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Evaluation of Ohio's Title IV-E Waiver  
"ProtectOhio"  
EVALUATION PLAN

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**Submitted to:**

**The Ohio Department of Job and Family Services  
255 East Main Street, 3<sup>rd</sup> Floor  
Columbus OH 43215**

**Submitted By:**

**Human Services Research Institute  
7420 SW Bridgeport Rd., #210  
Portland, OR 97224**

**In Collaboration With:  
Westat**

**Chapin Hall Center for Children  
at the University of Chicago**

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## TABLE OF CONTENTS

	<u>Page</u>
CHAPTER 1: INTRODUCTION & OVERVIEW .....	1
1.1    EVALUATION DESIGN AND TEAM COMPOSITION .....	2
1.2    CONCEPTUAL FRAMEWORK FOR THE EVALUATION.....	3
1.3    PROJECT MANAGEMENT.....	6
1.3.1    Meetings of the Evaluation Team.....	6
1.3.2    Consortium Meetings and Presentations.....	6
1.3.3    Annual Meeting of the Child Welfare Waiver Demonstration States .....	6
1.3.4    Report Development and Writing.....	6
1.3.5    Institutional Review Board (IRB).....	7
1.4    ORGANIZATION OF THIS REPORT.....	7
CHAPTER 2: PROCESS STUDY.....	8
2.1    OVERVIEW .....	8
2.2    FAMILY TEAM MEETINGS.....	10
2.2.1    Evaluation Design and Hypotheses .....	12
2.2.2    Data Collection Approach .....	15
2.2.3    Analysis .....	18
2.2.4    Tasks and Timeline .....	18
2.2.5    County Responsibilities .....	19
2.3    KINSHIP .....	19
2.3.1    Overview of Study .....	19
2.3.2    Study Approach and Hypotheses .....	21
2.3.3    Tracking Phase.....	23
2.3.4    Implementation Phase.....	24
2.3.5    Outcomes Phase .....	26
2.3.6    Tasks and Timeline .....	27
2.3.7    County Responsibilities .....	29

2.4	VISITATION.....	29
2.4.1	Overview of Study .....	29
2.4.2	Study Approach and Hypotheses .....	30
2.4.3	Data Collection Methods .....	31
2.4.4	Analysis .....	32
2.4.5	Tasks and Timeline .....	33
2.4.6	County Responsibilities .....	34
2.5	MENTAL HEALTH/SUBSTANCE ABUSE.....	35
2.5.1	Overview of Study .....	35
2.5.2	Part One: Lorain County Evaluation .....	36
2.5.3	Part Two: Remaining Counties Evaluation .....	38
2.5.4	Tasks and Timeline .....	40
2.5.5	County Responsibilities .....	41
2.6	MANAGED CARE.....	42
2.6.1	Overview of Study .....	42
2.6.2	Evaluation of Case Rate Financing.....	44
2.6.3	Best Practices in Utilization Review with Intensive Quality Assurance .....	45
2.6.4	Tasks and Timeline .....	48
2.6.5	County Responsibilities .....	49
2.7	SUPPLEMENTAL QUALITATIVE STUDY .....	50
2.7.1	Overview of Study .....	50
2.7.2	Methodology .....	53
2.7.3	Tasks and Timeline .....	54
2.7.4	County Responsibilities .....	55
	CHAPTER 3: FISCAL STUDY .....	56
3.1	NARRATIVE OVERVIEW.....	56
3.1.1	Research Objective .....	56
3.1.2	Outcomes and Hypotheses.....	56
3.2	METHODOLOGY.....	57

3.2.1	Data Sources .....	57
3.2.2	Proposed Analysis.....	58
3.3	TASKS AND TIMELINE.....	58
3.3.1	Year One .....	58
3.3.2	Year Two .....	59
3.3.3	Year Three .....	59
3.3.4	Year Four .....	59
3.3.5	Year Five.....	59
3.3.6	Year Six .....	60
3.4	COUNTY RESPONSIBILITIES.....	60
CHAPTER 4: PARTICIPANT OUTCOMES STUDY .....		61
4.1	OVERVIEW .....	61
4.2	DATA MANAGEMENT.....	62
4.2.1	Task 1: Work with Data Committee .....	62
4.2.2	Task 2: Conduct Data Audit .....	63
4.2.3	Task 3: Monitor SACWIS Integration.....	68
4.2.4	Task 4: Continue Caseload Dynamics Reporting .....	68
4.2.5	Task 5: Produce Data Files and Analysis Files.....	69
4.3	TRAJECTORY ANALYSIS .....	69
4.3.1	Overview of the Study .....	70
4.3.2	Study Purpose and Hypotheses.....	70
4.3.3	Data Collection Methods .....	71
4.3.4	Analysis .....	73
4.3.5	Tasks and Timeline .....	75
4.3.6	County Responsibilities .....	76
4.4	PLACEMENT OUTCOMES ANALYSIS.....	76
4.4.1	Overview of the Study .....	76
4.4.2	Study Purpose and Hypotheses.....	77
4.4.3	Data Collection Methods .....	79
4.4.4	Analysis .....	79
4.4.5	Tasks and Timeline .....	83
4.4.6	County Responsibilities .....	84

**CHAPTER 1: INTRODUCTION AND OVERVIEW**

In October 1997, Ohio implemented ProtectOhio, a Title IV-E Child Welfare Waiver Demonstration project. As one of a score of Title IV-E Waiver programs in the country, ProtectOhio experiments with the flexible use of federal IV-E dollars in which funds normally allowed to be spent only for foster care are allowed to be spent for a range of child welfare purposes. The underlying premise of the Title IV-E Waiver is that changes to federal child welfare eligibility and cost reimbursement rules will change purchasing decisions and service utilization patterns in ways that are favorable to children and families. ProtectOhio adopts a managed care approach to increase the efficiency and effectiveness of the child welfare system, focusing on reducing the number of children coming into care; decreasing the length of stay in care; decreasing the number of placements experienced by children already in care; and increasing the number of children reunited with their families or placed in other permanent situations.

Since the Waiver began, the local public child-serving agencies (PCSAs) in 14 Ohio counties have taken advantage of the considerable flexibility in how they use Title IV-E funds. The flip side of this flexibility, however, is risk: counties participating in ProtectOhio have taken on most of the financial risk for the cost of child welfare services. These counties have traded unlimited federal participation in the costs of out-of-home care for the flexibility to spend limited funds on a range of child welfare services. Their commitment signals a desire for systemic change in the management of child welfare services, as the vehicle for improving child and family outcomes.

Because children’s services in Ohio are county-administered, much variation exists among the 88 county PCSAs. The Title IV-E Waiver provides an opportunity for PCSAs to explore innovative approaches to meeting the needs of children and families in their community, and the 14 counties that chose to participate in the Title IV-E Waiver are implementing various activities. In addition, Ohio is committed to conducting a rigorous evaluation of the ProtectOhio demonstration. Essential to the evaluation is the examination of 14 comparison counties, chosen for their similarities to the demonstration counties. Table 1.1 below lists the demonstration and comparison counties, and Table 1.2 lists the variables considered in matching the comparison counties.

<b>Table 1.1: ProtectOhio Evaluation Counties</b>					
<i>Demonstration Counties</i>			<i>Comparison Counties</i>		
Ashtabula	Franklin	Muskingum	Allen	Hocking	Summit
Belmont	Greene	Portage	Butler	Mahoning	Trumbull
Clark	Hamilton	Richland	Clermont	Miami	Warren
Crawford	Lorain	Stark	Columbiana	Montgomery	Wood
Fairfield	Medina		Hancock	Scioto	

**Table 1.2: Variables Used in Choosing Comparison Counties**

- County population
- Percent of county considered rural
- Percent of children in population on Aid to Dependent Children (ADC)
- Percent of child welfare spending coming from local government
- Child abuse and neglect reports per 1,000 children in county population
- Out-of-home placements per 1,000 children in the county
- Median placement days

All of the demonstration and comparison counties continue to participate in the second Waiver evaluation. The federal Waiver Terms and Conditions (further discussed later in this section) allow the entry of additional counties to the Waiver, but no decision has yet been made regarding this possibility. Therefore, this evaluation plan has been developed using the assumption that no additional counties are in the ProtectOhio evaluation.

### **1.1 Evaluation Design and Team Composition**

In July 1998, the Ohio Department of Human Services contracted with a team of researchers led by Human Services Research Institute (HSRI), to evaluate the impact of ProtectOhio on outcomes for children and families in the child welfare system. The first five-year evaluation ended in June 2003, culminating in the *Final Comprehensive Report: Evaluation of Ohio's Title IV-E Waiver Demonstration Project "ProtectOhio."*

ODJFS maintained a minimal evaluation contract through the next two years, the Waiver "bridge" period, until the federal Children's Bureau granted Ohio a 5-year extension to its Waiver. This second Waiver runs from October 1, 2004, through September 30, 2009. The evaluation contract has also been renewed, beginning February 2005.

The current Waiver evaluation project consists of three related studies, each of which assesses the central program hypothesis from different perspectives. The various members of the evaluation team carry primary responsibility for one or more of these studies:

*HSRI* leads the Process Implementation Study. This study consists of six distinct research studies, all addressing structural or service delivery changes being implemented systematically in all or some of the demonstration counties. As a whole, these sub-studies will document substantive changes in child welfare policy and practice, and will examine how the targeted interventions affect achievement of desired outcomes for children and families served.

*Chapin Hall Center for Children, at the University of Chicago*, working closely with *HSRI*, has primary responsibility for the Fiscal Outcomes Study. This study continues the

work conducted during the first Waiver evaluation, examining whether or not counties changed child welfare spending patterns as a result of receiving Title IV-E foster care funds as unrestricted child welfare revenue and, if so, how expenditure patterns changed.

*Westat* bears primary responsibility for the Participant Outcomes Study (POS). This research effort is comprised of data management tasks and two distinct research studies (one of which will include the involvement of Chapin Hall), examining the impact of ProtectOhio on the children and families served by the child welfare system.

## **1.2 Conceptual Framework for the Evaluation**

The underlying premise of the Title IV-E Waiver is that changes to federal child welfare eligibility and cost reimbursement rules will change purchasing decisions and service utilization patterns in ways that are favorable to children and families, while maintaining a cost-neutral budget. Increased funding flexibility will reduce fiscal incentives to place and keep children in out-of-home care. Thus the ProtectOhio project unhooks federal Title IV-E reimbursement from specific child welfare service categories, leaving the 14 demonstration counties with considerable discretion in how to manage care for the children and families they serve. Counties receive a fixed pool of funds that can be allocated across an array of county-specified services. Each county can fashion its own approach to the Waiver.

The ProtectOhio evaluation tests the hypothesis that the flexible use of Title IV-E funds, in which counties can provide individualized (not restricted to out-of-home placement) services to children and families, will help prevent placement, increase reunification rates for children in out-of-home care, decrease rates of re-entry into out-of-home care, and reduce lengths of stay in out-of-home care. The evaluation also documents how the counties redesign their payment, management, and service delivery systems.

The federal Waiver Terms and Conditions that govern ProtectOhio's Waiver extension maintain the original conceptual framework for the evaluation, entailing a comparison county design. They require that the 14 counties comprising the demonstration counties in the first Waiver period continue to be part of the experimental group. They also specify outcomes of interest (placement prevention, reunification rates, re-entry rates, and lengths of stay in out-of-home care), and require the three research components: process evaluation, outcome evaluation, and cost analysis.

As described previously, the comparison counties were selected based on their similarity to the demonstration counties on a number of variables, including most of those specified in the Waiver Terms and Conditions. However, the Terms and Conditions list one variable that was not used in selecting comparison counties (i.e., the availability of other child welfare programs and services such as Family Team Meetings and subsidized guardianship programs) because the programs specified were not part of ProtectOhio at that time. Since the county groups we are using in the Waiver extension are the same ones that we used in the first Waiver evaluation, that variable is not part of

the current design. However, during the evaluation we will be able to examine the extent to which these programs have been implemented across both groups, and so will be able to assess comparability.

At several points during the evaluation, the study team asked the 14 demonstration PCSAs to reflect on the major ways they have sought to utilize the Waiver to make changes in practice. In the early part of the second year of the evaluation, the counties identified a set of outcome measures that they believed to be most important to pursue with Waiver flexibility. The measure that the largest number of counties prioritized was *Shift in expenditures from out-of-home care to non-foster care services*; all 14 demonstration counties reported that measure as a priority. Another highly prioritized measure was *Increase in permanency of children in foster care*, with 12 counties focusing on that one. Three measures were prioritized by 11 counties each: *Reduction in length of stay in foster care*, *Reduction in number of placements*, and *Increase in attention to outcomes*.

In the fall of 2002, in the final year of the evaluation and after five years of Waiver activity in the counties, the evaluation team again surveyed the demonstration counties, this time asking them to specify areas where they had focused strongly during the Waiver. The counties selected from a limited list of areas in which the evaluation team had observed substantial change. Among the 11 demonstration counties responding, 10 reported that they had emphasized the following areas: (1) *Frontloading of home- and community-based services*; (2) *PCSA offering assessments at intake*; and (3) *Paying for placements of children not in PCSA custody*. Nine counties reported that they emphasized (4) *Family group conferencing* and (5) *Data-driven decision-making and attention to data management*.<sup>1</sup>

In the previous 5-year evaluation of ProtectOhio, we focused our analysis on a set of outcomes that reflect both the highest expectations of the Waiver demonstration counties and the evaluation hypotheses underlying those hopes. This list of prioritized outcomes was used as the core analytical framework for the first Waiver evaluation. For this second Waiver evaluation, we will take a more targeted approach, responding explicitly to questions which arose from the results of the first evaluation. These questions come from two sources – the evaluation team’s judgment about key next steps, as expressed in the Bridge Report<sup>2</sup> and which reflects activities emphasized by counties (as described above); and the federal Children’s Bureau as expressed in Ohio’s Waiver Terms and Conditions. In addition, as noted in the federal Waiver Terms and Conditions, the state may propose additional research questions and outcome measures for the evaluation, which should be consistent with Ohio’s Children and Family Services Review.

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<sup>1</sup> For more detailed information about what we learned from these two surveys, see the Year 5 report: *Final Comprehensive Report: Evaluation of Ohio’s Title IV-E Waiver Demonstration Project “ProtectOhio,”* June 2003.

<sup>2</sup> HSRI, [Bridge Report: Evaluation of Ohio’s Title IV-E Waiver Demonstration Project](#), September 2004.

Table 1.3 highlights the research topics emphasized in each of these two sources, showing the common themes between the two. The right-hand column indicates the section in the evaluation plan where the topic is addressed.

<b>Table 1.3: Outcomes Focus for Second Waiver Evaluation</b>			
<b>Research Topic/Outcome</b>	<b>Recommended in 1<sup>st</sup> Evaluation</b>	<b>Section Where Specified in Federal Terms and Conditions</b>	<b>Section Where Addressed in Evaluation Plan</b>
Change in number of children entering care	X	2.0, 3.0	4.2
Change in length of stay in care	X	2.0, 3.0, 3.3	4.4
Change in number of placements experienced by children already in care		2.0	4.2
Change in number of children reunified with families or placed in other permanent situations	X	2.0, 3.0, 3.3	4.4
Change in rates of re-entry into care	X	3.0, 3.3	4.4
Family Team Meetings: differences in implementation and impact on child and family outcomes	X	3.2, 2.1	2.2
Visitation between parents and children in out-of-home placement: differences in implementation and impact on reunification	X	2.1, 3.2	2.4
Kinship services and supports: differences in implementation (especially use of guardianship) and impact on child and family outcomes	X	2.1, 3.2, 3.3	2.3
Adoption services and supports: differences in implementation and impact on child and family outcomes	X	2.1, 3.2, 3.3	2.7
Enhanced mental health and substance abuse services: differences in implementation and impact on child and family outcomes	X	2.1, 3.2	2.5
Selected managed care strategies: differences in implementation and impact on county operations and on child and family outcomes	X	2.1, 3.2	2.6
Relationship between PCSA and court system	X	3.2	2.7
Children with substantiated CAN report: changes in number who go to placement and who experience recidivism after permanency	X	3.3	4.3
Changes in expenditures on placement/non-placement	X	3.4	3.0
Changes in expenditures on specific service interventions		3.4	3.0, 2.0

The evaluation team will use this framework to guide all its activities under the new Waiver evaluation, and will present periodic research findings in terms of these outcomes. In addition, as ODJFS and the demonstration counties identify new, related

outcomes or suggest refinements of the above set of outcomes, we will incorporate them into this framework.

### **1.3 Project Management**

The evaluation team will complete a number of management activities to ensure that the evaluation tasks proceed efficiently and effectively, and to enhance communication among team members and between the team and Ohio stakeholders. The major project management activities are described below.

#### **1.3.1 Meetings of the Evaluation Team**

Within each of the three evaluator locations (HSRI, Westat, and Chapin Hall), the evaluation team will meet regularly to discuss specifics of the various tasks for which they bear responsibility. In addition, all members of the evaluation team will participate in regular conference calls to share general updates and project status. These meetings will be led by HSRI senior project staff, and initially will occur on a monthly basis. Periodically, key members of the evaluation team may also participate in offsite team meetings in order to meet face-to-face. Lastly, team members will meet as necessary by phone to discuss elements of particular tasks that require intense organizational collaboration. This is most applicable in pieces of the Process Study such as family team meetings and kinship that will involve a close collaborative effort between HSRI and Westat, as well as the Trajectory Analysis that requires the joint efforts of Westat and Chapin Hall.

#### **1.3.2 Consortium Meetings and Presentations**

At least one member of the evaluation team will attend each Consortium meeting (which occur bi-monthly) throughout the life of the Waiver, and will provide the Consortium members with updates on evaluation activities. In addition to these general updates, the evaluation team will present relevant findings as they become available over the course of the Waiver. For example, at a spring/summer 2007 Consortium meeting we will present an overview of the findings from the interim report (due mid-2007). Additional presentations may be made to the Consortium that summarize findings on specific topics; if appropriate, we would also open up these presentations to comparison counties. Lastly, one or more members of the team will attend additional meetings related to evaluation as needed or requested by ODJFS.

#### **1.3.3 Annual Meeting of the Child Welfare Waiver Demonstration States**

In each year throughout the second Waiver period, representatives from the evaluation team will attend and participate in the annual meeting of the Child Welfare Waiver Demonstration States in the Washington, D.C., area, as required by the federal Waiver Terms and Conditions.

#### **1.3.4 Report Development and Writing**

All members of the evaluation team will participate in developing and writing a total of six reports – four progress reports and two reports on findings. By June 30<sup>th</sup> of 2005,

2006, 2008, and 2009, progress reports will be written that detail the status of the evaluation in each of its different areas over the past year. Early progress reports will contain more descriptive information, while reports in later years will have more quantitative detail on each area's evaluation.

The first report on findings will be the interim report in mid-2007, which will report any mid-Waiver results as well as provide a detailed description of what has been accomplished and learned up to that point. This report will include a process analysis of the evaluation to date and any outcome data available at that time, as specified in the Waiver Terms and Conditions. It also will include a description of the components of the Fiscal Outcomes Study and Participant Outcomes Study planned for the remainder of the evaluation, and any issues or problems anticipated (and solutions proposed) for those components.

The entire evaluation will culminate in a final report to be produced by June 2010, which will detail the final results in each of the evaluation areas and provide a holistic description of what occurred over the course of the entire second Waiver period. This report will integrate the process, fiscal outcomes, and participant outcomes components of the evaluation, as specified in the Waiver Terms and Conditions, and when appropriate, will make links between the first and second Waiver periods.

### **1.3.5 Institutional Review Board (IRB)**

For all studies with Westat involvement (which include the entire POS, as well as the kinship study and the managed care study), we must comply with regulations governing human subjects research and submit our evaluation plans to be reviewed by the Westat IRB. Much of the POS analysis will utilize Ohio's administrative database (FACSYS), which does not include identifying information and will not pose risks, discomforts, inconvenience, sensitive questions, or threats to dignity to clients; however, the IRB will review the POS research plan in order to fulfill a requirement to protect the confidentiality of data on children and families. Westat research that involves the collection of primary data from children and families, such as the kinship and managed care studies, will require approval from the IRB.

## **1.4 Organization of This Report**

The next three chapters of this Evaluation Plan discuss the three major studies comprising the evaluation, offering an overview of the study and its constituent parts, a description of the research methodology, and a detailed work plan (tasks and timing) for the 5-year evaluation period. Chapter 2 presents the Process Implementation Study, with detailed descriptions of its six separate investigations. Chapter 3 describes the Fiscal Outcomes Study, continuing the methodology used successfully in the first Waiver evaluation. Chapter 4 discusses the POS, encompassing the areas of data management, trajectory analysis, and placement outcome analysis.

## **CHAPTER 2: PROCESS IMPLEMENTATION STUDY**

### **2.1 Overview**

The Process Implementation Study consists of six distinct research studies, all addressing structural or service delivery changes being implemented systematically in all or some of the demonstration counties. As a whole, these sub-studies will document substantive changes in child welfare policy and practice, and will examine how the targeted interventions affect achievement of desired outcomes for children and families served.

We present below the evaluation details for each of the five distinct “intervention strategies” that have been selected by ODJFS and the Consortium for focused effort during the second Waiver, plus one additional supplementary process piece. As described in the Bridge Report<sup>3</sup>, the process to arrive at these five specific intervention strategies involved many steps and many stakeholders. The evaluation team prepared “feasibility studies” for a dozen research topics that emerged in the first Waiver evaluation as important next steps. This information was discussed at length with the Consortium counties, who suggested some additional topics which they considered crucial to their organizational mission but which had not been thoroughly examined in the first Waiver evaluation. After a year of meetings to determine the nature of the upcoming Waiver extension, the Consortium and ODJFS settled on five topics which would become the substantive focus of child welfare innovation during the new Waiver period. The selected intervention strategies include: family team meetings, visitation to promote reunification, kinship supports, managed care, and mental health & substance abuse services.

The Ohio Waiver Terms and Conditions specifically identifies three of these strategies as core “service components” for the Waiver demonstration -- family team meetings, visitation, and kinship supports. The Terms and Conditions further indicates that that all demonstration counties must participate in at least one of these three strategies. In addition, the document states that participating counties may also spend flexible IV-E funds on other interventions “that prevent placement and promote permanency for children in out-of-home care”. In this latter category, ODJFS and the Consortium have internally designated the other two prioritized interventions, managed care and enhanced mental health & substance abuse services, and further agreed that all counties will participate in family team meetings and at least one other of the five targeted strategies.

The five evaluation studies related to these intervention strategies comprise the core of the Process Implementation Study. In addition, a sixth small study, entitled Supplementary Qualitative Study, fills in some of the information gaps among the five new studies by offering more qualitative insight into a number of topics worthy of further exploration but which were not identified as a formal Waiver strategy. Table 2.1 below indicates probable county participation across the various special studies; final decisions

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<sup>3</sup> HSRI, Bridge Report: Evaluation of Ohio’s Title IV-E Waiver Demonstration Project, September 2004.

will be reflected in the Participation Agreements soon to be established between ODJFS and each Consortium county.

<b>Table 2.1: Demonstration County Strategies</b>						
<b>Strategies</b>	<b>Process Implementation</b>	<b>Family Team Meetings</b>	<b>Managed Care</b>	<b>Visitation</b>	<b>Kinship</b>	<b>Mental Health/ Substance Abuse</b>
<b>Demo Counties</b>						
Ashtabula	●	●			●	
Belmont	●	●				●
Clark	●	●		●		
Crawford	●	●		●		
Fairfield	●	●		●		●
Franklin	●	●	●		●	
Greene	●	●			●	
Hamilton	●	●				●
Lorain	●	●			●	●
Medina	●	●		●	●	
Muskingum	●	●		●	●	●
Portage	●	●		●	●	●
Richland	●	●		●		
Stark	●	●		●		

Each of the five special studies, plus the process implementation study, is outlined in this chapter’s subsequent sections. Many similarities exist among the various evaluation plans and methodologies. Each section provides a narrative overview of the topic area, summary of related findings from the previous Waiver (where relevant), and a preliminary methodology including hypotheses, data collection, and proposed analysis. In addition, we provide a tentative timeline for each area through June of 2010. Across the board, the evaluation team will be using the full set of 14 comparison counties when a comparison group is called for in the data collection and analysis phases.

The analysis section is generally divided into two distinct parts (with the exception of the Supplementary Qualitative study). The first part is the descriptive analysis, which will be

included in the 2007 Interim Report, and will contain (a) a comparison of county policy and standard practice in the two county groups (demonstration and comparison); and (b) a fidelity analysis in the participating demonstration counties to assess how well each has put into practice the defined intervention model. The second part of the analysis plan is the final quantitative analysis which will incorporate FACSIS/SACWIS data to compare long-term outcomes (length of stay, rate of reunification, etc., as appropriate to the specific intervention) between demonstration county and comparison county cases.

While each area is somewhat distinct in content and methodology, we recognize that there may be overlapping effects within demonstration counties who participate in multiple special studies. Because of methodological and timing issues, our data collection windows for many of the special studies overlap with each other, which means that, especially in the smaller counties, we will be basing our analyses for the various strategies on some of the same cases. When we are asking, for example, whether supervised visitation has an impact on participating cases in Portage County, we understand that some of the cases we study may also have participated in family team meetings and/or been privy to changes in the structure of mental health/substance abuse assessments. To account for this potential overlap, we will be coding each case by county and strategy so that we can try to assess whether any significant differences are likely attributable to an interaction among the strategies.

In accordance with the Ohio Waiver Terms and Conditions and the project team's preferred approach, we will include in each of the Process sub-studies the following elements:

- Delineation of a logic model showing the relationship between the objective of the service intervention, the discrete activities comprising the intervention, and the expected outputs, intermediate outcomes and high-level outcomes;
- Organizational aspects of the targeted intervention, such as administrative structures, monitoring activities, and training components;
- The array of services and supports offered and how these change over time;
- Relevant external, contextual factors that likely impact the effect of the intervention, such as new statewide initiatives;
- Challenges and barriers encountered during implementation of the targeted intervention, and resulting modifications made in the original design and logic model; and
- Relevant demographic information on children exiting to reunification, guardianship and adoption.

We may also try to obtain some limited program-specific expenditure data related to each intervention strategy, which may allow us to make our descriptive evaluations more robust. At this point, we are uncertain whether county data systems are capable of reporting fiscal data at this level of detail, but it is an area we are interested in exploring.

## 2.2 Family Team Meetings

Family Team Meetings (FTM's) are a "best practice" in child welfare in many states, but do not follow a uniform model and thus have not been evaluated in any comprehensive way. The demonstration counties believe in the practice and many of them have begun to use regular family meetings to facilitate case planning and to lead to quicker and more positive resolution of cases. In general, the FTM strategy is used with families receiving ongoing services. It requires conduct of frequent meetings among family members, support people, and professionals to plan and/or make crucial decisions regarding a target child. The model uses an independent, trained facilitator to arrange and support the process. It generally requires meetings over the entire life of the case, including a meeting before the case plan is completed, periodically thereafter (perhaps every 90 days), and at other critical points in the case (i.e. reunification, disruption, placement etc.).

During the first Waiver period, demonstration counties gave some emphasis to team conferencing as a key outcome of ProtectOhio, with the belief that pulling together all parties involved in a case to develop a case plan will lead to better outcomes for the child and family. When professionals and families come together, opportunities are created to review what is currently being done for a family and to explore alternative options. These team conferencing meetings are often conducted to explore options other than placement or removal.

In the first Waiver evaluation, the Process Study team examined:

- The extent to which team conferencing methods were used consistently, and
- The degree of family involvement in any of the team conferencing approaches used by the PCSA.

We observed fairly modest contrasts between demonstration and comparison counties in use of team conferencing on different types of cases (Table 2.8 from Y5 report). Demonstration sites were slightly more likely to systematically hold a team conference whenever a case opens to agency services, with six demonstration sites doing so compared to only three comparison sites. These demonstration sites tended to be those active in caseload analysis (CLA), because systematic comprehensive case assessment is a core component of that initiative.

The two groups equally used team conferencing for cases headed for placement, reflecting the greater attention given to placement cases overall. Comparison sites gave somewhat greater attention to special cases, with ten comparison counties and seven demonstration counties offering team conferencing opportunities for such cases—for example, where sexual abuse is indicated (three demonstration and four comparison sites), where the family is in danger of losing TANF benefits (two comparison counties), where schools are actively involved (one demonstration and two comparison), and where the child is ready to be adopted (two demonstration counties).

For the evaluation extension, all 14 demonstration counties will participate in the FTM strategy. Several of the counties have employed family team meetings for some years, some in a more rigorous fashion than others. CLA counties in particular have made efforts in this direction, but in few cases is a strict model in place for all types of cases. A crucial starting point for the second Waiver period will be for the demonstration counties as a group to agree on a common definition of the strategy and to develop a comprehensive logic model delineating expectations for short- and long-term outcomes for children and families.

### **2.2.1 Evaluation Design and Hypotheses**

Evaluation will examine whether cases receiving FTM in demonstration counties experience a distinctly different and more positive process than do cases in comparison sites, which would ultimately lead to better outcomes. The initial part of the study will be descriptive, documenting practice in demonstration counties as distinct from practice in comparison counties. Included in this will be a fidelity study, examining the extent to which each demonstration county adhered to the model. The second part of the study will be a comparison of outcomes, using FACSIS data for each family in FTM in demonstration counties and comparable families (defined below) newly receiving ongoing services in the comparison counties.

#### *2.2.1.1 Overview of FTM Strategy*

Through a series of meetings among the demonstration counties, the following preliminary definition of the FTM strategy has emerged:

- The purpose is to avoid placement (but the intervention would continue for cases that go to placement), and the purpose of each meeting is to plan and/or make crucial decisions regarding a target child.
- FTM is used for cases newly opening to ongoing services.
- Meetings are held over the entire life of the case, including at a minimum (a) before the case plan is completed, (b) periodically thereafter, and (c) at other critical events in the case.
- Facilitators are (a) staff or contractors of the PCSA, (b) not directly responsible for the case, and (c) trained (counties are currently developing a list of critical skills needed, designing a training curriculum, and arranging for training to be offered prior to July 2005).
- The responsibility of the facilitator is to (a) arrange the meetings, helping assure that participants attend and know what to expect (providing some orientation for potential participants), and (b) support the family in the meetings and in preparing for them.
- Participants may include the birth parents, primary caregiver and other family members, foster parent (if child goes to placement), support people, and professionals.

Several additional considerations must be borne in mind as the counties work to finalize this model and the training curriculum for facilitators. First, initiatives are already underway in various groups of Ohio counties to implement different approaches to family meetings. The Public Children's Services Association of Ohio (PCSAO) is supporting training efforts around several very specific team meeting models (e.g., Family Team Decision-Making, or TDM, and Family Group Conferences, or FGC), and is working with CLA counties toward defining and perhaps piloting a merging of the models using TDM as the initial meeting to plan the placement, and then perhaps later doing FGC meetings. Some of the demonstration and comparison counties may be participating in these trainings, and some are CLA counties.

A second issue is how to include aspects of family meetings that are seen as valuable yet might not be appropriate as components of the formal model. Among the suggestions which have emerged from county discussions as important to the FTM process are the following points:

- (a) The process focuses on communication, offering support to the family, presenting options for resolving problems (e.g., other than placement), and seeking family commitment to the process.
- (b) The process provides time to learn about the family's informal resources and identify what the family can bring to the resolution of the problems.

#### *2.2.1.2 Logic Models and Hypotheses*

In order to inform the evaluation design, it is essential to clarify the logic model underlying the demonstration counties' commitment to FTM. The study team will participate in county meetings as they refine the FTM model, asking questions to illuminate the underlying rationale. In meetings thus far, the following logic model elements have been suggested by various counties and by HSRI.

The predominant goal of FTM is to prevent placement. If placement is needed, the goal of continuing FTM is to minimize the length of stay in placement.

#### Expected outputs include:

- Enhanced formal and informal support to the family;
- Additional options for resolving problems (e.g., other than placement);
- Increased family participation (which may include immediate family or kin in general, and may mean that more family or kin attend meetings, they attend more meetings, or they participate more in meetings);
- More prompt completion of a service assessments and linkages to needed services (because all key players attend meetings and commit to making services happen).

One county documents whether a reunification plan is put in place; the case plan is changed; parents are given clear expectations; a task list is developed; and people do what they said they would do.

Expected intermediate outcomes include:

- Changes in family dynamics: better communication, more family involvement, and greater family commitment to the process; kin more involved in decision-making around the child; earlier identification of barriers and their resolution;
- Better relationships between foster and birth families;
- Active engagement of the family in decisions in the case;
- Stronger connection/relationship between case worker and family (because they are working together in meetings);
- Improvements in family behavior related to child or family issues identified in the assessment and for which services were provided.

One county documents whether the family's issues are clearly addressed and progress is achieved in the case.

Expected long-term outcomes include:

- Placement is avoided;
- More children are placed with kin;
- Children are placed in less restrictive settings;
- Reunification or case closing occurs more quickly;
- A case is not re-opened after it is closed;
- Cases remain open for a shorter length of time.

One county documents whether custody is avoided, and whether the existing living arrangement is maintained or the child is returned home.

*2.2.1.3 Sampling Design*

Because of the varying staff capacity of the demonstration counties, the number of cases to which they can provide FTM differs substantially. In some of the smaller counties, all newly opening cases may receive FTM; in others, despite having a small number of new cases each month, they may have only one FTM facilitator and still not be able to accommodate all the new cases in FTM services. In still other counties, with large inflows of new cases each month, even having a group of FTM facilitators does not provide sufficient time to serve all new cases. Therefore, one of the first decisions to be made in each participating county is to estimate a probable sampling ratio.

The sampling ratio will be determined for each county by comparing the county's average monthly inflow of cases opening to ongoing services, to their estimated capacity

in terms of FTM facilitators. Facilitator capacity will be a function of the estimated number of meetings which can be held in a month, and the estimated number of meetings any given family will have over the course of the life of the case. As desired, the study team will assist the counties with these calculations.

For ease of implementation, it is preferred that a county establish a ratio (e.g., one in every five newly opening cases go to FTM) that can be maintained throughout the evaluation period. However, it will be possible to alter the ratio over time (e.g., when a county hires additional facilitators) without adversely affecting evaluation integrity.

In discussions with the demonstration counties, the study team learned that, although counties do not systematically target certain cases for FTM, all agree that there are cases (defined differently in each county) for which they feel FTM is essential. To accommodate both evaluation integrity and practice necessities, we propose giving counties the option of serving a case not assigned to FTM, as long as such cases are accurately “flagged” as special assignments rather than part of the original sampling ratio. Thus, for example, among the group of cases newly opening to services in a particular week, three may be assigned randomly to FTM, 10 may be assigned to traditional services, and two may be specially assigned to FTM.

A real-world issue in evaluations of service interventions is known as “silting up.” This refers to times when the provision of an intervention has reached capacity and no more new cases can be accepted because all workers have full loads. This problem may be exacerbated by counties’ making additional assignments of cases to FTM. Where capacity is filled for only a few days, it presents no problem methodologically; the cases assigned to the intervention may be put on hold for a few days and then begin the intervention. The appropriate rule regarding the maximum length of time that such a delay could take is an issue which must be decided by the participating counties.

However, often such delays are substantial. In this situation, putting assigned cases on hold is not feasible from a clinical perspective and would also simply create a backlog of cases waiting for the intervention, disrupting case assignment for the foreseeable future. Therefore, once the delay exceeds the allowable period, the case will be deleted from the group assigned to FTM and will receive traditional services.

During the same time period that the demonstration counties are assigning cases to FTM, we will take all newly opening cases in the comparison counties to serve as the comparison.

## **2.2.2 Data Collection Approach**

Measuring the many outputs and intermediate outcomes (specified in the final logic model for FTM) will likely require gathering *case-level* information from FTM facilitators and directly from the families. It will also require gathering *system-level* data from county staff, in both demonstration and comparison sites, to understand practice differences between the two groups and practice changes over time.

### *2.2.2.1 Case-Level Data Collection*

The study team, in close consultation with the demonstration counties, has identified the following points in the FTM process when case-level data collection could occur.

1. At the point a case opens to ongoing services, the case will be “numbered.”
2. Depending on FTM capacity and the consequent sampling ratio, the case will be assigned either to FTM or to services as usual.
3. If the case does not get assigned to FTM, but the worker makes a judgment that the case is at imminent risk of placement and must (from a clinical perspective) receive FTM, the case will be assigned to FTM with a “flag” denoting it as a specially-selected case.
4. As each family meeting occurs, the FTM facilitator will record information about the meeting, using a case-level data collection tool.
5. When the final FTM occurs, the facilitator will gather some additional information about reasons for ending and whether case is closing.

Still to be explored are methods for obtaining some long-term follow-up information from families after the case closes. At a minimum, we will be able to identify whether the case reopens to PCSA services in the same county (i.e., the case number reappears in later FACSIS data).

In addition, at two points in time, we anticipate gathering some information directly from families regarding their experience in family team meetings, providing a unique perspective on the process and changes occurring for families over time. We will discuss with the participating counties an appropriate and convenient method and frequency for this data collection. At this point, we have developed two options. One would be a written survey, handed out by facilitators following certain meetings, along with a self-addressed return envelope to HSRI to assure confidentiality. Another option would be focus groups of participating families, conducted by the study team.

The following list of data elements has been developed by the Consortium Data Committee as a starting point for new data related to the FTM strategy. These data elements would be recorded by the FTM facilitator for each meeting held.

<b>ProtectOhio Family Team Meeting</b>	
Who Attended FTM (check up to six):	
<ul style="list-style-type: none"> <li>• Parent(s)</li> <li>• Non-parent primary caregiver(s)</li> <li>• Sibling(s)</li> <li>• Foster parent(s)</li> </ul>	<ul style="list-style-type: none"> <li>• GAL</li> <li>• Parent’s attorney/legal representative</li> <li>• Caseworker</li> <li>• Service provider (counselor)</li> </ul>
Purpose of FTM:	

<ul style="list-style-type: none"> <li>• Initial/crisis placement</li> <li>• Initial/non-crisis placement</li> <li>• Review</li> </ul>	<ul style="list-style-type: none"> <li>• Placement change</li> <li>• Guardianship/legal custody change</li> <li>• Other</li> </ul>
Living Arrangement Prior to FTM:	
<ul style="list-style-type: none"> <li>• Custody w/CSB</li> <li>• Custody w/parent</li> <li>• Living with kin/guardian who does not hold custody</li> </ul>	<ul style="list-style-type: none"> <li>• Custody with kin/guardian</li> <li>• Placed in juvenile detention center</li> <li>• Other</li> </ul>
Who Facilitated:	
<ul style="list-style-type: none"> <li>• Independent facilitator</li> <li>• Caseworker</li> </ul>	<ul style="list-style-type: none"> <li>• Other</li> </ul>
Recommendations from FTM:	
<ul style="list-style-type: none"> <li>• No change in placement or custody</li> <li>• Change in placement, no change in custody – parent keeps</li> <li>• Change in placement, CSB aids in custody/guardianship change (kinship event needed)</li> </ul>	<ul style="list-style-type: none"> <li>• Change in placement, CSB does not aid in change</li> <li>• No change in placement, CSB aids in custody/guardianship change (kinship event needed)</li> <li>• No change in placement, CSB does not aid custody/guardianship change</li> </ul>
Recommended Placement Change to:	
<ul style="list-style-type: none"> <li>• Grandparent</li> <li>• Other parent</li> <li>• Other related kinship</li> </ul>	<ul style="list-style-type: none"> <li>• Other non-related kinship</li> <li>• No change in custody/guardianship</li> </ul>

The study team will work closely with the participating counties to design a paper form, which would be completed by the facilitator and perhaps entered into a county database by a separate staff person. In some counties that have direct worker data entry, such a form might not be necessary. Having a paper form would also leave open the possibility that an individual county could add data items which they need but which are not on the

“core” list. In designing such a form, special attention will be given to building on existing data collection tools and processes already in place in some of the counties.

We will work with the counties to develop a user-friendly process for them to periodically convey to HSRI the case-specific data. In addition, we may explore a web-based system with a data-entry screen, allowing us to quickly access their data, or secure e-mail of database files..

In comparison counties, it is assumed that every newly opening case receives at least one family meeting. Beyond that, practice varies considerably, reflecting “business as usual” in counties which do not have a particular focus on the intervention and do not have access to flexible funds which might make such a focus more feasible. Therefore, no additional primary data collection is planned in the comparison counties.

HSRI will load primary data into SPSS files for descriptive analysis.

#### *2.2.2.2 County-Level Data on Practice (Fidelity)*

We will document differences in practice between intensive intervention in demonstration counties compared to business-as-usual in the comparison counties. We will collect data at the individual level and at the county level in the demonstration counties, to make sure that the intensive model is being implemented. At same time, we will need to continuously learn what “business as usual (BAU)” really is in the comparison sites, through interviewing supervisors about what it is (and perhaps also doing some limited focus groups in comp counties). We need to be clear about how it is different from what the demonstration sites are doing. Such interviews will continue over time, to monitor changes in BAU (natural evolution in the field and/or due to state-wide policy changes). This information will be entered into both quantitative and qualitative data bases for analysis.

#### **2.2.3 Analysis**

We will enter case-level data into SPSS for descriptive analysis of the FTM process in demonstration counties – e.g., patterns in who attends, living arrangements, number of meetings prior to case closure, or other events (such as placements). We will assess the fidelity to the model in individual demonstration cases, as well as overall in each demonstration county. We will provide a description of what the overall FTM model is in each county (demonstration and comparison) – policies, training, and how case assignment is proceeding (in demonstration counties only). Also, we will conduct qualitative analysis (using N6 QSR) of focus group information.

Using FACSIS outcomes data, we will analyze outcomes for demonstration counties versus comparison counties. Perhaps we will also be able to model which of key elements of model are most important to achieving the outcomes – adding county-level and perhaps also some individual-level variables to each case.

#### **2.2.4 Tasks and Timeline**

Our timeline assumes that counties will be fully ready to start doing FTM by August 2005.

1. Finalize FTM model and key elements of facilitator training – April, May 2005.
2. Develop data collection process and tools while counties train facilitators and get infrastructure ready – June, July 2005.
3. Work with counties to establish data collection process – August 2005 (this marks the beginning of identifying FTM cases; continue to identify new FTM cases through July 2007).
4. Conduct on-site interviews in all 28 counties regarding FTM practice (fidelity to model in demonstration counties, clarification of “business as usual” in comparison counties) – October, November 2005 (perhaps combine interviews with those of the data audit visits).
5. Conduct interviews annually to identify any changes to practice over time – Fall of 2006, 2007, 2008, 2009 (two of these will be on-site, scheduled if possible to coincide with on-site visits for the Process Study; these will include (a) some case record review as an additional check on fidelity, and (b) focus groups with families to discuss experiences in FTM – perhaps in 2006 and 2008).
6. Conduct preliminary descriptive analysis and fidelity analysis, using county-level data as well as data from cases that finished FTM by August 2006 – October 2006 –February 2007.
7. Produce draft report of preliminary descriptive analysis – April 2007 as part of Interim Evaluation Report; finalized to be part of June 2007 Progress Report.
8. Conduct preliminary outcome analysis on cases that began FTM by August 2006 (allowing 12 months during which case is open and another 12 months after it is closed, the last case that received FTM would reach the 24-month point in August 2008); FACSIS data covering those cases will be delivered to Westat in January 2009. Allowing a few months for Westat to create needed files, HSRI analysis could be done by June 2009 and included in that Progress Report.
9. Conduct full descriptive analysis, using all fidelity data (collected through fall 2009) from both county-level and case-level – draft report January 2010, finalized as part of Final Evaluation Report in June 2010.
10. Conduct full outcomes analysis on all cases tracked in FTM (24-month period after beginning FTM could last until July 2009; FACSIS data would come in January 2010) – draft report in May 2010, finalized as part of Final Evaluation Report in June 2010.

### **2.2.5 County Responsibilities**

To successfully carry out this evaluation, it is vital that we work collaboratively with both demonstration and comparison counties. Corresponding to the tasks listed above, county responsibilities will be as follows:

- Task #1: agreeing on core elements of the FTM model and finalizing the model for facilitator training
- Task #2: training facilitators and preparing infrastructure for model implementation
- Task #3: working with evaluators to develop data collection and data transfer processes
- Tasks #4 & #5: making relevant staff available for interviews in both demonstration and comparison counties
- Task #5: assist in identifying families to participate in on-site focus groups
- Tasks #6 & #9: provide feedback to evaluators on descriptive and final analyses, answering any necessary clarification questions and providing additional information where appropriate

## **2.3 Kinship Study**

### **2.3.1 Overview of Study**

The Kinship Study explores whether targeted efforts in seven demonstration counties to increase the use of kinship caregivers has an impact on outcomes for children served by these PCSAs. This study focuses on children with open PCSA cases who are living with a kinship caregiver (a family member or a close family acquaintance: grandparents, siblings, godparents, and close family friends). The Kinship Study will examine the volume of cases going to kinship caregivers, the types of services/subsidies/custody arrangements these cases receive, and the resulting outcomes for children who move to a kinship setting (e.g. stability of placement, length of time to permanency) in these seven demonstration counties, compared to a similar group of cases in comparison counties.

#### *2.3.1.1 Background*

Nationally, the use of kinship caregivers has reportedly grown substantially in recent years, allowing children who must be removed from their home to maintain a relationship with their birth families and reduce the disruption in their lives. In Ohio, seven demonstration counties have committed to using the ProtectOhio Waiver flexibility to increase their use of kinship caregivers as a way of reducing paid placement days and improving permanency for these children. In particular, the Waiver enables demonstration counties to make greater use of kinship caregivers because the flexible funds can be spent on supports for kinship providers.

Relatives, friends, and neighbors may become caregivers at three distinct points: (1) prior to PCSA custody, as an informal arrangement of “respite” or even a formal transfer of

custody, preferable because parents remain well connected and TPR is not a question (“informal placement”); (2) as a placement setting while the child is in PCSA custody, either as a formal placement with the court involved, or under voluntary agreement (“kinship placement”); and (3) as a destination when a child exits PCSA custody (“exit to kin”).

#### *2.3.1.2 Data Availability*

We currently have only anecdotal data on the first group; because the child was never in PCSA custody, there is no indication in the FACSIS record of kinship involvement. However, some counties may track these children in their Micro-FACSIS systems. On the second group, we have data for FFY 1996 through 2000, and will be able to update this data throughout the Waiver extension. Data on the third group is readily available and Westat will explore this group under the Participant Outcome Study analysis described below; specifically, Westat will examine the risk of re-entry to PCSA custody .

Some analysis of the use of kinship caregivers took place in the first Waiver Evaluation. The Year 5 analysis found that exits to kin increased significantly as a result of the Waiver: over 18 percent of exits from all first placements were to kin custody, while it would have been about 14.5 percent without the Waiver, a statistically significant difference. Also, the use of exits to kin custody increased significantly in six demonstration counties.

However, while this data gives us some indication that the Waiver has enhanced the ability of demonstration counties to make greater use of kin placements, much of the data is less clear. No clear pattern appears across several data items – change in the number of children in relative care, change in percent court dispositions that result in custody to kin, and change in first placement setting with kin and exit to kin custody.

What these varied findings show is an incomplete understanding of counties’ use of kinship caregivers, due to inadequate data. FACSIS does not clearly collect data on all kinship caregivers, which would allow for a thorough understanding of the impact of the Waiver and a targeted focus on the use of kinship settings. This Kinship Study seeks to enhance our data collection in this area and to gain a better understanding of the impact of the use of kinship settings on outcomes for children.

#### *2.3.1.3 Emerging Practice*

As the second Waiver evaluation begins, seven demonstration counties have declared their intention to pursue kinship care as a focused strategy. These counties have identified the use of kinship caregivers as a way to reduce paid placement days and to improve outcomes for children, especially to increase permanency. Currently, these counties use several methods to increase the use of kinship caregivers. Some counties have specific teams of staff designated to ensure that all kin options are exhausted before a child is taken into PCSA custody. Some counties are increasing the services available to kin providers. Other counties pay one-time cash subsidies to kin providers. All of these approaches to enhancing support for kinship providers will be examined in this study.

### **2.3.2 Study Approach and Hypotheses**

The Kinship Study will examine the seven demonstration counties' efforts to implement an intensive kinship care strategy. First, the evaluation team will expand our understanding of the current efforts being made by each of the seven kinship demonstration counties. The team will document counties' efforts to develop a "best practice" model that encompasses these efforts; this model will serve as a contrast to the status quo in Ohio – as practiced in the 14 comparison counties. The team will then identify all PCSA cases where a child with an open case is moved to a kinship setting, in both demonstration and comparison counties, 'flagging' these cases for further study. The evaluation team will systematically gather case-level information in the seven demonstration counties regarding the supports received by kinship caregivers. In addition, county-level information will be collected regarding overall policy and practice toward kinship caregiving. Analysis of these data will determine the impact of this intensive kinship care strategy on child outcomes for children living in kinship setting in demonstration counties compared to a similar group of children in comparison counties.

#### *2.3.2.1 Hypotheses*

All 28 child welfare agencies in the Waiver reported that they seek to increase their use of kin as caregivers, as a substitute for public agency custody and/or paid placement. In introducing the Waiver as a factor, it can be argued that having more flexible use of IV-E funds will enable PCSAs to spend more resources to identify potential kin caregivers and to support these kinship settings with cash and in-kind services. Therefore, we hypothesize that:

- Demonstration counties with a kinship focus (those that have adopted the intensive kinship supports strategy described above) will use kinship caregivers for a greater proportion of PCSA children placed informally or formally by the PCSA than their comparison county counterparts.
- Demonstration counties with kinship focus will provide intensive services and supports, yielding better outcomes for these cases than that experienced by their comparison county counterparts.

#### *2.3.2.2 The Kinship Demonstration Model*

In order to study the impact of a targeted effort to increase the use of kinship caregivers in select Waiver counties, it is first necessary to distinguish what the demonstration counties are doing from what constitutes "practice as usual" in Ohio PCSAs. The study team has documented some core features of their model:

- Specific, well-defined efforts to identify and recruit potential kin placements
- Array of supportive services to kin placements: i.e. day care, respite, support groups, food/rental assistance
- Systematic use of placement meetings and "teams"

- Provision of subsidies to kinship caregivers (one-time or per diem):
- Creation of a designated staff position to work with relative placements (identifying potential placements and supporting existing placements)
- Frequent communication with kinship caregivers (through supportive services and other interactions)

At the beginning of the Kinship Study, the participating counties will meet and prioritize the key components of a ‘best practice’ kinship model, using the above list as a starting point. The counties will consider the following questions:

- What is essential to make the use of kinship settings work in your county?
- What activities, strategies, and processes have you implemented systematically?
- How are you intensively focused on supporting kin?

The participating counties will create a finalized list of key characteristics of the kinship model. It is expected that while not all counties will incorporate all characteristics of the model into their daily practice, there will be a significant amount of overlap in what these seven counties are doing. For this reason, the characteristics of this Kinship Model will form the basis of exploration during this study.

Next, the evaluation activities comprising the Kinship Study fall into three phases:

1. *Tracking phase*: explores the extent to which kinship settings are used in the seven kinship counties compared to the 14 comparison counties. The evaluation team expects more use of kinship settings in demonstration counties than in comparison counties.
2. *Implementation phase*: examines what services/supports are being provided by PCSAs. The evaluation team expects intensive supports will be provided to kinship caregivers.
3. *Outcomes phase*: examines outcomes for children placed in kinship settings, compared to a similar group of cases in comparison counties. The evaluation team expects demonstration county children in kinship settings to have better outcomes than comparison county children in kinship settings.

The sections below present each of these phases in turn, describing the basic design, data collection and analysis activities.

### **2.3.3 Tracking Phase**

In previous years of the evaluation, the use of kinship settings has been analyzed as a placement setting and as an exit outcome. However, FACSIS information on kinship placements is limited to kinship cases opened with PCSA custody. Some counties, such as Muskingum, have increasingly focused on placing a child in the care of kin immediately after an incident is reported; this arrangement would not be flagged as a

kin placement in FACSIS because it is neither a placement setting (because PCSA does not hold custody) nor an exit from a placement. Thus, while the case may be opened in FACSIS, there is no systematic way to identify it as a kinship placement.

This component of the evaluation seeks, first, to expand our base of knowledge about the various ways that kinship caregivers are used, to include cases which are not currently identifiable in FACSIS as kinship caregiving arrangements, and, second, to track this expanded population of kinship caregivers.

#### *2.3.3.1 Data Collection*

Once there is agreement on the kinship caregiver population we want to track (defined by the Kinship Model), we will develop a process to identify children who move to a kinship setting. We will discuss with the participating demonstration counties the possibility of adding several new data items to MicroFACSIS in order to better track these cases. The participating counties will assure that their staff are trained on how to use these new variables. We anticipate that staff will begin 'flagging' the use of kinship settings as of August 1, 2005 and continue this process through the end of the Waiver; only children newly opened to FACSIS in an investigation or for ongoing services that come in during this period will be tracked and compiled for evaluation purposes.

Data from the comparison sites will be collected in the same manner as in the demonstration sites. Comparison counties will be asked to flag newly opened cases that go to kinship settings, beginning August 1, 2005.

#### *2.3.3.2 Analysis*

The information collected on kinship caregivers will allow us to get a sense of the number of kinship caregivers being used in targeted kinship counties compared to usage levels in the comparison counties. We will look at cohorts over time to see if kinship demonstration counties actually are using kinship settings more than the comparison group. Further, by flagging kinship cases in comparison counties, we will create a comparison group against which we can examine outcomes for children moved to kinship settings in demonstration counties.

We will use the volume of children moving to kinship settings in all 14 comparison counties as our comparison group. The comparison counties as a whole represent the "status quo" in Ohio child welfare practice. By contrast, the seven demonstration counties represent what can be done by counties which (a) have flexible IV-E dollars and (b) choose to focus their energies and flexible resources on enhancing kinship. Using flagged cases in all 14 comparison counties will allow the team to learn about both the volume of use of kinship caregivers in "normal" Ohio counties and the outcomes achieved for these children.

### **2.3.4 Implementation Phase**

The finalized Kinship Model will likely be gradually implemented in the seven participating demonstration counties. It will be important to monitor this evolution over time, and to similarly monitor “business as usual” as defined by comparison county practice. The study team proposes to collect detailed information on an annual basis, from both demonstration and comparison counties, regarding the nature of policies and supportive services for kinship caregivers. This will enable us to assess the differences between the two groups at any given point in time during the Waiver period.

A second critical aspect of implementation concerns just the demonstration counties. The extent to which each demonstration county adopts the Kinship Model is likely to affect the outcomes achieved for children the county serves. The study team will gather information on individual cases served through the enhanced kinship programs, to examine the degree of “fidelity” to the kinship model. This information will be used to understand more fully the results achieved by the demonstration sites, compared to the comparison counties..

#### *2.3.4.1 Data Collection*

##### County Level Data

At a *county level*, the study team will explore what programmatic/process strategies are in place to support kinship caregivers. We will interview key staff in demonstration and comparison PCSAs, including the PCSA director, staff working most directly with kinship caregivers, and other stakeholders as needed (e.g. juvenile court representatives). We will use the Kinship Model (described above) to develop interview questions which will enable us to determine, from a system’s perspective, whether kinship demonstration counties are able to provide more services/supports/processes than their counter parts. This information will be collected for the seven demonstration sites and all the comparison counties. In comparison counties, it may be helpful to verify that “standard practice” is indeed what is being provided to the kinship caregivers.

Some of the topics we propose to explore with local staff include:

- Initial discussion of patterns in FACSIS data: Using information from the data audit, the team may want to explore policy/practice changes that might have resulted in changes in the number of children moved to kinship settings, kinship as first placement settings, and exit from first placement to relative custody.
- Degree of implementation of kinship model (in demonstration counties only), and expectations about the impact of use of kinship caregivers on children.
- Use of licensed vs. non-licensed relative placement settings, especially exploring the impact of the proposed federal requirement regarding licensing of relative caregivers.
- Use of various custody arrangements
- Provision of fiscal incentives to kinship caregivers

- Services generally available to kinship cases
- Activities to attract kinship caregivers
- Impact of new initiatives, i.e. Kinship Navigator, TANF Kinship subsidy
- Details of process that each demonstration county follows when pursuing legal custody or legal guardianship by kin.

Supplementing the interviews with county staff, the study team will conduct focus groups with kinship caregivers in the seven targeted demonstration counties to explore topics such as:

- types of services received,
- level of financial support offered and received,
- the degree to which these families feel supported, and
- whether the availability of additional supports/services encouraged them to become kinship caregivers.

These focus groups would allow us to explore differences between demonstration and comparison counties in these areas.

#### Case Level Data

At the *individual case level*, in demonstration counties only, we would add a data collection procedure to the process of flagging the use of kinship caregivers described above. In the seven kinship demonstration counties, once a case has been flagged as a kinship case in FACSIS, we would have staff complete an additional data collection tool which would tell us about specific supports and services each case receives. This information will allow the study team to define the exact intervention that children in demonstration kinship counties are receiving, the ‘black box’ of the Kinship Model.

Topics might include:

- Custody arrangement: legal guardianship (through probate court) or legal custody to kinship caregiver (through juvenile court);
- Type of kinship placements (of the three types described above)
- Services received
- Subsidies received
- If the case involves legal guardianship or legal custody to kinship caregiver, additional information about the process (to support DHHS data needs).

Because of the relatively small number of children placed in a kinship setting in most of the seven demonstration counties<sup>4</sup>, the above described data will be gathered on all kinship children in six of the kinship study counties. However, in Franklin County we propose that a random sample of children be drawn from the population of kinship children.

This information will be continuously collected, with counties periodically sending the data to HSRI.

#### *2.3.4.2 Analysis*

The analysis of the information collected through the Implementation Component will be descriptive in nature. We will have system level information on all counties, enabling us to describe how the seven kinship counties are implementing the Kinship Model, in contrast to what the comparison counties have been doing. At the individual case level, we will be able to provide specific details about the services and supports the demonstration county kinship placement received, as well as the pathway they took through the PCSA system. These data will also indicate the extent to which the demonstration county cases received the “full” scope of the Kinship Model strategy.

#### **2.3.5 Outcomes Phase**

The outcomes phase of the Kinship Study seeks to determine whether the provision of intensive supports to kinship caregivers improves the long term outcomes for children in these settings. Using the ‘flags’ on kinship cases, described in the Tracking Component of the Evaluation, the study team will be able to explore differences between outcomes for children in the seven kinship demonstration counties versus the 14 comparison counties (who represent the use of kinship placement in a business as usual approach). HSRI will work with Westat to identify the outcome variables to track for individual cases.

Hypotheses: The Study Team hypothesizes that the seven kinship demonstration counties, compared to the 14 comparison sites, would experience the following outcomes for children in informal placements or living with kinship caregivers

- fewer abuse/neglect incidents, fewer cases opening to PCSA services, shorter time in paid placement/temporary PCSA custody;
- more stability (fewer changes of physical location), less recidivism (in terms of repeated A/N reports), shorter time in paid placement/temporary custody to PCSA, more exit to adoption by the kinship caregiver;

#### *2.3.5.1 Data Collection*

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<sup>4</sup> Westat data indicates the six of the kinship demonstration counties averaged between 6 and 25 children in non-licensed relative care per fiscal year, with Franklin averaging 476 (FFY 19960 through FFY2000).

Having flagged children who are placed in kinship settings, HSRI will compile identifying information on all of these cases. Working with Westat, HSRI will determine which outcome variables are most likely to be impacted by the seven demonstration counties' intensive focus on finding kinship caregivers. Westat will then compile this outcome data for the flagged kinship cases and share this information with HSRI.

#### 2.3.5.2 Analysis

Because kinship cases in both demonstration and comparison counties will have been flagged, the outcome analysis will focus on comparing outcomes for demonstration and comparison groups as a whole. The study team will assess whether use of kinship in the seven demonstration counties impacts the counties' use of placement.

In a separate analysis, the individual-level data gathered on each demonstration county case, regarding services received, will be linked to the outcome data obtained from FACSIS. This will enable us examine what happens with these cases in the long term, and perhaps identify some components of the Kinship Model (e.g. provision of a particular support) that appear to have more influence on child outcomes.

#### 2.3.6 Tasks and Timeline

1. *Development of Kinship Model:* In May 2005, HSRI staff will host a conference call with the seven participating counties to finalize the Kinship Model. Following this conference call, HSRI staff will write up the decisions, distribute them to staff in the seven counties and finalize the Kinship Model. (April-June 2005)
2. *Audit county MicroFACSIS systems:* HSRI will develop questions for the data audit to understand how MicroFACSIS is currently being used in the seven kinship demonstration counties to track use of kinship caregivers. (July 2005) The study team will consider including caseload reports about non-licensed relative care in the yearly reports produced for counties.
3. *Develop Process to 'Flag' Use of Kinship Settings:* The study team will work with the Data Committee to decide on new variables to be added to MicroFACSIS. The study team will work with both demonstration and comparison counties to assure that any new kinship variables are correctly used and data entered into Micro-FACSIS. (June to August 2005)
4. *Recruitment of comparison counties:* The study team will contact all 14 comparison counties to enlist their involvement in this effort, explaining the process of flagging kinship placements. We will also ask for their participation in the annual site visits/telephone interviews as part of the Process Study (see Task 8). (June 2005)
5. *Develop Data Collection Tool and Process:* HSRI will develop a tool to gather primary data on services and supports received by children in demonstration kinship counties. The study team will work with the seven counties to determine

the best way to compile the data and periodically provide it to HSRI. (July to August 2005).

6. *Ongoing Collection of Data:* HSRI will monitor the case-level data collection process, starting in August 2005 and continue through end of evaluation. HSRI will work with county staff to assure that staff understand how to use the new SIS variables and data collection tools. As data is received from the counties, HSRI will enter it and check for completeness and accuracy. HSRI will also prepare templates for data to be collected at the county level (see step 8). (August 2005-September 2009)
7. *Annual Site Visits/Telephone Interviews:* HSRI staff will develop an interview protocol and will annually gather information from county staff. We may conduct site visits in counties where other Waiver evaluation studies necessitate a site visit, but otherwise, we will conduct these interviews over the telephone. (Year 2, Year 3, Year 4, Year 5)
8. *Conduct Focus Groups:* The study team will conduct on-site focus groups in the seven targeted demonstration counties, at two points in time during the Waiver. (Year 2, Year 4)
9. *Analysis of Outcome Data:* Westat will create data files, including the above proposed outcome variables, for all demonstration kinship cases and all comparable comparison cases; then HSRI will link this data to our primary data sets. Analysis will involve comparing findings in demonstration and comparison counties. (Year 2, Year 3, Year 4, Year 5)
10. *Annual Progress Reports:* HSRI will prepare a summary of work done each year, as part of the Annual Progress Report of the evaluation. (Years 2-5)
11. *Interim Implementation Report* will include a description of the Kinship Study data collected during the first two years of the Waiver extension, contributing to the overall evaluation findings. (January-April 2007)
13. *Final Report* will include analysis of all data collected throughout the five years of the Kinship Study, contributing to the overall evaluation findings. (January – June 2010)

### **2.3.7 County Responsibilities**

Demonstration counties will be asked to provide assistance to the study team for the duration of this study. Among the tasks are:

- Participate in the development of a “best practice” kinship model (Task 1)
- Participate in a data audit of MicroFACSIS systems (Task 2)
- Participate in developing the data collection tool (in MicroFACSIS) developed by HSRI (Task 5)
- Collect expanded kinship data (in MicroFACSIS) and give data files to the Study Team (Tasks 5, 6)

- Participate in telephone interviews, site visits and conference calls regarding kinship data (Task 7)
- Help HSRI identify potential focus group participants (Task 8)

Comparison counties will be asked to identify kinship cases (Task 4) and participate in telephone interviews/site visits for the Implementation Component of the Kinship Study (Task 7).

## **2.4 Visitation**

### **2.4.1 Overview of Study**

Several demonstration counties have expressed an interest in focusing their attention on enhancing their visitation efforts during the second five year phase of ProtectOhio. The expectation is that supervised, productive visitations will result in shorter lengths of stay in placement services and reunification periods. We anticipate that eight demonstration counties (Clark, Crawford, Fairfield, Medina, Muskingum, Portage, Richland & Stark) will participate in this strategy.

When children have been removed from the home, it is very important to maintain contact between parent and child during separation. This is especially true in the case of young children. Most counties have some sort of visitation program for their families – oftentimes, such a service is ordered by a family court judge. In general, unsupervised visitation is given in situations where safety concerns are not prevalent, while supervised visitation is reserved for families where safety is an issue, or where the child is an infant or has special needs that might benefit from supervision. ProtectOhio gives demonstration counties the ability to focus money, staff and programmatic energy on a systematic, focused supervised visitation program for which they would not otherwise be able to utilize IV-E resources. Demonstration counties participating in this strategy are agreeing to utilize a set of core elements that may enhance intermediate and long-term outcomes for their children.

Unlike some of the other Waiver strategies, supervised visitation has historically been a part of both demonstration and comparison counties in different forms. During the first Waiver evaluation, both demonstration and comparison counties reported having some type of visitation available to families. However, it is expected that the ProtectOhio Waiver provides demonstration counties with the flexibility to truly focus on developing a supervised visitation program that is systematic and has dedicated staff and services. Presumably, this focus is less available to non-Waiver counties. Some of the participating demonstration counties used the first Waiver period as an opportunity to begin or fortify their supervised visitation programs, whereas others are just beginning a systematic program during this second Waiver period. Regardless, the purpose of the visitation evaluation is to capture whether differences in outcomes do exist for children who go through such a supervised visitation with specified elements.

The eight participating demonstration counties will develop a supervised visitation model for implementation, late in the first year of the new Waiver. The model, which is not yet finalized, will contain several core elements. Among the elements currently being discussed by the participating counties are: a) supervised visits will occur at least weekly; b) at least one birth parent will be present (or the individual with whom the child is aiming to reunify); c) the setting will be supervised; d) each visit will include a structured activity; and e) the duration of the visits will be at least one hour. We anticipate, however, that the counties will use these elements within the existing parameters of their programs resulting in some inter-county differences.

One issue that we will keep in mind throughout the course of the evaluation is the unfolding of a recommended visitation model throughout Ohio from the Caseload Analysis (CLA) initiative. Since 1997, six Ohio counties have participated in CLA activities; it represents an organized attempt to support family-based, strengths-based “best practice” services throughout child welfare. Presently, CLA will be focusing on developing a best practice handbook and model for Concurrent Planning, which includes elements of visitation. Three Waiver counties - Ashtabula, Greene, and Muskingum – are part of the CLA initiative, and one of these (Muskingum) is participating in the visitation Waiver strategy. However, as the Concurrent Planning implementation unfolds, we will remain informed on how this is influencing all participating Ohio counties.

#### **2.4.2 Study Approach and Hypotheses**

This strategy will be evaluated by performing primary data collection on those families participating in a supervised visitation program in each of the committed demonstration counties. This will enable the evaluation team to follow participating cases over the course of the supervised visitation and track not only their intermediate outcomes but also their trajectory through the child welfare system, and ultimately, their long-term outcomes. Evaluators will utilize a sample drawn from comparison counties as a control group for examining long-term outcomes.

We hypothesize that children in demonstration counties who participate in the supervised visitation program will experience better long-term child welfare outcomes than children in comparison counties, including shorter lengths of stay, higher rates of reunification and lower rates of abuse/neglect recidivism. In addition, we expect that over the course of the supervised visits, participating families will show gains in areas such as parent-child relationship and parental attention towards child.

#### **2.4.3 Data Collection Methods**

The evaluation will include primary data collection in each of the eight participating demonstration counties. Over the course of a two-year window, from July of 2005 through July of 2007, we will sample all newly opening cases for whom supervised visitation is provided. We expect that the number of cases sampled will vary considerably by county.

For all cases sampled during this timeframe, a visitation supervisor or other worker will be asked to collect data for each supervised visit that occurs, regardless of whether the visit happens in a home or at a visitation center. At this point, we are anticipating that data collection will happen through a pre-approved paper form (or in some cases, an addendum to an existing form) and will be transmitted to the evaluators on a regular basis for data entry. A partial list of the data we aim to collect is included below. Collection of this data will lay the foundation for establishing what is actually occurring during the supervised visits. Since the same data points will be collected at each visit, we will be able to use this data to see whether/how cases are progressing over time on items such as observed communication and level/amount of required supervisor involvement.

Primary data collection, gathering both case-level and county-level data, will also occur through a round of staff interviews and family surveys. Staff interviews will happen in both the demonstration and comparison sites. At the case level in demonstration counties, we will work with counties to identify families at different points in their visitation trajectory, as well as some that have completed the visitation, and incentivize these families to complete a survey on their experiences, attitudes, and perceived learning curve throughout the visitation. County-level data will be gathered by interviewing visitation and other relevant staff to gain a fuller “on-the-ground” understanding of the scope and evolution of the visitation program. While some counties have already established supervised visitation during the first Waiver period as a focus area, others are just getting started and we would like to get feedback on how their programs evolve over time. We will continue to conduct similar staff interviews on an annual basis in order to monitor how the visitation “model” shifts over time within each demonstration county, and how “business as usual” evolves in the comparison sites.

After the window of primary data collection closes in July of 2007, we will continue to “track” our cases to obtain their long-term outcomes using FACSIS. In January of each year, the evaluation team will receive a FACSIS file from Ohio that will include data through September of the prior year. Using case identifiers obtained during primary data collection, Westat will create a file with FACSIS outcome data for all the demonstration county visitation cases, including variables used to determine each child’s length of stay in the system, occurrences of recidivism, and eventual placement, among other outcomes. Similarly, we will identify cases that newly opened in comparison counties during the same window of time (July 2005 through July 2007) and create a file with long-term outcome FACSIS data for each. In addition, we may also fortify our sampling technique by “matching” the sample from the control group with that from the demonstration counties on a few selected demographic variables.

Once the model has been finalized, we will be working with the demonstration counties to get feedback on a primary data collection tool to be used by visitation workers or other data collectors at each selected visit. Preliminary work has already begun in the demonstration counties’ Data Committee, which is exploring ways to integrate the evaluation’s primary data collection into existing Micro-FACSIS systems at the county level.

It is expected that the tool will elicit data in the following areas:

*County-Level Data*

- Date visitation was assigned
- # of visits assigned (if applicable) & attended
- Frequency of visitation schedule (weekly, biweekly, etc)
- Frequency of actual supervised visits

*Case-Level Data*

- Date/times/location of visit
- Who was present?
- Who supervised visit?
- What was the structured activity?
- Was the structured activity completed?
- Did supervisor have to intervene during visit?
- Did parent and child verbally communicate?
- Did parent and child work together on one activity/item?

**2.4.4 Analysis**

Analysis of the supervised visitation program will be derived from three main sources: (1) quantitative county and case-level data from the primary data collection tool described above (demonstration counties only); (2) qualitative survey & interview data from family members and visitation staff (demonstration and comparison counties); and (3) quantitative FACSIS data that shows case-level long-term outcomes in the child welfare system (demonstration and comparison counties).

The analysis we perform for the Interim Evaluation Report in early 2007 will be derived from both the visit-level data and the quantitative survey/interview data in the demonstration and comparison counties. By examining the data from each visit over the life of several cases, we will be looking to see whether any progression occurred over time across all the demonstration counties. Was there a clear evolution in parent-child communication? What types of changes occurred regarding the structured activity? Descriptively, we will also have the information derived from family surveys and staff interviews regarding their experiences with supervised visitation, (parental) satisfaction, and staff observations of the program's degree of success, as well as any early signs of evolution in both the demonstration and comparison sites.

For the final analysis, we will be able to answer the larger question of whether any difference in outcomes exists between supervised visitation cases and a sample drawn from the comparison counties. Using FACSIS, we will be able to look at data points such as average length of stay in the child welfare system, rate of reunification, and rate

of abuse/neglect recidivism. This data will allow us to test our hypothesis that children experiencing this focused intervention will fare better than their peers in comparison counties in these long-term outcomes. We will also utilize our survey and interview data to support our findings here.

#### **2.4.5 Tasks and Timeline**

1. *April 2005*: Establish that comparison sites are doing initial visitation
2. *April 2005*: Firm up core elements of plan with all demo sites
3. *April – June 2005*: Visitation tool development
4. *April – June 2005*: Work with demonstration counties to develop data process
5. *July 2005*: Counties begin supervised visitation & data collection starts
6. *July 2005 – July 2007*: Transmittal of primary data collection tool data occurs from counties to evaluators
7. *June-July 2006*: Design tools for family surveys & supervisor/staff interviews. Get feedback from counties
8. *June-August 2006*: Identify & recruit families to participate in surveys
9. *September 2006*: Send out surveys to workers to give to families & follow-up
10. *September 2006, 2007, 2008, 2009*: Conduct informal interviews with demonstration and comparison county staff to ascertain fidelity to model (demonstration) and “business as usual” (comparisons)
11. *November-December 2006, 2007, 2008, 2009*: Clean & analyze data from surveys & interviews
12. *February-April 2007*: Descriptive analysis & write-up (for April 2007 interim report)
13. *July 2007 – January 2009*: Reunification & re-entry tracking
16. *July 2007*: stop official data collection/accepting kids for official Waiver evaluation (following them longitudinally)
15. *October 2008*: Figure out sample plan to pull from comparisons (FACISIS)
16. *January 2009*: Get FACISIS file for comparison & demonstration cases (covers through September 2008)
17. *February-April 2009*: Final data analysis & write-up
18. *January-March 2010*: Edit/revise final write-up for inclusion in final report

#### **2.4.6 County Responsibilities**

In order to successfully complete this part of the project we need the collaboration of the participating demonstration counties. Over the course of the evaluation, we will need their assistance in several different areas, which correspond to the tasks listed above:

- Task #2: finalizing the outline of the model intervention, including each county's desired intermediate outcomes which will be contained in their logic models;
- Task #3: developing a primary data collection tool that is both relevant and easy to implement in the field;
- Tasks #4, 5, 6: collecting and transmitting the primary data for each identified visit;
- Task #8: identifying families and visitation staff who may be able to participate in interviews and surveys; and
- Task #10 & ongoing: general communication regarding the status and evolution of the visitation program, as well as continual feedback on the evaluation itself as it progresses.

The participating counties will finalize the core elements of the model, and will discuss it with the study team to assure its clarity. The team will rely on this detailed model to develop appropriate data collection tools.

The evaluation team will develop the data collection tool with input from the counties, dovetailing with their data needs and processes as much as possible. The team will do its best to incorporate the required data elements into forms that the counties might be currently using. The team will need the support of the counties in collecting the data accurately and sending it to us on a regular, predetermined schedule. We will also ask participating demonstration counties to help us finalize survey and interview tools that will be used with families who have gone through the visitation program, and visitation staff, respectively. Assistance in identifying these families (some of whose cases may already have closed) and staff will also be required of counties. Most importantly, it will be very important that we have an ongoing feedback loop between the evaluation team and the counties as both the intervention and the evaluation progress through the Waiver to assure that the evaluation is relevant and capturing all the necessary data.

## **2.5 Mental Health/Substance Abuse**

### **2.5.1 Overview of Study**

The availability of timely, appropriate and accessible mental health/substance abuse services is problematic across the board. Across the first five years of ProtectOhio, demonstration counties gradually grew accustomed to the new flexibility inherent in the Waiver. Over the course of the first evaluation, counties began experimenting with this flexibility in a variety of ways. One of the areas that many counties expressed a particular interest in addressing with this newfound flexibility was in assuring that children and families received mental health and substance abuse services.

While most children and families do not enter the child welfare system explicitly because of a mental health/substance abuse issue, the majority of entering cases do have some needs to be addressed in these areas. Issues of access to and quality of mental health and substance abuse assessment and treatment services have emerged in both demonstration and comparison counties. In spite of federal law that guarantees access to needed Medicaid services for all eligible children, mental health and substance abuse assessments and services can be difficult to access (with long wait lists), inappropriate for the needs of the child or family, or of poor quality. Under traditional Title IV-E financing, child welfare agencies are not permitted to use IV-E dollars to pay for mental health or substance abuse services per se (although some therapeutic placements may include some elements of such services).

The flexibility of the Waiver changes this, however, for participating counties. Several demonstration counties have responded by using flexible Title IV-E funds to pay for services that should be available through Medicaid for eligible clients. Outside of the Waiver, Ohio is engaging in a separate, smaller initiative to address mental health issues. According to the Ohio Department of Mental Health, over 240,000 children in Ohio require mental health services and only half of them are receiving treatment. While this includes children in and out of the child welfare system, it is surely emblematic of the problems facing children involved in child welfare. To this end, Ohio is embarking on other efforts to deal with this issue outside of the Waiver. The ABC Initiative (Access to Better Care) is a collaborative state attempt to raise awareness and invest in the Ohio mental health system to promote prevention and early intervention on behalf of children with behavioral health disorders. Based on the recommendations of the ABC group, Ohio set aside 4.8 million dollars in FY05 to implement FAST (Family and System Team Dollars) which focuses on boosting services and advocacy for high-risk children with multiple behavioral needs, with a particular emphasis on children whose parents relinquished custody of them for the sole reason of obtaining mental health services. Because these dollars are brand new, we are not yet familiar with how they will impact Waiver demonstration counties overall, and specifically, what effect they will have on counties who focus on mental health services as a Waiver strategy. However, as the evaluation unfolds, this is a question we will try to resolve.

The mental health/substance abuse evaluation will examine differences in the provision of mental health and substance abuse services for children in demonstration and comparison counties. If the Waiver truly provides beneficial flexibility to demonstration counties, then we expect to see those counties that focus on mental health and/or substance abuse services to be better at meeting those needs of their child welfare clients than comparison counties under the traditional IV-E system. Ultimately, more timely and/or effective service provision may lead to reducing placement days, reducing length of stay, reducing recidivism, and increasing rate of reunification. Counties may utilize this flexibility in a variety of ways, and several are already underway in their plans to use the Waiver to improve mental health services. Whether it is whole-scale implementation of a network of in-house providers, or allying with family drug court, demonstration

counties are endeavoring to improve the way they deal with prevalent mental health and substance abuse issues in their child welfare system.

This study will have two parts. The first part will be an in-depth case record review of one demonstration county (Lorain) that has already implemented a substantial network of mental health and substance abuse assessment and treatment providers for its children and families. The second part will occur later in the evaluation period and will compare case records from selected demonstration counties (Belmont, Fairfield, Hamilton, Muskingum and Portage) with case records from comparison counties to see if the demonstration counties' increased focus on mental health/substance abuse assessment and treatment made any difference in the outcomes of new cases.

## **2.5.2 Part One: Lorain County Evaluation**

### *2.5.2.1 Study Purpose and Hypotheses*

The purpose of Lorain's effort was, in the short-term, to improve the relationship between the CSB and providers, improve accuracy and timeliness of case file records and notes, and to reduce children's wait times for mental health/alcohol & drug assessments and services. In the long term, these changes may lead to improvements in overall child welfare outcomes by giving children and families an immediate, direct link to necessary assessments.

### *2.5.2.2 Data Collection Methods*

To evaluate this initial piece, we will perform an in-depth case review, utilizing a pre/post evaluation design to examine whether any differences in outcomes emerge between cases opening before the advent of the network versus afterwards. Before actually embarking on the case record review, we will engage in detailed conversations with Lorain County administrators to get a fully fleshed-out picture of what specific changes were made and when those changes occurred. This understanding will inform our decisions on data items that we collect and aid us in continuing to perfect our detailed data collection and analysis plan. After we have developed a comprehensive picture of Lorain County's changes, we will begin case record review. Our "pre" group will consist of 50 randomly sampled cases that opened to ongoing services at least a full year before the advent of the alcohol & drug assessment services in May of 1999. Our "post" group will contain 50 randomly sampled cases that opened to ongoing services after the mental health assessment services were implemented in May of 2001.

The case record review will occur in April of 2005, and will record data points in a variety of topics. As mentioned, we will continue to develop our list as we have conversations with Lorain County about their implementation. Initial topics to be covered in the case record review include the following:

- Important case dates
- Reasons for opening & closure
- Which family members were involved and why

- Dates of assessment, referrals, and service provision
- Any mental health/substance abuse diagnosis
- Provider information
- Progress notes & updates on treatment effectiveness
- Relevant treatment information
- Child outcomes

### 2.5.2.3 Analysis

The first part of our analysis will be descriptive, and will be completed by the end of the first contract period. This analysis will stem from having interviewed Lorain County staff and administrators, reviewed relevant documentation, and made notes from the case record reviews. This descriptive piece will utilize both county-level and case-level information in its analysis. At the county level, we will outline the process that Lorain has used under the new provider network, while the case-level analysis will focus on observed patterns in service provision and referrals, variability in child progress towards reunification (or whatever the case plan goal is), and issues arising from provider notes. Other factors may enter the analysis as they surface during the evaluation. As a result of completing the descriptive analysis, we will have a more precise idea of what FACSIS data we will need for our quantitative analysis.

For the case record review analysis, we will use relevant FACSIS data to obtain system outcomes for the sampled cases. These outcomes include the length of stay in the child welfare system, whether or not reunification occurred (if applicable), whether additional incidents of abuse/neglect occurred, and whether or not the child re-entered the system. Following the collection of this data, we will analyze the “pre” group compared to the “post” group to determine what, if any, systematic differences exist.

## 2.5.3 Part Two: Remaining Counties Evaluation

### 2.5.3.1 Study Purpose and Hypotheses

The second part of the mental health evaluation will involve demonstration counties who have not yet fully implemented their plans for mental health/substance abuse reform but will be doing so beginning this summer. Five demonstration counties have selected this as one of their strategies. In order to participate in mental health as an official Waiver strategy for evaluation purposes, demonstration counties must commit to including a number of “core elements” in their strategy implementation. While these elements are not yet set in stone, it will be important to establish a set of commonalities among all participating counties so that we are evaluating a like set of models. Over the course of conversations with counties in the fall and winter, it is likely that participating demonstration counties will include the following elements:

- Identifiable spending on mental health/substance abuse services that would not have occurred were it not for the Waiver
- Direct provision or contracting for non-Medicaid billable MH/SA services over which the county retains direct control
- Identifiable process to expedite assessment/evaluation
- Commitment to a window of no more than 45 days before individual receives necessary MH/SA assessment (or, commitment to reducing the average amount of time from case opening to completed MH/SA assessment)

Beyond this, counties may take their mental health strategy in different directions, depending on the size of the child welfare population and the particular needs of the county. A few of these changes are already underway, but most are still to follow. We hypothesize that the flexibility in the Waiver will permit counties to make these types of mental health/substance abuse changes that will benefit their child welfare system. In the short term, we believe this will result in reduced wait times to both assessment and service provision for children and families, as well as services that are more accessible. Regarding the big picture, we hypothesize that these changes in demonstration counties will impact overall outcomes such as average length of stay, placement days, and achieving reunification for children that have been removed from the home. We expect that these results will not be seen in comparison counties in which there is no systematic effort to impact mental health services for children and families in the child welfare system.

#### *2.5.3.2 Data Collection Methods*

Because of the differing implementation timelines, a pre/post design may be difficult to implement here. It is important that our demonstration and control groups be as similar as possible (except for having been in the system during a time of changes to mental health services). This would require having a sample of “pre” kids that all came from the same time window. Given that counties are implementing their reforms at different times, this could prove difficult. Therefore, we will at least initially be going with a cross-sectional design, comparing cases from participating demonstration counties against those from comparison sites. Similar to part one, we will still perform case record reviews. The sample size will depend on the size of the county and the number of children they serve. Given the high prevalence of mental health issues within the general child welfare caseload, the demonstration sample will be pulled randomly from all newly opening cases after a certain date (to be determined). To obtain our comparison sample, we will have to get cooperation from several comparison counties who will be willing to allow us to do a case record review. Once we have a list of participating comparison counties, we will draw a random sample of newly opening cases as of the same date as in the demonstration counties. Once we have determined the sample size, and have a better handle on how drastic county changes have been, we can also determine whether each demonstration county is analyzed separately, or if they are examined as a larger group.

Cases eligible for sampling will be those which opened to ongoing services after all participating demonstration counties have implemented their mental health/substance abuse strategies. This will allow us to have one sampling window for both the comparison and demonstration counties through controlling for external events in the Ohio child welfare system. The timing will have to be early enough to allow for the sample cases to close with at least a certain amount of time remaining until we actually complete the case record review. Therefore, when we do examine the cases, there will have been enough time passed since the case opening to learn something about how the child spent time in the child welfare system. We will also be able to look at longer term outcomes for each case, using FACSIS data that we get on an annual basis. What exactly that “certain amount” is will probably be determined after gaining some experience in Lorain County, however we will initially aim to examine case record data for 24 months after case opening.

It is expected that the data we will collect will be very similar to what is collected in Lorain County. However, this may change as we become more familiar with what each county is doing around mental health, and are able to apply our learning in Lorain to this second part of the evaluation.

#### *2.5.3.3 Analysis*

As with the Lorain County section, the first part of our analysis here will also be descriptive and will contain both county-level and case-level analyses. It will contain in-depth descriptions of the exact nature of each participating county’s implementation of mental health and/or substance abuse changes. County level data will be derived from telephone interviews with county officials to determine evolution of services, service documentation, new provider information, newly implemented processes, and other relevant pieces of qualitative data. At the case level, we will rely on the case record review to gather data from provider notes, observe patterns in service referral and provision, and child progress towards reunification. Again as before, this descriptive analysis will greatly inform our ability to hone in on relevant FACSIS data during the quantitative analysis.

The second part of the analysis will also utilize FACSIS data to match to each sampled case to obtain outcomes such as length of stay, recidivism, and time to reunification. We expect that our exact data points will change based on our experience with the Lorain County case record review, but at this point plan on using many of the same data points listed for part one. Ultimately, we expect that children in demonstration counties who received mental health/substance abuse services had systematically different outcomes than their counterparts in comparison counties, as described above.

### **2.5.4 Tasks and Timeline**

#### *Part One*

1. March 2005: develop sampling plan/have Westat pull sample for Part One (Lorain County)

2. March-April 2005: Develop data collection tool for case record review, have it reviewed by Lorain County
3. April 2005: Preparation for Lorain trip + travel
4. April 2005: Lorain County case record review
5. May-June 2005: clean/organize case record review data
6. July-August 2005: preliminary descriptive analysis of Lorain County data
7. by June 30 2005: progress report (for whole project) is written which includes an update on Lorain
8. September 2005: receive FACSIS data on sampled cases
9. October-November 2005: quantitative analysis of Lorain County data with FACSIS correlates
10. by December 31 2005: preparation of report on Lorain/internal recommendations for methodological changes for Part Two of study & inclusion in 2007 Interim Report

*Part Two*

1. April-June 2005: work with other counties choosing this strategy to firmly establish “core elements” & ensure they have plan for implementation
2. July 2005: Counties complete official logic models for mental health strategy
3. August 2005: all counties have begun strategy implementation in accordance with strategy & logic models
4. November-December 2005: Develop interview protocol
5. January 2006: Do annual interviews with demo & comparison county staff/administrators on status of MH/SA services/protocol
6. February- March 2006: Write up and analyze results of interview data
7. January – March 2007: Develop mental health piece based on qualitative interview data for Interim Report
8. November-December 2008: Work with comparison counties to get consent from select group of sites for case record review
9. January-March 09: Develop/modify case record review tool for use in comparison/demo counties
10. March-May 2009: Select sample & do case reviews in 12 counties (6 demonstration, 6 comparison counties)
11. June 2009: Clean & organize data from case reviews
12. July-September 2009: Receive FACSIS data on sample

13. October – December 2009: match data with FACSIS & analyze
14. January – March 2009: write up mental health for Final Report

### **2.5.5 County Responsibilities**

The success of the evaluation plan depends, in great part, on a strong collaborative relationship between the evaluators and the counties themselves. For the mental health/substance abuse evaluation, participation from both comparison and demonstration counties will be required. First of all, we will need counties to come to an agreement on committing to “core elements” of the MH/SA strategy and subsequently implement those elements (**Tasks 1-3 above**). On a qualitative level, we will need to have access to the time of relevant administrators, staff and providers who can give us the necessary information on the exact nature of proposed and implemented changes to mental health and substance abuse services. Where possible, we will ask counties to send us written documentation that may help fully inform our background on each county’s current situation and goals for the future, as well as policies and procedures regarding new changes. We hope to capture this information during the annual interviews (**Task 5**).

Because this particular evaluation is based on an in-depth case record review, we will also need access to case records and any explanatory documentation. Prior to the case record review, we will require staff feedback/input on the tool we will be using to record data to ensure that the tool is reasonable and will allow us to obtain the information we seek (**Task 9**). While performing the case record reviews, it will also be important to have access to knowledgeable staff who can answer inevitable questions that will arise during the reviews (**Task 10**). Obviously, there are confidentiality issues at stake here and as evaluators we will be very conscious of keeping in line with HIPAA and county-specific regulations. We will also strive to work with counties to make our case record reviews as convenient and painless as possible for staff. This holds true for both demonstration and comparison counties. We will also ask that someone in each county be available for follow-up questions as we are doing our data cleaning and analysis in order to make our analysis as clear and relevant as possible (**Task 11**). Lastly, we will share with counties our draft findings of the overall analysis (both descriptive & quantitative) (**Task 14**).

## **2.6 Managed Care Study**

The managed care study examines the impact of selected managed care strategies on outcomes for children and families in counties that are emphasizing case rate contracting or utilization review/quality assurance mechanisms to assure more effective and efficient use of limited service resources.

### **2.6.1 Overview of Study**

For some demonstration counties, the opportunity to use managed care techniques was a principal reason that they entered the Waiver. During the first Waiver evaluation, the

study team examined the extent of managed care utilization overall and for specific managed care components. We explored county activities related to eight distinct managed care components -- financing, utilization review, service array, case management, competition, quality assurance, targeting, and management information systems. The study team used 28 discrete data items, each related to one of the components, to create a managed care index. In this way, each county received a managed care index score, which was calculated in Year 2 and 4 of the first Waiver evaluation. During the Waiver extension, the study team will further investigate several of the specific managed care strategies to understand their impact on child and family outcomes.

#### *2.6.1.1 Prior Managed Care Evaluation Findings*

The underlying premises in Ohio's original decision to employ managed care technologies in its title IV-E Waiver included:

- Demonstration counties will employ differing models of managed care, characterized by varying service arrays, financing approaches, efforts to target services, case management arrangements, provider network configurations, methods of utilization review and information management, and quality assurance techniques;
- Over time, use of these differing managed care models will lead to families receiving more varied services; and
- Receipt of more appropriate and more comprehensive services will lead children and families to better outcomes.

The study team explored each of these premises throughout the first evaluation, gathering information at the county level regarding changes in organizational arrangements and management decision processes.

With the flexibility afforded by the Waiver, demonstration counties were expected to be more active in using a broad range of managed care strategies than were comparison sites. However, overall findings were mixed. In both Year 2 and Year 4 a notable difference appeared between demonstration and comparison counties – comparison sites did indeed have lower scores than demonstration counties on the index developed to measure overall use of managed care. In Year 2, the difference was statistically significant. This difference in overall score reflects differences in nearly all the components. And in Year 4, the average demonstration county score was higher than that of comparison sites for seven out of the eight managed care components.

However, no systematic differences appeared between demonstration and comparison counties on case management, competition, and utilization review. In addition, although there were notable differences in the use of managed care financing (in particular case rate contracting) with three demonstration but no comparison counties using it, these differences were not widespread enough to be called “systematic.”

In three other areas there were differences between demonstration and comparison counties. First, in service array and targeting, demonstration counties appeared to be concentrating new prevention activities in areas of prior service insufficiency, to a greater extent than did comparison sites. Second, demonstration sites appeared to be more focused on prevention activity, with more demonstration counties expressing a strong commitment to prevention as well as increasing spending on non-foster care at a rate above the median of all counties. Finally, in the area of quality assurance, demonstration sites gave moderately more attention to outcomes data than did comparison sites – more often systematically gathering outcome information, sharing it with staff, and using it in management decisions.

Taken all together, the managed care findings from the first Waiver evaluation suggest that the Waiver enabled counties to change practice more easily to include managed care strategies, but we were unable to assess whether or not such changes had a direct impact on child and family outcomes.

#### *2.6.1.2 Waiver Extension Managed Care Evaluation*

During the Waiver extension, the study team will follow two paths to further flesh out the direct impact of managed care strategies on child and family outcomes: (1) evaluating case rate financing; and (2) identifying and evaluating best practices in utilization review implemented in conjunction with quality assurance procedures.

Evaluation of Case Rate Financing: Franklin County is using the flexible Waiver funds to implement a managed care experiment involving two contractors with case rate contracts. The contractors provide case management and service referrals for a random sample of cases opening to services in the public agency. They receive a case rate for each referral (i.e., a flat amount for each child referred, regardless of services needed) and must accept all children referred to them. The random assignment of children to private contractor or public agency offers a unique opportunity to assess the impact of managed care on children and families.

Identification and Evaluation of Best Practices in Utilization Review with Quality Assurance: The other area where individual client effects may be observed involves utilization review (UR) in conjunction with quality assurance (QA) processes. UR involves systematic decision-making around the use of service resources for any particular case, and sets expectations for the intensity and length of time services will be needed. QA monitors case progress and outcomes against clinical and case management expectations. In the first Waiver period, demonstration counties were found to be only slightly more likely than comparison counties to conduct formal reviews of children entering placement and already in placement (UR), but they were moderately more likely to monitor case outcomes and use the outcome information in management decisions (QA).

During the Waiver extension, demonstration counties identified as “high” on the overall managed care index and “high” or “moderate” in the UR and/or QA categories will be

examined to determine if a best practices model of UR in conjunction with QA processes can be developed. If such a model is possible, the evaluation team will present it to the larger group of demonstration counties, giving them the option of implementing this strategy (and it being evaluated) as a part of the Waiver extension. This will test the hypothesis that an intensive UR/QA system will result in fewer children in placement, more children in lower levels of care, a shortened length of stay in placement, and reduced rates of reentry into the child welfare system.

In the sub-sections that follow, we describe each of the two managed care studies in turn, describing each sub-study's purpose, data collection activities, and analytic approach. The task and timeline list is included at the end of the section.

## **2.6.2 Evaluation of Case Rate Financing**

Evaluation findings from the first Waiver period gave no indication as to how outcomes differed between children served by the public agency and those served through the managed care contracts in Franklin County. The evaluation of the case rate financing experiment will test the hypothesis that the use of case rate financing leads to better outcomes for children and families, and will compare children assigned to the public agency with children assigned to the contractors on the following outcomes as well as others that will emerge during the early phase of the study:

- Characteristics and risk levels;
- Placement history and service utilization; and
- Permanency and safety outcomes, including likelihood of placement, length of stay, type of exit, re-entry into care, and multiple case openings.

### *2.6.2.1 Data Collection Approach*

The first step of data collection will involve a data audit. The audit will allow the evaluation team to learn what data are available in Franklin County's local system, and how various events and outcomes were coded.

In addition, the team will collect qualitative data through telephone interviews with county administrators and contractors to understand the goals of the initiative, the process of random assignment, and the ways that services were changed through the initiative. Understanding the goals of the experiment is important in selecting outcomes of interest; for example, was the goal to reduce placements or to reduce length of stay? Reducing placements might cause the length of stay to increase, as the children who would have been in placement for only a short time are not placed but served in-home. The qualitative analysis also will answer questions such as:

- Were the contractors able to increase the number, range, or appropriateness of services available? For which types of services?

- What were the barriers? How were they addressed?

After clarifying these issues, the study team will use 5 years of FACSIS and local data (covering the Waiver period 1/1/98-12/31/02) to compare the two groups of children (those served by the public agency and those served by the private contractors). Statistical modeling will uncover any significant differences between the two groups. The team will assess the effectiveness of the random assignment by comparing percentages on baseline characteristics such as age, race, and gender. If the analysis of FACSIS and local data show significant differences between the two groups, the evaluation team will conduct telephone interviews of caseworkers with newly-assigned cases to learn about how services and decision-making differ between the public and private agency workers.

#### *2.6.2.2 Analysis*

The evaluation team will use FACSIS data and Franklin County's extensive local data to compare the two groups of children. The team will compare characteristics of the two groups and assess the effectiveness of the random assignment. Statistical modeling similar to that completed in earlier years of the Waiver will uncover any statistically significant differences between the two groups. The qualitative interview data will be analyzed for themes related to the goals of the experiment, the process of random assignment, and the impact of the initiative on children and families.

### **2.6.3 Best Practices in Utilization Review with Intensive Quality Assurance**

The challenge in evaluating managed care strategies is to relate what are fundamentally organizational-level changes (e.g., utilization review processes, quality assurance mechanisms) to case-level changes. The study team's approach will be to examine changes at both levels and systematically measure differences in outcomes for children and families.

#### *2.6.3.1 Study Approach and Hypotheses*

The Waiver increases the proportion of flexible funds in demonstration counties' budgets. Flexible funding is needed for investment in new staff and the development, training, and maintenance required for new UR and QA administrative tools. This managed care study will investigate the hypothesis that flexible funding will lead to enhanced QA systems of monitoring and more staff dedicated to UR and QA, and in turn this will lead to increased use of in-home support services and shorter waits for assessments and decision-making. As a result, fewer children will go into placement as more children enter lower levels of care, experience a shortened length of stay in placement, and have reduced rates of reentry in the child welfare system.

In the past, the study team looked only at county-level practices overall in UR/QA. Now the team will specifically examine the demonstration group's UR/QA systems and collect data at the individual sampled case level. This will allow for a more in-depth exploration of "best practice" UR/QA systems and their impact on outcomes for children.

In contrast to other studies described in this evaluation plan, the details of the UR/QA study design and data collection offered here are preliminary. Final decisions will depend on the final UR/QA model chosen by the participating counties, as well as on their existing data collection practices and capacity.

Identification of Study Counties: During the first year of the Waiver extension, the evaluation team will focus on examining demonstration counties that have actively pursued managed care strategies, particularly UR/QA strategies. These counties have been identified using the Managed Care Index scores from Year Four of the first Waiver. Table 2.2 below highlights five counties who have expressed interest in this study and where they rank on the UR and QA components (on the Managed Care Index overall, all five counties ranked “high”). Upon examining this group of demonstration counties, the evaluation team will work with data from these counties to determine a set of “best practice” principles that are common to most or all of these counties around UR/QA. This will include evaluator observation of the review process and the examination of UR/QA manuals and training materials in each county. Telephone interviews with the study counties will also be important in the development of the model.

**Table 2.2**

<b>Managed Care Index Rankings for Selected Demonstration Counties</b>		
<b>County</b>	<b>Utilization Review</b>	<b>Quality Assurance</b>
Franklin	High	High
Green	Moderate	Moderate
Hamilton	High	High
Lorain	Moderate	High
Richland	Moderate	High

Identification of Best Practices: Upon completion of this analysis, the evaluation team will compile a set of “best practices” around UR/QA. This set will be presented to all 14 demonstration counties at a Consortium meeting. The counties will then have the opportunity to comment on the best practice model as well as choose whether or not they wish to participate in the managed care study that will be based on the new model. Those who do participate will be included in the evaluation.

*2.6.3.1 Data Collection Methods*

Counties that choose to participate in the UR/QA strategy will have several months to enhance their current practice. During this preparatory period, the study team will develop several data collection tools: an interview protocol to be used with UR/QA staff, and a case-level form for information on cases that undergo a UR or QA review during the study period.

- The interview protocol will gather information about the UR/QA systems in the participating demonstration counties. It will likely include questions about county

policy and practice in UR/QA, training, criteria for selecting cases to be reviewed, etc. The information will be used to track changes made in county UR/QA practice over time. This will be used in both demonstration and comparison counties.

- The case-level form will identify the point at which UR/QA happened, and will include the case number, allowing the evaluation team to track potentially relevant data that is maintained in county UR/QA databases. Depending on how extensive the county data base is, more or less case-descriptive information will need to be gathered on this separate tool. Also included in the survey tool will be questions to help identify what areas were identified as problematic by QA, and the approach to addressing these problems.

Having the case identifier will also enable the study team to match outcome information with data collected at the individual case level.

At an agreed upon “start date” for the new strategy, we will ask the participating demonstration counties to begin flagging cases which are scheduled to be reviewed using the new/enhanced UR/QA processes. For a sample of these cases, we will ask the county staff person to complete the tool developed by the evaluation team. We will begin with new cases opened on the agreed-upon starting date, tracking information on the case for one year following the initial UR/QA review. Cases will be sampled for a reasonable period of time, following each for a year. The evaluation team may also sample cases going through the UR/QA process from all 14 comparison sites. It will be important to ensure that the selection of cases is equivalent in both demonstration and comparison counties. If there is a bias in cases that are selected to go through the utilization review process in comparison counties, the random sample approach will not be satisfactory. If bias is detected, an alternative method of collecting this information from comparison sites will be developed.

#### *2.6.4.1 Analysis*

Two types of analysis are envisioned. The first will be a descriptive analysis of practice differences between demonstration and comparison counties. Data will be drawn from annual interviews with PCSA staff, using the interview protocol described above. Analysis will reveal the nature of UR and QA practices in the two groups of counties, and will also enable the study team to examine demonstration counties’ fidelity to the defined UR/QA best practice model.

The second type of analysis will be case-specific, linking the UR/QA case-level information gathered by county staff to outcomes data available from FACSIS. This will allow the team to test hypotheses relating to the impact of UR/QA activities on outcomes such as length of stay for individual cases. This approach will provide an expansion on previous efforts to understand the impact of managed care strategies on child and family outcomes.

#### **2.6.4 Tasks and Timeline**

The tasks for the two sub-studies comprising the Managed Care Study will occur independently, with much of the case rate sub-study occurring prior to the activities for the UR/QA sub-study. The tasks are here presented chronologically for each sub-study.

*Tasks for the Evaluation of Case Rate Financing*

1. Data Audit: The audit will provide insight about Franklin County's local data and coding practices; the study team will develop audit questions and analyze the responses (September-November 2005).
2. County Interviews: The telephone interviews will inform the team's understanding of the Franklin County experiment. Staff will develop an interview guide, conduct the interviews, and analyze the responses (November-December 2005).
3. Evaluation Plan: Based on the findings of the data audit and interviews, the evaluation team will develop a plan for analyzing FACSIS and local data to determine significant differences between the two groups of children. The plan will be completed by February 2006.
4. Analysis: Westat will conduct the analyses of FACSIS and other data (March-September 2006).
5. County Interviews: If the evaluation finds significant differences between the two groups, the study team will conduct interviews with caseworkers about the decision-making process and services provided (October 2006).
6. Report: The evaluation team will produce a report on the study findings and discuss the findings with the county and state stakeholders . The report will be drafted by December 2006, and the final version will be included in the Interim Evaluation Report.

*Tasks for the Study of Best Practices in Utilization Review and Quality Assurance*

7. Data Audit: The study team will develop questions to be included in the data audit, exploring the nature of any case-level data which the counties maintain related to cases undergoing utilization review or quality assurance monitoring (October-December 2005).
8. Exploratory Data Collection: HSRI will conduct targeted phone interviews, site visits (including evaluator observation of the review process), and review of relevant manuals and documentation in demonstration counties with high levels of UR/QA use (January-March 2006).
9. Refine UR/QA strategy: HSRI will work closely with demonstration counties to develop a refined study strategy including best practice model components (April-May 2006).

10. Engaging Counties: HSRI will present the UR/QA strategy at a Consortium meeting, inviting demonstration counties to participate in the study. We will also approach the comparison counties about gathering data for this study (May-July 2006).
11. Instrument Development: The study team will design the necessary data collection tools, and will discuss with the participating counties the best way to conduct data collection (June-August 2006).
12. Ongoing Case-level Data Collection: HSRI will develop mechanisms for data transfer from the participating counties, and will routinely check data quality. This task will also include merging primary data from the counties with FACSIS data (October 2006-September 2009).
13. Qualitative Data Collection: HSRI will conduct on-site or telephone interviews with county staff on an annual basis (October-November of 2006 through 2008)
14. Analysis And Report: The study team will integrate the findings from the county-level and case-level analyses, as part of the Final Evaluation Report (January-April 2010)

### **2.6.5 County Responsibilities**

Extensive county involvement will be required for the completion of the managed care study. The following highlights county activities for the study:

- Task #2: Participate in telephone interviews (Franklin County)
- Task #3: Provision of local administrative data (Franklin County)
- Task #5: Caseworker interviews (Franklin County)
- Task #6: Discuss study findings (interested parties)
- Task #8: Targeted telephone interviews, site visits, review of manuals and relevant materials (selected demonstration counties)
- Task #9: Assist with refinement of UR/QA strategy (selected demonstration counties)
- Task #10: Attendance at a Consortium meeting, opting in or out of the study (all demonstration counties)
- Task #11-12: Assist with developing and implement the case-level data collection tool (participating counties)
- Task #13: Participate in annual interviews (participating counties)

## **2.7 Supplementary Qualitative Study**

### **2.7.1 Overview of Study**

Through the first five years of the Waiver, under the rubric of the Process Study, the evaluation team examined the activities that occurred in each of the 14 demonstration counties as they implemented their own distinctive Waiver plan. The team also tracked contemporary developments in a comparison set of 14 non-Waiver counties. Through site visits, telephone interviews, and other primary data collection methods, the Process Implementation study team has documented the evolution of Waiver-generated changes in state and local plans and explored how the varying approaches have affected the achievement of desired outcomes for children and families. During this second Waiver period, the evaluation team will apply the same data collection efforts in another round of the process study, this time focused on three main areas previously identified as of interest: county leadership, adoption efforts, and PCSA relationship with the juvenile court.

#### *2.7.1.1 Brief Summary of Process Implementation Study Findings from original Waiver*

During the first Waiver period, demonstration counties pursued a variety of initiatives to reform child welfare practice, some of which occurred systematically across the sites and some that were unique to one or a few sites. During the same time period, comparison counties also pursued many programmatic changes, some very similar to actions taken in the demonstration sites. With the flexibility afforded by the Waiver, demonstration counties were expected to be more active in using a broad range of managed care strategies and more successful in building collaborative ties to other child-serving organizations in the community, than were comparison sites. As a result, a number of areas showed a systematic difference between demonstration counties and comparison counties, while in other areas, expected differences did not emerge.

In three areas, the actions of the demonstration counties did not appear to differ systematically from those in the comparison counties: case management, financing, and competition. In five areas, the Waiver appears to have led to important changes in the demonstration sites that were not matched by the comparison counties:

- Service Array: targeting new prevention activities to areas of insufficiency and focusing on prevention activity;
- Targeting: targeting new service development to areas of noted insufficiency and/or particular populations;
- Quality Assurance and Data Management: systematically gathering outcome information, sharing it with staff, and using it in management decisions;
- Overall Use of Managed Care Strategies: making a wide variety of management changes designed to increase efficiency and effectiveness of service systems; and
- Interagency collaboration: pooling or sharing funds among county agencies.

In the second five year cycle (2005-2010) of ProtectOhio Waiver, the Process Implementation study team will sharply refine the focus of the efforts made during the first Waiver. As a result of lengthy discussions with ODJFS and the demonstration

counties, we have decided not to continue pursuing two of the five areas (targeting and interagency collaboration) in which we found important differences during the first Waiver. If still relevant, the issue of targeting may arise in the context of one of the other sub-studies in the Process Study. Regarding interagency collaboration, we believe this to be a small effect that is unlikely to grow dramatically during the second Waiver. The other three areas – quality assurance, managed care and service array – are being examined in more detail in other parts of the Process Evaluation. Managed care will have its own discrete study, and is also incorporating quality assurance. The service array will be examined as we evaluate the various targeted strategies: family team meetings, visitation, kinship caregiving, and mental health/substance abuse assessment & services.

In direct response to ODJFS and demonstration counties' priorities, and reflecting the earlier evaluation findings, the Supplementary Qualitative Study team will explore several topics which were explored minimally in the past, expanding our understanding of the Waiver impact: leadership, adoption efforts, and the PCSA's relationship with the juvenile courts. The latter two are topics that emerged from the first Waiver evaluation as critical areas of concern, and which we proposed<sup>5</sup> expanding into full-fledged interventions/evaluations. However, due to logistical issues and individual county concerns, we will be exploring both adoption and juvenile court relationship in a more open-ended way here in the Supplementary Qualitative Study. The issue of leadership is one that has been an undercurrent throughout the first Waiver evaluation, hence it is also something we will pursue in greater detail during the second Waiver evaluation.

#### *2.7.1.2 County Leadership*

During the first Waiver period, the evaluation team briefly touched on the topic of county vision and leadership. Through extensive interviews with county staff and administrators, it became clear that this issue of "leadership" was crucial in helping to determine a county's success under the Waiver. Our sense was that demonstration counties that were led by someone with a strong vision and desire to motivate staff to make changes were those counties that thrived under Waiver conditions. However, this topic was not explored in any great detail. The importance of effective leadership was something that emerged from distinct service/topic areas (mental health, interagency collaboration) as being a significant factor in positive change, but was not explored as a discrete topic. For example, a significant factor in counties with better interagency collaboration was experiencing a change in county leadership. During this second Waiver, we will explore the issue of leadership and vision in more detail to identify exactly what qualities emerge, and whether patterns of effective leadership continue in certain demonstration counties.

#### *2.7.1.3 Adoption Subsidies*

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<sup>5</sup> See Bridge Report: Evaluation of Ohio's Title IV-E Waiver Demonstration Project, September 2004.

The issue of adoption services & supports and subsidies is one that the evaluation team cited in the Bridge report as being of possible interest for further exploration. By including this topic in the Supplementary Qualitative study, we are endeavoring to learn as much as possible about counties that have chosen to enhance adoption assistance given to adoptive families, supplementing the \$250 monthly state rate. In addition, there may be other adoption-related supports (e.g., peer support, priority access to services) that demonstration counties are providing, in an effort to promote a higher rate of adoption among children in foster care. As we develop interview questions for this topic, we will be particularly interested in learning about any written policies defining criteria for when to offer an enhanced rate and/or enhanced supports, criteria for eligibility for the enhanced rate, and criteria for rate compared to the regular foster parent rate.

#### *2.7.1.4 Juvenile Court*

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

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

- confidently identify how many court cases are served by each PCSA
- consistently gather details about programs or services that were developed to limit the number of children who come from the court *or* to better serve the children that come from the court.

For this section of the Supplementary Qualitative study, we will try to better understand the role of the courts in demonstration counties, the relationship between the courts and the PCSA, including any joint planning efforts that may exist. We will also attempt to thoroughly understand the severity of the inappropriate referrals problem by documenting the programs/strategies that were developed in response to court referrals. Finally, we will explore whether such efforts impact outcomes for court-referred children compared to non-court children and Waiver court-referred children compared to non-Waiver court-referred children.

### **2.7.2 Methodology**

The 14 demonstration counties have considerable discretion in how to manage care for the children and families they serve: this discretion enables them to modify their service system, provide additional services and supports, develop new initiatives and enhance collaborative relationships and agreements which would not have been possible in comparison counties without the Waiver. Information for the Supplementary Qualitative Study will be collected from all 28 counties on an annual basis throughout the Waiver extension. This information will be collected either through site visits to the counties (if a site visit is necessary as part of one of the other Process sub-studies) or through phone interviews with key staff in each county. During the interviews we will talk with staff at different levels, including administrative staff, supervisors, and workers, as well as staff from agencies with whom the PCSA works closely (i.e. juvenile court staff, Family and Children First) in order to obtain diverse viewpoints. The Study team will work with the County contacts to identify the key individuals who will participate in the interviews.

An interview protocol will be developed prior to the site visits. The evaluation team will cull questions designed to gain a basic framework understanding as well as elicit more descriptive detail on each of the three areas, leadership, adoption effort, and PCSA relationship with the juvenile court. The interview protocol will then be reviewed by the larger evaluation team after which it will be edited to reflect their comments. In the subsequent years of the project we will assess the results from previous years and determine if there are any additional areas within each topic that need to be covered in the protocol.

A qualitative analysis of the interview data will be undertaken by the Study team. We will prepare detailed notes during the annual interviews, and these will be analyzed for trends among demonstration and comparison counties. Being qualitative in nature, this study will make use of the N-6 qualitative software package we used during the first Waiver to analyze interview notes: this software enables us to collapse large amounts of text and look for themes that appear. We will also use SPSS whenever applicable to help us manage the data and calculate means, percentages and frequencies, providing a fuller understanding of the organizational changes that occur during the Waiver.

In addition, the court referral part of the study will have additional data collection and analysis steps in an effort to more explicitly define and analyze the court population. Continuing what was started during the Bridge period, the evaluation team will use current FACSIS data to estimate the number of cases where the court has given the PCSA custody of an unruly or delinquent child with no evident of abuse or neglect; this will be known as the 'court referred' population. We will use a number of variables to slowly narrow down this population: age, an abuse/neglect incident within 30-60 days of placement, an adjudication of abuse/neglect, a disposition of abuse/neglect, court custody from the onset of placement, the reason the case came into care, and an open date within one year of an abuse/neglect incident. Using all of these variables, we will be able to refine the number of cases so that what we are left with only the purest 'court referred' population. HSRI will help determine programmatically which children are court-referred children.

We will also examine FACSIS outcomes data to analyze how court efforts impacted child outcomes. We will explore if court children are given different amounts of resources/slots: whether we see a decrease in length of stay or a decreased level of care provided (length of time to exit from foster care and exit destination patterns).

### **2.7.3 Tasks and Timeline**

#### Year One

1. *By February 2006*: Develop court referral algorithm
2. *By February 2006*: Develop interview protocol
3. *By February 2006*: Obtain county contacts & set up site visit meetings
4. *March-April 2006*: Site visits/interviews
5. *April-May 2006*: Write up site visits & analyze data
6. *June 2006*: Write up findings for Progress Report
7. *April 2005-June 2006*: Special Study Project Management

#### Years Two – Five

Time frame and labor days should be roughly the same for all 5 years of the Waiver Extension evaluation. Timeframe may shift if the Supplementary Qualitative Study interviews need to coincide with site visits for other Process Study projects. Additional days will be needed for the two large reports required.

8. *March-April 2007*: Develop Supplementary Qualitative section for Interim Report
9. *March-June 2010*: Develop Supplementary Qualitative section for Final Report

### **2.7.4 County Responsibilities**

The success of the Supplementary Qualitative Study largely depends upon a collaborative relationship between the evaluation team and demonstration and comparison counties. The study team will rely on county contacts to direct them to the key informants in their county and facilitate interview schedules. We will then conduct the interviews/site visits, maintaining the same level of effort as we have had in previous years of the evaluation. We will also depend on identified county contacts to help us further refine our interview protocol as the Waiver progresses to identify additional levels of detail and meaning within the three main topic areas. County involvement will therefore be required primarily on task 4 (repeated in subsequent years of the evaluation) and in other minor areas of evaluation activity.

## **CHAPTER 3: FISCAL STUDY**

As required by the Ohio Waiver Terms and Conditions, the second Ohio waiver will contain a cost study that examines the use of key Federal, State and local funding sources in both the demonstration and comparison counties. In this section, we outline in detail the history, previous results, and methodological plan moving forward with the fiscal analysis.

### **3.1 Narrative Overview**

#### **3.1.1 Research Objective**

Counties participating in the Waiver are continuing to trade guaranteed, unlimited, fee-for-service federal contributions to foster care board and maintenance costs for certain children, in exchange for a fixed amount of money that can be used for all child welfare services for any child. The fixed amount of money is intended to be the same amount as the county would have received under normal Title IV-E reimbursement rules in the absence of the Waiver.

As during the first seven years of the Waiver, county administrators are expected take more action to reduce foster care expenditures in ways that are favorable to children, families and communities than are comparison counties. They will accomplish this by making management and program changes within current resources or investing flexible funds in service alternatives designed to reduce admissions to foster care, reduce length of stay in foster care, and reduce the use of high-cost placements. The federal share and local share of reductions in foster care expenditures, available as a result of the Waiver, will allow county administrators to either pay back investments they made to reduce foster care utilization or to further diversify investments in services other than foster care, in order to strengthen families and communities and further reduce the need for foster care.

The purpose of the Fiscal Outcomes Study is to judge whether or not demonstration counties changed child welfare expenditure patterns as a result of the fiscal stimulus described above, and if so, how expenditure patterns changed. As with the other studies that comprise the ProtectOhio evaluation, this judgment will be based on the evaluation of the group of demonstration counties compared to the group of comparison counties.

In addition, financial information may be collected from counties for other sub-studies for the purposes of a cost-effectiveness analysis.

#### **3.1.2 Outcomes and Hypotheses**

The purpose of the Ohio Title IV-E waiver is to promote public investment in service alternatives to foster care. The theory of the Waiver is that underinvestment in placement alternatives leads counties to use foster care above a level that is otherwise necessary. The lack of investment in placement alternatives is due in part to the fact that Title IV-E

board and maintenance funds can only be spent on out-of-home care. The flexibility allowed under the waiver is intended to open IV-E funds to a greater variety of uses. If counties take advantage of the flexibility and build alternatives to foster care, one would expect lower utilization of foster care and a concomitant increase in expenditures for non-placement services and other supports.

## **3.2 Methodology**

### **3.2.1 Data Sources**

The landscape with respect to available fiscal data has not changed since the period of the last Waiver. No reliable accounting of total child welfare expenditures or Title IV-E eligible foster care expenditures is easily available from ODJFS. As a result, the fiscal outcome team will continue to use county budget documents and interviews with county officials to collect annual county-level aggregate expenditure data for child welfare services from demonstration and comparison counties. Each annual data collection effort for each county will have four tasks:

Task 1: Obtain and review county budget documents

Task 2: Consult with county staff, group county expenditures into service categories, and obtain additional data if necessary.

Task 3: Populate evaluation expenditure template.

Task 4: Provide evaluation expenditure template to finance and selected program staff and conduct interviews to interpret the data.

In addition, several data elements will be collected from ODJFS, described below.

- County Expenditure Data for 2003-2009: Title IV-E eligible foster care board and maintenance, county staff and administration, family and community-based services purchased by the county, and adoption subsidies and services purchased by the county. The family and community-based services category includes money spent to purchase family preservation, family support and mental health services from other public or private agencies, and cash and material support to families and relatives caring for related children.
- Placement days in foster care maintenance reimbursable settings for 2003-2009: Annual counts of foster care days paid for in foster care maintenance reimbursable settings will be calculated from FACSIS files obtained by Westat.
- ProtectOhio allocation amounts for 2003-2009: Evaluators will obtain these data from ODJFS.
- Title IV-E Eligibility Rates for 2003-2009: Evaluators will obtain these data from ODJFS.
- Social Services Random Moment Survey results: Evaluators will obtain these data from ODJFS.

### **3.2.2 Proposed Analysis**

Using the data available to date, the team will examine whether or not the group of demonstration counties showed evidence of different child welfare spending patterns than the comparison counties. If a significantly different range of expenditure patterns exists among demonstration counties compared to comparison counties, the team will conclude that it is possible that the differences between the two groups arose because demonstration counties received Title IV-E foster care funds as unrestricted child welfare revenue and comparison counties did not.

The team will examine, at a minimum, the following data elements:

- Title IV-E eligible foster care expenditures (for all children)
- All other child welfare expenditures
- paid placement days
- average per diem cost of foster care

For each data element, the average of the two years prior to the Waiver extension (2002 and 2003) will provide the baseline against which data from 2004 to 2009 will be compared. The team will continue to analyze the data using two methods appropriate for small samples: the sign test and the Tukey's "Quick Test". The sign test examines the sign, but not the magnitude of a difference or change score. The sign test will characterize the trend for each county in all five years. Tukey's Quick Test is a nonparametric test used to compare two independent samples to determine if a significant difference in the two samples exists. This test provides a standard for evaluating the differences between the demonstration and comparison groups. The Quick Test is based on the assumption that the distribution of counties from each group, when placed in order of magnitude of change, should be random. If the distribution is random, then several counties from the same group should not be found together on one side of the distribution or the other. However, if data for at least seven of the counties from one group are clustered at the low or high end of the distribution, then sufficient evidence exists to indicate that two samples have differing trends (probability is greater than or equal to 95%). If counties from one group or another are not clustered at either end of the distribution in this way, then the data does not provide sufficient evidence for difference between the two groups.

### **3.3 Tasks and Timeline**

**3.3.1 Year One (through June 30, 2005):** Complete fiscal data collection for demonstration and comparison counties for 2003 and 2004.

Task 1: Obtain and review county budget documents [March-April 2005]

Task 2: Consulting with county staff, group county expenditures into service

categories, obtaining additional data if necessary [March-May 2005]

Task 3: Populate evaluation expenditure template [April-June 2005]

Task 4: Provide evaluation expenditure template to finance and selected program staff and conduct interview to interpret the data [May-June 2005]

**3.3.2 Year Two (July 1, 2005-June 30, 2006)**: Conduct fiscal data collection and data analysis for demonstration and comparison counties for 2005.

Task 5: Obtain and review county budget documents [February-April 2006]

Task 6: Consulting with county staff, group county expenditures into service categories, obtaining additional data if necessary [March-May 2006]

Task 7: Populate evaluation expenditure template [April-June 2006]

Task 8: Provide evaluation expenditure template to finance and selected program staff and conduct interview to interpret the data [May-June 2006]

Task 9: Analyze three years of data [July 2006]

Task 10: Write draft Interim Evaluation Report and discuss findings at Consortium meeting [July 2006]

Task 11: Write final Interim Evaluation Report [July-August 2006]

**3.3.3 Year Three (July 1, 2006-June 30, 2007)**: Complete fiscal data collection for demonstration and comparison counties for 2006.

Task 12: Obtain and review county budget documents [February-April 2007]

Task 13: Consulting with county staff, group county expenditures into service categories, obtaining additional data if necessary [March-May 2007]

Task 14: Populate evaluation expenditure template [April-June 2007]

Task 15: Provide evaluation expenditure template to finance and selected program staff and conduct interview to interpret the data [May-June 2007]

**3.3.4 Year Four (July 1, 2007-June 30, 2008)**: Complete fiscal data collection for demonstration and comparison counties for 2007.

Task 16: Obtain and review county budget documents [March-April 2008]

Task 17: Consulting with county staff, group county expenditures into service categories, obtaining additional data if necessary [March-May 2008]

Task 18: Populate evaluation expenditure template [April-June 2008]

Task 19: Provide evaluation expenditure template to finance and selected program staff and conduct interview to interpret the data [May-June 2008]

**3.3.5 Year Five (July 1, 2008-June 30, 2009)**: Complete fiscal data collection for demonstration and comparison counties for 2008.

Task 20: Obtain and review county budget documents [March-April 2009]

Task 21: Consulting with county staff, group county expenditures into service categories, obtaining additional data if necessary [March-May 2009]

Task 22: Populate evaluation expenditure template [April-June 2009]

Task 23: Provide evaluation expenditure template to finance and selected program staff and conduct interview to interpret the data [May-June 2009]

**3.3.6 Year Six (July 1, 2009-June 30, 2010)**: Complete fiscal data collection and analysis for demonstration and comparison counties.

Task 24: Obtain and review county budget documents [January-February 2010]

Task 25: Consulting with county staff, group county expenditures into service categories, obtaining additional data if necessary [February-March 2010]

Task 26: Populate evaluation expenditure template [March 2010]

Task 27: Provide evaluation expenditure template to finance and selected program staff and conduct interview to interpret the data [April-May 2010]

Task 28: Analyze data from all six years [May 2010]

Task 29: Write draft Final Evaluation Report and discuss findings at Consortium meeting [May 2010]

Task 30: Write Final Evaluation Report [May-June 2010]

### **3.4 County Responsibilities**

For the fiscal analysis, we expect county staff to provide documentation of annual expenditures, to discuss this documentation with evaluators and to help evaluators interpret the results in a series of phone interviews. In addition, certain counties may be asked to provide additional fiscal data that relates to other sub-studies for the purposes of a cost-effectiveness analysis. The follow list describes the county responsibilities for the fiscal study:

- Provide HSRI and Chapin Hall with county budget documents (Tasks 1, 5, 12, 16, 20, 24).
- Consult with HSRI and Chapin Hall staff to help group county expenditures into service categories, providing additional data if necessary (Tasks 2, 6, 13, 17, 21, 25).
- Finance and selected program staff will review the evaluation expenditure template and participate in an interview with HSRI and Chapin Hall staff to interpret the data (Tasks 4, 8, 15, 19, 23, 27).
- Discuss fiscal analysis findings with evaluation team staff at a scheduled Consortium meeting (Tasks 10, 29).

## **CHAPTER 4: PARTICIPANT OUTCOMES STUDY**

The Participant Outcomes Study (POS) examines the impact of the ProtectOhio Waiver on the children and families served by the child welfare system. The analysis utilizes administrative data, including FACSIS (Ohio’s administrative database) and other locally available data, to examine measurable outcomes in areas such as safety, permanency, and length of stay.

### **4.1 Overview**

The POS for the Waiver extension includes three distinct sets of activities, each detailed in this chapter. The first set of activities (data management) includes five tasks related to investigating, managing, and reporting Waiver-related data; much of the work in these tasks continues activities that were in the first Waiver period and supports the studies described in other sections of the workplan.

The second set of activities (the trajectory analysis) maps pathways of cases through the child welfare system to determine whether meaningful trajectories are discernible in the data and whether the safety of children changes as a result of how, when, and where services are provided. This analysis also will address an outcome specified in the federal Waiver Terms and Conditions concerning children with “substantiated or indicated dispositions”<sup>6</sup> of child abuse or neglect who do not experience a placement episode.

The third set of activities (the placement outcomes analysis) expands on research from the first Waiver period to examine effects on outcomes on (1) outcomes for children in long-term placements at the beginning of the original Waiver; (2) post-placement safety for children exiting to kinship care after first-time placements during the original Waiver; and (3) the entire cumulative effects of the original and second Waivers as well as comparisons of the two Waiver periods with each other. This analysis will address several outcomes specified in the federal Waiver Terms and Conditions: the proportion of children exiting care to each permanency outcome; the time from foster care entry to exit

for each permanency outcome; the proportion of children exiting to each permanency outcome who experience subsequent abuse or neglect; and for children exiting to reunification, the proportion who re-enter placements. The federal Waiver Terms and Conditions specifies that we establish a baseline to use in tracking outcomes; our placement outcomes analysis includes tracking and comparing pre-Waiver and Waiver periods, as well as experimental and comparison counties.

## **4.2 Data Management**

Activities focused on understanding, managing, and investigating Waiver-related data (FACSIS, MicroFACSIS<sup>7</sup>, and other types of information) are described in this section.

These activities include five tasks:

1. Working with the Consortium’s Data Committee to develop recommendations for collecting data and to learn about changes to FACSIS as they occur;
2. Conducting a data audit to address FACSIS issues generally as well as in connection with specific studies;
3. Monitoring Ohio’s SACWIS integration for developments that may affect any part of the POS;
4. Producing annual caseload reports of indicators, continuing the caseload reports that we presented during the previous Waiver period; and
5. Providing Ohio with the analytic files that we develop for each study.

### **4.2.1 Task 1: Work with Data Committee**

The ProtectOhio data committee consists of state- and county-level staff who are familiar with FACSIS and the counties’ data resources and are developing the data collection plan for the new Waiver period. We will meet with the committee periodically to discuss our data needs and how best to collect the information, as well as to keep up with changes in FACSIS and the new statewide SACWIS system. In addition, we will

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<sup>6</sup> For several years, Ohio did not use “substantiation” or “indication” in their dispositions, but rather assessed risk level. We will address this issue as we proceed with the trajectory analysis.

review with the committee our protocol for conducting the data audit and the specifications for the annual caseload reports, both described below.

#### *4.2.1.1 Tasks and Timeline*

Staff from Westat and HSRI will meet with the Data Committee at least four times each year – twice in-person and twice by conference call. Westat staff also will be in contact with the Data Committee members between meetings on an as-needed basis (for example, the Data Committee will review the protocol for the data audit described below).

#### *4.2.1.2 County Responsibilities*

County representatives on the Data Committee will participate in meetings and provide us with feedback on the data audit protocol and caseload report specifications, as well as periodic communications regarding FACSIS and SACWIS implementation.<sup>8</sup>

### **4.2.2 Task 2: Conduct Data Audit**

Several of the studies will require collecting information from county FACSIS systems and personnel to clarify uncertainties about the counties' coding, variable definitions, and processing procedures, and to obtain a better understanding of what information is available locally. In addition to the data needs of these specific studies, the evaluation team will also conduct general audit activities to address several underlying FACSIS issues relevant to a large part of the work in the new Waiver period. These issues involve the usual challenges associated with large secondary data sets, such as changing and inconsistent variable definitions and data entry procedures, loss of some data in the transmission process, case duplication, and data modifications over time. The section below summarizes the data audit needs for each study, as well as describes the general data audit activities that will support all the analyses, accompanied by estimated time frames for each activity in the data audit. The information needed for each study and

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<sup>7</sup> MicroFACSIS is the county version of FACSIS. It allows counties to create and use their own variables. Data are collected by counties and entered into their MicroFACSIS, then sent electronically to the state's FACSIS.

<sup>8</sup> Major changes in the state's data system due to SACWIS can greatly affect the evaluation workplan, especially the identification of Waiver effects.

the general data audit will be collected during a single extensive audit in each of the 28 evaluation counties.

#### *4.2.2.1 Family Team Meetings*

As described in Chapter 2 above, this strategy will already be underway by the time of the data audit. However, it may be useful to use the occasion of the data audit visit to each demonstration county to observe how the data collection is proceeding and to make note of any concerns that the county might have.

#### *4.2.2.2 Case Event Trajectories*

As pointed out in the Year 5 report, outcome findings in the area of child safety were severely constrained by data limitations in the areas of substantiation and indication, as well as the variation among counties in how they categorize cases, assess risk, and record risk levels. One purpose of the data audit will be to see if there is other information available in the counties that pertains to safety and that the team could use for the trajectory analysis. Prior to creating the trajectories, the evaluation team will use the data audit to explore (1) what data are available on events prior to investigation, and (2) how consistent the counties have been in coding the various case events. The audit will be used to understand what data are available; which data should be used in each county to identify trajectories; and what each case type means in each county, in terms of services provided. The audit explores counties' coding processes and what information is in their systems (both FACSIS and local). One issue to clarify will be cases that were coded inconsistently by the counties, such as "Child in Court Custody" cases.

#### *4.2.2.3 Expansion of the Length-Of-Stay Analysis*

The data audit for this study will focus on clarifying counties' coding related to reason for placement. In Hamilton County, the audit will additionally involve listing and comparing cases that were different in the two data sets (original and revised), and asking the county to clarify why the cases (or a selected sample) were different.

#### *4.2.2.4 Children In Care At The Start Of The Waiver*

The purpose of this part of the data audit will be to obtain a better understanding of the data available in FACSIS and how the counties coded various cases and events. The evaluation team will assess the FACSIS data to identify where there are ambiguities, then select a random sample (as large as possible, based on available resources) from among the cases with ambiguities and ask the counties to review the records to clarify the case and custody types. Some of the issues to be explored in the data audit include: the extent to which siblings can be identified in FACSIS; and the steps between permanent commitment and adoption, and how those steps are documented in the data system. In counties where the courts collect data, such as Hamilton County, the evaluation team will include an audit of the court data, as much as possible.

#### *4.2.2.5 Court Referrals*

The data audit will be used to determine whether each county tracks court referrals and to answer the following questions: Is the information kept in a MicroFACSIS file? Is there any other information system that has information on court referrals? If we generated a list, could they use an information system, or would we have to go to caseworkers on a case-by-case basis? To test the assumptions of our algorithm and check our population count, a combination of methods will be used in the audit: (1) we will select a sample of cases and talk with county staff to determine if they are court cases, giving us an error rate (although this will not work for older cases); (2) we will use the county event code, if available, or simply a list of children referred by courts, as a way to check our estimates; or (3) we will audit case records for court referral information.

#### *4.2.2.6 Caseload Dynamics*

During the first Waiver period Westat produced annual caseload reports of indicators, which the counties found useful. To continue those reports, as well as develop new reports based on counties' interests, we will have to revise the format and process to reflect the Waiver period. We will use the data audit to investigate new county capabilities and information available in local systems that is not available at the state level. This information will help us understand county-level trends in caseload dynamics as well as outcomes for new initiatives offered by counties and not being examined in a

special study. (Note that in addition to these data audit activities, we will produce the caseload dynamics reports under Task 4 of the POS.)

#### *4.2.2.7 Use of Kinship Care*

The evaluation team will audit local systems to identify counties that track use of kinship care when the PCSA does not take custody. In counties where the process is automated, the team will document the information that the system collects. In counties where the process is not automated, we would determine if any data are gathered that would assist in tracking the use of kinship caregivers. Franklin County may be the only one to fully track these cases, but there may be some information available in other counties at the county level. We plan to ask a quick set of questions to determine agency policies regarding the use of kinship care.

#### *4.2.2.8 Managed Care*

Some data audit questions will stem from each part of the managed care study. For the first part, case rate contracting in Franklin County, the data audit will review with Franklin County MicroFACSIS data elements the county has developed to monitor their case rate contracting. In addition, the evaluation team will review the random assignment protocol used by Franklin County and the list of cases from the first Waiver for which we could not identify the original case assignment. For the second part of the managed care study, utilization review and quality assurance activities, data audit questions will likely explore the nature of any case-level data which the county maintains related to a case undergoing utilization review or quality assurance monitoring.

#### *4.2.2.9 General Audit*

In addition to these specific audit activities, the evaluation team will visit each county to interview caseworkers, data entry personnel, and supervisors to learn more about how their procedures have changed since the Year 1 interviews, clarify variable definitions, and find out about what information is available in the local MicroFACSIS systems that is not available at the state level.

#### *4.2.2.10 Tasks and Timeline*

The leader of each study will determine and report that study's specific needs for the data audit, and the teams conducting each study will analyze the relevant information received from the audit. Here we describe the activities for pulling together requirements for each individual study and the general audit; compiling that information into an overall protocol; conducting the data audit; and summarizing findings.

1. Prepare general audit: Westat will determine what must be collected for the general audit.
2. Gather questions from individual studies and develop interview guide: This work will primarily be performed by a small Westat-HSRI team. After the guide is developed, it will be distributed to the entire evaluation team, as well as to the Consortium's Data Committee, for a final review. The interview guides will be completed during July 2005. Westat will develop supporting data tables to be used during the data audit.
3. Conduct data audit: The audits will consist of 1-1/4 to 2-1/2 day visits (including travel) to all 28 counties during August-October 2005, with one or two members of the evaluation team going to each county. All staff from Westat and HSRI will be involved due to the amount of time and travel needed.
4. Analyze, write up, and distribute findings: Staff who conduct audits will be responsible for writing up the findings. When possible, this will include study-specific data reports; for example, we might include a table showing all the information available in FACSIS concerning kinship placements. These types of data reports will be distributed to the counties for confirmation of their accuracy. We will respond to county feedback, and we will compile county-level information into study-specific conclusions and distribute to each individual study. The county reports will be completed by the end of November 2005.

#### *4.2.2.11 County Responsibilities*

County caseworkers and data managers will participate in the data audits and review data reports.

### **4.2.3 Task 3: Monitor SACWIS Integration**

As Ohio brings its SACWIS on-line,<sup>9</sup> changes in administrative data format and content may have implications for the POS. We will want to be alert to these changes and adapt as early as possible, as they may require revisions in workplan and budget.

#### *4.2.3.1 Tasks and Timeline*

This task will require monthly phone calls to Ohio SACWIS implementation managers, recommendations to the state concerning continuation of FACSIS data elements needed for the evaluation, and periodic status reports to the study team.

#### *4.2.3.2 County Responsibilities*

We anticipate no county responsibilities in this task. However, major data changes due to SACWIS might result in the development of alternative data sources, such as relying on a county's local data system or staff. These workplan changes will be brought to the attention of the Consortium.

### **4.2.4 Task 4: Continue Caseload Dynamics Reporting**

The study team will continue to report on county-level trends in caseload dynamics, as we did annually during the first Waiver period and incorporating later years of placement data. The reports might include indicators tracked previously, such as number of reported abuse and neglect incidents, use of in-home vs. placement services, number of children in ongoing cases, volume of children entering first placements, and case mix of children. However, as we will explore in the data audit under Task 2, the counties have new capabilities since the last Waiver period and may be able to track some of these indicators themselves. Thus we will explore other topics that reflect new interests and Waiver characteristics; for example, the new Waiver Terms and Conditions specify the collection of data on the age, race, and other demographic information on children who exit to reunification, guardianship, and adoption, and we can include those variables in the caseload trend reports. Other information specified in the Terms and Conditions that we can track in the caseload reports includes the number of placements experienced by

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<sup>9</sup> Ohio is transitioning from FACSIS and MicroFACSIS into a new SACWIS, using an interim system, the SACWIS Interim Solution (SIS), which it developed for that purpose.

children already in care. Additional trend reports will be added to measure outcomes for new county initiatives that are not being examined in a special study.

#### *4.2.4.1 Tasks and Timeline*

To produce annual reports on caseload dynamics, we will develop new programming specifications, since the indicators for the new Waiver period will not all have been tracked previously. In writing these specifications, we will confer with the data committee (as described in Data Management Task 1).

Develop specifications for the caseload reports: February-March 2006.

Produce tables for the first caseload report under this Waiver period: April-June 2006.

Prepare first annual report on caseload dynamics: July 2006.

Prepare subsequent annual reports on caseload dynamics: July of each year.

#### *4.2.4.2 County Responsibilities*

We will request that the Consortium's data committee review recommendations and specifications for the caseload reports. We anticipate no other county responsibilities in this task.

### **4.2.5 Task 5: Produce Data Files and Analysis Files**

We will produce and submit to Ohio our analytic files and documentation along with the interim and final reports.

#### *4.2.5.1 Tasks and Timeline*

Task 5, creation of files and documentation, will occur in March-April 2007, related to the interim report, and in May-June 2010, related to the final evaluation report.

#### *4.2.5.2 County Responsibilities*

We anticipate no county responsibilities in this task.

### **4.3 Trajectory Analysis**

The trajectory analysis will utilize FACSIS data to better understand how the incidence of substantiated maltreatment changes in the wake of Waiver-induced changes to the service delivery system. Although the evaluation of the first 5 years of ProtectOhio shed light on Waiver effects with regard to permanency, this study will address gaps in knowledge related to safety.

#### **4.3.1 Overview of the Study**

The purpose of the Ohio Title IV-E Waiver is to promote public investment in service alternatives to foster care. The theory of the Waiver is that underinvestment in placement alternatives leads counties to use foster care above a level that is otherwise necessary. Once service alternatives are in place, overall foster care utilization should fall because admissions to foster care drop (the prevention effect), duration in foster care declines (the permanency effect), or both effects happen in unison.

The theory of the Waiver is also predicated on the notion that the mix of services can be shifted from out-of-home placement to in-home services without jeopardizing the safety of children. That is, given the emphasis on changing the mix of services used to meet the needs of children, the incidence of maltreatment will not be affected adversely, all things being equal.

The trajectory analysis will test these predications and help understand Waiver effects on safety, focusing in particular on the frequency and pattern of abuse and or neglect allegations, their dispositions, and their relationship to periods when cases were opened and closed and periods of foster care placement.

#### **4.3.2 Study Purpose and Hypotheses**

The trajectory analysis relies on the assumption that trajectories (or pathways) through the child welfare system will change as the non-placement service opportunities are expanded. In this context, the notion of a trajectory refers to the timing, duration, spacing and order of events (Elder, 1998<sup>10</sup>). At a minimum, there are three events that are

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<sup>10</sup> Elder, G. H. (1998). The Life Course as Developmental Theory. *Child Development*, 69(4), 1-12.

of particular interest when it comes to understanding whether the safety of children changes as a result of how, when, and where services are provided. Those events are: maltreatment reports (and their disposition), case opening (and closing), and foster care placement (and discharge).<sup>11</sup> In the aggregate, a change in safety outcomes would be revealed as a change in the frequency of certain event patterns (trajectories) relative to other patterns. For example, in counties that successfully increase the supply of community-based child welfare services, one should expect to see changes in the number of cases opened (probably an increase) and the number of cases placed (probably fewer), but without an increase in the observed incidence of substantiated maltreatment following some initial event (such as a case opening or another maltreatment report).

The event of special interest in this part of the study is a maltreatment report.<sup>12</sup> We are interested in understanding when maltreatment reports occur in relation to other events as a measure of child safety. As a general matter, trajectories with repeated maltreatment events, whether the maltreatment events are interrupted by other events (such as placement) or not, ought not to increase as Waiver-induced system changes alter the service context. One might also expect that service trajectories would become shorter overall (e.g., the time between a maltreatment report and a case closing), as more efficacious services are made available. Finally, one might also postulate that the incidence of post-foster care maltreatment will decline, as aftercare services become more widely available.

The goal of the evaluation is to ascertain whether meaningful trajectories are discernible in the data and whether trajectories change (in either structure or frequency) in a manner consistent with the theory of the Waiver in relation to child safety and permanency.

### **4.3.3 Data Collection Methods**

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<sup>11</sup> Other events of interest include service events (and service types), but these data are more difficult to obtain.

<sup>12</sup> Because the recording of maltreatment changed during the first Waiver period, it may be that the outcomes of interest have to be constructed in different ways for different periods of time. If so, the opportunity to compare the affected outcomes across the two Waiver periods will be limited.

The study population will include children in demonstration and comparison counties who are known to the child welfare system by virtue of a case opening, maltreatment report, or foster care placement. Although other events may well ensue, any one of the aforementioned events initializes a trajectory, defining the time when the child becomes known to the system. The temporal sequence of the events that follows defines the trajectory.

Two populations will be studied:

- Children with a child welfare trajectory, as defined, that started during the first Waiver period (1/1/1998 to 9/30/2002); and
- Children with a child welfare trajectory, as defined, that started during the second Waiver period (7/1/2005 to 9/2009).<sup>13</sup>

Data about children served in the comparison counties during the same time periods will serve as one counterfactual. However, evaluators will assess whether the comparison counties are matched closely enough in the pre-Waiver period to serve as a counterfactual, or whether sufficient child-specific covariates are available to adjust for pre-Waiver differences between the two groups of counties. Evaluators may decide, based on the underlying patterns in the data, that a county's own historical experience serves as a more meaningful counterfactual. The construction of outcome (i.e., substantiated maltreatment) measures will take into account the different ways events of interest are captured in the administrative records system over the two Waiver periods.

FACSIS will serve as the data source for the analysis. Trajectories consist of at least one event and may be made up of any number of subsequent events. Each event (maltreatment report, case opening (and closing), and placement occurs in a temporal order, although the actual sequence of events need not following a particular pattern, with a few exceptions. For example, children cannot have their case closed before the case has been opened and a child cannot leave placement without having first been placed in

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<sup>13</sup> Note that less time will be available to observe longer-term safety outcomes for the second group. As a consequence, we may have to adjust the analysis plan to accommodate the shorter observation window. We expect to use the available to data to guide final decisions about how the outcomes are constructed and analyzed statistically.

foster care (and had a case opened). Otherwise, most other event combinations are logically possible.

#### **4.3.4 Analysis**

Although it would be desirable to identify up-front which trajectories are associated with greater child safety, idealized (or optimal) pathways that capture how children move through the child welfare system, given a set of client/family issues and service opportunities, have yet to be devised. The number of theoretically possible event combinations is quite large, but the number of empirically observable, clinically meaningful trajectories will be much smaller. As a result, we propose a two-step analysis plan. The first task of the safety evaluation will be to analyze the trajectories of children through the child welfare system and to then group children according to commonalities in their experiences. These commonalities are sometimes referred to as latent classes (D'Unger, Land, McCall, and Nagin, 1998<sup>14</sup>).

The second step of the safety analysis incorporates a multivariate analysis. The purpose of the multivariate analysis is three-fold. First, there is reason to believe that trajectories through the child welfare system at baseline will vary depending on such child characteristics as age and allegation type. For example, the likelihood that a maltreatment report will be substantiated is probably higher among younger children, as is the likelihood of placement following a substantiated report. Second, at the county level, we expect to find historical differences/changes in pathways within a given county. Finally, we expect to observe change over time in the trajectories as a result of the Waiver stimulus. The multivariate analysis will help ProtectOhio and county child welfare officials understand the extent to which child safety was not compromised, net of other relevant changes. For the analysis, we expect to use a combination of latent class models, logistic regression, and other statistical techniques suited to event history data.

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<sup>14</sup> D'Unger, A., Land, K., McCall, P., and Nagin, D. (1998). How Many Latent Classes of Delinquent Criminal Careers? Results from Mixed Poisson Regression Analysis. *American Journal of Sociology*, 103(6), 1593-1630.

It is important to note that it is beyond the scope of this study to address the effectiveness of any given intervention the child welfare agency pursues once a safety issue has been recognized. Information about services is not routinely collected as part of the state's administrative data. Without case record data, it will be very difficult to measure variety in the type, intensity and timing of services that child welfare agencies offer. Moreover, the lack of a true experimental design, with random assignment, limits the capacity to draw inferences about the clinical efficacy of specific child welfare services.

Patterns within the order of events are used to draw inferences about child safety and decision-making. When a substantiated maltreatment report follows case closure (or discharge from placement), the presumption is that the decision to close the case was premature. In a similar way, trajectories that consist of two consecutive substantiated reports imply that an opportunity to open a case for services may have been missed. However, two issues complicate the interpretation of event sequences. First, there is the issue of elapsed time. Two consecutive substantiated maltreatment reports may be separated by short intervals (e.g., two weeks) or long intervals (e.g., two years). Thus the event spacing has to be considered before conclusions about underlying decision-making processes are put forward. Second, event pairs are often embedded in a sequence of events that are hard to link unambiguously to the underlying decision-making process.

That said, questions pertaining to whether children were safe during the Waiver implementation will be addressed. Within the limits of the data, we expect to focus on the following three categories. With each category, an example of a trajectory is given.

*Safety was most likely ensured.* Child welfare agency records indicate that a child was abused or neglected. The agency opened the case and did not place child in foster care. The agency then closed the case.

*Safety was probably compromised at some point.* Child welfare agency records indicate that a child had been abused or neglected. The agency opened a case and did not place child in foster care promptly after the investigation. Child welfare agency records indicate that child had been abused or neglected again.

*Safety may have been compromised at some point.* Agency records indicate that a child was maltreated. Records further indicate that the maltreatment was followed by a series of low-risk or unsubstantiated reports of abuse/neglect.

The analysis will assess whether the frequency of relevant trajectories changes as a result of the Waiver.

#### **4.3.5 Tasks and Timeline**

During the first year (through June 30, 2005), Westat will begin to construct the analysis file. By the end of the second year (through June 30, 2006), the following tasks will occur:

1. Westat will complete the analysis file.
2. Chapin Hall will analyze trajectories for the first Waiver period.
3. Chapin Hall and Westat will identify and address data issues for the first Waiver period.
4. Chapin Hall and Westat will classify trajectories based on likely safety of a child for the first Waiver period.

By the end of the third year (through June 30, 2007), Chapin Hall and Westat will:

5. Create an updated file, if necessary.
6. Determine the best counterfactual for analysis for the first Waiver period.
7. Model specifications for multivariate analysis for the first Waiver period.
8. Write an interim report on the trajectory analysis for the first Waiver period, including results from the multivariate analysis of first Waiver period.

By the end of the fourth year, Chapin Hall and Westat will:

9. Create an updated file.
10. Continue model specification for multivariate analysis for first Wavier period, as necessary.
11. Run models with updated data, adjusting as necessary for first Waiver period.

12. Analyze trajectories for second Waiver period.

By the end of the fifth year, Chapin Hall and Westat will:

13. Create updated file.

14. Identify and address data issues for second Waiver period.

15. Classify trajectories based on likely safety of child for second Waiver period.

16. Determine best counter-factual for analysis for second Waiver period.

17. Model specification for multivariate analysis for second Waiver period.

18. Run models with updated data, adjusting as necessary.

By the end of the sixth year, Chapin Hall and Westat will:

19. Create updated file.

20. Run final analyses and write final evaluation report.

#### **4.3.6 County Responsibilities**

Counties are expected to cooperate with evaluators to help judge what certain trajectories mean with respect to service provision and safety. To the extent necessary, counties are expected to work with evaluators to identify problems in FACSIS data with respect to reports of abuse/neglect, dispositions of such reports, case openings, case closings and foster care placements.

#### **4.4 Placement Outcomes Analysis**

The placement outcomes analysis will examine Waiver effects on permanency, step-downs from congregate to family-based care, and post-placement child safety. We previously studied permanency for new first placements and post-placement safety for children reunified with parents after first-time placements. Our work will expand upon the research from Years 4 and 5 in three major directions: (1) permanency and step-downs for children in long-term placements at the start of the first Waiver period; (2) post-placement safety for children exiting to kinship care; and (3) extending prior research on first placements and re-entry to cover both Waiver periods.

#### **4.4.1 Overview of the Study**

First, we will examine permanency and step-downs for children in long-term placements at the beginning of the original Waiver period. This direction is motivated by the reaction of some counties to our earlier finding of only modest evidence for Waiver-driven acceleration of permanency. These counties claimed that their best acceleration of permanency was in children who had already been in temporary care for extended periods at the start of the Waiver. Second, we will examine post-placement safety for children exiting to kinship care after first-time placements during the original Waiver. Third, we will extend our prior research on first placements and re-entry following first placements to cover the entire cumulative effects of the original and second Waivers as well as comparisons of the two Waiver periods with each other.

#### **4.4.2 Study Purpose and Hypothesis**

The placement outcomes analysis will be conducted in three tasks, corresponding to the three research directions detailed above.

##### *4.4.2.1 Task 1: Permanency and Step-Downs to Family-Based Care for Children in Long-Term Placements*

The research questions for the children in long-term care are:

- Among children in care (including both family-based and congregate) for at least one year as of January 1, 1998, did counties find a stable permanent living arrangement within 5 years of placement or before the child's 18<sup>th</sup> birthday, whichever came first?
- Among children in care for at least one year as of January 1, 1998, and in congregate care on that date, did counties find a stable family-based setting within 5 years of January 1, 1998 or before the child's 18<sup>th</sup> birthday, whichever came first?

To address the first question, we will define *finding a permanent living arrangement* as an exit from foster care to adoption, reunification, or kinship care. Additionally, we define *a stable permanent arrangement* as one that is not disrupted

within a year or through the 18<sup>th</sup> birthday, whichever comes first. The analysis will exclude children in PPLA custody as of January 1, 1998, since permanency may not be a realistic outcome for these children.

To address the second question, we will define *a family-based setting* as either a permanent living arrangement as defined above or as an adoptive, foster, or kinship placement. We will identify *a stable setting* as either a stable permanent living arrangement as defined above or as a placement where the child does not move for at least 1 year or through the 18<sup>th</sup> birthday, whichever comes first.

As discussed above, the findings from this analysis will add to those on permanency from the Year 5 analysis that looked at children whose first placements began after the Waiver starting date of January 1, 1998. The new analysis will allow evaluation of the claim by some counties that the impact of the Waiver was on the long-term temporary placements or children with multiple placements.

#### 4.4.2.2 *Task 2: Updating the Re-Entry Analyses of First Placements During the First Waiver*

The research question for the analysis of children in new placements during the first Waiver period (i.e., between January 1, 1998 and September 30, 2002) is:

- Among children who were first placed and then exited to reunification or kinship care during the first Waiver, what is the likelihood of re-entry into the foster care system within 6 months or before the 18<sup>th</sup> birthday, whichever comes first? What is the likelihood of re-entry within 1 year of exit? What is the likelihood of re-entry within 3 years of exit?

The evaluation did not find any evidence that the Waiver harmed children who were reunified with their families after first placements, as measured by the re-entry rate. However, the Year 5 analysis of re-entry included only children re-entering from reunification and did not observe a very long period of reunification for those reunified late during the first Waiver. (In fact, those reunified during the final 7 months of the first Waiver were not studied at all.) The proposed analysis will update the child safety

findings from Year 5 by investigating the likelihood of re-entry at several time points up to 3 years and including children who exited their first placement to kinship care.

#### *4.4.2.3 Task 3: New Analysis of First Placements During the First and Second Waiver Periods*

This task addresses Waiver effects on permanency and child safety outcomes by examining exit types for first placements, length of stay of first placements, re-entry rates, and length of time between exit and re-entry. This analysis will greatly add to the Year 5 findings that examined the effects of the first Waiver period. The overall research questions for this task are:

- Did the Waiver accelerate permanency of children in foster care?
- Did the Waiver change the mix of permanent homes?
- Did the Waiver affect runaway rates?
- Did the Waiver reduce the occurrence of re-entry among those who exited to reunification or another relative's custody?

Although we will use the same statistical technique used in Year 5, we will run three separate sub-analyses depending on when the child was first placed. With the three separate sub-analyses, we will (1) use the counterfactual approach as in Year 5 to examine effects for the second Waiver period, (2) compare effects between the first and second Waiver periods, and (3) assess effects over both Waiver periods taken together.

#### **4.4.3 Data Collection Methods**

All placement outcomes analysis tasks will use FACSIS data.

#### **4.4.4 Analysis**

We present the methodology for each task separately.

##### *4.4.4.1 Task 1: Permanency and Step-Downs to Family-Based Care for Children in Long-Term Placements*

The overall approach for this task will be to compare the experiences of the children who had been in care for at least 1 year, but no more than 5 years, as of January

1, 1998, with the children who had been in care for at least 1 year as of January 1, 1993. The methodology begins with identifying long-term placements. Once we establish analysis groups, we will conduct a descriptive analysis followed by models to assess Waiver effects where the data support such statistical techniques.

Identifying long-term placements: We will define children in long-term placements as those who had been in care at least 1 year but no more than 5 years. The evaluation team selected a time-in-care of at least 1 year to reflect the fact that the permanency hearing takes place at that point and it would allow an analysis of the events that take place after the hearing. A shorter time-in-care would include children who had not yet reached the 1-year point, so there likely would be little effect on those children. A longer time-in-care (such as 18 or 24 months) would miss the children who were in care at least 1 year but exited care by the later cut-off, and so may miss important Waiver effects.

Selecting the time periods involved balancing two needs: (1) to maximize the similarity of the two groups of children by keeping the two dates as close together as possible, and (2) to minimize the number of children in care on both dates by keeping the two dates as far apart as possible. We selected the pre-Waiver date of January 1, 1993, to minimize the overlap of children also in care on January 1, 1998, while still allowing access to data about the early years of placement for those in long-term temporary custody as of the pre-Waiver date. There were 418 children in care as of January 1, 1998, who were also in care on January 1, 1993. The overlap between the number of children in care at least 1 year as of January 1, 1998, and an earlier date quickly rises as the date gets closer to January 1, 1998. For example, the overlap group nearly doubles by January 1, 1994, and increases to nearly 1,500 by January 1, 1995. The pre-Waiver date cannot be earlier than 1991 since that is the earliest date that FACSIS data are available for the evaluation. Defining the pre-Waiver date as any earlier than January 1, 1993, would seriously truncate the data available about those placements. We plan to review these dates with the counties.

For some children in the pre-Waiver group, we do not know how long they have been in care beyond 1 year. October 1, 1990 is the earliest start date for any child on FACSIS,

suggesting that it might be a default date for earlier start dates. About 240 children in the proposed pre-Waiver group (or 12 percent) have a placement start date of October 1, 1990. These children may have been placed in the fall of 1990 or sometime earlier. We suggest asking the counties during the data audit whether they have additional information on these children to determine the actual start date. If possible, we would like to limit the pre-Waiver group to children in care for at least 1 year, but no more than 5 years, which is the restriction for the post-Waiver group.

Describing long-term placements: The next step will be to produce a descriptive summary of children in long-term placements as of the two dates selected (as of January 1, 1998, and as of January 1, 1993). This analysis will include child characteristics such as age, gender, and race/ethnicity; system characteristics such as size and degree of urbanicity; custody type; presence of siblings (if available in FACSIS); and placement type. We will examine these characteristics overall and by county. This analysis will help understand how the placement caseloads changed over the time period examined, and may uncover important differences to include in the statistical modeling.

Modeling analysis: We will use FACSIS data through 2003 to assess permanency and investigate movement from congregate to family-based care in long-term placements. We will use logistic regression models to examine the task's two research questions. We recommend not producing county-specific effects for the analysis, but can discuss that with counties.

To examine permanency, we will model whether a child achieves a stable permanent living arrangement within 5 years of placement or before the 18<sup>th</sup> birthday as a function of child, system, and placement covariates. Children in PPLA custody on January 1, 1993, or January 1, 1998, will be excluded from this analysis.

To examine movement to family-based care, we will model whether the child moved from a congregate facility to a stable family-based setting within 5 years of January 1, 1998, or before the 18<sup>th</sup> birthday, as a function of child, system, and placement covariates. All long-term placement children in congregate care on January 1, 1993, or January 1, 1998, will be included in this analysis.

#### *4.4.4.2 Task 2: Updating the Re-Entry Analyses of First Placements During the First Waiver Period*

For this task, we will compare the likelihood of re-entry among children who exited from first placements to reunification or kinship care during the first Waiver period with that of children who were first placed and then discharged to these exit types during the entire pre-Waiver period (i.e., from 1991 through 1997). For this analysis, the first Waiver period will be deemed to have ended as of September 30, 2002, so only exits between January 1, 1998 and September 30, 2002 will be studied. However, we will use FACSIS data through September 30, 2005 to examine re-entry patterns within 3 years of exit.

We will run separate logistic regression models to examine re-entry at three time points of interest during the 3 years: re-entry by 6 months, re-entry by 1 year, and re-entry by 3 years. We will model whether a child re-enters the foster care system by the time point of interest or the 18<sup>th</sup> birthday, whichever comes first, as a function of child, system, placement, and exit information. We recommend not producing county-specific effects.

#### *4.4.4.3 Task 3: New Analysis of First Placements During the First and Second Waiver Periods*

This task will use the survival analysis and counterfactual approach used in Year 5. However, we will conduct three sub-analyses to examine separately the effects of both Waiver periods, the first Waiver period, and the second Waiver period. For analysis purposes, we define the start of the second Waiver period as July 1, 2005. Although the second Waiver period officially started before this date, we expect that in practice the counties need until July 1, 2005, to get their second Waiver initiatives up and running. The three sub-analyses are:

- Sub-analysis 1: comparing children first placed during the second Waiver period (i.e., after July 1, 2005) to those first placed prior to any Waiver period (i.e., from 1991 through 1997).

- Sub-analysis 2: comparing children first placed during the second Waiver period to those placed during the first Waiver period (i.e., between January 1, 1998 and September 30, 2002).
- Sub-analysis 3: comparing children first placed during either Waiver period (i.e., after January 1, 1998) to those placed prior to any Waiver period.

We will use FACSIS data through June 30, 2009, to examine length-of-stay and re-entry experiences. The modeling approach for each sub-analysis is similar. We will use the counterfactual approach from Year 5 that simulated an estimate of what would have happened had the Waiver not been in place. We will compare the counterfactual imputations with the actual distributions to estimate Waiver effects. We may also update our models by incorporating the managed care index and recent work on court referrals as covariates.

We do not recommend producing county-specific effects for the first and third sub-analyses that compare post-Waiver experiences to pre-Waiver experiences. This is because we think too much time will have passed for institutional memory to be very accurate about what innovations or changes in procedures could have been responsible for effects, and the only reason for producing county-specific effects was to allow local officials to comment on possible causal mechanisms for observed effects. However, county-specific effects might be useful for the comparison between the first and second Waiver periods. Institutional memory should be fairly good about changes instituted between the first and second Waiver periods. County-specific effects require a higher level of effort, so we present this as an option for sub-analysis 2 that might be subject to funding considerations.

#### **4.4.5 Tasks and Timeline**

1. Permanency and Step-Downs to Family-Based Care for Children in Long- Term Placements
  - January-September 2006: Westat conducts descriptive and modeling analyses.
  - September-October 2006: Westat prepares a briefing report with analytic findings.

2. Updating the Re-Entry Analyses of First Placements During the First Waiver Period
  - September 2006-March 2007: Westat conducts modeling analysis and writes report.
3. New Analyses of First Placements During the First and Second Waiver Periods
  - June 2009-September 2009: Westat updates counterfactual imputation software.
  - September 2009-March 2010: Westat conducts modeling analysis and writes report.

#### **4.4.6 County Responsibilities**

During the data audit described in section 4.2.2, we will investigate with the counties whether they have additional information on the 240 children in the proposed pre-Waiver group who had a placement start date of October 1, 1990, to try to determine the actual placement start date for those children. We do not anticipate any other county involvement unless county-specific effects are prepared and HSRI chooses to discuss them with the counties.