

CHAPTER 10:

CASE STUDY OF BELMONT COUNTY

This chapter presents an in-depth case study of one demonstration PCSA, Belmont County Children's Services, examining its evolution throughout the ProtectOhio Waiver. The case study includes qualitative information from telephone and in-person interviews with PCSA, court, and community agency staff; focus groups with program participants; and program observations. It also incorporates data from the fiscal analysis, caseload trend reports, and strategy outcome studies. The sections of the case study describe service delivery, internal PCSA structure, implementation of second-waiver strategies, interagency relationships, fiscal changes, outcomes, and reflections on the waiver impacts. The purpose of the case study is to illustrate the interconnections among the many varied findings of the ProtectOhio evaluation.

10.1 INTRODUCTION TO BELMONT COUNTY

Belmont County is a largely rural county in southeastern Ohio, on the border with West Virginia. The county encompasses 537.3 square miles; less than 2% of this land is classified as urban. The 2008 population of 67,975 represents a decline of 3.2% since 2000.¹ The county population is older and poorer than the overall population of Ohio, although more of the county residents have completed high school and somewhat more have jobs.

- In 2008, adults age 60 and older comprised 23% of the population, substantially more than statewide (19%). Children and youth under age 18 comprised 19.5% of the total population. Of these children, 22.7% lived in poverty, above the state-wide rate of 18.5%. The median household income in 2008 was \$37,941, lower than the statewide level.²
- The 2008 estimate of Medicaid enrollment was nearly 19% for county residents and 43.7% for children, greater than the statewide proportions of 15.6% of all residents and 34.8% of all children.³
- In 2008, the high school graduation rate was 90%, while the statewide rate was 84.6%.
- The unemployment rate in 2008 was 6.1%, compared to 6.5% across the state.⁴
- In 2006, the rate of child abuse and neglect was 12 per 1,000 children, well above the statewide rate of 10.1 per 1,000 children.⁵

In addition, a health needs assessment conducted by the Belmont County Health Department in 2009 found that that:⁶

¹ www.jfs.ohio.gov/County/cntypro/Belmont.pdf

² US Census Bureau

³ www.jfs.ohio.gov/County/cntypro/Belmont.pdf. This is a point-in-time estimate.

⁴ Bureau of Labor Statistics, <http://data.bls.gov:8080/PDQ/outside.jsp?survey=la>

⁵ <http://datacenter.kidscount.org>

- Teen pregnancies and births in the county were lower than the state average: the teen pregnancy rate was 31.0% for Belmont County and 39.7% for the state, while the adolescent birth rate was 17.8% for Belmont County and 19.6% for the state.
- The child death rate (ages 1-14) was lower in Belmont County (9.7%) than for the state (19.2%).

The following sections describe how Belmont County Children’s Services (BCCS) has changed over the course of the waiver, especially in terms of its service offerings, its internal structure, and its relationship to the larger community of child-serving agencies. This multi-dimensional shift appears to contribute to certain important changes in the outcomes experienced by children served by the PCSA.

10.2 EVOLUTION OF THE SERVICE DELIVERY SYSTEM

Belmont County’s goals for the Title IV-E waiver were to use the flexible funding to find new ways to alleviate risks and keep families together, as well as to help unruly/delinquent youth through more court involvement and services to help them learn to live on their own. BCCS hoped that the waiver would allow them to hire additional staff for the family preservation program in order to provide more services and devote less time to paperwork and case plans. BCCS believed that the waiver would help them to focus more on cases individually in order to explore new options for families. This section explores how services and BCCS’s internal structure evolved under the waivers.

10.2.1 Service Array

During the Year 1 site visit, staff reported that a major purpose in participating in the waiver was to prevent placement, reduce placement days, and use the savings to hire additional staff and develop new services. Interviewees reported that the PCSA Director at the time was quite focused on saving money on placements. And during the first waiver, BCCS staff reported that the flexible waiver funding did allow them to focus more on keeping families together. They could do “the smaller things” that were not possible before: e.g., have someone clean the house and teach the parents how to do it; provide tutoring, respite, and day care; or purchase services from a mental health counselor or in-home medical provider. They could use the flexible funding to provide support to relatives who care for children; they could pay for babysitters, rent, food, etc., and this encourages the relatives to take the children. They also used the waiver funding to create a BCCS parenting-toddlers class. As the BCCS administrator said in 2003, “The waiver helped increase Children’s Services’ use of creative and aggressive thinking in providing services to children and families. In the past we used to think that having more children in placement was beneficial to the community and protective of the children. Now we are thinking more creatively in developing services.”

Another potential source of flexible funding that might have affected child welfare never materialized. In the mid-1990’s, Belmont County had wanted to implement Casey’s Family to Family program – they submitted a budget request, developed a plan, and focused on finding new adoption families and training additional foster homes. However, there was turmoil in the agency in the late 1990’s (discussed later) and the Casey funding was discontinued, so the initiative was never fully implemented, never part of either waiver, and eventually dropped.

⁶From www.belmontcountyhealth.org

In the third year of the first waiver, BCCS used the waiver’s flexible funding to implement assisted guardianships and to begin developing a standards manual. A case manager position was created to work with the probation officer and court, focusing on youth ages 16 to 18 to decide whether they should be involved with BCCS or the court.

Over the course of the waivers, BCCS has given particular attention to older youth. Independent living services for youth improved over the years, according to BCCS staff. During the first few years of the first waiver, staff viewed their independent living program as insufficient. The staff person assigned to the program was viewed as not accomplishing much, either in assessments or services. Then Belmont County received some federal money under the Work Force Investment Act to provide services to teens, and BCCS clients had access to these services (but no longer do). Currently, BCCS does not have an independent living program but youth in custody have individualized emancipation plans coordinated by their caseworkers.

In Belmont County, child welfare is situated within the county Department of Human Services, which enhances communication among child welfare, child support, income maintenance, and job training, and allows supports to be cross-targeted toward programs considered particularly important. For example, Ohio’s TANF program provides the Prevention, Retention, and Contingency (PRC) program, designed to provide job training, employment assistance, and other services to help parents find and maintain employment. In 2000, the Women’s Tri-County Help Center (WTCHC) received PRC funds to establish a visitation center. Due to its strong community support, the visitation center was continued even when the PRC funds were cut in 2001; however, the center eventually had to be eliminated due to lack of funding. The center provided supervised visitation and parenting classes for BCCS and juvenile court clients; staff pointed to the “stick” that these referral sources provided to make families take the services seriously and experience consequences for not complying with the rules of the center. The supervised visitation allowed family visits to occur more often so that BCCS families could work toward reunification.

BCCS contracts out only for specialized services. The Belmont County Board of County Commissioners limited the ability of county agencies to contract for services because they were concerned about the impact of privatization on public sector jobs. BCCS can contract with individual private contractors only for services they cannot provide themselves (e.g., residential treatment, specialized foster care, adoption services for children with special needs, independent living program). The agency uses the ODJFS model contract, but does not use performance standards. Because of the agency’s small size, staff get to know the providers very well and know who the best ones are.

During site visits and phone calls, several interviewees reported that overall assessment was that, despite the funding flexibility, there was a lack of consistent service improvements over time; for example, early plans to develop more preventive services never materialized. In 2003, the BCCS administrator noted that they had wanted to focus more on prevention services, but keeping up with day-to-day incidents precluded them developing a strategic plan that could have guided that. They recognized the need to identify and provide services and educate the staff and the community about prevention, but had not been able to fully address that need. However, under the second waiver Belmont County implemented FTMs and family drug court (both discussed later in this chapter), which brought about needed changes in services.

10.2.2 Mental Health/Substance Abuse Services

Even before the second-waiver strategies (including the mental health/substance abuse strategy) were implemented, Belmont County had begun to focus on enhancing mental health services. The 2009 health needs assessment showed a much higher proportion of children under age 18 in Belmont County had a serious emotional disturbance: 26 per 1,000 children in the county, compared to 16 per 1,000 children across the state. This has major implications for mental health services, and indeed BCCS staff reported that Belmont County is a pocket of high need regarding children’s mental health and substance abuse issues. Staff also reported in 2008 that by the time youth came into the BCCS system, most of them were already involved in drug court or Crossroads counseling and had had assessments; thus, only about 20% of their children and youth need mental health assessments/evaluations at some point in their BCCS case trajectory.

Table 10.1 summarizes staff perceptions on the availability of mental health and substance abuse services for BCCS clients, comparing Belmont County’s availability with all the evaluation counties that responded to a survey. No major differences appear between demonstration and comparison counties on availability of most of these services, with the exception of the last two rows of the table (on residential substance abuse treatment) which show that the demonstration counties reported more service availability than comparison counties. In general, Belmont County follows the overall pattern in service availability, but when less than 100% of the counties reported that specific services were available, usually Belmont County was one of the counties reporting that the service was not available.

Table 10.1: Availability of Mental Health and Substance Abuse Services in Belmont County Compared to All Other Evaluation Counties (Percent Saying Service is Available)

Services	Children and Youth		Adults	
	Belmont	Others	Belmont	Others
Mental health assessments, psychological evaluations, and individual counseling	Available	100% available	Available	100%
Group counseling	Not available	94% available	Not available	94%
Residential mental health treatment	Available	100% available	Available	97%
Psychiatric hospitalization	Available	100% available	Available	100%
In-home mental health services and family counseling	Available	85% available	Available	82%
Substance abuse assessments, individual counseling, group counseling, intensive outpatient treatment	Available	85% available	Available	91%
Detoxification	Available	88% available	Available	97%
Methadone maintenance	Not available	70% available	Not available	85%
In-home substance abuse services	Not available	55% available	Available	61%
Residential treatment for mothers with their children	Available	76% in demos, 44% in comps	Available	94% in demos, 63% in comps
Residential treatment for fathers with their children	Not available	53% in demos, 31% in comps	Not available	53% in demos, 44% in comps

This section now discusses specific services that interviewees reported during the site visits and telephone interviews. These include home-based therapeutic services, options for residential mental health treatment, drug court, access to contract services, and inpatient treatment.

Home-based therapeutic services funded through PRC were provided to BCCS clients during 2001 to prevent removal or help reunify families more quickly. In-home counselors helped with parenting issues and children’s behaviors; BCCS staff reported that this was more effective because the counselors were not BCCS employees so there was no stigma to receiving the services. But this service was ended in December 2001 due to cuts in PRC. Although workers reported that many children had been allowed to return home or remain home because of the in-home services, the BCCS administrator reported that the program was not preventing placement as intended because the in-home services often uncovered deeper problems and led to more placements. In fact, when the in-home services were discontinued,

placements did decrease. But after losing the in-home services, caseworkers noted a major problem with lack of step-down services – children went right from institutions back to their homes with no services in place.

In 2001, New Horizon (a mental health agency) established a new mental health residential treatment facility serving adolescent males, providing more convenient placement options for BCCS clients. As part of an independent living program, New Horizon also opened a group home serving young people ages 12 and older on the same grounds as the residential facility. About 20% of New Horizon’s residents at these facilities are BCCS clients.

Since 2005 Belmont County has had a family drug court, perceived by BCCS staff as a relatively effective strategy in getting clients to experience being “clean.” Drug court is funded by juvenile court (through a grant) and BCCS (through ProtectOhio). It provides testing, incentives, and evaluations. Before drug court began, staff reported that, clients went to outpatient counseling, were released, then quickly relapsed and returned to BCCS. Now with drug court, they are drug-tested more often and receive more intensive services; relapse seems to happen less often and less quick.⁷ The drawback is the limitation in funding, as the court is always filled to capacity and has a waiting list.

BCCS does not provide in-house mental health or substance abuse services. However, BCCS has access to (but not contracts with) several agencies and generally uses North Point because the client can get in sooner and the reports are turned around faster. BCCS does not pay for assessments unless the client does not have insurance, in which case an assessment costs around \$500. BCCS provides transportation or gas vouchers whenever the client needs it, and some clients receive free child care. BCCS staff reported in 2008 that providers’ expertise in serving child welfare clients and general efficacy of services are both very strong in Belmont County.

Inpatient services are more limited. Within the county there is one women’s residential substance abuse treatment facility and there is one boys’ residential mental health treatment center, and all other inpatient services occur outside the county. The mental health hospital for adults is 2-1/2 hours away. There is a short-term inpatient facility for children in Wheeling, WV, which BCCS uses for crisis stabilization. Psychiatric services are very limited; all the facilities have a psychiatrist on staff but there is a long wait for appointments.

In general staff feel there are sufficient mental health and substance abuse services and sufficient choices in Belmont County, with the possible exception of inpatient services, although it is difficult to know whether that is because services really are sufficient or they have never had a rich array of services and so have expectations regarding sufficiency. They reported that the county has numerous good early intervention and special needs programs, as well as county homemaker services, food banks, and other charitable organizations that provide services.

10.2.3 Internal Structure of PCSA

Right before the first ProtectOhio Waiver began, a county re-structuring sent the child welfare agency down a different path from the fairly isolated, “family-like” Children’s Services Board (CSB) it had been, supported only by two local levies and paying its workers very low salaries. In 1995 the CSB was

⁷ BCCS estimates that about 50% of drug court participants graduate.

dissolved and child welfare became part of the county Department of Human Services (DHS); caseworkers' salaries increased 25% and they were able to hire additional workers and aides. Caseloads were reduced from 18 to 10 or 11. In addition, the change resulted in improved communication and collaboration among the DHS agencies: child welfare, child support, income maintenance, and job training.

BCCS staff reported that early in the first waiver, workers believed that internal communication in DHS was weak and they felt isolated. And community agency representatives reported that BCCS was rarely involved in collaborative meetings with other agencies. But a new administrator brought in fresh leadership and a focus on sharing information and becoming more involved in the community, which has continued to the present day. This change also led to improved morale and several major staffing changes within BCCS, including the following.

- Additional supervisory positions were created (the number of supervisors increased from two to five) to enable supervisors to specialize and focus on supporting and mentoring workers, as well as to allow the new BCCS director (who previously had been a BCCS supervisor) to focus on broader policy issues.
- Additional line staff were hired, leading to more manageable caseloads.
- Specialized worker positions were created: a worker and aide to work with infants and toddlers and provide intensive services in the home, a worker for all court-ordered home studies and interstate agreements, and an intake worker for sexual abuse investigations).
- A quality assurance (QA) position was developed, focused on measuring results and reviewing records for compliance; implementation of a Policies and Procedures/Standards Committee to assure consistency in services; and enhanced training on developing case plans and assessing service needs.

These changes supported staff to begin using the waiver's flexibility to be creative in preventing placements by providing more services in the home. As a site visitor reported: "Workers are now starting to understand and implement the idea of exploring all other options prior to a removal."

Over the next 10 years, through the first waiver and most of the second, BCCS maintained the smaller caseloads and specialized worker positions. However, due to the economic downturn, by 2009 the agency had had to reduce staff until it was about the size that it was in the late 1980's (down to about 18 staff and only two management-level staff). In order to accommodate the staff reductions and keep caseloads manageable, they had to close cases that had been kept open to keep support options in place. In 2009, the BCCS administrator said that if they lose the waiver, they will lose even more staff because there would have to be budget cuts.

10.3 SECOND-WAIVER STRATEGIES

Belmont County chose to implement two of the second-waiver strategies – FTMs and mental health/substance abuse services. This section describes BCCS’s experience with the strategies.

10.3.1 Family Team Meetings

Belmont County’s embrace of Family Team Meetings grew naturally from an earlier commitment to engaging family and other involved people in case decision-making. During the first waiver, BCCS workers began holding “staffings” whenever a case transferred from intake to ongoing, when a change in custody or placement status occurred, another major event occurred, or a problem arose in a case. These meetings involved a team of people familiar with the case (parents, foster parents, supports to the parents, GAL, other providers working on the case, ongoing worker, supervisors, prosecutor, court liaison) that discussed options and created a case plan that was in the best interest of the child. All players were invited to attend these staffings, which were conducted whenever there was a major change in a case. They usually focused on what was needed for reunification or how to find a permanent placement. This was considered an important way to incorporate the waiver philosophy into their practice. In only one way did it differ from the FTM strategy of the second waiver: there was not an independent facilitator at the meetings.

So when the second waiver began, Belmont County contracted with an FTM facilitator who trained BCCS staff on the process – the rules, who to invite, what should happen at the meetings. The FTM facilitator was an independent contractor, which was helpful because she was not perceived by families as an agency person. The original facilitator left after 18 months, and the county hired another independent facilitator, who also worked for the county for 18 months. That facilitator’s contract has been terminated due to budget cuts in the county; the responsibility is now being carried by a supervisor without direct line responsibility over the case (so is independent but not a contractor).

Some BCCS staff reported that the FTMs are “one of the most successful things the agency has done.” As the staff said, the FTMs encourage buy-in from families and providers, and provide a forum to observe family dynamics and discuss difficult topics. They noted that the FTM strategy encourages accountability for everyone involved, from the clients to the court to the BCCS workers. Having the court involved is helpful, as the court could play an enforcement role. FTM’s preventive role is crucial, as it often forces meetings before a crisis happens rather than calling a meeting after everything blows up (as is frequently the case with the Cluster process). And FTM helps empower parents to take charge of their situation and change for the better. They have more involvement in developing the case plan and influencing decisions. Staff said that parents almost always show up and participate in the meetings. However, other staff said that they have to meet too often and it takes time away from the clients, especially given the problems with SACWIS (which has its own major time demands). Their solution is to tie the FTM’s to the SAR’s whenever possible.

Overall, the FTM strategy in Belmont County was well implemented and well-liked by staff. In the evaluation of the FTM strategy (presented in Chapter 3), the study team scored the demonstration counties on various aspects of fidelity, including timing of FTMs, frequency of FTMs, range of attendees at FTMs, and whether the facilitator was independent and trained. Overall, Belmont County scored relatively high on all the fidelity components, achieving targets from 76 % to 83% of the time; only one

other county (Portage County) did as well overall. The team also found that Belmont County’s level of training provided to facilitators and caseworkers fell in the middle of the range for all the demonstration counties. Although BCCS (along with eight other counties) did not hold trainings for community providers or the court, staff reported that providers and court staff do participate in the meetings and work well with BCCS staff. BCCS holds about two to three FTM’s per week. Staff reported that the FTM strategy helps cases move more quickly and has reduced placement days.⁸

10.3.2 Mental Health/Substance Abuse Services

Belmont County also participates in the mental health/substance abuse strategy. BCCS staff reported that the strategy had some impact on overall agency practice, although it had little impact on the culture of the agency. Having drug court as an option reportedly was helpful for some of their clients. This was an important strategy for Belmont County; the evaluation of the strategy (presented in Chapter 6) showed the following statistically significant changes after implementation of the strategy:

- Parents were more likely to receive in-house psychological assessments.
- Parents were more likely to receive substance abuse treatment services.
- The average length of time from case opening to case closing decreased for cases with mental health issues.

No statistically significant changes were found for children.

10.4 INTERAGENCY RELATIONSHIPS

As noted earlier, in the late 1990s BCCS was seen as somewhat isolated and not interested in collaborative work with other community agencies. But by the second year of the first waiver, BCCS had begun working more closely with other county agencies, especially mental health agencies and juvenile court. BCCS and mental health began frequently developing case plans and schedules for services jointly, and met regularly to discuss cases that both agencies were working on. Eventually the relationship became much stronger, although a mental health representative noted that she “...had to be careful about bringing in BCCS in a new relationship-building effort with the schools because of the kind of work BCCS did” (meaning removing children from their homes). However, she added that the BCCS workers were responsive to the requests and needs of the mental health agency overall.

The relationship with juvenile court also was very strong, with a supportive judge and very involved probation officers. In 1998, through the first ProtectOhio Waiver, the court became a Title IV-E court. It focused on developing flexible ways for treatment of unruly and delinquent youth (e.g., in-home services for youth on probation). BCCS does not pay the court for the Title IV-E-eligible cases, although it does collaborate with the court on child welfare issues and shares case management, tracking, and data responsibilities. Many of these cases come through the Cluster process, as they involve placement in a group home or residential facility. BCCS staff see the Title IV-E court as a strength in Belmont County,

⁸ Although the POS reported in Chapter 9 did not find a statistically significant waiver impact on placement duration in Belmont County, the fiscal study reported in Chapter 7 did find a decline in paid placement days, average daily cost of placement, and foster care board and maintenance expenditures from 2004 to 2008 in Belmont County.

helping reduce workers' caseloads, and attribute it to the flexible waiver funding. Also BCCS had a staff person who served as liaison with the juvenile court, came to SARs and FTMs, tracked mandated events, helped prevent inappropriate referrals of unruly/delinquent cases, and kept the CS/JC relationship strong. The person in the liaison position retired recently and has not been replaced. An ongoing frustration for the court is the difficult transition to SACWIS; JC wants to use it for their Title IV-E cases but does not yet have access to the data. As a JC representative noted, "Ohio is guilty of keeping the courts out of the loop," which is especially problematic for Title IV-E courts but in general the courts need a better understanding of the system.

When the new BCCS director started in Year 4 of the first waiver, relations between the court and CS continued to improve, personnel and caseload issues were resolved, and higher priority was given to public relations with mandated reporters and other community agencies.

The Clinical Cluster (called the "Cluster") is an interagency group focused on intensive cases with multi-system involvement. It is a major player in mental health and substance abuse services in Belmont County. The Cluster addresses placement and funding issues, particularly involving residential treatment, and is a mechanism for funding high-need placements with money from several agencies. Throughout both waiver periods the Cluster has been an important activity in Belmont County through service planning and provision for intensive cases with multi-system involvement (the "nothing is working" cases). Agencies involved include CS, Sargus,⁹ Mental Health and Recovery Board (MHRB), Fox Run,¹⁰ MR/DD, Health Department, DYS, Student Services, Juvenile Court (probation officers), Crossroads, CMH, Tri-City (DV agency), and Southeast.¹¹

BCCS's involvement in the Cluster is a direct outcome of the ProtectOhio flexible funding. The Cluster addresses placement and funding issues, particularly involving residential treatment, and is a mechanism for funding high-need placements with money from several agencies. In practice, BCCS and MHRB usually provide the funding, with BCCS providing the majority, and Juvenile Court provides some funding and serves as a pass-through for additional IV-E funds. At times the Cluster has "overspent" and BCCS contributed more funding to support cases; the additional funding was possible because BCCS is part of DJFS and funds can be shifted among the DJFS divisions. In order to rein in Cluster spending, the BCCS director became more involved in the meetings and in reviewing the cases.¹² The Cluster is viewed as an effective communication effort, helping managers network to encourage formal and informal communication about the cases, in addition to a way to monitor and enhance spending on high-need cases. Recently the MR/DD agency has begun contributing for Cluster placements – \$50,000 per year both last year and the current year, which is available for all Cluster placements, not just MR/DD cases.

⁹ Sargus's programs include a detention center (no counseling provided) and a girls' group home (serves ages 13 and older and focuses on mental health issues).

¹⁰ The Fox Run facility offers residential treatment for male and female adolescents, but no hospitalization.

¹¹ Southeast provides outpatient mental health counseling and is partially funded through the MHRB.

¹² Site visits and interviews with CS and community representatives highlighted the high mental health/substance abuse issues in Belmont County. As noted previously, the incidence of serious emotional disturbance among children is quite a bit higher in the county than statewide. This has likely impacted Cluster spending.

10.5 FISCAL CHANGES

Belmont County's efforts to use the flexible funding and waiver strategies to prevent and shorten placements succeeded in reducing paid placement days and board and maintenance (B&M) costs. And the county always had savings from participating in the waivers, with large jumps in savings in 2003 and again in 2005. As was shown in Chapter 7, Belmont County had more savings under the second waiver than many of the demonstration counties. The following highlights are displayed in Table 10.2.

- Paid placement days declined over the two waivers, and in 2008 were about half of what they had been in 1996.
- As can be calculated from data shown in Table 10.2, foster care unit costs increased about 70% from 1998 to 2002, then began declining until the cost in 2008 was almost exactly what it had been in 1998.
- Total foster care board and maintenance costs also peaked in 2002, then declined until they were about 30% less than they had been in 1996, even without adjusting for inflation.
- Non-foster care costs increased fairly steadily from 1996 to 2007, then declined slightly in 2008.
- Waiver savings (the difference between the actual amount of federal revenue received under the waiver and an estimate of what would have been received in the absence of the waiver) increased between 1997 and 2000, then declined during 2001 and 2002, and increased again to over \$400,000 per year for the years 2005-2008.

Table 10.2 indicates that, as did most of the demonstration counties, Belmont County received more in Title IV-E revenue through the waiver than they would have received through normal Title IV-E reimbursement, given the actual placement utilization over the years 2006-2008 (Chapter 7, Section 7.4). And Belmont County applied that additional revenue, nearly \$1.8 million, and even more on non-foster care services, which increased by \$2.8 million over that period.

It is worth noting that as a medium-size rural county, Belmont County utilizes informal placement and utilization review procedures. Staff report that there is not an emphasis at BCCS on collecting or using data or on tracking outcomes in detail. Thus the savings under the waiver were achieved even without data-driven decision-making and management tools – instead, only with basic tracking of general caseload characteristics and trends. The success was possible because the size of the county meant that staff could know the providers and clients and make decisions on the basis of that knowledge.

Table 10.2: Fiscal Trends in Belmont County by Year, 1996-2008

Category	Aggregate by Year												
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Paid FC Days	26,440	26,832	20,295	16,869	15,749	18,541	17,628	17,875	15,924	14,780	12,751	12,256	13,811
FC Unit Costs (in \$)			41.64	53.00	45.72	62.35	71.08	55.44	58.65	40.80	47.45	50.59	41.71
Total FC B&M Costs (in Thousand \$)	820	973	845	894	720	1,156	1,253	991	934	603	605	620	576
Non-FC Costs* (in Thousand \$)	917	1,394	1,697	2,168	2,917	2,935	2,686	2,692	2,346	2,536	3,198	3,614	2,840
Waiver Savings** (in Thousand \$)		4***	108	126	228	30	42	205	210	435	473	403	470

*All non-B&M expenditures.

**Difference between the federal ProtectOhio revenue received and an estimate of the federal reimbursement the county would have received in the absence of the ProtectOhio Waiver.

***For the fourth quarter of 1997 only.

10.6 CHANGES IN OUTCOMES

Following a description of caseload trends based on the caseload reports, this section discusses outcomes of the first and second waivers.

10.6.1 Caseload Reports

As discussed in Chapter 1, the evaluation team produced caseload dynamics reports to track caseload trends and help counties discern changes over time. Note that these reports present raw data and should not be used to estimate waiver effects. Table 10.3 shows caseload trends in Belmont County for the years 1996-2009; see Appendix A.2 for comparisons to other counties. Over the 13 years¹³ shown in the table:

- The number of child abuse/neglect incidents declined overall from 1996 to 2007, then jumped sharply in 2008 back up to the 1996 level.
- The number of substantiated/indicated allegations also shot up sharply in 2008, to nearly 40% more than in 1996.
- Despite these increases, the number of placements declined nearly 38% from 1996 to 2008, and there was not a sharp increase in 2008 that might have reflected the spikes in incidents and substantiations/indications that year.
- The number of children under protective supervision increased dramatically from 40 in 1996 to 109 in 2008, indicating that perhaps the county used protective supervision rather than placement to handle the increased number of maltreated children.
- Exits from placements decreased nearly 44% from 1996 to 2008. This reflects the decline in placements over that time period.
- Use of relatives both as placement resources and as exit types declined substantially: placements with relatives declined from 20% of all placements in 1996 to 12% of all placements in 2008 and exits to custody to relatives declined from 17% of all exits in 1996 to seven percent of all exits in 2008.

Although the caseload reports present raw data and thus are not indicative of waiver effects, the last bullet above might be interpreted that the kinship strategy did not have much of an impact in Belmont County under the second waiver. However, the incomplete 2009 data indicate that use of relatives might have increased that year: as of 10/31/2009, 14% of all placements were with relatives (compared to 12% in 2008) and 12% of all exits were to custody of relative (compared to seven percent in 2008). But these percentages are still substantially lower than in 1996, before either waiver had begun.

¹³ Note that there is not a full year of data for 2009, so that year is not included in most of the discussion.

Table 10.3: Caseload Trends in Belmont County by Year, 1996-2009														
Report	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009*
Number of Child Abuse/Neglect Incidents	568	330	342	303	347	363	446	335	303	282	319	308	528	364
Number of Children in Child Abuse/Neglect Incidents	907	534	567	492	528	550	686	564	454	430	506	424	783	551
Number of Children with Substantiated/Indicated** Child Abuse/Neglect Allegations	305	180	291	367	390	233	192	188	166	178	197	240	424	214
Number of Children under Protective Supervision	40	62	52	71	59	72	68	76	70	63	110	102	109	89
Total Number of Placements as of January 1 Each Year	93	91	86	78	70	82	62	80	61	69	67	59	58	56
Percentage of Placements with Relatives as a Proportion of All Placements as of January 1 Each Year	20	21	16	21	20	17	15	14	8	14	12	10	12	14
Total Number of Exits from Placement	131	136	126	107	112	120	107	90	88	79	84	70	74	59
Percentage of Exits to Other Relatives as a Proportion of All Exits	17	7	11	5	7	5	7	10	6	6	14	7	7	12

**Through 10/31/2009*

***During the late 1990's, Belmont and most of the other evaluation counties began using the FRAM, which documented risk level rather than substantiation/indication of maltreatment. Some of those counties continued to record both substantiation/indication and case resolution, while others chose one or the other. Thus, care should be taken with interpretation of these data.*

10.6.2 Estimates of First-Waiver Impact

The estimates of the impact of the first waiver in Belmont County were based on 245 exits from first placements from January 1, 1998, through February 28, 2002. Table 10.4 shows the distribution of types of exits among these cases.

Table 10.4: Exits from Placements in Belmont County during First Waiver	
First Placements Ending In:	Number of Exits During First Waiver, by Type*
Reunification	140
Custody to Relative	23
Adoption	24
Runaway	1
Other**	58
Total	245

**For placements that began at some point during the study period 1/1/98-2/28/02, with imputations for placements that had not yet ended as of 2/28/02.*

***Includes placements ending in emancipation, transfer to another institution, court termination, guardianship to unrelated third party, or death, or those with missing or unclear information on exit type.*

Table 10.5 summarizes the counterfactual findings from the first waiver. According to this analysis, waiver impacts on first foster care placements included: (1) increases in placements in group homes and with relatives, (2) decrease in placements in foster homes, and (3) decrease in exits to the custody of relatives. There were no impacts on other types of first placements, exits, duration of placements, or re-entry after reunification from first placements. Under the first waiver, counties did not implement specific strategies as they did under the second waiver; rather, they were able to use overall flexible funding to achieve their objectives. Section 10.2.1 of this chapter noted that staff had said in interviews that, despite the funding flexibility, there was a lack of consistent service improvements over time; for example, early plans to develop more preventive services never materialized. These types of services might have been able to influence reunification, contributing either to higher reunification rates or quicker reunifications. And the findings show that during the first waiver, Belmont County used relatives as placement resources *more* often; thus, even before the kinship strategy started in the second waiver, Belmont County had begun to focus on placing more children with relatives.

Table 10.5: Counterfactual Findings in Belmont County for the First Waiver		
First Waiver’s Effect in Belmont County on:	Significant Effects were:	No Significant Effects on:
Demographic Characteristics	None	Child’s gender, age, race
Abuse/Neglect Characteristics	Decrease in sexually abused children	Alleged victim of abuse or neglect
Disabilities	Decrease in children with cognitive disabilities	Children with physical disabilities
Settings of First Placements	Increase in placements in group homes and relatives; decrease in placements in foster homes	Placements in residential treatment centers, nonlicensed nonrelative, independent living, detention facility or hospital, adoptive home
Exits from First Placements	Decrease in exits to custody to relative	Reunification, adoption, runaway, other*
Median Duration of First Placements	None	Reunification, custody to relative, adoption, runaway, any type of exit
Re-Entry after Reunification from First Placement	None	Re-entry rate and median duration before re-entry**

*Includes placements ending in emancipation, transfer to another institution, court termination, guardianship to unrelated third party, or death, or those with missing or unclear information on exit type.

**Belmont’s actual re-entry rate under the waiver was 36.1%, with a median duration before re-entry of 11.5 months. Overall for all the demonstration counties, the re-entry rate was 37.4 with a median duration of 12.1 months. No county experienced a significant waiver effect on re-entry after reunification.

10.6.3 Estimates of Second-Waiver Impact

Under the second waiver, Belmont County’s waiver activities had no statistically significant effects on exit type or placement duration, relative to conditions under the first waiver. The decrease in exit to custody to relatives or third party continued – and 21.5% of exits under the second waiver were to relatives, compared to the counterfactual projection of 24.8% under the first waiver – but it was not statistically significant. (See Chapter 9, Section 9.5 for more discussion of county-level effects under the second waiver.) Belmont County reported that with FTMs they often were able to find relative placements for children without the PCSA having to take custody; this could have led to fewer exits to relatives’ custody, since there would not have been exits in these cases. Overall, it seemed that the flexible funding conditions under the first waiver led to more changes in Belmont County than did the focused strategies under the second waiver. Perhaps Belmont County made such strides in utilizing the flexible funding of the first waiver that there was less room for improvement under the second waiver.

10.7 REFLECTIONS ON THE IMPACT OF THE WAIVERS

In 2009, the evaluation team conducted a management survey of the counties to gather information on the second waiver's impact. The administrator interviewed in Belmont County reported the following:

- The second waiver reportedly had a substantial impact on expediting reunifications. Although the POS (Chapter 9) did not find a statistically significant waiver impact in Belmont County on how long it took for children to be reunified, the county's report that the waiver expedited reunifications likely reflected staff perceptions that reunifications were easier because the mental health and substance abuse services and other in-home supports were more available.
- The county had greater flexibility in hiring and shifting staff and better ability to plan because of predictable funding levels under the waivers. These advantages are at the heart of a flexible funding waiver, and the Belmont County administrator reported them to be very beneficial.
- Due to the waivers, the agency was able to be more creative in finding options for cases in ongoing, placement, and permanency processes. Through the FTMs in particular, the agency was able to achieve more family agreement for placement with relatives without the county taking custody. And regarding permanency options, they were able to achieve foster parents taking custody of their foster children and still receiving monthly payments. However, reportedly there was not an impact on adoption.
- Crisis intervention was more readily available under the waivers because the county was able to increase staff, which led to lower caseloads and more attention to the cases. Regular FTMs helped with moving cases faster and expediting reunification.
- Overall, Belmont County benefited from the ProtectOhio funding formula and was able to spend less on placements and more on staff and family preservation efforts. And, unlike their other funding sources, ProtectOhio revenue was not slashed.
- Under the waivers, Belmont County experienced some improvement in relationships with juvenile court because the PCSA provides some of the funding for IV-E cases, as well as mental health providers. There was some overall improvement in communication/collaboration across community providers, due in part to the FTMs bringing in the providers.

The administrator also commented on the impact of the FTM strategy in Belmont County. She said that it had a significant impact on agency practice, allowing families to be more involved in decision-making about their cases and helping move cases along faster. In addition, the FTM strategy had significant impact on the culture of the agency (staff had to learn to give up some control of the cases) and the agency's image in the community (the community sees the PCSA as more of a partner). If the waiver ends this year, Belmont County will make internal adjustments (e.g., increase workers' workloads and reconfigure units) in order to continue the FTM strategy. They have already had to terminate the contract for the independent facilitator's position due to funding cuts (the current FTM facilitator is a BCCS employee but does not have line responsibility for the cases, so is independent but not a contractor).

The administrator reported that the mental health/substance abuse strategy had some impact on overall agency practice. The family drug court was a good resource for some clients, but the expedited mental health assessments probably did not have much impact. And the strategy did not have an impact on the culture of the agency. They will continue the mental health/substance abuse strategy even if the waiver ends, by making internal adjustments and increasing the case load of the drug court worker.

Table 10.6 summarizes the likelihood that Belmont County will make a variety of possible changes if the waiver ends. Overall, their biggest concern about the waiver ending is that they would lose staff. And their agreement with the court likely would end, resulting in about 15 unruly/delinquent cases immediately coming into CS.

Table 10.6: Likelihood of Changes in BCCS if Waiver Ends			
Agency Change	Not Likely	Likely	Definitely
Elimination of caseworker positions			x
Elimination of specialized positions			x
Reduction or elimination of FTM facilitator position			x
Elimination of specific PCSA services	x		
Restructuring/internal shifting			x
Elimination of special PCSA initiatives	x		
Reduction in support of children without open cases	x		
Reduction in funding of collaborative community efforts	x		
Reduction in support for kinship caregivers	x		
Reduction in support for adoptive families	x		

Thus Belmont County experienced a variety of benefits from participating in the waivers – the flexible funding allowed responsiveness and creativity in staffing, service provision, and collaboration with other agencies. The FTM and mental health/substance abuse services strategies accelerated changes that BCCS had begun under the first waiver – agency staffings evolved into FTMs, and a concern about Belmont County’s high needs regarding mental health led to family drug court and to major involvement with the Clinical Cluster to address multi-system families. After the mental health/substance abuse strategy was implemented, more parents received assessments and substance abuse treatment, and cases with mental health issues closed more quickly. If the ProtectOhio waiver ends, Belmont will have to restructure the agency to eliminate positions (particularly the specialized positions that the waiver made possible) and caseloads will rise. BCCS plans to continue its FTM strategy, collaboration with other agencies, and support of kinship caregiving even if the waiver ends, but clearly the loss of flexible funding will make those activities more difficult.