

For families without insurance, Medicaid or private, community mental health providers typically have sliding fee schedules. PCSAs tend to pay for each service for non-insured families who cannot afford the fee, however, a couple of comparison counties indicated that very few families fall into this category, or that the PCSA only pays for the service if the child is in PCSA custody.

Table 3.8 Counties With Groups Who Have Difficulty Accessing Mental Health Services					
	No groups		Some groups		Total # Counties
Mental Health Service	<i>Demo</i>	<i>Comp</i>	<i>Demo</i>	<i>Comp</i>	
<i>counseling</i>	9	12	5	2	28
<i>assessment</i>	13	13	1	1	28
<i>medication</i>	10	14	4	0	28
<i>partial hospitalization*</i>	9	10	3	1	23
<i>crisis</i>	13	13	1	1	28
<i>community support</i>	13	12	1	2	28
<i>totals</i>	67	74	15	7	

* Total does not equal 28 because some counties reported that they do not provide the service.

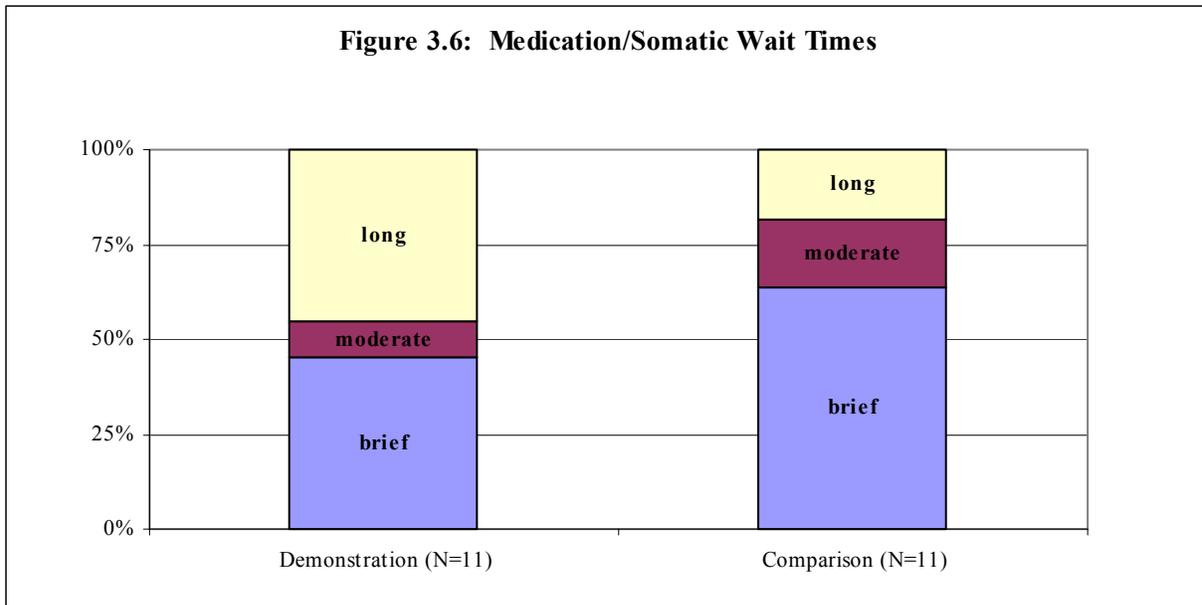
Throughout the Waiver, counties have reported insufficient mental health services and problems these accessing services, such as long waiting times.¹ The study team hypothesized that demonstration counties would have shorter waits for core mental health services. Table 3.9 shows the wait times across five of the six core mental health services.² The results suggest that counties’ perceptions of wait times do not vary significantly between demonstration and comparison counties, with one notable exception: medication/somatic services.

¹ This finding is confirmed in the Family Focus Groups. Families most often referred to mental health wait times as a problem when asked about wait times for various services.

² Waiting time for community support services was excluded because the variation across providers in any given county made it difficult to calculate a single response for the county.

Table 3.9: Number of Counties by Mental Health Wait Time³						
	brief wait (less than one month)		moderate wait (4-7 weeks)		long wait (8 or more weeks)	
Service	<i>Demo</i>	<i>Comp</i>	<i>Demo</i>	<i>Comp</i>	<i>Demo</i>	<i>Comp</i>
Counseling	7	6	3	7	2	1
Assessment	8	9	2	2	1	2
Medication	5	7	1	2	5	2
Partial hospitalization	7	7	2	3	0	0
Crisis	14	12	0	0	0	0

Out of the 22 counties with quantifiable data,⁴ five demonstration counties and two comparison counties reported long waits for Medication/ somatic services. Not surprisingly, because of the specialized knowledge required for this service, these wait times tend to be longer than for other core services. Interestingly, more demonstration counties reported waiting longer for this service than do comparison counties—unlike the pattern in other core services (Figure 3.6).

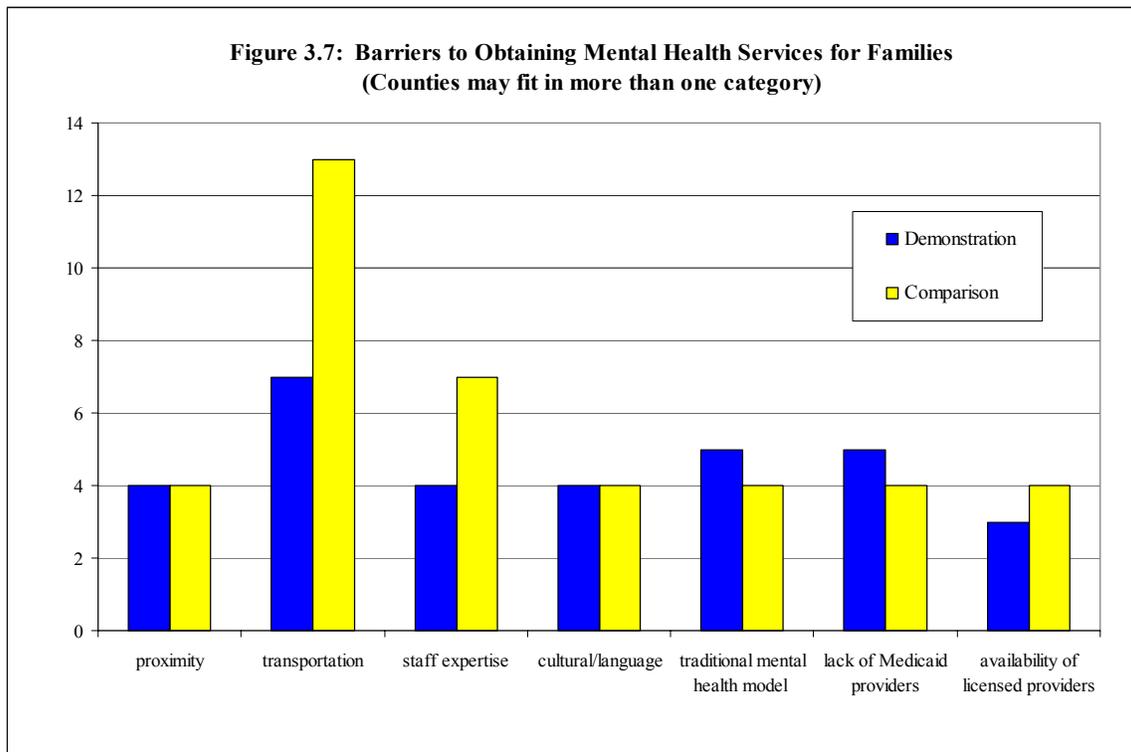


³ Number of respondents varied by service.

⁴ Note: Not all counties were included in the Wait Time analysis because answers were not quantifiable, multiple answers were given for each service area or the service was not offered.

The study team asked counties about barriers to providing mental health services to children and families. Overall, most barriers were noted by similar numbers of demonstration and comparison counties, with the exception of two: transportation and lack of staff expertise (Figure 3.7). Transportation was the most noted barrier for demonstration and comparison counties; however, nearly twice as many comparison counties reported transportation as a barrier as did demonstration counties. The Caseworker Focus Group results also show that transportation is a barrier to accessing mental health services. Caseworkers in rural counties reported that there continues to be a lack of services for clients who live outside the major population centers, accompanied by a lack of adequate public transportation.

Comparison counties were also slightly more likely to note lack of staff expertise as a barrier to providing mental health services (seven comparisons and four demonstrations). When talking about staff expertise, counties mentioned the lack of familiarity or expertise with child abuse and neglect issues, trauma, and issues related to adoption. Equal numbers of demonstration and comparison counties (four each) noted that cultural and/or language differences were barriers to receiving mental health services. Some of these barriers were related to an increasing Hispanic population, while others were associated with Appalachian culture.⁵

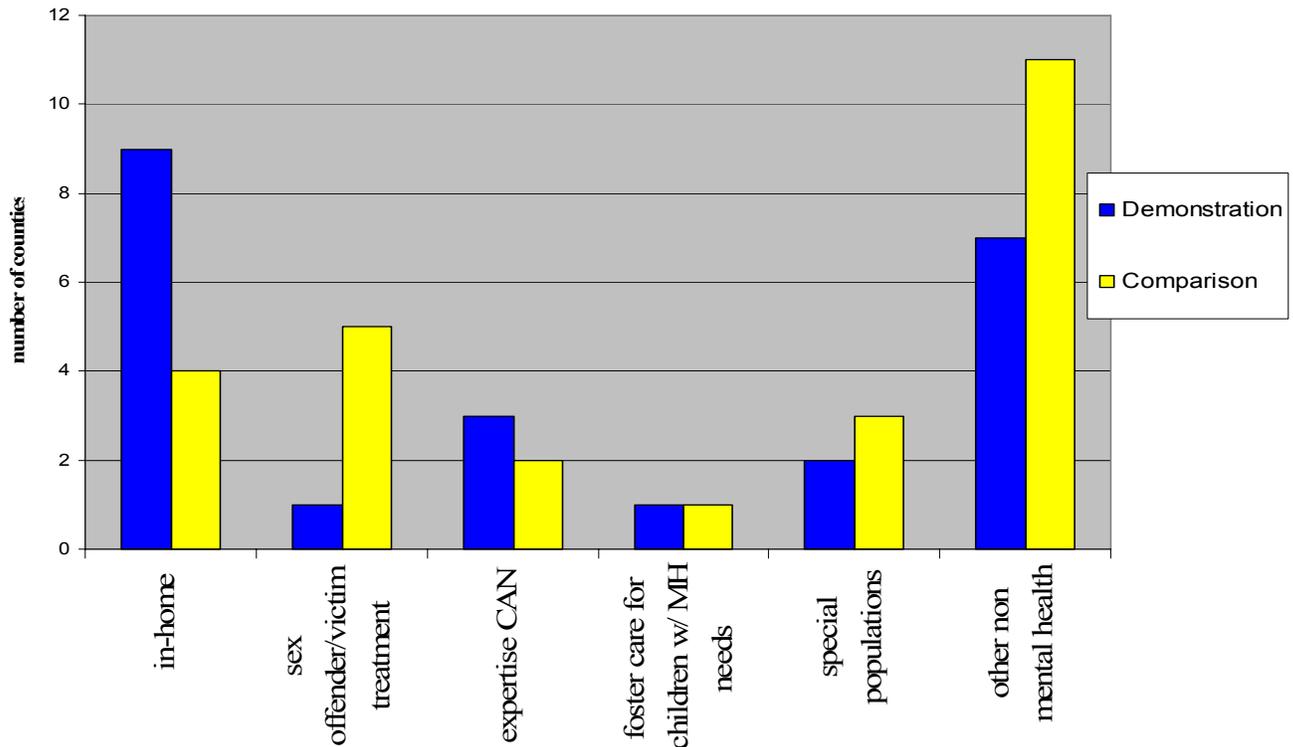


⁵ This finding is corroborated by similar findings in the Case Worker Focus Groups. Workers did not report a great demand for services for a particular cultural group; however, when there was a need

A significant number of counties also reported that the traditional model for delivering mental health services served as a barrier. Counties noted that the office-based, fifty minute weekly or bi-weekly counseling session was not the most effective method for service delivery to the child welfare population. Further, several counties mentioned that services are terminated if families are late for appointments or miss appointments and that the dynamics of a professional office may make families uncomfortable and thus less likely to engage in treatment. One demonstration county described the process of seeking mental health services as “adversarial and punitive for many families.”

In addition to asking counties detailed questions regarding service quality and funding for the six core mental health services, the study team asked counties about other clinical mental health services their families may need. The perception of need may arise from workers’ greater awareness of family situations, and/or it may reflect actual limitations in service availability. Not surprisingly, the findings show little difference between demonstration and comparison groups. Nearly all counties (14 demonstration and 13 comparison) note at least one clinical service that is needed beyond the six core mental health services.

**Figure 3.8 Other Needed Clinical MH Services
(Counties may fit in more than one category)**



identified, it is often for services for the Hispanic population, or services that integrate the Appalachian culture.

Closer examination of PCSA responses indicates some variability between what demonstration and comparison counties identify as a needed service (Figure 3.8). More demonstration counties noted the need for home-based mental health services. On the other hand, more comparison counties reported need for services for juvenile sex offenders and sex abuse victims.⁶ A couple of counties also reported that they need mental health services for special populations, such as clients with MRDD or clients with dual diagnosis. The largest number of counties (seven demonstration and 11 comparison) noted that they needed non-mental health services as well, suggesting that key services such as good case management, respite, and parent education are critical complements to clinical services in supporting a family with mental health issues.

When faced with marked gaps in needed mental health services, PCSAs may choose one or more of several avenues to resolve the problems. Counties may decide to invest their own money to purchase mental health services for their clientele. Demonstration counties might be more able to do that, given their access to flexible IV-E funds. Although the data are limited, Figure 3.9 does suggest that more demonstration counties than comparison sites (ten versus six) are creating in-house programs or engaging in new contracts with private providers.

Figure 3.9 also shows that collaboration is a favored approach for remedying service insufficiencies. Six demonstration and eight comparison sites reported collaborating to create a new service. Partners included other youth serving agencies such as schools, juvenile courts, mental health boards, etc., and collaborative bodies such as the Family and Children First Council or Cluster. Independent efforts by other agencies to create needed mental health services appear to be uncommon; only two demonstration and two comparison counties reported that other agencies, such as Community Mental Health or the juvenile court, were creating new mental health services for child welfare clients.

Just as collaboration was judged to be important in filling service gaps, so too collaboration appears crucial for a county to be able to provide adequate mental health services in the first place. Of the many factors suggested by interview respondents as contributing to adequate mental health services, collaboration was dominant. Eleven demonstration and 11 comparison counties reported that collaboration helped their county to provide necessary mental health services. Although other factors paled in comparison to collaboration, slightly more comparison counties indicated that strong relationships with mental health providers were important, and slightly more noted that effective leadership was important.

Summary: Re-analysis of Year 3 and Year 4 data show that PCSAs in demonstration counties appear to target their new mental health service development to areas of particular need, more so than their comparison county counterparts. The interview data suggest that most counties had access to all six core mental health services and the

⁶ According to the Year 4 Report, one demonstration and three comparison counties spoke of efforts to address the needs of the sex offender population, but the plans were still in the discussion phase of figuring out how to best serve the population.

services tended to be funded by the mental health board. However, access to services may be a more serious issue than whether the service is available or not. Several counties reported barriers to accessing services, in particular, waitlists, insufficient transportation, lack of providers, and lack of staff expertise. These factors may inhibit families from reaching needed services. Not surprisingly, most counties noted a need for more in-home services, which could alleviate many of the access problems families encounter; demonstration counties expressed this need more often than did comparison counties. Despite their access to flexible IV-E revenues, demonstration counties were slightly less likely to fund mental health services to fill gaps. Overall, both groups of counties appear to recognize the importance of providing early and adequate mental health services, whether funded by the mental health board or the PCSA, to prevent the need to place a child out of home or to help reunify a family more quickly.

3.3 COURT REFERRALS

The relationship between the PCSA and juvenile court has been explored each year of the ProtectOhio evaluation. Each county has a unique relationship with their juvenile court. The impact of these relationships is critical to each PCSA, since the court is the single most important entity that can affect the ability of the PCSA to reduce placement days.

The initial hypothesis of the evaluation was that the Waiver would serve as an impetus to improved relationships between the juvenile court and the PCSA. The flexibility inherent in the Waiver dollars would enhance the development of collaborative programs and relationships among the Waiver counties and the court. The evaluation explored the following questions: would demonstration counties, with their increased flexibility, develop more innovative programs in conjunction with the court and, if so, what impact would these programs have on the extent of referrals from the court?

Many factors affect the PCSA environment. The manner in which the courts and PCSAs interact, collaborate and plan has a direct impact on placement days and other services and partnerships in the counties. Further, many counties are challenged by a growth in the numbers and complexity of needs of children entering the system and by reduced funding. In addition, the prevailing culture and philosophy of the court and PCSA influence the outcomes and costs of services developed for and received by children and their families.

In understand more fully the dynamics of these relationships, in Year Five the study team conducted in-depth telephone interviews with selected demonstration and comparison counties. The goal of the interview was to explore the impact of the Waiver on the reality and perceptions of court referrals, and how relationships between juvenile court and PCSA influenced programs and strategies developed to address the problem.

The following sections summarize findings from the first four years of the evaluation, and highlight results from the Year Five interviews.

3.3.1 Summary of Evaluation Findings from Year 1-4

Throughout the evaluation, the study team has examined the relationships between juvenile courts and PCSAs. Of particular interest was an analysis of whether the Waiver has any effect on these relationships and on the number of children adjudicated to the PCSA. The analysis sought to determine the extent to which the juvenile court adjudicates children as dependent, when the PCSA considered them to be unruly, delinquent, or status offenders.

While many factors influence the dynamic in each county between the court and PCSA, the evaluation team has focused on three major themes to try to gain a better understanding of the factors affecting court relations in general and court referrals in particular. These three topic areas are the focus of this evaluation discussion:

- Court spending: Juvenile Court's utilization of funding received from the Department of Youth Services (DYS).
- Court philosophy and culture: The philosophy underlying the attitude of the juvenile court towards the PCSA and other community agencies.
- Programs and strategies developed: The scope and variety of programs developed by the PCSA along with collaborations with the Juvenile Court and other community partners.

Court Spending

Throughout the evaluation, the study team considered the amount and type of spending by juvenile courts in each of the counties, exploring differences between demonstration and comparison counties. Local juvenile courts receive RECLAIMOhio funds from the Department of Youth Services (DYS) for the purpose of developing community-based programs, including community placements, as alternatives to committing youth to DYS institutions⁷. The evaluation found that most courts typically under-spend their allocations of RECLAIMOhio funds, affecting the volume of community placements being developed in these communities.

The data indicate minimal differences in court spending between demonstration and comparison counties. Table 3.10 shows that courts in demonstration counties spent an average of 86% of their allocation, while those in comparison counties spent 77%. Courts are permitted to carry over savings into subsequent years to use as needed, and do so in order to provide funding for future placement needs. However, unspent funds mean fewer dollars going toward community placement options for juvenile court cases, which can increase the number of cases received by PCSAs from the court.

No direct relationship emerged between court spending on community-based services and PCSA perspectives on inappropriate referrals from the court. One might expect that, in

⁷ RECLAIM allocations include spending both for DYS commitments and community-based services. This discussion is based on county funds available for community-based services; spending on DYS commitments has already been deducted.

counties where courts spent a higher percentage of their allocation, PCSAs would experience a lessening of the problem of inappropriate referrals of unruly/delinquent youth; however no such pattern was evident. In fact, in Year Three, data suggested the reverse may have occurred: three of the four counties where court-spending levels increased by 20 percent between FY99 and FY00 reported seeing no change in inappropriate placements, and one court where spending decreased by more than 20 percent actually reported fewer inappropriate placements.⁸

Table 3.10: Percent of DYS FY99 Allocation Spent in FY99 by Courts			
Demonstration Counties	% of Allocation Spent	Comparison Counties	% of Allocation Spent
Portage	109.5%	Wood	119.0%
Lorain	114.5%	Mahoning	99.3%
Ashtabula	102.9%	Clermont	98.2%
Hamilton	95.9%	Allen	97.1%
Greene	91.4%	Warren	87.6%
Belmont	86.2%	Summit	86.7%
Muskingum	77.9%	Scioto	82.7%
Medina	77.8%	Columbiana	82.3%
Richland	77.7%	Hocking	81.0%
Franklin	74.6%	Trumbull	73.6%
Clark	69.5%	Miami	68.6%
Stark	69.2%	Butler	58.7%
Fairfield	66.5%	Hancock	56.2%
Crawford	59.7%	Montgomery	54.4%
Average	86.6%		77.2%

Court Philosophy and Culture

How the juvenile court views its role in relation to the PCSA and the community has a strong impact on the issue of court referrals. Often youth initially identified as unruly/delinquent or status offenders are adjudicated as dependent with custody given to the PCSA. A recent trend is for courts to adjudicate children as delinquent/unruly, suspend commitment to DYS, and then place the child with the PCSA for residential treatment. The volume of these inappropriate referrals does not appear to have changed significantly over the course of the study period, in either demonstration or comparison counties, although several counties believe that inappropriate referrals are increasing. However, the number and volume of referrals may be linked to the philosophical position of the

⁸ *Third Annual Report*, p.71 June 2001.

court regarding youth and the PCSA. These positions seem to fall in four levels, with successive levels associated with additional referrals.⁹

- The court chooses to adjudicate as dependent those youth whose parents wish to abdicate responsibility for their children;
- The court places young unruly/delinquent children with the PCSA for treatment because it has no programming for children under age 12;
- The court sees any background of abuse or neglect or family dysfunction as a legitimate reason for adjudicating dependent, regardless of the current issue with the child; and
- The court believes that any unruly/delinquent/status offender youth needing private placement or treatment should be in the custody of the PCSA.

How court staff and PCSA staff interact around planning for these children appears to be a critical determinant in assessing the problem of inappropriate referrals. Despite disagreements over the appropriateness of PCSA referrals, many PCSAs nonetheless describe the relationship between the PCSA and the court as strong. Little change in this view has occurred during the Waiver (Table 3.11).

Table 3.11: Strength of Relationship between PCSA and Juvenile Court, Year 2 and Year 4				
	Demonstration Counties (n = 14)		Comparison Counties (n = 14)	
	Year 2	Year 4	Year 2	Year 4
Strong or Very Strong	8	9	8	7
Neutral or Mixed Opinions	5	4	3	3
Weak or Very Weak	1	1	3	4

However, disparities in viewpoints frequently exist among staff at different levels within the same PCSA. Managers are more apt to report positive relationships with the court, while front line caseworkers often report significant problems. Focus groups conducted with front line workers in Year Four identified difficulties around specific cases, which appeared to be influenced at least in part by the attitude of the court toward the workers. These included:

- How much judges and prosecutors rely upon PCSA caseworkers for information. Workers expressed concern that in some cases the court makes decisions for

⁹ *Fourth Annual Report*, p. 77, August 2002.

children without sufficient input from the worker, or without sufficient weight to the worker’s input. Caseworkers in some counties feel that judges rely more on Guardians Ad Litem (GALs), who typically have less direct contact or information on the child.

- How much court backlogs affect the priority given to PCSA issues. Children may remain in custody longer than necessary when the court docket is overloaded, and cases cannot be resolved in a timely fashion.
- How interpretations of law and policy by the court affect the use of relative placements. Many of the PCSAs have actively sought to increase their use of relatives as a placement for a child, either with the relative taking custody or with custody held by the PCSA. Both federal and state regulations are in flux on this issue, and many varied interpretations have been adopted by the local courts.

Programs and Strategies Developed

In order to address the problems of inappropriate referrals and increasing numbers of unruly/delinquent and/or status offender children entering the PCSA system, many counties have explored varying strategies, often through collaboration among the PCSA, Juvenile Court and other community agencies. The most common strategies are identified in the Table 3.12.

Table 3.12: Strategies to Reduce Inappropriate Referrals		
	Demonstration (n=14)	Comparison (n=14)
Court bills placement costs of unruly/delinquent youth to Title IV-E	4	1
Creation of new services by the court designed to reduce inappropriate referrals	2	0
A formalized position or unit to help divert cases from the child welfare system	4	6
Other initiatives	1	1
Total unduplicated counties	8	7

The PCSA and juvenile courts vary in their ability to develop and sustain these ongoing collaborations. Collaborations most frequently utilized include court liaisons and other diversion programs designed to prevent children from entering the child welfare system (four demonstration and six comparison sites). Depending on the extent of collaboration with other community agencies, programs have been developed in schools and other community service centers to work with high-risk families and children. In some

instances, TANF or family stability funds were utilized in addition to or instead of PCSA funding. In some counties, the juvenile court contributes probation officers or other staff to programs designed to work with unruly/delinquent and status offender children. In six demonstration counties and one comparison county, the courts are actively engaging in billing Title IV-E for placement services, or in developing other diversion services.

Although by the end of Year Four, most counties reported effective relationships with their courts, PCSAs still face high numbers of unruly/delinquent youth entering the child welfare system and utilizing a large share of financial and human resources in a time of reduced funding. However, counties that adopted one or more of the strategies discussed above appear to be more successful in containing the problem. Table 3.13 shows demonstration sites were somewhat more successful than comparison sites in this regard: of eight demonstration counties that used specific strategies to reduce inappropriate referrals, half of them felt the problem was eliminated and another three felt that it was contained (for a total of 88%), compared to only one comparison site that noted the problem was gone and four that said it was contained (for a total of 71%).

Table 3.13: Extent of Inappropriate Referrals				
	Demonstration Counties (n=14)		Comparison Counties (n=14)	
	Strategies Used	Strategies Not Used	Strategies Used	Strategies Not Used
Inappropriate referrals not considered an issue	4	0	1	2
Inappropriate referrals acknowledged and contained	3	3	4	4
Inappropriate referrals leaves PCSA feeling unable to control placement days	1	3	2	1
Total	8	6	7	7

Summary: PCSA perceptions of the problem of inappropriate referrals from juvenile courts appear to be related more to juvenile court philosophy than to actual spending by the court on community-based alternatives to placement. PCSAs tend to report having a strong relationship with their juvenile court but many are nonetheless struggling to deal with court referrals. Demonstration counties appear to be somewhat more successful in adapting to the situation, developing diversion programs, court liaison positions or other strategies to improve communication and to ultimately alleviate the problem.

3.3.2 Year Five Exploration and Findings

In Year Five, the study team conducted a series of in-depth telephone interviews focused on the continued impact of referrals of unruly/delinquent youth to the PCSA. Using evaluation data from prior years of the study, the team categorized all counties according to (1) the volume of cases referred to the PCSA that were unruly/delinquent, and (2) PCSA management’s perception of the severity of inappropriate referrals from the court (Appendix V-4 presents the data underlying the creation of the groups). The 28 counties were categorized into four groups (Table 3.14).

Categories	Demo	Comp
Group One: High percentage of unruly/delinquent youth as initial reason for placement, but inappropriate referrals listed as “not an issue”.	7	4
Group Two: Low percentage of unruly/delinquent youth as initial reason for placement, but inappropriate referrals viewed as “unable to control”.	1	2
Group Three: Low percentage of unruly/delinquent youth as initial reason for placement, and inappropriate referrals viewed as “not an issue” or acknowledged and contained.	4	4
Group Four: High percentage of unruly/delinquent youth as initial reason for placement, and inappropriate referrals viewed as “unable to control”.	2	4

Interviews were conducted with PCSAs in Group One and Two, because their perception of the court referrals issue did not seem to match the available data showing the extent of unruly/delinquent referrals coming from the juvenile court. PCSAs in both groups offered their views regarding:

- The current extent of the problem of inappropriate referrals;
- Specific strategies taken to deal with the number of unruly/delinquent youth inappropriately referred, including, in demonstration sites, whether the Waiver had an impact on the problem; and
- Factors that had the most impact on the number of inappropriate referrals, including the philosophy of the court and the impact of changes in DYS funding.

Extent of Inappropriate Referrals

Group One: Six out of the seven demonstration counties in Group One continue to view inappropriate referrals from the court as not being a major problem or as being contained. While several administrators speak to the volume of youth, and problems associated with these inappropriate referrals, they feel that they are able to deal with them, or are working on improved relationships. Those counties that have Title 1V-E Courts indicated less of a problem due to increased availability of funding to pay for placements.

Group Two: Both the demonstration and comparison counties in this group were concerned with the volume of court referrals of unruly/delinquent youth, in spite of low referrals of such youth, and identify these referrals as continuing to be out of control. All three feel “dumped on” by the court and other community agencies although they continue to work on developing strategies and agreements with the court on how to serve these children.

Strategies

Demonstration and comparison counties in both groups continue to expand and utilize the programs studied in Years One through Four of the evaluation. The positive programs include:

- PCSA staff housed in Juvenile Court on a full or part time basis.
- Docket reviews
- Formal diversion programs
- Active cluster programs
- Increased communication and collaboration with mandated reporting agencies
- Expansion and development of wrap-around services
- Investigative units
- More specialized drug and alcohol services
- Social workers assigned to work with court and community programs
- Expanded family team conferencing
- Existence of Title IV-E Courts

The demonstration counties believe that the Waiver provided them with the flexibility to create new programs and utilize funds more creatively. In Group One, five out of seven demonstration counties indicated that Waiver funds had been responsible for the creation of several of these court-related programs, and the other two indicated that the Waiver was indirectly related to court-related programs that have been established. Several counties described how the existence of the Waiver allowed them to access funds for support services for family, while the child still remained in the parents’ custody, rather than having to take the child into custody to access those funds. In Group Two, one demonstration county cited specific examples of how Waiver funds had been utilized to keep children out of custody by keeping parents involved.

Examples of the impact of the Waiver include descriptions of:

- Expanding creative and aggressive linkages with the community and changing attitudes toward placement. One county said in the past they thought having more children in placement was beneficial to the community, but now with the Waiver they see their role as more creatively designing services that will allow children to remain at home or in the community.
- Funding programs identified above including wraparound and integrative partnerships with cluster. (However, a few counties indicated that these services had been jointly funded with TANF dollars.)
- Adding mental health, drug and alcohol and other specialized workers.
- Adding specialized home-based services.

Comparison counties in both groups one and two also identified the development of new and ongoing programs to address the problems associated with inappropriate referrals. The judge in one county reportedly is quite proactive in establishing programs designed to address the problems of unruly/delinquent youth.

All PCSA administrators interviewed are extremely concerned over the future existence and growth of these positive programs due to anticipated funding cuts and increasing populations of children requiring extensive services.

Influencing Factors

The issue of inappropriate court referrals is still influenced by the factors discussed in Years 1 through 4 of the evaluation. The major factors discussed by interviewees were:

- Philosophy and attitude of the court, and
- The Court's use of its DYS allocation and other funding concerns.

In Year 5, concerns with likely budget cuts in DYS and other program areas were paramount, as were discussions of the increasingly challenging nature of the population that PCSAs are being asked to serve. While the State budget was not final at the time of this report, large cuts in Ohio's RECLAIM program are anticipated.

Court Philosophy: The attitude of the court toward collaboration and proactive planning is seen as important by both demonstration and comparison counties. Communication between the court and PCSA, and a willingness by both to create community collaborations, to have shared workers and to effectively communicate, was viewed as critical. In counties where the court and the PCSA collaborate, PCSAs report better success in working with their court systems.

Several Group One counties have either formal or informal cooperative agreements with the Juvenile Court. Two of the seven demonstration counties have formal agreements with the court. All of the demonstration counties in Group One described arrangements where staff worked cooperatively. In one comparison county the judge has been uniquely proactive in fostering collaborations with PCSA and other community agencies.

Some judges see their roles as punitive and believe that the PCSA is better equipped to deal with children therefore they refer them to the PCSA. One county reported that the court is reluctant to place unruly/delinquent youth in the criminal justice system. These attitudes result in a cohort of unruly/delinquent youth enmeshed in the child welfare system. The child welfare system, designed to address problems and provide stability and permanence for dependent, abused, and neglected children finds itself with a population often ill-suited to the available services. The expectation and expertise of traditional foster homes is in providing homes to dependent, abused, and neglected children. The needs and behaviors of unruly and delinquent children can require a different set of skills than is typical of a foster parent

In a number of counties, the court adjudicates children as dependent who are actually unruly/delinquent, because the court believes it does not have resources or the expertise to address the problems of these youth. The PCSA consequently has children in its system that cannot be served in foster homes or other alternatives designed for abused and neglected children, because their behaviors or mental health problems are too severe for agency foster parents to manage.

In Group Two counties where problems are perceived to exist, judges are often reluctant to communicate with the PCSA. The two comparison counties have formal collaborative agreements or programs with the court, but the PCSA still feels that the court is “dumping” inappropriate children into their system. One Group Two county reports that the judge considers communication with the PCSA to be inappropriate before formal hearings, and consequently opportunities are missed for planning and program development for children before they are adjudicated. Often, issues of control between the court, prosecutor’s office and PCSA leaves the PCSA in a “Catch 22” situation because they are unable to provide “treatment services” to children pending disposition in the court system.

DYS Funding: Administrators in each of counties where interviews were conducted were asked how the availability of DYS funding for diversionary efforts had impacted the number of unruly/ delinquent adjudications. Not all of the interviewees knew how the courts utilized RECLAIMOhio or HB57 funding, but they could discuss the strategies that the court was using in their communities. HB 57 was also cited as a source for new funding and programs. However, no new dollars are associated with this bill since it utilizes already existing TANF funds.

Increased funding pressure on the court has already caused an increasing number of inappropriate referrals from the court, but the court was doing “the best it can.”

All counties were quite concerned about the impact of anticipated DYS budget cuts. Three of the seven demonstration counties in Group One had become Title IV-E Courts. In these counties, the relationship between the court and PCSA was good and the implementation of the Title IV-E Court did allow additional funding to flow into the county for children. In five of the seven demonstration counties, courts were using DYS funding for diversionary and other cooperative efforts. Among comparison counties in

Group One, three of four courts had established diversion and other proactive programs in cooperation with the PCSA. The other county, where inappropriate referrals are a pressing problem, is working on the establishment of formal programs but does have informal relationships in the meantime.

In Group Two, one county reported that the court has used contracts with other community agencies such as Mental Health and Drug and Alcohol programs. In the two other counties, the courts' funds have been utilized for other diversion and prevention programs.

While the final DYS budget had not been established at the time of the interviews, most counties anticipated a very large cut in funding or possible elimination of the RECLAIM program. With the loss of a significant amount of funding for diversion programming, PCSAs are concerned that even more unruly/delinquent youth will be ordered into their custody, leading to an even more serious impact on placement days and associated costs. In one county, the PCSA gave half of its TANF funds (\$100,000) to the court to establish a program for unruly/delinquent youth under HB57. This program kept 70 children from entering the child welfare system in one year. However, it is also in danger of being cut.

As mentioned earlier, another factor influencing court referrals is HB 57. HB 57 was passed in February 2002 and was intended to improve local efforts to divert unruly children from the court system. HB 57 mandates the development of collaborative service plans for unruly youth, but provides no new money to do so, instead transferring TANF money from the existing system. Excess TANF funds were already available to most of the PCSAs. The implementation of HB57 means that the PCSAs will have more competition for the limited TANF funds. Consequently, no offsetting new moneys are available to counter the effect of the budget cuts in RECLAIMOhio funds.

Interviewees believe that the ultimate impact of the loss of funds will likely be an increase in the number of children in care, especially the unruly and delinquent children. As placement rates increase and PCSAs are asked to serve more unruly and delinquent children, they fear that other preventive and support programs will have to be reduced.

The Waiver may be even more crucial in the future in providing counties with the flexibility to establish programs that will be needed for the increasing population of unruly/delinquent youth who are likely to be placed into the child welfare system. The creativity and flexibility inherent in the Waiver will be needed more than ever as both courts and PCSAs experience budget cuts, reduced tax revenues, and reduced State revenues.

Summary : In dealing with inappropriate referrals from the juvenile court, PCSAs rely heavily on their ability to communicate effectively with the court and, ultimately, to engage in collaborative diversion efforts. Anticipated budget cuts raise serious concerns for the PCSAs, because reduced court funding could exacerbate the situation, with more unruly/delinquent youth being referred to the PCSA. The flexibility inherent in the

Waiver may be needed now more than ever as both the juvenile court and child welfare system are challenged with an increasingly difficult population of children and families, while budgets are likely to be stagnant or reduced.

3.4 INTERAGENCY COLLABORATION

The impact of the ProtectOhio Waiver on interagency collaboration has been of particular interest to this evaluation. Ohio State government is divided into six separate health and human service agencies, which in turn have local counterparts, making collaboration at the local level critical to an integrated service system. Because of this, the State has a well-developed, formal structure for collaboration at the local level, known as the Family and Children First councils (FCF). It has been hypothesized that the flexibility allowed in the Waiver would foster more collaboration in the demonstration counties, and that greater community collaboration would lead to better outcomes for children and families.

The study team has explored these questions throughout the evaluation. The following sections first summarize the major findings from prior years of the evaluation, and then present the results of the Year 5 survey of the PCSA's collaborative partners in each county.

3.4.1 Summary of Evaluation Findings from Year 1-4

Overall Collaboration

In Year 2, the evaluation team interviewed administrators in the five major child-serving agencies¹⁰ including the PCSA, to assess the strength of community collaboration. Responses from demonstration and comparison counties were similar (Table 3.15). Overall, ten demonstration and 12 comparison counties reported strong or very strong collaboration among three or more agencies. Having five fully active members was rare, a circumstance that occurred only in one demonstration and three comparison counties.

¹⁰ The five major partners in each community, who are mandated members of the local FCF, include the PCSA, the juvenile court, the mental health board (or its representative), the school system, and the mental retardation/developmental disabilities board.

Table 3.15: Strength of Collaborative Relationships Across Agencies		
	<i>Demonstration Counties</i>	<i>Comparison Counties</i>
Collaboration with all 5 agencies reported as strong or very strong	1	3
Collaboration with 4 of 5 agencies reported as strong or very strong.	5	5
Collaboration with 3 of 5 agencies reported as strong or very strong.	4	4
Total	10 (71%)	12 (86%)

Key to establishing continued interagency collaboration is establishment of some collaborative structures. Several collaboration mechanisms have been used by the PCSA and its partners, often through the auspices of the local Family and Children First Council (FCF). In Year 2,¹¹ the evaluation team observed that movement toward collaborative funding had occurred only in demonstration counties and included more shared program funding as well as more pooled funding. Shared funding is defined as multiple agencies contributing funds and resources to support a single service program, thus sharing the cost for running the program. Between Years 1 and 2, the number of demonstration counties that were using shared program funding almost doubled, going from six counties to 11 counties. At the same, shared program funding in comparison counties remained constant.

Table 3.16: Shared and Pooled Program Funding				
	Shared		Pooled	
	Year 1	Year 2	Year 1	Year 2
Demonstration Counties	6	11	4	8
Comparison Counties	7	7	8	7

A similar shift occurred in demonstration counties' use of pooled funds. Funds are considered to be pooled when individual agencies contribute money up-front to serve multi-agency children. The number of demonstration counties with pooled funding doubled from four counties to eight counties, while pooled funding in comparison counties actually decreased from eight counties to seven counties (Table 3.16).

Other mechanisms reflect established interagency collaboration including shared funding for discrete service programs and sharing of staff. Year 4 findings indicate that demonstration and comparison counties make equal use of out-stationed or shared staff, with the vast majority of counties doing so (ten demonstration and 11 comparison sites);

¹¹ *Interim Implementation Report*, Chapter 4, November 2000.

and most counties also contribute funds to support joint service programs (ten demonstration and nine comparison counties).

The PCSA and its Collaborative Partners

Although demonstration and comparison counties appear to have similar levels of interagency collaboration, variability exists in the collaborative posture of the different types of agencies. Throughout the evaluation, the study team has periodically asked about various collaborative partners, with particular attention to the juvenile courts and mental health.

In Year 4, the evaluation team found that overall relationships between the PCSAs and the Juvenile Courts were judged to be strong, and varied little between demonstration and comparison counties (Table 3.11). Only one demonstration county was listed as having a weak or very weak relationship with the Court, while four comparison counties were found to have a weak or very weak relationship with the court.

Most PCSAs claim to have a strong relationship with their mental health board, with little change evident since the Waiver began. In Year Four, nine comparison PCSAs reported having a strong or very strong overall relationship with mental health, and seven demonstration counties were similarly situated.

It is important to note that “strong relationship” did not necessarily translate into satisfactory service delivery. As discussed earlier in this chapter, many PCSAs still struggled to deal with inappropriate referrals from the court and insufficient mental health services, despite strong relationships with the court or mental health agency.

In general, schools and mental retardation/developmental disability agencies appear to work less closely with the PCSA, and also seem to be more variable in their level of participation in collaborative ventures.¹²

In addition to “bread-and-butter” collaborations between the PCSA and its mental health and juvenile court counterparts, other collaborative efforts have been important to the overall picture of community collaboration. During Year Four, interviewees in most counties (11 demonstration and 11 comparison) mentioned specific interagency efforts as being planned or underway. The predominant collaborative efforts are those around child welfare/ mental health services (six demonstration and four comparison counties), school truancy/ alternative schools (three demonstration and four comparison counties), and coordinated investigations of sex abuse cases (three demonstration and two comparison counties).

3.4.2 Year Five Exploration and Findings

The collaborative relationships between PCSAs and other child-serving agencies have been explored in-depth by the study team in previous years. For Year Five, the study team chose to examine these relationships from the perspective of the PCSAs’

¹² *First Annual Report*, Chapter 2, p. 54, August 1999.

collaborative partners. Each PCSA was asked to provide a list of approximately five partners it considered to be its main collaborators. These main collaborators were then sent a survey asking them to rate the collaborative relationship they have with the PCSA and to assess whether collaboration had changed since 1997 (the beginning of the Waiver). The results of this survey were aggregated by the study team and form the backbone of the findings for this section.

Overall Findings

The lists of collaborators generated by the PCSAs included an interesting mix of collaborative partners. Some were to be expected: Juvenile Courts, Mental Health Boards, Family and Children First Councils. Other collaborative partners identified by the PCSAs were somewhat unexpected. This group largely falls into the “community organization” category. Community organizations are a heterogeneous group of partners, ranging anywhere from faith-based organizations to shelters for victims of domestic violence. Interestingly, this group comprises nearly one-quarter of the total respondents to the survey, as shown in Table 3.17.

Table 3.17: Collaborative Partners Survey Respondents, By Type

Respondent Type	Number of Surveys Received	Percentage of Total Surveys Received
Juvenile Court	16	14.2
Family and Children First Council	12	10.6
MR/DD	5	4.4
Department of Job & Family Services	11	9.7
Schools	4	3.5
Mental Health Board	33	29.2
Police	3	2.7
Community Organization	26	23.0
Alcohol and Drug Services	3	2.7
TOTAL	113	100

Analysis compared respondents from demonstration counties to those from comparison counties. The relatively even distribution of partners between demonstration and comparison counties makes such an approach possible. In addition, as shown in Table

3.18, the healthy spread of respondents over 27 of the 28 ProtectOhio counties suggests that results are applicable to all evaluation counties.

Table 3.18: Survey Respondent Demographics			
County Type	Number of Surveys Sent	Number of Surveys Returned	Response Rate
Demonstration (14 counties)	67	58	87%
Comparison (13 counties)	65	55	85%
TOTAL (27 counties)	132	113	86%

Statistically significant differences emerged between the demonstration and comparison partners groups in response to three of the eight questions subject to analysis.¹³ Table 3.19 shows the first difference to emerge when respondents were asked to characterize their current working relationship between their agency and the PCSA. Responses were given on a scale of -2 to 2, with 2 representing “very strong” and -2 representing “very weak.” Both groups registered a positive working relationship with the PCSA. Comparison respondents averaged a response of 1.11 or a “strong” relationship. However, demonstration respondents averaged a response of 1.40, putting them between “strong” and “very strong” in rating their relationship. This difference was statistically significant, and shows that while both groups view their relationship with the PCSA as positive, demonstration partners view this relationship as stronger than do comparison partners.

Table 3.19: Characterizing the Relationship between Survey Respondents		
Relationship Strength	Demonstration	Comparison
Average Strength of Relationship (scale: -2 to 2)	1.40 ¹⁴	1.11
Rating the Strength of Relationship	Very strong/strong	strong

Table 3.20 shows the additional differences that emerged between demonstration and comparison groups when respondents were asked how the relationship between their

¹³ There were a total of nine survey questions. Question 4 was not subject to the same statistical analysis as questions 1-3 and 5-9. Thus, only eight questions are listed as “subject to analysis.”

¹⁴ Significance based on crosstab analysis. Chi-square of 7.47, significant at p=0.058

agency and the PCSA has changed since 1997 (the beginning of the IV-E Waiver). Respondents answered based on a scale of -1 to 1. -1 signified “grown weaker” and 1 signified “grown stronger.” Again, both demonstration and comparison respondents felt that there had been positive change in their relationship with the PCSA. However, the demonstration county partners registered significantly stronger positive change than did their comparison counterparts. Demonstration county respondents averaged a response of 0.89, meaning nearly all respondents felt the relationship had grown stronger. Comparison respondents averaged 0.60, putting them between “no change” and “grown stronger” on the scale. This result suggests that demonstration counties have had stronger positive growth in relationships with collaborative partners since the beginning of the Waiver.

Table 3.20 also offers some evidence that relationships between PCSAs and their collaborative partners have strengthened. The pattern holds true for both demonstration and comparison groups, but demonstration counties saw significantly more improvement. This suggests that the Waiver may have enhanced the success of these collaborations.

Table 3.20: Characterizing the Change in the Relationship between Survey Respondents and the PCSA since 1997		
Change in Relationship Strength	Demonstration	Comparison
Average Change in the Strength of Relationship (scale: -1 to 1)	0.89 ¹⁵	0.61
Rating Average Change in the Strength of Relationship	Grown stronger	Stayed the same/grown stronger

Results from the Year Four Caseworker Survey seem to support these findings. Demonstration county caseworkers reported significantly higher rates of job satisfaction than did their comparison counterparts (40% percent of demonstration county workers reported being satisfied or very satisfied, while 31% of comparison workers reported being satisfied or very satisfied). Higher rates of caseworker satisfaction may be influenced by higher levels of interagency collaboration.

Results from family focus groups conducted in Year 4 also support the idea that interagency collaborative efforts have grown stronger over the Waiver period. Participants noted that the PCSA has been helpful in obtaining services and resources, as well as making an effort to keep children in their homes. Also, caseworkers were described as more responsive, flexible and helpful than in the past.

¹⁵ Significance based on crosstab analysis. Chi-square of 15.454, significant at p=0.000

Community Impact

The survey also addressed the impact of community-wide changes on interagency collaboration. Figure 3.10 shows the community-wide factors listed in the survey.

Figure 3.10: Collaboration Survey Question #7
<p>Since 1997, what major community-wide changes have impacted interagency collaborative efforts in your county?</p> <ul style="list-style-type: none">● decrease in available dollars for children and family services● increase in available dollars for children and family services● change in leadership● change in other agencies role or ability to collaborate● change in county demographics (age, race/ethnicity, poverty rate)● change in county's social problems● other

Overall, demonstration county partners more often listed a decrease in available dollars for children and family services, as well as a change in leadership, as factors impacting collaboration. Comparison county partners more often listed a change in other agencies' roles or ability to collaborate or a change in the county's social problems as factors impacting collaboration (Table 3.21).

Community impact data do not yet reveal any patterns related to Waiver participation, largely because the social indicators examined are considerably broader than the child welfare system. As PCSAs succeed in making significant changes in their community role and in how they are perceived by the community at large, they may begin to have a modest impact on larger social trends in the county.¹⁶

¹⁶ For more information, see *the Interim Implementation Report*, Chapter 6, August 2000 and the *Third Annual Report*, Section 2.5.2, June 2001

Table 3.21: Community-wide Impact on Interagency Collaboration		
Community-wide factors	All Partners Surveyed (Number and Percent)	
	Demonstration	Comparison
Decrease in available dollars for children and family services	45 (78%)	35 (64%)
Increase in available dollars for children and family services	17 (29%)	18 (33%)
Change in leadership	35 (60%)	23 (42%)
Change in other agencies' roles or ability to collaborate	21 (36%)	29 (53%)
Change in county demographics (age, race/ethnicity, poverty rate)	8 (14%)	6 (11%)
Change in county's social problems	11 (19%)	11 (20%)
Other	7 (12%)	12 (22%)

Findings Concerning Selected Groups of Survey Respondents

The study team had sufficient responses from several key types of agencies that analysis was possible for those sub-groups of the total survey respondents.

PCSAs and the Juvenile Court: Previous year's reports have shown mixed results when analyzing the relationship between the Juvenile Court and the PCSA (see section 3.3). Analysis of responses from Juvenile Courts revealed only one significant difference between demonstration and comparison groups, as shown in Table 3.22.

Table 3.22: The Change in the Relationship between Juvenile Court Survey Respondents and the PCSA since 1997		
Change in Relationship Strength	Demonstration	Comparison
Average Change in the Strength of Relationship (scale: -1 to 1)	1.00 ¹⁷	0.57
Rating Average Change in the Strength of Relationship	Grown stronger	Stayed the same/grown stronger

When asked how the relationship between the court and the PCSA has changed since 1997, Juvenile Court respondents from demonstration counties all answered that the relationship has grown stronger. Comparison county Court respondents categorized the relationship between “no change” and “grown stronger.” It is difficult to draw strong conclusions from a very small sample size; however it does appear that Juvenile Courts in demonstration counties believe that the relationship between the court and the PCSA has grown stronger during the Waiver period, and at a higher level than comparison county respondents.

PCSA's and the Family and Children First Council: Family and Children First Councils (FCF) serve the role of coordinating bodies for services to children and families in each county. Previous years' efforts to analyze the differences between FCFs have netted few major findings. From Year Two to Year Four of the Waiver, only minor changes were noted between demonstration and Comparison FCFs in use of pooled funds. Attempted analysis of changes in PCSA contributions to FCF funding proved fruitless, as few counties provided adequate fiscal data.

The survey identified one area in which demonstration and comparison county partner respondents differed significantly in their responses. Responding to how the relationship between the FCF and the PCSA had changed since 1997, respondents in demonstration counties reported a significantly stronger positive change than respondents in comparison counties, as shown in Table 3.23.

¹⁷ Significance based on crosstab analysis. Chi-square of 4.747, significant at p=0.029

Table 3.23: The Change in the Relationship between FCF Survey Respondents and the PCSA since 1997		
Change in Relationship Strength	Demonstration	Comparison
Average Change in the Strength of Relationship (scale: -1 to 1)	0.71 ¹⁸	0.25
Rating Average Change in the Strength of Relationship	Grown stronger	Stayed the same/grown stronger

PCSA and the Mental Health Board: In Year Four, little difference appeared between demonstration and comparison counties in the strength of the mental health-PCSA relationship. Nine comparison counties and seven demonstration PCSAs were found to have a strong or very strong overall relationship with their mental health board. The survey data do not contradict this pattern; although demonstration county Mental Health Boards rated their relationship with the PCSA stronger than did their comparison counterparts, the result was not statistically significant.

Summary: Analysis of this year’s collaboration survey resulted in several findings. First, PCSAs often view community-based agencies as important collaborative partners (in addition to the standard partners such as a mental health board, juvenile court, or FCF). Second, demonstration county collaborative partners (as a group) view their collaboration with the PCSA as more successful than comparison county partners. Third, there were few significant differences between respondent type and demonstrations or comparison county status when answering questions regarding strength of collaborative relationship. Finally, some differences emerged between demonstration and comparison counties collaborative partners regarding the impact of communitywide changes on collaborative efforts.

Summary of Major Findings

The following highlight the major new findings discussed in this chapter:

Prevention: Throughout the Waiver, demonstration and comparison counties have reported an increase in the development and availability of preventive services. Those counties with access to flexible IV-E funds—demonstration counties—may be more able to deliberately create new preventive services to fill the gaps in existing service array. Often this is possible by shifting PCSA funds to prevention, but may also occur through collaborative activities with community partners. However, without a strong commitment to prevention to begin with, the increase in funding or more targeted development of new preventive services will not necessarily occur and will not

¹⁸ Significance based on crosstab analysis. Chi-square of 7.296, significant at p=0.026

necessarily have a positive effect on child and family outcomes. Counties that have most increased prevention spending and have expressed a strong commitment to prevention appear to have been able to achieve a larger decrease in placement days than have other counties during the Waiver period.

Mental Health: During the evaluation, counties have been asked about their array of mental health services, the sufficiency of services, and creation of new services. This year, the study team explicitly investigated the availability of six core mental health services and explored the funding mechanisms, barriers to service, service gaps, and strategies used to fill service gaps. Overall, counties report that while the core services are available, access to services and the volume of service available continue to cause problems. Mental Health Boards tend to fund most required services, with PCSAs sometimes supplementing these efforts by creating in-house evaluation units, or by contracting directly with private providers. The PCSA efforts seem to come in response to long waiting times for services and to insufficiencies in particular service areas. Although both demonstration and comparison counties have faced similar insufficiencies throughout the Waiver, the new data suggest that demonstration counties may be in a slightly better position to respond to service gaps. The flexibility afforded by the Waiver may enable demonstration counties to bring more partners to the table, a hypothesis that is worth further exploration if ProtectOhio is continued.

Court Referrals: In examining the dynamics of PCSA-Juvenile Court relationships, the study team has found that, although the Waiver has not been a particularly strong factor in improving relationships, it has enabled many demonstration counties to develop a range of alternatives to placement for youth remanded to the PCSA by the Court. Some comparison counties have been able to develop similar programs using other sources of flexible funds. The innovative diversion efforts have somewhat alleviated the difficulties PCSAs face in serving large numbers of unruly/delinquent youth, but have not necessarily stemmed the flow of referrals from the court. The study team found that the relationship between the PCSA and the court was an essential driver for cooperative and collaborative programming in both demonstration and comparison counties.

Interagency Collaboration: In light of high expectations that the Waiver would foster increased interagency collaboration, the study team has consistently explored the extent of such activity in each county. In Year 5, the focus turned to the perspective of the community partners themselves. In response to a mail survey, partner agencies in all the evaluation counties expressed very positive views about interagency collaboration in general and their particular relationship to the local PCSA. Regarding strength of overall collaborative relationships, few significant differences appeared among respondent types (mental health, courts, etc.) or between demonstrations and comparison county groups, with one exception. Demonstration county collaborative partners tended to view their collaboration with the PCSA as more successful than comparison county partners and collaboration has grown more during the waiver and is now stronger than comparison counties.