discharge. More striking, of that still in placement on 12/31/02, 62 per cent were in permanent commitment. The 1-year requirement puts some pressure on caseworkers and families to progress quickly toward reunification or Termination of Parental Rights (TPR), and can result in more TPR and, thus, more children in PC and on the path to adoption. However, once a child is on an adoption path, counties must complete extensive casework procedures and meet court timelines, which limit the counties' ability to shorten the length of stay in care. One approach to gain a better understanding of the dynamics of long stays in care would be to analyze the steps between the points of TPR and adoption, identify counties where those steps happen more quickly or slowly and the length of stay until adoption is particularly long or short, then go into those counties and ask the caseworkers the reasons for the patterns in their counties. One important question to be answered is: What makes it hard to get long stayers out of care?

- *Increased numbers of children in PPLA.* Once children (usually teenagers) are put into PPLA, the counties generally stop trying to return the child home or get the child adopted. Instead, they assume that children in PPLA will age out of the child welfare system, usually at age 18. Overall, on 1/1/98, at the start of the Waiver, 13 per cent of the children in placement were in PPLA. By 12/31/02, 21 per cent of the children were in PPLA or had been in PPLA on their last day prior to discharge. But there may be large differences among the counties in PPLA dynamics that could help understand the difficulties in reducing placement days. Questions to be answered by this analysis include: At what age do children generally go into PPLA? Do most children actually stay in PPLA until age 18? How many children in PPLA go into subsidized guardianship? How many go into alternative systems? In counties where a lot of children actually leave PPLA before age 18, where do they go and what do those counties do to make that happen?
- *Increased numbers of children in court custody.* In at least two counties there has been an increase in the use of court custody, in which the court is financially responsible for the child (and receives the IV-E reimbursements) while the child welfare system provides services. Thus, the child welfare agency saves on placement days and placement costs for these children. So far, the evaluation has not analyzed the use of court custody as an alternative to paying for children's care. One concern is whether court custody results in slowing children's exit from care, since the children are no longer part of the Waiver and the child welfare agency is not experiencing pressure to shorten their length of stay. Another issue is children whose custody type changes in mid-stream (i.e., after their placement episode has started) – how often does that happen and why? From what we know to date, 94 percent of all custody episodes are in Hamilton. In fact, a preliminary look at the newer Hamilton data shows that 24 percent of all Hamilton custody episodes are court custody- therefore much of their activity. Most children that are assigned into court custody have no previous episodes and while some cases are still censored, it appears that few rarely have more than one episode. We do not know yet whether they have been involved in previous ongoing case episodes or in previous incidents of child abuse or neglect.

- *Whether long-term placements became less restrictive.* Costs will be less for children in less restrictive placements such as foster homes than for children in more restrictive placements such as residential treatment centers, although number of placement days may not be affected. Thus, one way to reduce costs is to move children from placements that are more restrictive to less, even if length of stay does not shorten. Although the evaluation addressed this issue somewhat in Year 2, a new analysis of children in long stays at the beginning of the Waiver may produce a better understanding of the counties' efforts to reduce restrictiveness of placement settings. Particularly in the case of children in PPLA, the counties may not be able to move them out of foster care but may be able to move them to less restrictive settings.

### ***Work plan***

The overall approach will be to compare the experiences of the children who had been in care for at least 1 year as of January 1, 1998, with the children who had been in care for at least 1 year as of an earlier (pre-Waiver) date.

Step 1: The pre-Waiver date should be early enough that the overlap of children in both data sets is minimized, but not so early that major policy and system changes were likely to have caused any changes observed. The pre-Waiver data set cannot be earlier than 1991 since that is the earliest date that FACSIS data are available for the evaluation. The first step will be to ascertain the amount of overlap for various dates, then select a pre-Waiver data set that satisfies both conditions – far enough apart in time that there is a minimal amount of overlap, and close enough together that intervening events are also minimal. To date we have learned that 10/1/90 is the earliest start date for any child. While there is policy reason to try and move forward in to the 90's as far as possible, the overlap increases greatly from year to year. An alternative approach might be to establish a group of children who are in both data sets, then randomly assigning each child in that group either to the pre-Waiver group or to the group in care on 1/1/98.

The evaluation team selected a time-in-care of at least 1 year to reflect the fact that the permanency hearing takes place at that point and it would allow an analysis of the events that take place after the hearing. A shorter time-in-care would include children who had not yet reached the 1-year point, so there likely would be little effect on those children. A longer time-in-care (such as 18 or 24 months) would miss the children who were in care at least 1 year but exited care by the later cut-off, and so may miss important Waiver effects.

Timeline: January 2005

Step 2: After the evaluation team has selected the pre-Waiver group, (following the steps outlined above), the next step will be to conduct a data audit to obtain a better understanding of the data available in FACSIS and how the counties coded various cases and events. The evaluation team will assess the FACSIS data to identify where there are ambiguities, then select a random sample (as large as possible, based on available resources) from among the cases with ambiguities and ask the counties to review the records to clarify the case and custody types.

Counties have indicated that one important focus in understanding long stayers, for example, is court custody, court agreements, and the issue of "court dumping." In court custody, the court takes custody of the child and the child welfare agency provides services. The

evaluation team will explore how consistently the counties coded custody type as court custody and what “court custody” means in the various counties. In 5 counties, the court pays the child welfare agency for services provided in court custody cases; the evaluation team will explore how this influenced the services provided and the outcomes observed. And the evaluation team will explore with the counties the issue of “court dumping,” in which the court uses the child welfare system for cases not involving child abuse and neglect – instead, they are generally cases deemed unruly or involving status offenders. In some counties, particularly larger ones such as Hamilton, the courts collect data and the evaluation team will include an audit of the court data, as much as possible.

Another issue to explore in the data audit is the extent to which siblings can be identified in FACSIS. Whether a child has siblings may influence the length of stay in foster care; a county may try to keep siblings together, which may result in longer placements if it takes longer to find an adoptive home for a group of siblings compared to a lone child. Thus, this is a variable to include in the modeling, if the data permit. The evaluation team will explore this issue through interviews with the counties.

The data audit also will explore the steps between permanent commitment and adoption, and how those steps are documented in the data system. To fully understand placement day usage, it will be important to understand those steps and where the counties can reasonably be expected to make changes. The evaluation team will explore this issue also through interviews with the counties.

Timeline: January-April 2005

Step 3: Following the data audit, the next step will be to produce a descriptive analysis of the groups of children in care as of the two dates selected (1/1/98 and the pre-Waiver date). This analysis will include child characteristics such as age, gender, and race/ethnicity; system characteristics such as size and degree of urbanicity; custody type; presence of siblings (if available in FACSIS); and placement type. This analysis will help understand how the placement caseloads changed over the time period examined, and may uncover important differences to include in the statistical modeling.

The modeling will follow the counterfactual approach used in Year 5 and described in the Fifth Annual Report. FACSIS data are available through 12/31/02, so the evaluation team will know the lengths of stay and types of exits for most of the children in the two groups. However, among the 8,888 children who had been in care on 1/1/98, 13 percent were still in care on 12/31/02, so their lengths of stay and types of exit must be imputed using the survival analysis methodology described in the Fifth Annual Report. If we chose to use solely those in care for more than year on 1/1/98, 4595 children, 19 percent would be censored as of 12/31/02. For children two years in care as of 1/1/98, 2,524 children, 24% are still in care and censored as of 12/31/02. The following are examples of estimates that could be produced, and the counterfactual modeling will uncover statistically significant Waiver effects at the county and overall levels:

- *Permanent Commitment (PC)*: number of PC cases; exit types for those cases; length of time from placement to PC; length of time from PC to adoption (where adoption is the exit type); length of time from PC to other exit types; ages of children when they go into PC; and ages of children when they exit PC.

- *Permanent Planned Living Arrangements (PPLA)*: number of PPLA cases; exit types for those cases; length of time from placement to PPLA; length of time from PPLA to exit from care; ages of children when they go into PPLA; and ages of children when they exit PPLA.
- *Court Custody*: number of court custody cases; length of stay for court custody cases; exit type for court custody cases; and number of cases where the custody type changed to or from court custody after the placement started.
- *Placement restrictiveness*: percentage of all placements in which the placement type moved from restrictive (group homes, residential treatment centers, hospitals) to less restrictive (foster care homes), and those that moved from less restrictive to more restrictive; and percentage of PPLA cases with those changes in restrictiveness.

Timeline: May 2005 into next contract period

Step 4: Following the modeling, the evaluation team will select counties for follow-up site visits to find out the reasons for the patterns found. For example, in counties where the time from PC to adoption is particularly long or particularly short, what happens in those counties? In counties where significantly more children exit PPLA before age 18, what do those counties do to make that happen? In counties with a substantial use of court custody, why has that happened?

Timeline: next contract period

Step 5: The final activity in the study will involve writing a report presenting the findings, and meeting with the counties to discuss the findings.

Timeline: next contract period

### ***Staffing***

The study on “Children in Care at the Start of the Waiver” will involve staff from HSRI and Westat:

- The selection of the date for the pre-Waiver group of children will require that Westat determine the overlap of children who are in pre-Waiver groups (at various times) and the group in care on 1/1/98.
- The data audit will require staff time to interview county staff and analyze the responses, and will be divided between the two companies.
- Westat will be responsible for the descriptive analysis and the statistical modeling.
- HSRI and Westat will conduct the follow-up site visits.
- HSRI and Westat will produce the report on the study findings and discuss the findings with the counties.

### **2.1.5 Continuation of Caseload Dynamics**

The study team proposes continuing to report on county-level trends in caseload dynamics -- including such things as the number of reported abuse and neglect incidents; use of in-home vs. placement services; number of children in ongoing cases; volume of children entering first placements; and case mix of children -- incorporating later years of placement data. Additional trend reports will be added to measure outcomes for new initiatives offered by counties which are not being examined in a special study.

## **2.2 FISCAL OUTCOMES STUDY**

The purpose of the Fiscal Outcomes Study is to judge whether or not demonstration counties changed child welfare expenditure patterns, and if so, how expenditure patterns changed. As with the other studies that comprise the ProtectOhio evaluation, this judgment is based on the evaluation of the group of demonstration counties compared to the group of comparison counties. Using the data available during the evaluation, the team examined whether or not the group of demonstration counties showed evidence of different child welfare spending patterns than the comparison counties using historical baselines. If a significantly different range of expenditure patterns existed among demonstration counties compared to comparison counties, the team concluded that it was possible that the differences between the two groups arose because demonstration counties received Title IV-E foster care funds as unrestricted child welfare revenue and comparison counties did not. Findings from the first five years of the evaluation are described in Chapter 4 of the Final Comprehensive Report.

Throughout the first five years of the Waiver evaluation, the Fiscal Study team systematically gathered expenditure data from each PCSA in the evaluation, creating a comprehensive database on spending for foster care and other child welfare activities. Because many of the demonstration counties initiated changes in practice at various points during the Waiver, it is reasonable to expect that some reforms had not been in place long enough to observe effects on spending patterns. For this reason, continuation of the fiscal data collection process is a high priority for the evaluation. During the Waiver extension, the Fiscal Study team will continue to gather data as it has in the past and provide similar analysis to report changes in child welfare expenditures for demonstration vs. comparison counties.

## **2.3 PROCESS IMPLEMENTATION STUDY**

During the course of the Waiver evaluation, the Process Implementation Study team explored numerous aspects of county child welfare practice. The intent of this part of the evaluation was to provide a context for understanding changes in participant outcomes and fiscal outcomes, describing the most important changes that evolved in PCSA operations. In the first five years of the evaluation, the Process Implementation Study team used a number of different strategies to collect the information: through a combination of site visits, focus groups, telephone interviews, and written surveys, the team has amassed a significant amount of qualitative and quantitative information.

During the extension of the Waiver, the Process Implementation Study team will continue to track program and infrastructure changes in all 28 counties, building on the information that has been collected during the first five years of the Waiver. Data will be compiled through a combination of site visits, telephone interviews and surveys. These activities will take place in conjunction with the activities that will take place as part of the data audit for the Participant Outcome study and the Special Study activities described below, allowing the study team to most efficiently utilize evaluation resources for travel purposes.

## **2.4 SPECIAL STUDIES**

The following section describes the major “special studies” initially identified by the Evaluation Team and presented to the Consortium for discussion in late 2003. These four topics – use of relatives, availability and access to mental health services, juvenile court referrals, and managed care – have been refined during the Bridge period. In each section below, we describe the detailed evaluation approach initially conceived by the evaluation team, and then we present the modified version of the topic which emerged from discussions with the Consortium counties during the summer of 2004. It is important to note that such modifications are ongoing; the evaluation topics will be fully defined and the research approach finalized in the early stages of the new evaluation contract for the Waiver Extension.

### **2.4.1 Use of Relatives**

#### ***Issues and Expected Impact of Waiver***

Hypothesis: All child welfare agencies seek to increase use of relatives as caregivers, as a substitute for public agency custody and/or paid placement. In introducing the Waiver as a factor, it can be argued that having more flexible use of IV-E funds will enable PCSAs to spend more resources to identify potential relative caregivers, and to support those placements with cash and in-kind services. Therefore, we hypothesize that, during the Waiver period, demonstration counties will increase their use of relative caregivers more than will comparison sites.

What we have learned so far: Nationally, the use of relatives has reportedly grown substantially in recent years, and has become increasingly controversial (i.e. 01-02 federal directive). In ProtectOhio, demonstration counties have turned to relative caregivers as a relatively easy way to reduce paid placement days; they argue that the Waiver has enabled them to make greater use of relatives because the flexible funds can be spent on supports for kinship providers.

Relatives become caregivers at three distinct points: (1) prior to PCSA custody, as an informal arrangement of “respite” or even a formal transfer of custody, preferable because parents remain well connected and TPR is not a question; (2) as a placement setting while the child is in PCSA custody, either as a formal placement with the court involved, or under voluntary agreement; and (3) as a destination when a child exits PCSA custody.

*Data availability*: We currently have only anecdotal data on the first group; because the child was never in PCSA custody, there is no FACSIS record. However, some counties may track these children in their Micro-FACSIS systems. On the second group, we have data for FFY

1996 through 2000 (and can likely easily update through 2002?). Data on the third group is restricted to children who exited their first placement during the Waiver period.

The Year 5 analysis found that under the Waiver, over 18 percent of exits from all first placements were to relatives' custody, while it would have been about 14.5 percent without the Waiver, a statistically significant difference. Also, use of relative placements increased significantly in four demonstration counties, and the use of exits to relatives' custody increased significantly in six demonstration counties.

The attached table looks at some of the data readily available – change in children in relative care, change in % dispositions that result in custody to relative, and, for demos only, change in first placement setting with relatives and exit to relative custody. No clear pattern appears across these data items. In addition, the qualitative information about the most frequent way a PCSA uses relative placement (from Table 5.4 page 139 in Y5 report) does not correspond to other data as expected; for example, PCSAs that most often have custody go directly to the relative (“informal”) would be expected to have low numbers of children in relative care because they would not be in FACSIS, but while all the informal counties tend to have low numbers, other counties do too.

Key Issues: The data we have in the table below is not complete; we have different years for various items. We do not yet know the basics about the magnitude of use of relatives, which would enable us to identify counties with the greatest increase in use during the Waiver. We know some things about particular efforts that PCSAs have undertaken to increase kinship homes, but we could learn more details to enable us to identify mechanisms (e.g. support services) that seem to be most successful in generating relative arrangements. Finally, we know some things about the increase in exits to relative custody as a Waiver-related outcome, but we need to learn more about the impact of relative care on child safety (re-entry into care), and more detail about placement duration. Among the questions that need to be addressed:

- ◆ Since the Waiver began, have demos changed the amount they use relative caregivers (all 3 types), and how does their change compare to changes in comparison counties?
- ◆ Are children placed with relatives (#2) more likely to exit placement to relative custody (#3) compared to children in other types of placement? Does it make a difference whether the relative placement was a voluntary agreement?
- ◆ Are children placed with relatives (#2) likely to exit foster care more quickly than children in other types of placements? Are they likely to exit to relative custody more quickly than other children exiting to relative custody?
- ◆ Are children exiting to relative custody likely to experience re-entry more often or more quickly than other children exiting?

Additional qualitative questions:

- ◆ What policies of the PCSA contribute to the increase in relative caregivers? We know some of the policies – whether or not the PCSA pays per diem or offers any financial support, whether they give services and in-kind materials, whether or not they most often take custody prior to transferring custody to the relative. But these data do not appear to be consistent with

the limited FACSIS data we have on extent of relative placements or custody to relatives (see attached table).

- ◆ How systematically does each county track use of relative caregivers when the data is not in the regular FACSIS system? Does any county track expenditures used for relative caregivers?

### ***Work Plan***

1. Additional analysis of FACSIS data, presenting data by FFY by county for non-licensed relative care, custody to relative pre or post placement. In addition, some cross-tabulations of type of placement with exit destination.

We have already planned to do more modeling of re-entry frequency and duration for children exiting to relative custody. The team proposes to examine safety outcomes in the counties that experienced increases in either relative placements or exit to relatives' custody. In these counties, what happened to children initially placed with relatives? Are children more often being immediately placed with relatives in lieu of or during an investigation? Are children placed with relatives more likely to exit placement to the custody of a relative? Are they more likely to experience re-entry?

Timeline: January-March 2005

2. Interviews with key PCSA staff to discuss patterns in their data; for example, existing data shows Greene with increases in children in relative placements, first placement settings with relatives, and exit from first placement to relative custody, while Medina showed declines in all three variables, and other demo counties had mix of increases and decreases. It would also be important to discuss the county's plans should the 01-02 regulations be implemented; the continuing ambiguity around the proposed policy change may be inhibiting county use of relatives and thus obscuring any Waiver effect.

Timeline: March-June 2005

3. Progress report on accomplishments through June 30, 2005.
4. Audit county MicroFACSIS systems to identify counties which track use of relative care when the PCSA does not take custody; Franklin may be the only one to fully track these cases. To the extent possible, analyze the MicroFACSIS data to better understand usage patterns.

Timeline: next contract period.

### ***Staffing***

Additional FACSIS analysis – HSRI working with Westat.

Interviews in all counties – HSRI and Westat together do site visits to up to 10 counties with complex patterns in the data, doing the rest by phone. On-site would be 2 people for 1 day in 10 counties, plus 1 day for prep and write-up per county per person; telephone would be 1 day for 18 counties, divided between HSRI and Westat, including prep, interview and write-up.

Analysis of MicroFACSYS data could be extensive or very little – not in this contract.

## **2.4.2 Mental Health and Substance Abuse Services**

### ***Issues and Expected Impact of Waiver:***

Timely access to and the adequacy of both mental health and substance abuse assessment and treatment services has been an issue in both demonstration and comparison counties. Several demonstration counties are spending flexible Title IV-E funds to pay for services that should be available through Medicaid for eligible clients. In spite of federal law that guarantees access to needed Medicaid services for all eligible children, mental health and substance abuse assessments and services can be difficult to access (with long wait lists), inappropriate for the needs of the child or family, or of poor quality. The Waiver was intended to provide flexibility to agencies in order to spend categorical placement-related funds for services needed to prevent placement or reduce length of stay. However using federal Title IV-E funds to pay for therapeutic services that are guaranteed through the federal Medicaid program was not a purpose of the Waiver.

Like all but one state for which the federal Child and Family Service Review process has been completed, Ohio failed to achieve the minimum standard for provision of mental health services. It is likely that the dearth of adequate, appropriate, and timely mental health services for the child welfare population has led to demonstration counties using Title IV-E funds to develop therapeutic services that should be provided through Medicaid.

Hypothesis: This study will examine differences in the receipt of mental health services between demonstration and comparison counties, based on the assumption that with the flexibility offered by the Waiver, demonstration counties would be more likely to meet the mental health needs of their clients by using Waiver funds to purchase or develop mental health services. Better access to mental health and substance abuse assessment and services is expected to impact the outcomes of preventing placement and reducing length of stay.

### ***Work Plan***

1. *Examine case records:* Case records in all four large counties and 4 medium sized counties (half demo and half comparison) will be examined. The case records will be reviewed to see if mental health needs have been identified and addressed. We will look at mental health needs and service referral, service receipt. We will also check for assessment of needs, timeliness of service receipt, adequacy of service, and alternatives provided in lieu of service availability, by addressing the following questions for each case:
  - a. Is there any evidence of mental health/ substance abuse problems/ issues in parents or children?
  - b. Is there any evidence of assessment of mental health/ substance abuse issues (referral to services, diagnostic assessment results, etc.)? Was assessment timely (within 30 days)?
  - c. Is there any evidence of referral to mental health/ substance abuse services?

- d. Is there any evidence of receipt of mental health/ substance abuse services? What services were provided? Was the lag time between referral and service receipt reasonable (less than 30 days)? Were the services appropriate to the needs?
- e. Is there any evidence that lack of availability of mental health/ substance abuse services led to unnecessary placement of children, unnecessary length of stay in placement, or unnecessarily restrictive placement of children?

Timeline: January-April 2005

2. *Sample case records:* In the large counties, we will sample 30 records per county, except in Franklin (40 from managed care org, 40 from traditional service system). In smaller counties, we will sample 20 records from each county. In order increase the likelihood of selecting families with mental health needs, we will select cases where at least one child in care is over 10 years of age, where the case has been open for at least 6 months, and where the family has had more than two CAN reports during the last 5 years.

Timeline: April 2005 into next contract period

3. *Coding and cleaning data.*

Timeline: next contract period

4. *Data analysis and county discussions:* After collecting the data on mental health/ substance abuse services, we will summarize the issues that emerge from data collection, meet with group of workers/ administrators to determine rationale behind interesting service/ non-service patterns.

Timeline: next contract period

5. *Meet with workers and administrators in eight counties*

Timeline: next contract period

6. *Analysis of data and report writing (HSRI,IHSM)*

Timeline: next contract period

### ***Staffing***

HSRI and IHSM will work together on this study, developing the record review process and analyzing data and meeting with county representatives in 8 counties. HSRI staff will take the lead on sampling case records and coding, and cleaning the data.

### **2.4.3 Juvenile Court**

#### ***Issues and Expected Impact of Waiver***

In Years 2 and 4, we explored the perception of severity of inappropriate referrals and gathered some details about programs that were developed in response to the ‘dumping’ issue. In Year 5, we explored discrepancies between the perception and reality of the dumping issue. Yet, we still have not been able to

- confidently identify how many court cases are served by each PCSA

- consistently gathered details about programs or services that were developed to limit the number of children who come from the court *or* to better serve the children that come from the court.

For this study, we will try to better understand the severity of the dumping problem by developing an algorithm to define and count children who came from the juvenile court. We will then document the programs/strategies that were developed in response to court dumping. Finally, we will explore if such efforts impact outcomes for court children vs. non-court children and Waiver court kids vs. non-Waiver court kids.

Hypothesis: Waiver provides flexibility to contribute financially to collaborative efforts with court. Waiver counties develop programs/strategies that better serve children from the court system there is a decrease the number of court cases with PCSA custody (diverting completely) or an improvement in outcomes for court cases with PCSA custody.

### **Work Plan**

- 1) *Define and measure court referred population (HSRI, Westat<sup>4</sup>):* The evaluation team has already spent some time during the Bridge period exploring this data (see Section 1.2 of this report, bullet number 3). We will continue this process, using the FACSIS data we currently have to estimate the number of cases where the court has given the PCSA custody of an unruly or delinquent child with no evident of abuse or neglect; this will be known as the ‘court referred’ population. We will use a number of variables to slowly narrow down this population: age, an a/n incident within 30-60 days of placement, an adjudication of a/n, a disposition of a/n, court custody from the onset of placement, the reason the case came into care, an open date within one year of an a/n incident (if child not in foster care at time of incident), etc. Using all of these variables, we will be able to funnel down the cases so that what we are left with only the ‘court referred’ population. HSRI will help determine programmatically which kids are court kids.
  - a. *Finish defining populations: exploring variables to be used in funnel, in consultation with the data committee.* We need to come up with a good definition to help make decisions in determining algorithm. We need to talk to counties about what variables to look at and how IV-E courts work in each county. Most of this has been done in the bridge. We estimate that it will take the same amount of time at the beginning of the extension to complete this step.
  - b. *Determine data audit questions:* The general method for the case audit would be to run a list of ‘court kids’ to give to counties for review prior to audit visit. (To assure our assumptions give us an accurate population count, we will use a combination of methods in the audit: 1) pick sample of cases and call workers to determine if they are court cases, giving us an error rate (but wouldn’t work for older cases)., 2) use county event if available or simply a list of court kids, as a way to check our estimates, or 3) audit case records.)

Timeline: January-February 2005

2. *Check algorithm (HSRI, Westat):* There may also be some cases we simply won’t be able to determine if they should be included in this population. For this group, we might

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<sup>4</sup> This work will actually identify 3 populations: Court referred (dependency, delinquency, unruly), abused and neglected, and voluntary (possibly).

sample the group and determine what percentage belong in the court referred population and extrapolate from there.

- a. *Fix algorithm based on audit findings.* Budget assumes we have some mistakes, but we aren't completely off base with the algorithm
- b. *Share corrected list of 'court kids' to data committee members* to see if we've got it right now. Budgeted for a conference call, but might need to be a visit. We'd again, give the counties a list prior to conversation so they could review list with data staff or caseworkers. This is currently budgeted as a phone process, rather than a trip.
- c. *Report findings:* Report findings using frequencies by year, by county, by population type.

Timeline: April-June 2005

3. *Telephone Interviews: assess strategies developed to impact court referred children (HSRI):* We will develop a telephone interview for all 28 counties to determine if the local PCSAs have developed programs or strategies to better address the needs of the cases that come from the court. We will talk to the PCSA director and/or the supervisor most involved in court cases. We would want to explore details for the effort, goals of the effort (diversion or advanced warning), start date (only efforts since October 1997), etc. Using information collected from the survey, we would be able to identify counties who had truly focused on addressing the needs of children coming from the court.
  - a. *Develop telephone interview guide*
  - b. *Conduct telephone interviews*
  - c. *Write up and analyze findings*

Timeline: April 2005 into next contract period

4. *Gathering FACSIS outcomes data (HSRI, Westat).*
  - a. In counties where efforts were made to better serve kids from the court (identified in Step 2), we would analyze how these efforts impacted child outcomes. We would explore if court children are given different amounts of valuable resources/slots: do we see a decrease in LOS, a decrease level of care provided (length of time to exit from fc and where they exit to), a better array of services provided? (The issue of better services provided would have to be explored qualitatively, sampling cases and determining what services were provided through case reviews.) We would need to control for shifts in caseloads.
  - b. We would examine FACSIS data to see if cases were diverted or served differently, looking at 3 population variables:
  - c. There is a concern that it will be difficult to see if kids were diverted from the PCSA because of the programs/strategies developed: this 'court referral' population could have changed from baseline to Year 5 for any number of reasons, maybe due to the Waiver, but also due to changes in teen population within the county.
  - d. We would not do an analysis of change over time. Rather, Step #1 identifies the court kids and Step #3 looks at how outcomes are different for various populations.

- e. Budget estimates are simply based on staffing needs that Westat estimated for the Franklin County project; George said level of Westat effort would be the same.

Timeline: next contract period

5. *Follow-up site visits (HSRI):* In late summer, using counties identified in Step 2, (where there were significant efforts to develop court programming), we would conduct site visits with management staff and court staff to gather more details about the efforts, explore the numbers gathered in Step 3, and explore how they support or contradict each other. How were they able to fund these efforts? Do they believe it was possible because of the Waiver?
  - a. Determine counties to visit and develop guide
  - b. Conduct site visit: assume 10 counties at a day in each, plus travel days (3 trips)
  - c. Write up site visits and analyze findings

Timeline: next contract period

6. *Analysis and reporting (HSRI, Westat, IHSM):* We would examine if there is a difference in prevalence of court kids or program types between demonstration and comparison counties. We would explore if more efforts took place in demonstration counties. We would also explore if the FACSIS data on court referrals was more impacted in demonstration counties, compared to the comparison group. In reporting the findings, we would provide a very detailed description of the efforts that were described in our interviews, providing specific examples of how counties developed strategies to better serve children from the court, hypothesizing about the impact of the Waiver.

Timeline: next contract period

	<i>Court Program/Strategy</i>	<i>No Court Program/Strategy</i>
Demonstration Counties	Court Children	Court Children
	Non-Court Children	
	Voluntary Cases	
Comparison Counties	Court Children	Court Children
	Non-Court Children	
	Voluntary Cases	

***Staffing***

HSRI staff will work closely with Westat analyst and programmer to develop algorithm and to explore FACSIS outcomes. HSRI will conduct follow-up site visits and then work with Westat on the final analysis and reporting. IHSM will provide some consultation on this study.

#### 2.4.4 Managed Care

*Note:* When this study was originally written, the evaluation team developed a research design with the intent on specifically focusing on the managed contract in Franklin County. However, after discussions with the Consortium group, the team has agreed to broaden this study to include discussions with other evaluation counties regarding their use of managed care contracts and to continue to utilize the managed care index developed in the first five years of the evaluation. The following description has not been updated to include this exploration in other counties. The evaluation team will modify this design accordingly once the Extension contract is granted.

##### *Issues and Expected Impact of Waiver*

Several counties, with Franklin County as a prime example, implemented managed care strategies as an integral part of their Waiver initiatives. An evaluation of Franklin County's managed care experiment could help answer the question: *Does the use of managed care strategies such as case rates and risk sharing lead to better outcomes for children and families?*

Franklin County is using the flexibility of the Waiver to contract with two private service provider networks and randomly assigns open cases among the two contractors and the PCSA. Intake, investigation, and adoption continue to be the responsibility of the PCSA, while ongoing case management and all services indicated by the treatment plan (including foster care placement) are the responsibility of the contractors. The contractors receive a case rate for each referral (i.e., a flat amount for each child referred, regardless of services needed) and must accept all children referred to them. (However, risk corridors and stop-loss provisions limit their financial risk.) In addition to risk sharing, Franklin County has particularly focused on utilization review and quality assurance. As would be expected, given these provisions, in Year 4 of the evaluation Franklin County had one of the highest scores on the use of managed care. Along with the high managed care score, Franklin County's initiative features random assignment of children to private contractor or public agency. Thus it offers a unique opportunity to assess the impact of managed care on children and families.

The evaluation team to date has examined overall outcomes for Franklin County's Waiver initiative. This analysis showed that the initiative reduced the median duration of first placements by nearly a month compared to what the duration would have been in the absence of the Waiver. This was driven by a reduction in durations of placements ending with reunification. The Waiver also decreased the proportion of exits to reunification and increased exits to relatives' custody. And the Waiver had no effect on two safety outcomes examined – re-entry to placement after reunification, and median duration of reunification before re-entry. A third safety outcome, running away, was negatively impacted by the Waiver – the runaway rate, although small, was double what it would have been in the absence of the Waiver.

These findings gave no indication as to how outcomes differed between children served by the PCSA and children served through the managed care contracts. The proposed study, "Franklin County's Managed Care Experiment," would compare children assigned to the PCSA with children assigned to the contractors on the following, as well as other characteristics and outcomes that will emerge during the early phase of the study:

- Characteristics and risk levels;
- Placement history and service utilization; and

- Permanency and safety outcomes, including likelihood of placement, length of stay, type of exit, re-entry into care, and multiple case openings.

**Hypothesis:** The study will examine the impact of a managed care contract on outcomes for children. With the random assignment of cases to the PCSA vs. the contracted provider, we will be able to test if children served by the contractor are able to move more quickly through the child welfare system, receive a lower level of care (i.e. in-home rather than placement), and have fewer re-entries into the system. This study will test if a capitated rate and risk sharing allows the contractor to provide more individualized services and keep the level of care (and thus cost) lower than the PCSA is able to do.

**Work Plan**

The study “Franklin County’s Managed Care Experiment” will use 5 years of FACSIS data (covering the Waiver period 1/1/98-12/31/02) to compare the two groups of children (PCSA-served and contractor-served). In addition, Franklin County has extensive local data, not reported to the state, which will be used in the study. Statistical modeling will uncover significant differences between the two groups.

1. *Data audit and qualitative data collection (HSRI, Westat):* to help the evaluation team understand the goals and processes of the managed care initiative. The data audit will allow the evaluation team to learn what data are available in the local system, and how various events and outcomes were coded. The qualitative data collection will involve interviews with county administrators to probe for information on the goals of the initiative and the process of random assignment. Understanding the goals of the initiative is important in selecting the outcomes of interest; for example, was the goal to reduce placements or to reduce length of stay? Reducing placements may cause the length of stay to increase, as the children who would have been in placement for only a short time are not placed but served in-home. In addition, the evaluation team will need to learn about the random assignment process: at what point were cases assigned? Were particular cases excluded from the random assignment? How did the agency make sure that the assignment was random?

The qualitative data collection also will include interviews with the contractors. It appears that one goal of the initiative was for the managed care contracts to increase the availability of home and community-based services for children and families, and the evaluation team will need to learn whether and how this was achieved. Were the contractors able to increase the number, range, or appropriateness of services available? For which types of services? What were the barriers? How were they addressed?

Timeline: April 2005 into next contract

2. *Develop an evaluation plan (HSRI, Westat):* Following the data audit and qualitative data collection, the next step will be to develop an evaluation plan that incorporates the goals and processes of the managed care initiative, specifies the variables of interest, and presents the methodology and analytic strategies for determining whether the outcomes were different depending on whether children were served by contractors or public agency. The evaluation team will assess the effectiveness of the random assignment by comparing percentages for baseline characteristics such as age, race, gender, and discuss the plan with Franklin County staff to ensure that it captures the essence of the initiative and will produce information that will be useful to the county and state.

Timeline: April-June 2005

3. *Collect additional data (Westat):* When the evaluation plan is finalized, the team will collect additional data (beyond the FACSIS data that the team already has) and conduct the analysis. The findings will be presented in a report and meeting with the county and state.

(We might want to consider a follow-up study in the second half of the waiver. If we find differences in the first study, we can interview caseworkers longitudinally with newly assigned cases to learn about the different services and decision-making between the public and private workers.)

Timeline: next contract period

4. *Produce the report and discuss with county and state (HSRI, Westat).*

Timeline: next contract period

### ***Staffing***

The study on “Franklin County’s Managed Care Experiment” will involve staff from HSRI and Westat. The data audit will require HSRI and Westat staff time to interview county staff and analyze the responses, and will be divided between the two companies. HSRI and Westat will develop the evaluation plan, work together to collect additional data and conducting the analyses, and produce the report on the study findings and discuss the findings with the county and state.

### **2.4.5 New Special Study Topics Still to be Developed: Adoption, Visitation, and Family Meetings**

After meeting with Consortium members during the Bridge period, it became clear to the evaluation team that there were several topics which demonstration counties clearly wanted to pursue as part of their Waiver flexibility, topics for which the evaluation team had not yet developed research designs. The following section provides some initial thoughts on these three new topics, based on discussions at the July 2004 Consortium meetings. The evaluation team will use these notes to develop a detailed work plan once the Waiver extension evaluation has been authorized.

#### ***Adoption Subsidies***

How do we know we are doing the strategy (definition)? The major activity for this strategy is the provision of enhanced adoption assistance to adoptive families, supplementing the \$250 monthly state rate.

Critical components for this strategy would include a written policy and application defining: criteria for when to offer it; criteria for eligibility for the enhanced rate [AA only and/or SAMS]; criteria for rate compared to foster parent rate and if there is consideration of exceptional rate.

How do we know we succeeded (logic model)? *Intermediate outcomes* might include (a) more workers knowing about the enhanced option and having discussions of adoptions with more families, (b) more families coming forward to be adoptive parents. These might lead to *outcomes* such as (c) increased number of finalized adoptions, (d) faster rate of adoptions, (e) reduced rate of disruption and dissolution.

How does the Waiver enhance this strategy? Flexible dollars are necessary to support enhanced rate.

Questions to pursue at August meeting:

- A. Post-adoption Services: Should this be considered as part of the subsidy strategy or as a separate strategy? It can be expected to directly influence disruption rate, as well as possibly influence initial adoption decision.
- B. What other steps might be added to the logic model, to explain the process more fully? What is it about the subsidy that makes adoptive parents more likely to take the step and to stick with it through difficulties -- peer support, ready access to services and the case worker? Without this additional explanation, it looks like we believe that it is just the money that makes the difference. If that is the case, then perhaps an intermediate outcome of “reduced stress on adoptive parents”?
- C. Should this strategy be adoption “subsidies” or adoption “subsidies and supports”, thereby including services and access to case worker as critical aspects influencing the success of the strategy?

***Visitation to promote reunification***

The evaluation team did not discuss this strategy in the break-out groups at the Consortium meetings, so it is necessarily less detailed and more open to revision in future meetings.

How do we know we are doing the strategy (definition)? (a) targeted to families where child is currently in placement; (b) use of a specific visitation center, (c) having a flexible array of activities and supervisory methods available, to better match with the family dynamics, (d) enhanced interactions between the parent and the case worker, outside of visitation sessions(?), and (e) increased frequency of parent-child communication outside of visits (?) or formal teaching of skills during the visits (?).

How do we know we succeeded (logic model)? For families participating in visitation, we expect *outputs* such as (a) attendance at visits according to established schedule, (b) frequent interactions between case worker and parent, and (c) participation in other activities outside of visitation schedule (these will be specified in the definition above). These activities will lead to *intermediate outcomes* such as (d) improved parent-child relationship, (e) enhanced interaction/communication skills of the parent, (f) improved child behavior during visits (this is to get some sense of whether child is less fearful, more comfortable, etc. with parent?), (g) improved parent satisfaction with the process of moving toward reunification. And all of this will lead to *outcomes* of (h) child returning home sooner – shorter length of time in placement, (i) child not re-entering placement.

How does the Waiver enhance this strategy? With flexible dollars, PCSA can (a) develop self-contained visitation location, (b) dedicate staff to this service, (c) ...

Questions to pursue at August meeting:

- A. How do we want to refine the definition of this strategy?
- B. What changes/additions do we want to make to the logic model?
- C. In what other ways does the Waiver enhance this strategy?

### ***Family team meetings***

How do we know we are doing the strategy (definition)? (a) Meetings over the entire life of the case; (b) including family members, friends and neighbors, providers, case worker, supervisor (membership largely determined by family); (c) used with families in open cases where child is in the home (no legally authorized placement, but child may be temporarily out of the home as part of safety plan).

Critical components of the intervention include: (a) presence of an external facilitator (details to be decided -- we discussed having a full-time facilitator versus using non-involved supervisor versus FCF coordinator acting as facilitator); (b) product of each meeting is specific, manageable tasks for certain members, for which they are held accountable; (c) ... (more specifics to be decided).

How do we know we succeeded (logic model)? Use of family team meetings will lead to *outputs* such as (a) members performing assigned tasks, being accountable; (b) family being more engaged in the process; (c) more prompt completion of a service assessment and linkages to needed services (because all key players attend meetings and commit to make services happen). This will lead to *intermediate outcomes* such as (d) stronger connection/relationship between case worker and family (because working together in meetings); (e) improvements in family behavior, related to issues identified in assessment and for which services were provided (this was not fully defined, whether talking about child or parents or both). And all of this will lead to *outcomes* of (f) child not going into placement, (g) case not being re-opened after it is closed, and (h) case remaining open for a shorter length of time.

*\*Also discussed but not specifically incorporated into this strategy:* (1) importance of close working relationship between assessment worker and intervention/ongoing services worker, to assure that initial assessment provides much or all of what is needed for “service assessment” and case plan; (2) perhaps defining the range of specific services that can be provided to the family as a result of the family team meeting; (3) close coordination with the provider, beyond the “assignments” made at the family team meeting; (4) having a core team working with certain children at high risk (this might be one of the available “services”, I guess).

How does the Waiver enhance this strategy? Flexible dollars (a) can pay for a full-time facilitator; (b) can purchase services directly so they are obtained more quickly.

#### Questions to pursue at August meeting:

- A. How do we want to further define the strategy, i.e. what are other “critical components” of the family team meeting process?
- B. Family engagement seems to mean that family members attend meetings and perform the tasks assigned; what are other things that show a family is engaged?
- C. Do we want to incorporate any of the other issues discussed (noted in the paragraph marked with \* above)?

### ***Kinship Care giving/Involvement (including subsidized guardianship)***

Note: This topic was discussed at the July 2004 Consortium meeting as a separate topic. However, after Consortium county deliberations, it was decided that exploration of the use of kinship care should be merged with the relative study described above in Section 2.2.1.

How do we know we are doing the strategy (definition)? There are two components to this -- informal and formal. Informal includes situations during investigation, when the county does not have custody and custody is given directly to relatives. Formal refers to cases where the county does have custody, and subsidy or one-time support and goods is offered.

For informal situations, there is an assessment conducted, a family [kinship] preservation plan is created. A home study is conducted, but custody arrangements are made in probate court.

For formal component of the strategy, a family contract is used in conjunction with custody agreement. Criteria are necessary to determine whether there is need for subsidy, length of time for subsidy, and level of payment.

How do we know we succeeded (logic model)? *Intermediate outcomes* might include (a) children feeling more secure, (b) children bonding better with parents; which in turn will lead to *outcomes* of, for the informal component, (c) reduced use of placement and (d) increased stability (less disruption). Outcomes for the formal component are (e) faster exit to the custody of the guardian [relative or other] and (f) increased stability and lower rate of reentry to placement.

How does the Waiver enhance this strategy? For the informal component, flexible dollars might be needed for one time only costs of fingerprinting equipping for home studies, contractor or staff to conduct home study. For the formal component, Waiver dollars are needed to support the guardianship subsidy.

### **3. NEXT STEPS**

The evaluation team is anxiously awaiting notification that the Waiver extension has been granted. We are excited to begin moving forward with the plans that we have laid out in this report. During the early stages of the new evaluation contract, HSRI will continue working with the Consortium group to further refine the seven ‘special study’ areas where demonstration counties will focus their efforts and where the evaluation team will monitor to measure the impact of the Waiver. The evaluation design plans will be finalized within 45 days after the new evaluation contract commences.

As soon as the evaluation contract is in place, the evaluation team will start to work intensively with demonstration counties to begin the foundational work on the data audit, working closely with the Data Committee. The evaluation team will also quickly initiate discussions with small groups of county representatives to begin to implement the first activities of the Special Studies, Process Implementation, the Participant Outcomes and the Fiscal Outcomes studies.