

CHAPTER 10:

CASE STUDIES: BELMONT & PORTAGE COUNTIES

This chapter presents in-depth case studies of two demonstration PCSAs, Belmont County Children’s Services, and Portage County Department of Job and Family Services, Division of Children Services (DCS), examining the PCSAs evolution throughout the ProtectOhio Waiver. The case studies include qualitative information from telephone and in-person interviews with PCSA, court, and community agency staff; focus groups with program participants; and program observations. The case studies also incorporate data from the fiscal analysis, caseload trend reports, and strategy outcome studies. The sections of each 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 studies is to illustrate the interconnections among the many varied findings of the ProtectOhio evaluation.

10.1 BELMONT COUNTY

10.1.1 Introduction

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

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>

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

- 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.

10.1.2 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.

10.1.2.1 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 implemented Casey’s Family to Family program – they submitted a budget request, developed a plan, and focused on finding new adoption

⁵ <http://datacenter.kidscount.org>

⁶ From www.belmontcountyhealth.org

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.

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.

10.1.2.2 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.

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 low 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.

10.1.2.3 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 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.

10.1.3 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.

10.1.3.1 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 each of these staffings. 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

10.1.3.2 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.

10.1.4 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 began 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 the juvenile court also was very strong, with a supportive judge and very involved probation officers. In 1998, influenced by 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, 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,

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.

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.

10.1.5 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

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.

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 during the pre-waiver period.
- 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 the pre-waiver period, even without adjusting for inflation.
- Non-foster care costs increased fairly steadily from the pre-waiver period 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 the pre-waiver period 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 2005-2008 (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											
	Pre-waiver baseline (avg. 1996 – 1997)	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Paid FC Days	26,636	20,295	16,869	15,749	18,541	17,628	17,875	15,924	14,780	12,751	12,256	13,403
FC Unit Costs (in \$)	\$33.64	\$41.64	\$53.00	\$45.72	\$62.35	\$71.08	\$55.44	\$58.65	\$40.80	\$47.45	\$50.59	\$42.98
Total FC B&M Costs (in Thousand \$)	\$897	\$845	\$894	\$720	\$1,156	\$1,253	\$991	\$934	\$603	\$605	\$620	\$576
Non-FC Costs* (in Thousand \$)	\$1,156	\$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 \$)		\$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.

10.1.6 Changes in Outcomes

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

10.1.6.1 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 years 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 second waiver did not have much impact on Belmont's use of relatives. 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.

Table 10.3: Caseload Trends in Belmont County by Year, 1996-2009													
	Pre-Waiver		1 st Phase					Bridge		2 nd Phase			
Report	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Number of child abuse/neglect incidents	568	330	342	303	347	363	446	335	303	282	319	308	528
Number of children in child abuse/neglect incidents	907	534	567	492	528	550	686	564	454	430	506	424	783
Number of children with substantiated/indicated* child abuse/neglect allegations	305	180	291	367	390	233	192	188	166	178	197	240	424
Number of children under protective supervision	40	62	52	71	59	72	68	76	70	63	110	102	109
Total number of placements as of January 1 each year	93	91	86	78	70	82	62	80	61	69	67	59	58
Percentage of <i>placements with relatives</i> 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%
Total number of exits from placement	131	136	126	107	112	120	107	90	88	79	84	70	74
Percentage of <i>exits to other relatives</i> as a proportion of all exits	17%	7%	11%	5%	7%	5%	7%	10%	6%	6%	14%	7%	7%

*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.

10.1.6.2 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, perhaps due to using FTM to bring relatives into the case discussion at an earlier point; thus, even before 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.

10.6.1.3 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.

10.1.7 Reflections on the Impact of the Waiver

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, 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		
Reduced support of children without open cases	x		
Reduced funding of collaborative community efforts	x		
Reduced support for kinship caregivers, 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.

10.2 PORTAGE COUNTY

10.2.1 Introduction to Portage County

Portage County is a relatively rural county in northeastern Ohio. The county encompasses 492.4 square miles; 12.8% of this land is classified as urban. The 2008 population of 155,991 represents a growth of 2.4% since 2000.¹³ On most indicators, the county population is somewhat better off than the overall population of Ohio, although the rate of child abuse and neglect is slightly worse than statewide.

- In 2008, children and youth under age 18 comprised 21.2% of the total population. Of these children, 13.3% lived in poverty, below the state-wide rate of 18.5%. The median house-hold income that year was \$52,000, above the statewide level.¹⁴
- The 2008 estimate of Medicaid enrollment was 10.5% for county residents and 26.5% for children, lower than statewide proportions of 15.6% of all residents and 34.8% of all children.¹⁵
- In 2008, the high school graduation rate was 92.0%, while the statewide rate was 84.6%.
- The unemployment rate in 2008 was 6.3%, compared to 6.5% across the state.¹⁶
- In 2006, the rate of child abuse and neglect was 11.0 per 1,000 children, slightly above the statewide rate of 10.1 per 1,000 children.¹⁷

The following sections describe how Portage County Department of Job and Family Services/Division of Children Services (DCS) 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 DCS.

10.2.2 Evolution of the Service Delivery System

Portage County's goals for its participation in the ProtectOhio waiver were to use the flexible, prospective funding to do better budget planning, enabling the county to take some calculated financial risks to invest in in-home services to reduce the need for placement. DCS managers anticipated that a more planful approach, coupled with less restriction on use of the funding, would foster more rational decision-making, shifting energy not only toward prevention but also toward permanency – especially adoption and kinship care. They also looked forward to increased involvement of community partners, especially through the already-strong Interagency Clinical Assessment Team (ICAT).

10.2.2.1 Service Array

Portage DCS has taken considerable strides in expanding its service array, especially through increased contracting for services. The flexibility of the waiver funds has directly aided this effort. As part of the local DJFS, the PCSA has easier access to PRC funds than it would have if it were an

13 www.jfs.ohio.gov/County/cntypro/Portage.pdf.

14 US Census Bureau

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

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

17 <http://datacenter.kidscount.org>

independent Children Services Board; however, having the waiver assures that a predictable amount of flexible funding is there, not dependent on the status of TANF caseloads.

Beginning in 1999, DCS noticed more cases than before coming in with voluntary services, partly due to gathering more information at the screening point and deciding to open more cases. The agency began providing in-home mediation service, primarily for families with teens, as well as respite, to prevent placement. Gradually, over the course of the two waiver periods, DCS managers expanded further, taking some greater risks in establishing brand new service options. Among the most important of these are the following:

- The Family Stability Incentive Grant (FSIG) provides incentives for communities to prevent out-of-home placements. It predates the waiver, and can be credited with setting the tone for service innovation, which made it easier for Portage to decide to pursue the Title IVE Waiver, because management had already seen the advantages of using funds flexibly. FSIG is administered by the Portage County ICAT, using it for special service programs such as Fast Track (see below), an emergency needs fund, crisis respite services, wrap-around services, and a multi-service center. Portage County has consistently met its incentive targets. Between 1996 and 1999, DCS received \$150K per year under FSIG. When the grant program ended, DJFS replaced it with PRC/TANF money and waiver funds.
- Fast Track is an intensive in-home services program to divert cases from being opened in DCS. It is recognized as having a major impact on permanent custody rates, because youth can go straight from Assessment to Fast Track, with a specific plan for in-home services. The Fast Track position began August 1998, working with the court to identify adolescents likely to be referred to DCS, and making sure that wrap-around meetings were held. Initially DCS used Fast Track as a last resort before placement, but found this was too late to avoid placement, so began intervening sooner, with cases in between the assessment and intervention units, to divert the cases from going to court at all. And mental health providers can request Fast Track for DCS children they are serving.

In 2007 DCS doubled the funding for Fast Track, and placed the contract with a different agency (Family & Community Services). Now Fast Track is seen as an in-home service, working with families even before the court gives PCSA custody. Per family spending can be up to \$1800 for 90-120 days of Fast Track services, and it can be extended for another 90 days at a cost of \$1200. The provider regularly meets with the DCS supervisor and/or caseworkers to share progress on the cases. Very few of the Fast Track cases come into custody; during SFY 2010, no children came into custody while Fast Track services were in place.

- Multi-Systemic Therapy (MST) is an evidence-based practice appropriate for youth in the child welfare system with possible substance abuse issues who are at risk of out-of-home placement due to antisocial or delinquent behaviors¹⁸. In 2007, DCS worked with other child-serving agencies in the community to establish the county's first MST program. The mental health agency received a \$79K grant for an MST counselor, one of the four people on the team; DCS

¹⁸The California Evidence-Based Clearinghouse for Child Welfare, www.cebc4cw.org

pays for the other three, using waiver funds. DCS recently renewed the contract, for up to three years, with a focus on diverting children from ICAT (especially teens) who are at high risk of residential placement; this can enable them to receive services at home.

- **Adoption:** Adoption has long been an important focus for Portage DCS. Between 1995 and 1998, Portage was part of a group of nine counties in northern Ohio that received a grant from the Kellogg Foundation, *Families for Kids*. The counties, in collaboration with Northeastern Ohio Adoption Services (NOAS), focused on aggressively developing permanency plans for children awaiting placements. The initiative used a team approach to reduce the number of foster care placements that children experienced. When the grant ended, DCS continued to work with NOAS to continue the effort. DCS contracts with NOAS to do special needs adoptions; NOAS' role includes training and recruiting adoptive families, child assessment, working closely with DCS to prepare the child, matching child to family, taking primary responsibility for the placement (DCS takes a secondary role at this point), and providing post-placement and post-adoption services. NOAS currently handles half of DCS adoptions.

DCS also had a *Families for Teens* federal grant, where it again worked through NOAS, targeting teens needing a permanent plan (LTFC, Kinship, Independent Living). In 1999, 22 Portage teens were involved in the project, which included support groups to help the youth be more open to the idea of adoption. Grant funds were also used to train GALs about the need for permanency planning. DCS continues to work closely with NOAS; the contract is funded through the waiver.

In 2007, DCS was recognized by the state for its success in placing children age 9 and older – it received special incentive funds. DCS provides services to children already in adoptive homes to assure the adoption works. Early in the waiver, DCS began using waiver funds to expand the availability and level of adoption subsidies; this has helped them to keep pace with increases in foster care per diems and to effectively compete with nearby counties in finding adoptive homes; they also feel that the higher subsidies mean the family is not stressed just because they took the child. When ODJFS recently cut its share of adoption assistance, DCS increased its contribution, firm in not cutting the subsidies to the families. DCS estimates that, in 2008, it spent \$260K for adoption subsidies; managers feel it has been worth it – they have seen only one disruption in three years, and ratio of finalizations to children in placement is very high.

- **Step-down contract:** In 2006, DCS began contracting with a residential step-down case manager who is supervised by the PCSA and the local mental health provider. She carries ten cases where the child is living in a residential setting; her job is to ensure that step-down occurs whenever possible. She coordinates between the residential center and the placement setting, and meets monthly with DCS caseworkers to inform them about the progress of each case. This keeps the pressure on the residential providers to make progress or move the child somewhere else.

10.2.2.2 Internal structure of PCSA

DCS is part of a triple-combined Portage County Department of Job and Family Services. By having child support, income maintenance, and children's services all in the same building, along with the County Commissioners and the Health Department, DCS feels that it has better communication and

smoother referrals of families among the many services. Early in the waiver, the DJFS director gave DCS control over its own dollars – it was the only division so empowered.

DCS leadership has shifted over the past decade. The current Administrator has worked in the division since the beginning of the waiver, initially as a supervisor, then the manager (in 2002), and now responsible for the entire division. This continuity has been a key factor in DCS' ability to follow through on its core vision.

At various times during the waiver, DCS discussed changing the structure of its units. Early in the waiver, it renamed the ongoing unit "Intervention", to emphasize shorter-term work with families rather than just having cases remain open and "ongoing". And DCS has increased the amount and nature of the teaming processes (see FTM below), similarly to increase the likelihood that cases can be promptly served and closed.

Managers report that the waiver has had a significant impact on overall agency structure and environment, specifically in terms of the ability to hire additional staff or shift staffing, reconfiguration of unit structure, improvement in the philosophy of the agency, and the ability to plan because of predictable funding levels. In a 2009 survey, the current Administrator noted:

"Our entire philosophy changed from trying to protect children by removing them, to trying to support/stabilize families so the children are safe. Data has always been important to Portage and the waiver reinforced this. We use data to track trends related to number and type of referrals and address staffing based on these trends. This information has allowed specialization of some workers."

10.2.3 Second-Waiver Strategies

Portage DCS chose to pursue all three of the core ProtectOhio strategies – family team meetings, supervised visitation, and kinship supports. It was one of only four demonstration counties that opted for such an ambitious agenda under the waiver. The sections below briefly describe each initiative and how it compared to other participating and non-participating counties.

10.2.3.1 Family Team Meetings

Prior to the second waiver period, DCS had been using several types of team conferencing, both within the agency among DCS staff and in interagency contexts. The shift to FTM was a natural one; for many years DCS managers had had a goal of teaming every case before it moved to placement, but this did not fully occur until the agency implemented FTM in late 2005. With FTM, they hoped to more quickly offer services to families, by having case plans that involved all parties in identifying the key issues; and the improved communication would also shorten placements, or eliminate them, and children would reach permanency sooner. The flexibility of the waiver funds directly enabled DCS managers to contract for a FTM facilitator; they felt it was very important to have an independent person in the facilitation role.

Portage DCS was attentive to assuring that workers and supervisors, as well as the facilitator, received training on FTM. By 2007, staff reported feeling very comfortable in their understanding of FTM, and appreciated having the facilitator take the lead in the meetings and handle the tensions among the participants.

During the nearly four years of data collection on FTM, Portage DCS conducted 1,552 meetings for 677 children. Attendance at these meetings surpassed average levels achieved in other demonstration counties: parents of primary caregivers were present at 70% of Portage FTMs, compared to 61% for the entire demonstration group; and relatives, service providers, and child advocates were similarly more often present at Portage FTMs than overall in the demonstration counties. On average, Portage FTMs had five people, compared to an average of four people across all FTMs in the study sites.

The FTM strategy in Portage County was well implemented. 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, Portage County was ranked highest on fidelity (Chart 3.19), doing particularly well in having its subsequent FTMs occur with the desired quarterly frequency (79% compared to 63% across all demonstration counties) and in having the minimal set of attendees at FTMs (63% compared to 49% across all counties). The evaluation also found that Portage County's level of training for facilitators and caseworkers fell in the high range, a level attained by only five demonstration counties.

Overall, the FTM strategy has been seen as a very strong component of the waiver initiative. DCS managers report that FTM has had a significant impact on agency practice and on the image of the PCSA in the community, and that it has had a moderate effect on agency culture. In particular, they note that families, kin and service providers all praise the use of FTMs because the meetings give the family a voice early in a case, letting everyone know what is needed, and then the progress or lack thereof is dealt with in a timely and efficient way. Other agencies in the community have adopted the concept in their own work. Particularly gratifying has been improvement in the PCSA-court relationship: the juvenile court sees that the PCSA has a new role with respect to families; FTM enables the agency to demonstrate a broader way of helping families. Staff too have become invested in FTM: supervisors are anxious to attend FTMs, as they find it a valuable opportunity to monitor the case, with everyone hearing the same thing. They also speak of the benefits for families, especially increased involvement of extended family and quicker action on case plans, shortening the time until case resolution and closure.

10.2.3.2 Kinship Supports

Portage DCS began the second waiver period already giving considerable attention to the use of kinship caregivers. The agency has never provided cash payments to relatives, but staff routinely refer them to OWF for child-only TANF, food stamps, and Medicaid. In addition, workers can provide vouchers and coupons for clothing, food, and furniture needs related to having the children in the home. With its decision to pursue the strategy, however, DCS increased its focus on supporting kin caregivers, in two main ways: (1) expanding services, such as contracting with Family & Community Services for supports to kin (especially respite and support groups), and using Fast Track to provide intensive in-home services (especially parenting assistance and family counseling); and (2) involving kin in FTMs, giving them an earlier role in decisions around the child.

Compared to demonstration and comparison counties that did not adopt the kinship strategy, Portage is notable in two areas (Table 10.7): it has designated kinship staff, although these staff are contracted rather than internal; and staff try to provide whatever is needed to support the kinship care placement, even including psychological evaluations to assure that potential kin caregivers will be a

good match for the children, as part of kin home assessments. No direct financial supports are provided to kin, however, as the agency pays for needed goods and services.

Table 10.7: Agency-Level Differences in Kinship Practice				
	Portage	Kinship Counties (n=6)	Other Demonstration Counties (n=12)	Comparison Counties (n=17)
Have designated kinship staff (internal or external)	Yes	5 (83%)	5 (42%)	9 (53%)
Internal staff has 'significant' responsibility	N/A	2 (33%)	1 (8%)	3 (18%)
Provision of "Anything and everything" available to Kinship Caregivers	Yes	5 (83%)	5 (42%)	3 (18%)
Direct Financial Supports	No	3 (50%)	4 (33%)	5 (29%)

Portage cases constituted 10 of the 82 kinship county cases in the kinship survey. Overall patterns among kinship county cases included:

- Caregivers were more often grandparents (41%) than other types of kin;
- Caregivers were more often offered and awarded legal custody than in comparison counties;
- Caregivers appeared to be more often involved in FTMs, allowing the caregivers to advocate for the children in their care, than in other county groups.

Overall, Portage’s kinship strategy has been seen as a very strong component of its waiver initiative. DCS managers report that the kinship strategy had a significant impact on agency practice, enabling kinship care to become a viable option for children unable to remain with their birth parents. The agency intends to continue the strategy.

10.2.3.3 Supervised Visitation

DCS opted to participate in the supervised visitation strategy largely because of the activity focus. Managers felt that having a planned approach to what would occur during the visit, having more structure, would help parents in their interactions with their children. Initially, they hoped to engage the Parenting Education contractor and the Help Me Grow staff to be part of the process – the former by discussing with parents how they could plan activities, and the latter by giving some hands-on mentoring during the visits. To a large degree, this collaboration did not occur, hence possibly explaining Portage’s somewhat lower performance on the activities portion of the strategy. In addition, workers reported not receiving any specific training around the enhanced visitation model, and acknowledged that it is difficult to get parents to plan and follow through with an activity. Despite these challenges, Portage performed fairly well on several core measures of supervised visitation practice, matching or bettering the average scores of the strategy counties on four of the five measures (Table 10.8)

In the first two years of the strategy, visits were held at the agency site. In 2007, DCS obtained a visitation house. During the first few months of visits, when supervision is more intense, meetings still occur at the agency; as the situation becomes safer for the child, the visits move to the house.

Table 10.8: Supervised Visitation Measures		
	Portage	Average for all Strategy Counties
% scheduled Mother visits that were attended by Mother	83%	82%
% scheduled Father visits that were attended by Father	78%	75%
Use visitation-specific sites for supervised visits	Mixed	50%
Length of typical visit: 1 to 2 hours	yes	50%; 50% were 2-3 hours
Activity planned and completed	57%	72%

Overall, the supervised visitation strategy has been seen as a useful component of the waiver initiative. Portage DCS managers report that the supervised visitation strategy had some impact on agency culture, but they would like to continue it to see greater effect.

10.2.4 Interagency Relationships

The major process in Portage County which fosters interagency planning and service delivery is the Interagency Clinical Assessment Team (ICAT). ICAT consists of supervisory-level staff from the main child serving agencies. The group meets monthly to discuss policy and funding issues for shared cases; its primary purpose is not treatment planning but often treatment recommendations emerge from the discussions. ICAT monitors the progress of cases, keeps providers accountable for child outcomes, and encourages a focus on reducing placements, using step-down services.

DCS works well with its public sector partners. It enjoys a strong relationship with the local Mental Health Board and with local mental health providers. Its relationship with the court has gradually improved during the waiver; for example, as DCS has become more creative in its service response, offering more voluntary service options, the cases that ultimately go to the court have more precise case plans and better evaluations have been done. As a result, DCS managers report that cases are moving through the court process more quickly.

Relationships developed through ICAT carry over into other interagency initiatives. For example, in 1999 a nascent interagency effort emerged to improve community response to domestic violence, called the Family Violence Council. This group still meets, to assure good information-sharing and to provide training to new professionals.

In recent years, as resources have become tighter for all child-serving agencies, DCS has found its waiver flexibility to be more and more valuable in keeping interagency collaboration alive. As the juvenile court and the mental health board have fewer funds to contribute to services for shared cases, the PCSA picks up more of the costs of alternatives to placement; indeed, many of the providers who

participate in ICAT have contracts with DCS. DCS does not ask other agencies to pay a share of in-home services, but it does expect them to pay placement costs. Sometimes the placement costs for non-custody cases are charged to waiver, as a way to prevent custody coming to the PCSA. DCS managers note: “We are viewed as an agency who strives to work with others in our community to better meet the needs of families. We support financially children who are multi-system children whether they are open cases of ours or not.”

Overall, DCS managers report that interagency collaboration has been significantly impacted by the waiver, specifically in terms of:

- Improved relationship/communication with MH providers,
- Overall improvement in communication/collaboration across community providers,
- Increased PCSA contribution of support specific community programs, and
- Increased PCSA contribution to pooled funding to support multi-agency children.

10.2.5 Evolution in Management Tools and Use of Data

Portage DCS stands out among the waiver counties in its ability to manage data and specifically to make regular use of FACSIS/SACWIS data. From beginning of waiver, Portage DCS has had a staff person responsible for tracking case activity, outcomes, and costs. She knows data systems well, and has been a resource to other counties as well as her own. She is skilled in training staff on using forms and entering data, and on understanding the information compiled. In particular:

- Using FACSIS, she produced regular reports that were shared with managers and supervisors. She put FACSIS data into Excel and generated graphs for management use, and she kept many county events on Micro FACSIS. She also linked fiscal and program data – ESA service cost, bed days and placement costs per facility, reports showing placement day savings due to enhanced adoption subsidies, and placement-day savings due to new residential step-down service. DCS managers carefully examine the data, to identify changes needed in practice; for example, in tracking the number of moves of each child in placement (part of CPOE), they noticed high numbers of moves while in placement, so they urged the contractor to pay more attention to how often it was moving children.
- She routinely worked with CPOE data, paying attention to specific elements, and running the CPOE reports herself so supervisors could catch errors early; this would eliminate the time lag inherent in the ODJFS CPOE reports. She also would check CPOE results to learn from them (by comparison to other counties) and to correct any errors. The DCS administrator said: “I used to manage from the CPOE charts that she generated, and I understood the data; with SACWIS, this effort has become more difficult -- now we can’t produce reports and don’t understand what is going on in our own agency”.
- Her outcome charts were regularly used in Unit meetings, and posted on supervisors’ doors for all to see, as a way to motivate staff. Supervisors value getting quarterly reports to see where their unit stands, and to note what they need to pay particular attention to.

- With the more limited access to SACWIS data, instead of compiling data, she now monitors the DCS contracts and service agreements, and then has informal discussions with staff or emails them questions. DCS now requires placement agencies to give reports every 60-90 days on each child's progress in terms of the contract specifications for the child.

DCS has paid particular attention to placement usage, and conducts regular placement reviews. Pre-dating the waiver, DCS had a process whereby all three supervisors would go over all intakes every day, to brainstorm alternatives to placement. Over time, they have come to rely more and more on in-home services. In the second year of the waiver, DCS management increased the amount of supervisory review and approval for any voluntary service agreements, because it saw a pattern of voluntary services cases blowing up and needing court involvement and placement. They focused on cases that had been in services for a long time, and on cases that had been open previously. They also established an extra level of review of cases where the in-home counseling/therapy contractor asks for intensive in-home services (very expensive) where the child might be better off with temporary placement. By the third year of the waiver, all of the placements were being reviewed monthly by the worker and supervisor and, in some cases, the placement contractor. They also made another change: if a worker wants to use a voluntary placement agreement, it has to be reviewed by the director – this has led to greatly reduced use of such agreements.

Toward the end of the first waiver, DCS recognized their limited ability to control the length of child placements. Soon thereafter, DCS began a new contract with a residential step-down case manager (see discussion above) who monitors cases where the child is living in a residential setting, to ensure that step-down occurs whenever possible – conducting intensive reviews when needed, and meeting monthly with DCS staff to inform them of where each case is.

10.2.6 Fiscal Changes

Portage County's efforts to use the flexible funding and waiver strategies to prevent and shorten placements resulted in substantial reductions in paid placement days and, ultimately, generated large savings which were applied to non-foster care activities. The following points summarize the figures presented in Table 10.9.

- Paid placement days fluctuated during the first waiver, but then began a fairly steady decline during 2003-2008, ending 25% lower than what they had been prior to the waiver.
- Foster care unit costs increased 34% from the pre-waiver period to 2008, with the steepest increase occurring in 2007 (18%). During the first waiver, DCS reduced contracting for therapeutic foster care, instead expanding in-home services; this shift contributed to the declines in unit cost. But DCS soon realized that it did not have enough foster homes, due to increased adoptions by foster parents, so it had to raise its per diem rates to remain competitive for potential foster parents. In addition, as it succeeded in serving more children in-home, it seemed that the ones going to placement had more serious issues, more often requiring higher levels of care.
- Total foster care board and maintenance costs hit a low of \$2.5 million in 2005, but grew again (in response to increased per diem rates) to return to the level at the outset of the waiver.

- Non-foster care costs increased fairly steadily during the second waiver, more than doubling between 2003 and 2008, to end at over \$5 million.
- 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 dramatically between 1998 and 2003, declined and then regained that level over the next few years, then declined again between 2006 and 2008.
- The last bullet bears further explanation. Like most of the demonstration counties, Portage County received more in Title IV-E revenue through the waiver than they would have received through normal Title IV-E reimbursement. During the period 2005-2008, Portage DCS received over \$3.6 million more in IV-E revenue than it would have received under traditional IV-E rules, given its actual placement utilization (Chapter 7, Section 7.4). It applied that additional revenue, plus \$2.1 million more, to expand non-foster care services over the same time period.
- The savings achieved under the waiver may well have been enhanced by DCS' attention to data and spending patterns, as well as its frequent reviews of children in placement. The success likely also reflects the longevity of managerial staff, who know the providers and clients well, and consider that knowledge in making case-level decisions.

Table 10.9: Fiscal Trends in Portage County by Year, 1996-2008

Category	Aggregate by Year												
	Pre-waiver baseline (avg. 1996-97)	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	
Paid FC Days	52,649	52,608	51,692	47,729	48,704	50,085	52,946	50,017	43,552	40,801	38,838	39,564	
FC Unit Costs (in \$)	\$59.95	\$60.39	\$60.92	\$64.70	\$67.18	\$58.44	\$55.11	\$61.22	\$57.31	\$67.25	\$79.51	\$80.22	
Total FC B&M Costs (in Thousand \$)	\$3,163	\$3,177	\$3,149	\$3,088	\$3,272	\$2,927	\$2,918	\$3,062	\$2,496	\$2,744	\$3,088	\$3,174	
Non-FC Costs* (in Thousand \$)		1997: \$2,378	\$2,214	\$2,096	\$2,457	\$2,871	\$2,648	\$2,378	\$3,002	\$3,753	\$4,407	\$4,498	\$5,014
Waiver Savings** (in Thousand \$)			\$230	\$409	\$662	\$741	\$683	\$1,101	\$988	\$876	\$1,011	\$957	\$796

*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

10.2.7 Changes in Outcomes

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

10.2.7.1 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 Portage County for the years 1996-2009; see Appendix A for comparisons to other counties. Over the 13 years shown in Table 10.10:

- The number of child abuse/neglect incidents, and the number of children in those incidents, declined from the pre-waiver years (1996-97), although these measures nonetheless fluctuated during the two waiver periods and appeared to be building again starting in 2007.
- The number of substantiated/indicated allegations shot up sharply in 2007 and 2008, to exceed the 1996 level.
- Despite the increase in substantiated reports, the number of placements stayed fairly steady throughout the waiver, and actually declined in 2007 and 2008.
- 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.
- Use of relatives as placement resources tended to be higher during the two waiver periods than it was prior to the waiver, rising to as high as 22% in 2005. This rise may reflect DCS' focus on the kinship strategy, as discussed above. The decrease in 2007-2008 may reflect the 2008 decline in number of children in placement, suggesting that the type of children going to placement may be changing, as in-home services have become more available.
- Giving custody to relatives at the end of placement increased markedly toward the end of the first waiver and during most of the second waiver, only declining in the most recent years (2007-2008). This seems to reflect the pattern in use of relatives as a placement alternative, since kin placement often leads to kin custody (see Chapter 5, sections 5.5.1.2 and 5.5.2.2).

It is important to keep in mind that the caseload reports present raw data and thus are not indicative of waiver effects. The meaning of the patterns is more reliably revealed through the types of controlled analyses presented in Chapter 9 of this report. Indeed, the results discussed in the following sections indicate that the waiver has had a significant effect on DCS' reliance on kinship caregivers, both as an alternative to formal foster care and as a permanency option.

Table 10.10: Caseload Trends in Portage County by Year, 1996-2009													
	Pre-Waiver		1 st Phase					Bridge		2 nd Phase			
Report	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Number of child abuse/neglect incidents	1256	1222	921	880	909	705	859	894	881	877	814	931	1029
Number of children in child abuse/neglect incidents	1965	1943	1412	1376	1389	1094	1350	1278	1297	1319	1126	1318	1632
Number of children with substantiated/indicated* child abuse/neglect allegations	699	612	1072	838	828	414	398	384	468	449	361	772	900
Number of children under protective supervision	242	310	256	227	241	273	275	257	215	218	166	194	285
Total number of placements as of January 1 each year	182	179	198	180	178	180	181	194	190	190	193	174	158
Percentage of <i>placements with relatives</i> as proportion of all placements as of January 1 each year	16%	14%	17%	13%	14%	17%	18%	21%	18%	22%	20%	16%	12%
Total number of exits from placement	256	281	266	256	265	252	250	276	263	223	215	209	222
Percentage of <i>exits to other relatives</i> as a proportion of all exits	17%	24%	26%	22%	27%	23%	20%	26%	21%	21%	25%	14%	17%

*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.

10.2.7.2 Estimates of First-Waiver Impact

The estimates of the impact of the first waiver in Portage County were based on 417 exits from first placements from January 1, 1998, through February 28, 2002. Table 10.11 shows the distribution of types of exits among these cases.

First Placements Ending In:	Number of Exits During First Waiver, by Type*
Reunification	189
Custody to Relative	112
Adoption	42
Runaway	7
Other**	67
Total	417

*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, death, or those with missing/unclear exit type.

Table 10.12 summarizes the counterfactual findings from the first waiver. According to this analysis, waiver impacts on first foster care placements included: (1) an increase in placements with non-licensed non-relatives, (2) a decrease in placements in foster homes, and (3) an increase 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. These findings suggest that, during the first waiver, Portage County had already begun to focus on greater use of kin, even before it formally adopted the Kinship Supports strategy at the start of the second waiver period.

Table 10.12: Counterfactual Findings in Portage County for the First Waiver		
First Waiver's Effect in Portage County on:	Significant Effects were:	No Significant Effects on:
Demographic Characteristics	Increase in white, decrease in black and other	Gender, age
Abuse/Neglect Characteristics	Decrease in sexually abused	Alleged victim of abuse or neglect
Disabilities	Decrease in cognitive disabilities	Physical disabilities
Settings of First Placements	Increase in placements with non-licensed non-relatives; decrease in foster homes	Residential treatment centers, group homes, relatives, independent living, detention facility or hospital, adoptive home
Exits from First Placements	Increase in 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.

** Portage's actual re-entry rate under the Waiver was 31.7%, with a median duration before re-entry of 11.9 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.

10.2.7.3 Estimates of Second-Waiver Impact

Under the second waiver, there were no statistically significant effects on placement duration in Portage County, relative to conditions under the first waiver, but the county did demonstrate a significant effect on exits to custody of relatives or third party -- an increase of 7.87 percent over the first waiver growth (Table 10.13). The similar finding during the first waiver period (Table 10.12 above) suggests a steady focus on kin as a permanency option throughout the entire waiver. This second waiver effect mirrored the significant effect found among demonstration counties overall; Portage was one of just five demonstration counties which had a significant increase in exits to kin, and one of just four where the proportion of all exiting children who went to kin exceeded 31%. (See Chapter 9, section 9.5 for a full discussion of county-level effects under the second waiver.)

Table 10.13: Effects of the Second Waiver on Exit Types from First Placements in Portage County Relative to the First Waiver				
First Placements Ending with:	Percentage of Cases		Second Waiver Effect Relative to First Waiver	
	During Second Waiver Period	Counterfactual Projection to First-waiver Conditions		
Reunification	44.58	46.41	-1.83	
Custody to Kin or Third Party	30.99	23.12	7.87	*
Adoption	12.74	15.46	-2.72	
Runaway	1.22	1.22	0.00	
Other	10.47	13.79	-3.33	
Total	100	100	N/A	

*This table replicates Table 9.51 in Chapter 9.

10.2.8 Reflection on the Impact of the Waiver

Over the course of the waiver, Portage DCS has taken advantage of the flexibility offered by ProtectOhio, to realize its goal of expanded investment in in-home services, reducing the need for placement. This shift emerged out of a strong commitment to the potential of home-based services to meet many family needs, and a willingness to take a risk in using limited placement resources for other purposes; the risk was mitigated, however, by Portage’s unusual capacity to use management data to monitor program-level changes and learn from them. In addition, DCS did not limit its investment to the dollars ‘saved’ by reduced placement usage; it found \$2 million in additional funds to expand its non-foster care activities.

In terms of placement day usage, Portage County experienced a steady decline during the second waiver period. This was likely a direct result of its investment in in-home services, but also reflects the effectiveness of the residential step-down case manager, who kept pressure on contract facilities to demonstrate progress with each child placed. Staff noted that “two years in care used to feel like the standard; now that seems like an extreme.”

During the second waiver period, DCS seemed to come into its own, demonstrating confidence in the path it had chosen and refusing to alter its commitment to FTM and to in-home services and supports. In 2009, the evaluation team conducted a management survey of the counties to gather information on the second waiver’s impact. The administrator in Portage County reported the following:

- The second waiver had a significant impact on all stages of the child welfare case process in Portage County – assessment, ongoing, placement and permanency: “In assessment, it has offered the ability to put preventive services in place to stabilize a family, such as in-home or parenting, or at-risk evaluations to determine safety factors. In ongoing/placement, we have been able to develop contracts for in-home, step-down from residential, psychological assessments on parents, drug/alcohol assessments, domestic violence classes, and parenting classes. And, to increase

permanency, the waiver has allowed us to better support potential adoptive families via subsidies or offer kin families needed services including legal services.”

- Similarly, the waiver had significant impact on a wide range of services and supports offered by the PCSA, particularly (a) crisis services -- “Fast Track helps with family dynamics as well as housing, food and other basic needs”; (b) out-of-home placement options -- “Flexible funding has allowed us to make placements and not take custody unless necessary; and it allows us to remove barriers to kinship placements;” and (c) expedited reunification -- “FTM gets everyone on the same page which also expedites reunification/permanency.”
- The waiver reportedly had a strong effect on adoption: “It has allowed us to make fair/needed subsidies to our families adopting special needs children. We have also been able to maintain our contract with the Northeast Ohio Adoption Services which specializes in placing special needs children. Commitments made to adoptive families for expected needed services like orthodontia have also occurred.”

Portage hoped that the shift away from out-of-home placements would not only affect cases on the front end – preventing placements – but also would contribute to better permanency outcomes, in particular more adoption and kinship care. Both of these anticipated results were realized: DCS is among the best agencies in the state in terms of successful adoptions, and evaluation results showed a significant increase in exits to the custody of kin.

Overall, DCS has moved from a crisis-management approach to a prevention focus. Their philosophy about involving and working with families has greatly changed. Learning from other counties through the Consortium, both about what others have done with the waiver and also just about best practices, has been enormously beneficial. The changes have demonstrably helped families. Part of this shift has been due to FTM, which has increased the agency’s credibility in the community: people see DCS as more family-friendly, and providers see that their voices are important, and that families do well when everyone is on the same page and families have a say. Going forward, DCS hopes to develop its own training unit so that workers are cross-trained and can cover for each other and give more continuity to families.

Table 10.14: Likelihood of Changes in Portage DCS if Waiver Ends			
Agency Change	Not Likely	Likely	Definitely
Elimination of caseworker positions, 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	
Reduced support of children without open cases		x	
Reduced funding of collaborative community efforts		x	
Reduced support for kinship caregivers, adoptive families		x	

Table 10.14 highlights the extent to which Portage County counts on the Title IVE waiver to keep its innovative programs alive. It is clearly committed to FTM, and has seen positive effects of that strategy both in terms of internal operations and in relations with community agencies. Despite expecting staff reductions, DCS does not intend to reduce the FTM facilitator position, recognizing its benefits for overall placement usage and caseload size.

A concluding comment from the 2009 management survey encapsulates the meaning of the waiver for Portage County: “I have almost 34 years in child welfare and the last 12 years have been the most exciting, inspiring years of my career. I do not believe I can go back to doing business in a way that I know now is not in the best interest of families and children.”

10.3 SUMMARY OF CASE STUDIES

The exploration of Belmont and Portage counties’ experiences provides a richer understanding of the impact of the waiver on the demonstration counties. Belmont and Portage counties are each relatively rural, with populations faring slightly better, typically, than the state average (i.e. slightly higher high school graduation rates, slightly lower poverty rates). Belmont’s goal under the waiver was to improve direct service delivery, enabling them to focus on supporting families in an individualized manner, while Portage strove for improved planning and integration of services and providers, taking calculated risks to invest in shifting services to reduce the need for placement. The following is a summary of Belmont and Portage counties’ experiences under the waiver:

- Belmont’s service array focused on older youth, mental health/substance abuse services, and expanded staffing (unfortunately lost to more recent budget cuts). Portage’s service array during the waiver was characterized by increased contracting for expanded services, including: family stability incentive grant, fast track, multi-systemic therapy, adoption grants focused on moving children to permanency and placement for teens, and a residential step-down contract. Portage has also experienced some staffing and management changes over the waiver. In both counties, key management staff have been involved with the agency throughout the waiver, enabling the counties to follow through on their vision under ProtectOhio.
- With respect to second-waiver strategies, both Portage and Belmont showed marked success. Both counties achieved relatively high fidelity to the FTM strategy, perhaps partly because they embraced the strategy as an enhancement of their prior efforts to staff or conference cases. Both counties see FTM as an important component to their efforts under the waiver, and as having had a valuable impact on their individual cases and overall caseload. Belmont also participated in the mental health/substance abuse strategy, which was shown to have positive impacts for adults including increased access to in house psychological assessments and to receipt of substance abuse treatment services. Portage also participated in the kinship and supervised visitation strategies. With regard to the kinship strategy, Portage stands out from other counties in having designated kinship staff, and trying to provide whatever is needed to support kinship placement, including psychological assessments for kin and purchases of needed goods and services. With regard to supervised

visitation, Portage performed fairly well on several core measures of supervised visitation practice including parental attendance and length of visit measures.

- Both Portage and Belmont have strong interagency relationships, fostered by regular meetings among the key child-serving agencies. In Portage, the Interagency Clinical Assessment Team (ICAT) meets monthly to tackle policy and funding issues for shared cases. Similarly, in Belmont, the Clinical Cluster (Cluster) focuses on intensive cases with multi-system involvement and addresses placement and funding issues. Both counties attribute their ability to stay involved in these groups, and to otherwise foster good community relationships, to the waiver flexibility. The PCSA management in both counties noted that their ability to help fund services and to think creatively about meeting community needs has been very important to their interagency relationships through the waiver period.
- Both Portage and Belmont have fared well on measures of fiscal change. Their efforts to use the flexible funding and waiver strategies to prevent and shorten placements succeeded in reducing paid placement days and board and maintenance costs. Both counties experienced cost savings under the waivers, and both received more in Title IV-E revenue through the waiver than they would have received through normal IV-E reimbursement, given actual placement utilization. While Portage County's ability to leverage waiver savings was likely enhanced via the use of management tools and data tracking, Belmont county staff report that there is not an emphasis on collecting or using data, or tracking outcomes in detail, instead utilizing more informal processes.
- Neither county showed dramatic changes in specific child outcomes. While use of relatives as an alternative to foster care placement and as a permanency option declined over the waiver period in Belmont, Portage saw an increase in custody to relative over most of the waiver periods, declining only in the most recent years. In the estimates of first waiver impact it is notable that both Portage and Belmont were already showing increased use of kinship caregivers as a placement resource in the first waiver, prior to development of the kinship strategy. However, while Portage's use of kin continued to increase significantly, no such affect appeared for Belmont County. In fact, it appeared that Belmont County saw greater changes under the first waiver period than between the first and second.

Overall, both counties experienced a variety of benefits from participating in the waivers.

Administrators from both counties noted that the waiver strategies had significant impacts on agency practice and culture, and expanded services helped families and motivated workers. The pervasiveness of the culture shift made managers in both counties strong proponents of continued IV-E flexibility.