

CHAPTER 2: PROCESS IMPLEMENTATION AND COMMUNITY IMPACT ANALYSIS

I. INTRODUCTION

This chapter presents process findings relating to three of the four separate studies that form the ProtectOhio evaluation. The primary focus of the data here presented is the Process Implementation study. Descriptive information is offered about the current status of county services for children and families, and initial findings are reported on changes the evaluation counties are already beginning to make. The data also simultaneously address the concerns of the Community Impact study, giving some initial indication of the scope that analysis will have. In addition, this chapter reports some descriptive data on issues related to the Fiscal Outcomes study, as a supplement to the information outlined in Chapter 4.

A. Key Research Questions

The dominant theme of the Process Implementation evaluation is systems change, whether through participation in the Title IV-E Waiver or through other means. Systems change refers to pervasive and systematic alterations in the way organizational units interact, as part of a larger vision for an organization as a whole or, in this case, an entire service arena. Some of the counties in the ProtectOhio evaluation see themselves as fairly independent entities, trying to improve what they can do for children and families. The vast majority of the evaluation counties see themselves more broadly, as part of a community-based endeavor (if not a statewide one) to improve what happens to children and families through their own and others' efforts. The core hypothesis in the Process Implementation study is that use of the Title IV-E Waiver will generate greater systems change, and will enhance existing systems reform efforts, to a degree unlikely to occur in sites without the Title IV-E Waiver. To fully examine this hypothesis, the evaluation team has gathered extensive information about past, present and future practice in each of the 28 evaluation counties. The primary method of data collection was through on-site visits, but the team also gathered supplemental information in written form and through interviews with state-level personnel.

The Process Implementation study has at its core two types of questions. The *first* group is purely descriptive questions, concerning the nature of the service system in each site and any key factors in the larger environment, both internal and external, that are likely to influence the systems change efforts in each county. The *second* group of questions relates to changes that are anticipated and may have already begun to occur, including the extent to which sites are experimenting with managed care strategies and other innovative policy and practice approaches (see Exhibit 1). As the evaluation proceeds, questions about the impact of the system reform efforts on child and family outcomes, on the comprehensiveness of service

systems, on interagency relationships, etc., will become more prominent in the discussions of change.

The site visits conducted for the Process Implementation study were also the vehicle to gather initial information on the issues posed in the Community Impact study. The Community Impact study examines the broader effects of the demonstration in the participating counties, not just the effects on the children and families served by the PCSAs. This study addresses how changes in each demonstration PCSA affect the larger community's service infrastructure and dynamics, noting changes over time and between demonstration and comparison counties. The central questions concern cross-system collaboration, relations between the PCSAs and the other major child-serving agencies in the county, and overall community well being.

With respect to information for the Fiscal Outcomes study, the following sections provide initial answers to key questions about structural changes stimulated by the shift to prospective reimbursement of Title IV-E. The study team hypothesizes that counties will change the structure of child welfare service delivery in order to bring about a shift in expenditures towards placement prevention, reunification and adoption services. The specific topics addressed by the Process study site visits include: (1) public-private sharing of management, administration and training costs; (2) PCSA capacity to measure outcomes and utilize automated decision support systems; (3) purchasing methods, and extent and types of contracts and subcontracts; (4) rate setting models and risk sharing schemes; and (5) the nature of provider networks, and consolidation activity.

**Exhibit 1:
Year 1 Process and Community Impact
Evaluation Questions**

Descriptive questions:

1. Do counties offer different arrays of services and have differing service infrastructure?
3. How do PCSAs differ in organizational structure, staff attitudes and interactions?
4. How do PCSAs differ in child welfare policy, case practices and procedures?
2. Do counties use different contracting, monitoring and reimbursement methods?
5. How do counties differ in their financing patterns and financial commitment to children and family services?

Change questions:

1. Are counties employing differing models of managed care?
2. How are counties anticipating and preparing for change?
3. Have demonstration counties begun to make changes in different ways than comparison counties?
4. Do demonstration sites make innovative use of flexible foster care maintenance funds?
5. What barriers are counties encountering to their systems reform efforts?

Community Impact questions:

1. Is interagency collaboration changing in the demonstration and comparison counties?
2. What changes are occurring in the PCSA's relationship with other agencies and with the community at large?
3. How do counties differ on measures of community well-being?

Fiscal Outcomes questions:

1. How do counties differ in their purchasing and financing arrangements?
2. How are providers involved in PCSA operations?

These issues are being explored over time in the demonstration and the comparison counties, with particular attention to the quality and level of services that results from the various structural changes. The initial findings relating to these questions can be found below in section IIB2, PCSA Contracting for Services, and section IIIB, Managed Care Strategies.

B. Methodology

The Process Implementation and Community Impact studies make use of information and data collected during telephone and site visit interviews that occurred in the first year of the evaluation. The following section describes the process used to collect this information.

B.1. Developing Comparison Counties

Upon the initial approval of the contract with ODHS, the evaluation team began to gather county-based statistics for the state of Ohio, particularly statistics relating to overall county population and specific child welfare variables. Exhibit 2 lists the seven variables that the team used to characterize the 88 Ohio counties.

Exhibit 2: Variables Used in Choosing Comparison Counties

- County population
- Percent of county considered rural
- Percent of children in population on ADC
- Percent child welfare spending coming from local government
- CAN reports per 1,000, children in county population
- Out-of-home placements per 1,000 children in the county
- Median placement days.

Using these seven variables to sort the counties, natural groupings of counties were identified. HSRI then handpicked matches for the 14 demonstration counties. A list of possible comparison counties was submitted to ODHS for approval. Once ODHS approved these suggestions, the state sent a letter from the Deputy Director of the Office of Prevention, Protection and Self-Sufficiency (OPPSS) to the potential comparison counties explaining the evaluation and requesting their participation as a comparison site. Only two of the proposed comparison counties requested to be excluded from the evaluation; replacements were identified, and these counties subsequently agreed to be part of the evaluation.

B.2. Initial Contact with Counties

Following confirmation of the comparison counties, HSRI sent a letter to either the CSB Director (if the PCSA is an independent entity) or DHS Director (if the PCSA is within DHS) in all 28 counties introducing the evaluation team and explaining the evaluation. Following this letter, a telephone interview was scheduled to gather initial information about each

county. A description of the telephone interview topics is included in Appendix III, Exhibit 1. Telephone interviews were conducted from June 1998 to January 1999. The CSB Executive Director or the Children's Services administrator in DHS was usually interviewed, but in larger counties, interviews sometimes involved the staff person taking the lead on the IV-E Waiver project. During the telephone interview, HSRI also requested basic written information about the county and the PCSA.

B.3. Site Visits

Following the telephone interview, the site visit team began to arrange for site visits to the 28 evaluation counties. These site visits took place from October 1998 through April 1999. Two site visitors visited each county, spending two to three days in demonstration counties and two days in comparison counties. During site visits, the team members met with PCSA staff (the director, administrators, supervisors, and workers), DHS staff (from OWF and CSEA), representatives from other child-serving agencies, members of Families and Children First Council, and others who are actively involved in the PCSA and its efforts. In some counties, site visitors also attended community-wide meetings.

Interviews were conducted in a manner to allow site visitors to complete a site visit database, as well as develop qualitative notes with a number of predetermined topics concerning what was happening in each county. Appendix III, Exhibit 2 contains the database format, and Exhibit 3 includes the outline used for the site visit notes. All the findings discussed in this chapter come from the notes and databases completed during the site visits.

II. DESCRIPTIVE FINDINGS FROM THE SITE VISITS

The overarching descriptive question is: what is the nature of the demonstration model in each site? This section addresses the question in multiple ways, first depicting the 28 evaluation counties in comparison to the rest of the state using standard demographic and socioeconomic statistics. The discussion then turns to the major aspects of the Ohio children's services system and the differences between the demonstration and comparison counties. In striving to understand the nature of the service delivery model in each evaluation site, the evaluation team has hypothesized four major areas of contrast between demonstration and comparison counties: in the internal structure of the PCSA, in the array of services available and provided; in the financing, monitoring and contracting methods used; and in the children's services environment outside of the PCSA.

A. Demonstration and Comparison Counties: Who Are They?

The ProtectOhio evaluation includes 14 demonstration counties and 14 comparison counties, selected as matched pairs to the demonstration sites. These 28 counties are located all over the state of Ohio (see Figure 1), and are very different in character from each other. This section offers a baseline portrait of the demonstration counties and their comparison counterparts. In future years of the evaluation, as part of the Community Impact study, the study team will explore in more detail the environmental and socioeconomic differences among the sites. The central hypothesis is that community well being, expressed through key indicators of social and economic health, will improve over time, and more so in the demonstration counties than in the comparison counties.

Figure 1: Map of Demonstration and Comparison Counties

Table 1 includes a number of key statistics to describe the nature of the demonstration and comparison counties. The evaluation team considered these variables, as well as other factors, in its selection of possible comparison sites to match with each of the 14 demonstration counties. Although they number only 14 of the 88 counties in the state, the demonstration counties constitute nearly one-third of Ohio’s population, and a slightly smaller proportion of the state’s child population (32%). The comparison counties encompass approximately one quarter of the overall state population and a comparable portion of the child population, somewhat less than the demonstration counties as a group. In addition, the demonstration group of counties appears to have child populations that are better off financially than children in the state overall: these counties contain 32% of Ohio’s children, but only 29% of the children in poverty. This is likely reflective of the fact that Cuyahoga County, the largest county in the state, is not in the Waiver.

Table 1: Population Statistics on Evaluation Counties			
Statistics	State Total	Demonstration Counties	Comparison Counties
<i>1996 population</i>	11,172,782	33%	25%
<i>1995 children <18</i>	2,878,137	32%	24%
<i>1995 children in poverty</i>	555,480	29%	23%
<i>1995 new CAN reports</i>	105,910	35%	23%
<i>1995 CAN reports/1,000 children</i>	36.8 per 1,000	40.8 per 1,000	34.7 per 1,000
<i>1995 children in out-of-home care</i>	30,863	35%	22%
<i>1996 children in PCSA custody</i>	17,134	35%	21%
<i>1996 unemployment rate*</i>	4.9%	8 sites	6 sites
<i>1995 juvenile crimes/1,000 juveniles*</i>	1.9 per 1,000	4 sites	5 sites
<i>1995 High School graduation rate*</i>	67%	11 sites	11 sites
<i>1995 Teen births/1,000 female teens*</i>	1.9 per 1,000	8 sites	6 sites

* Raw data for demonstration and comparison counties was not available; the numbers reported here represent the number of demonstration and comparison counties that had percentages or rates *higher* than the state figure.

Looking at the statistics on child welfare activity, a pattern of contrasts is evident between the demonstration counties as a group and the comparison counties. The demonstration counties have more reports of child abuse or neglect, more children in out-of-home care, and more children in PCSA custody than does the group of comparison counties. However, it is important to recognize that these differences are partly attributable to the differences in their overall share of the state’s child population – 32% and 24%, respectively, for the demonstration and the comparison groups. Thus, what appears to be a significant bias in the

intensity of child welfare activity is in some ways a reflection of the comparability of the demonstration and comparison groups as a whole¹. What is notable is the contrast between the two groups on the standardized statistic, the number of new abuse or neglect reports per 1,000 child population. The demonstration group is substantially higher, at 40.8 reports per 1,000 children, in contrast with the comparison group at 34.7 reports. While these data provide some initial insight into the comparability of the demonstration and comparison PCSA groups, a much more thorough and revealing analysis is provided in Chapter 3, as part of the Participant Outcomes Study.

Several other statistics in Table 1 represent relevant aspects of the county environment in which the ProtectOhio experiment occurs: unemployment, juvenile crime, high school graduation, and teen births. These data show the number of counties in each group which have rates higher than the statewide rate. Unemployment rate, a statistic that is somewhat correlated with poverty rate, indicates that demonstration counties as a group are a little worse off than the state as a whole, and than the comparison group as a whole – 8 of the 14 demonstration counties had a 1996 unemployment rate that exceeded the state rate of 4.9%. Similarly, the teen birth rate in eight of the demonstration counties is higher than the state rate of 1.9 per 1,000 teens. On the other two measures, juvenile crime and high school graduation, the demonstration group and the comparison group are quite similar to each other; both sets of counties tend to fare better than Ohio counties as a whole, with 11 counties in each group exceeding the statewide high school graduation rate, and only four demonstration counties and five comparison counties having higher juvenile crime rates than the state rate of 1.9 per 1,000 juveniles.

In future years of the evaluation, the evaluation team will begin to systematically gather secondary data to assess community well being, including measures of the economic health of the county, population dynamics, environmental conditions, and additional human service system information.

B. What is the Service System?

The Process Implementation study focuses on documenting the breadth and depth of the service system in each demonstration and comparison county. The central questions include: how do counties differ in the availability of services? What factors influence the availability and expansion of services? How has the Waiver facilitated expansion of services? How has service array impacted the implementation of the Waiver? The key hypothesis is that a wider variety of service options will enhance system reform efforts (such as the Waiver), which will, in turn, affect child and family outcomes. The more services are available and accessible, the more positive changes will be noted both on an individual client level, and on a systems level. Given the flexibility that the Waiver allows, Waiver counties may create and expand services more than other counties. The Community Impact study similarly seeks to examine the changing nature of the service system in each county, hypothesizing that flexible funding through the Waiver will foster expansion in the provider community, both in number and variety.

B.1. Service Array

¹ Appendix II, Exhibit 4 contains the county-specific data which underlie these aggregate data

The availability of services within a given county indicates the ease with which a PCSA can help clients access needed services. The following section examines what services are available within each county and how the lack of services affects the PCSA. The site visit team had a checklist of 25 services (Exhibit 3); site visitors explored which of these services are available in-county. The data used in this section represent the existence of specific types of services within the county borders; the numbers do not indicate the volume or variation within a category, nor do they address the issues of availability or ease of access.

Range of Services Available

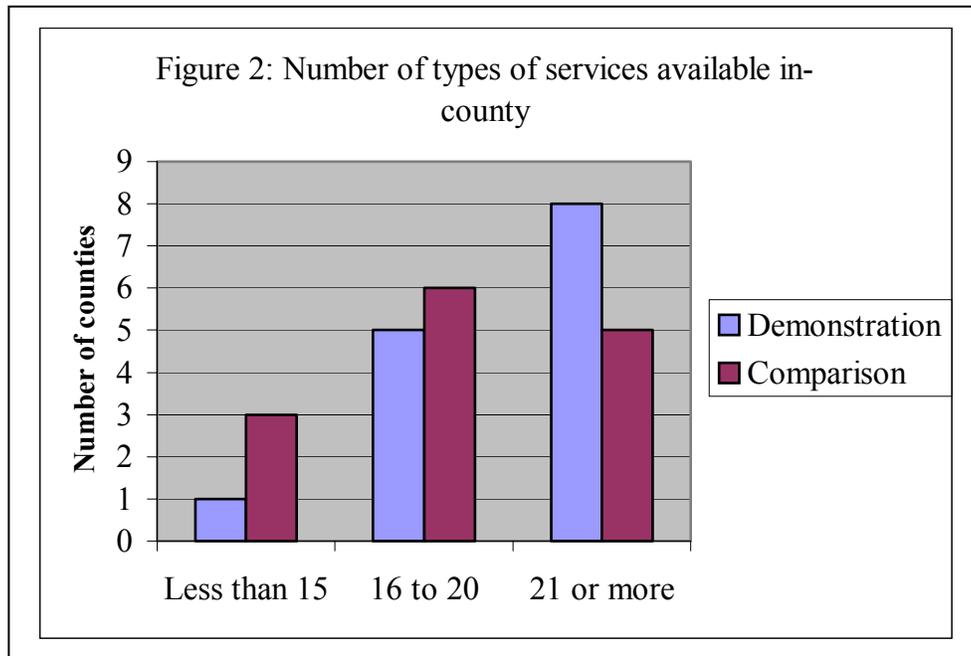
Counties vary significantly in the types of services available. The total number of types of services available in a county appears to be related to the population size and density of a county, although the pattern does vary. (Figure 2 below) Eight demonstration counties and five comparison counties indicate having almost all services available in-county (20 or more of the services listed in Exhibit 3). Five counties had essentially all services available; four of these are large metro counties. However, some smaller counties in this group have a good array of services available in-county. These counties are characterized by small communities that are small enough to work well together, but big enough to qualify for funds, as well as a community that is supportive of services for children.

At the other extreme, one demonstration county and three comparison counties have a limited array of services available in-county (15 or fewer of the services listed above in Exhibit 3) (Figure 2). This group of counties tends to have smaller populations and more rural settings, although this varies. The lack of available services in-county is often aggravated by a lack of public transportation in rural settings, making it very difficult for clients to access the limited services that are available.

Exhibit 3: Spectrum of Services Available in County
◆ Child inpatient and outpatient mental health
◆ Adult inpatient and outpatient mental health
◆ Adolescent inpatient and outpatient substance abuse
◆ Adult inpatient and outpatient substance abuse
◆ Specialized foster care ◆ Group care
◆ Residential treatment ◆ Early intervention services
◆ School-based services ◆ Alternative education
◆ Adolescent diversion team
◆ Acute inpatient and outpatient health care
◆ In-home PCSA services
◆ Other in-home services: family preservation, parenting class, homemaker/parent aid, family support/family resource center, counseling, and wrap-around services.

Types of Services Available

In analyzing the availability of services in each county, types of services are categorized into four groups: mental health and substance abuse services, placement services, in-home services, and other services. The following section discusses each of these in turn.²



Mental Health and Substance Abuse Services: This category includes eight distinct services, including adult/child and in-patient/out-patient services. In the mental health category, in-patient includes psychiatric units at the local hospital, as well as self-contained in-patient treatment programs. For substance abuse, detoxification beds in the local hospitals are not considered in-patient services because of the short-term nature of these programs -- individuals may still need to be transferred out-of-county if no in-patient program is available.

Table 2 suggests that the more intensive and expensive in-patient services are often unavailable in counties, while out-patient services for substance abuse or mental health are available in all 28 counties. Further, in-patient services for children are more difficult to find in-county, compared to services for adults, while outpatient services are available for both children and adults. Unfortunately for PCSAs, this means having to find services in other counties, both distancing the children from their families, as well as increasing costs for the PCSA. Lastly, these types of services are found in demonstration counties slightly more often than in comparison counties, for all services except child in-patient mental health.

² These data do not necessarily give a pure baseline profile of service availability. Because site visits were conducted after the Waiver began, some services noted as available may not have been in place prior to the Waiver.

Table 2: Availability of Mental Health and Substance Abuse Services		
Mental health and substance abuse services	# of demonstration counties	# of comparison counties
Mental health- child in-patient	7	8
Mental health- child out-patient	14	14
Mental health-adult in-patient	11	10
Mental health- adult out-patient	14	14
Substance abuse treatment-adolescent in-patient	6	4
Substance abuse treatment-adolescent out-patient	14	14
Substance abuse treatment-adult in-patient	9	8
Substance abuse treatment-adult out-patient	14	14

Placement Services: The availability of placement services in county is an important factor in the PCSA’s ability to serve children close to their family and the community that they are familiar with. In-county placement options also improve the agency’s ability to control cost. We discuss below the three types of placement services: specialized foster care, group care, and residential treatment (Table 3).

Table 3: Availability of Placement Services		
Placement services	# of demonstration counties	# of comparison counties
Specialized foster care	14	14
Group care	9	9
Residential treatment	6	4

Specialized foster care is available in-county in all demonstration and comparison counties. It includes intensive, exceptional, and therapeutic foster care. The conventional approach to therapeutic foster care is to develop a cadre of specifically trained and supported foster families to serve children with more intensive needs. These homes most often are under the auspices of private agencies and typically receive a higher per diem rate. Some PCSAs have developed innovative ways to provide in-home therapeutic foster care, as an alternative to purchasing the specialized care from a private provider. In Mahoning County, a comparison site, in an effort to eliminate additional moves for children, the PCSA has a staff member, who specializes in working with children with behavioral problems, working with foster families to help them provide specialized services. The program has resulted in more permanency for children who might otherwise have moved to other foster homes. In Lorain County, a demonstration site, the CSB created a separate wrap-around program called Family Care. This program, replacing the traditional therapeutic foster care model, provides regular

foster care families with higher pay, more support, and flexible dollars. The Family Care staff is responsible for supporting the families, thus reducing the family's need to rely on other services. Innovative efforts such as these will be more carefully explored in future years of the evaluation.

Group care is characterized as a non-treatment focused setting with fewer beds (4-10 beds) than residential settings, and monitored by shift-staff. In-county group care is available in nine demonstration counties and nine comparison sites (Table 3). These homes are administered by different entities, including the PCSA and private organizations. These beds are disproportionately used for older children, although some counties also have group care targeted for younger children with more serious behavior issues.

Table 3 indicates that many counties lack residential treatment facilities in-county. Residential treatment is available in six demonstration counties and four comparison counties. The evaluation team explored reasons for the variations in the availability of residential placement services in-county and found that these facilities may not necessarily be desirable to have in-county. The lack of in-county placement services may be due to several factors: the existence of a multi-county residential setting located in a different county but intended to serve the clients of an evaluation county, a philosophical opposition to placement services resulting in lack of demand for residential services, or, lastly, a conscious effort by the county to keep utilization low because of the high costs of these types of settings. As a result, the data concerning the existence of placement services in-county do not necessarily indicate the actual use of that type of placement.

Clearly, the cost of these settings limits their availability around the state. However, when a child does need the services of a residential program, PCSAs must often look in other counties, often quite far away, to find the services available. In these cases, the distance the child is from their support network, as well as the rates in these settings, act as negative incentives to utilize these services. While children can have a difficult time transitioning back from an out-of-county residential setting, at least one county is developing services to make this transition smoother.

In-Home Services: The ability to provide service to a family in their own home significantly increases a PCSA's ability to prevent the removal of a child. A number of services can be provided in the home, either offered directly by the PCSA or by other agencies in the community, most often by mental health. Table 4 indicates the number of demonstration and comparison counties with each type of in-home service available in-county.

Table 4: Availability of In-Home Services		
In-home services	# of demonstration counties *	# of comparison counties *
In-home services offered by PCSA	12 of 14	13 of 14
In-home services provided by any agency		
Family preservation: Intensive in-home to prevent removal or at reunification	12 of 14	10 of 13
Parenting classes	13 of 14	12 of 14
Homemaker/parent aide: basic skills: cleaning, cooking, shopping, budgeting	12 of 14	10 of 12
Family support/family resource center: access to multiple services to provide support	7 of 14	6 of 13
Counseling	13 of 14	12 of 12
Wrap-around	11 of 14	8 of 13

* Note: Data is not available for all counties. Figures indicate number of counties having these services, out of number of counties where data is available.

The site visit team also explored the overall availability of in-home services in each county. Given the list of 6 in-home services in Table 4, 82% of the counties had four to six in-home services available. Eight counties, all large metro or large non-metro counties, have all 6 in-home services available. Only five counties had fewer than four of these types of in-home services available, usually the smaller counties with the fewest number of services available overall.

Other Services: PCSA families utilize several other types of services, often offered by other agencies, but accessed by PCSA clients. Table 5 indicates the number of demonstration and comparison counties that have access to these types of services in-county.

Table 5: Availability of Other Services		
Other services	# of demonstration counties *	# of comparison counties *
Early intervention services	14 of 14	14 of 14
School-based services	13 of 14	14 of 14
Alternative education	14 of 14	13 of 14
Adolescent diversion team	11 of 14	11 of 13
Acute health care: in-patient	13 of 13	10 of 12

* Note: Data is not available for all counties. Figures indicate number of counties, out of number of counties where data is available.

Service gaps

The previous discussion indicates that some counties lack services vital in the provision of comprehensive PCSA services. Where service gaps exist, it is important to understand how these services are being provided, if at all. Are counties transporting families and children to other counties to receive services? Are existing providers expanding their programs to provide services not traditionally within their realm of services? Or, are clients simply not able to access these types of services? In some counties, reliance on informal services such as churches, food banks and shelters is used to fill some gaps in services: nine comparison and five demonstration counties reported relying on informal services to serve clients. In fact, of the one demonstration and four comparison counties with fewest numbers of in-county services, four of the five indicate a reliance on informal sources. However, it is difficult to imagine how mental health, substance abuse, or placement services could be provided by other agencies, let alone through informal sources. In future years, the evaluation will explore how services are provided if they are not available in county.

B.2. PCSA Contracting for Services and Provider Relations

The existing service array described above is provided by the PCSA itself or through contracts with county providers. Some PCSAs rely more heavily on contracting for these services. Sometimes, the extent of contracting is a philosophical choice: some PCSAs choose to use contracted services because they see contracts as a way to more effectively and efficiently provide services. Alternatively, contracting may be a political necessity if county government is deliberately kept small; in these cases, contracting is the only way to assure service availability.

Table 6 indicates the varying degree to which counties contract for PCSA services. Six demonstration and six comparison counties rely on contracting for service provision. Demonstration counties are more likely to rely extensively on contracting: of the five counties with extensive reliance on contracting, four are demonstration counties. On the other hand, 16 counties use contracting relatively rarely. These counties tend to be apprehensive about contracting and fear losing control of the services traditionally provided by a PCSA. A more political concern focuses on the threat to county jobs: in one county, the Board of County Commissioners has restricted the use of contracting for this reason. Overall, contracting does not appear to be related to the number of different types of services available in the county

Table 6: Reliance on Contracting for PCSA Services		
	# of demonstration counties	# of comparison counties
Extensive	4	1
Some	2	5
None to little	8	8

Types of Contracts

In the counties that contract for services, several types of contracts are used. Some counties use program contracts, where a provider is paid to provide a specific program: seven demonstration counties and ten comparison counties use program contracts. Contracts are also paid on a fee-for service basis: all counties except one use fee-for-service contracts. Four demonstration counties have case rate contracts: under this form of contract, the provider is paid a fixed amount based on the client type for a specified period of time. None of the counties is using a capitated contract.

Seven counties are using some type of managed care reimbursement strategy, five of which are demonstration counties. These include case rate contracts, but also include other payment systems containing incentives. Four of those systems (half demonstration and half comparison sites) have built in mechanisms to promote provider competitiveness. Two additional comparison counties are considering plans to do so. (See section IIIC, Managed Care Strategies, for more details).

Seven counties, including five demonstration sites, report that providers use sub-contractors. Use of subcontractors is extensive in one demonstration county, moderate in one demonstration and one comparison, and very little in two demonstration counties and one comparison county.

Counties contract for a wide range of services. Some counties contract for services traditionally provided by PCSAs: adoption, foster care (especially therapeutic foster care), independent living. Counties are also contracting to develop foster care and adoption networks, focusing on recruiting specific populations. (Also see Managed Care section IIIB) PCSAs also contract for in-home services such as intensive counseling, parenting, and homemakers. Additionally, contracts are used to enhance services available on site at a PCSA: staff from other child-serving agencies have been placed at the PCSA office, through a contract, to provide services such as alcohol/drug, mental health, parenting services and job services. Community relationships are being developed through the use of contracts with local clergy, as well as through contracts with community-based organizations to provide wrap-around services.

Other Service Expansion Methods

Use of Medicaid funds is another way that PCSAs can supplement services for clients generally outside of their own budgets. Medicaid reimbursement may be used for services provided by the local mental health board to child welfare clients, by providers of out-of-home therapeutic services, by providers of in-home therapeutic services, or may be used by a PCSA certified as a Medicaid provider. Only one county agency, Summit (a comparison county), had become a certified Medicaid provider. Each of these routes toward Medicaid reimbursement enhances services availability outside of the traditional PCSA budget, because of the availability of federal Medicaid reimbursement. Table 7 shows that, in general, demonstration counties tend to have a wider variety of provider types accessing Medicaid reimbursement than do comparison counties. Why this is the case is unclear; however, it may be that counties choosing to enter the Waiver are generally more focused on financing issues.

Table 7: Number of Different Provider Types Accessing Federal Medicaid Reimbursement for PCSA Clients		
# of types of Medicaid providers used	# of demonstration counties	# of comparison counties
One or two types	6 (43%)	9 (64%)
Three or four types	8 (57%)	5 (38%)

C. How are the PCSAs currently structured?

The Process Implementation study strives to understand the current structure and activities of demonstration and comparison PCSAs, as a foundation for evaluating changes over time. The central question is: What are the differences among the demonstration and comparison counties in regard to internal structure and dynamics, case flow, and case practice? The main hypothesis is that certain key factors (practices, procedures, staff attitudes and interactions) favor implementation of systems reform, and that this relationship will be stronger in the demonstration counties than in the comparison counties. In the long term, it is further hypothesized that greater systems reform translates into better outcomes for children and families. As it is too early in the evaluation to observe any impact on systems change, this discussion is primarily focused on establishing a baseline picture of the counties, to see whether differences appear in the internal operations of demonstration and comparison counties that would predispose them to be successful in reform.

C.1. PCSA Internal Relationships

Understanding the structure of the PCSA, as well as its relationship with its governing entity can increase the understanding of changes that are occurring within the PCSA.

PCSA Hierarchy

In Ohio, the county-administered PCSA is located either within the county DHS agency, or as an independent entity, a Children’s Service Board under the Board of County Commissioners. The location of the PCSA influences the agency’s finances, relationships with other DHS units, and independence in decision making. For this evaluation, demonstration counties are more often located within DHS, compared to comparison counties, and more often part of a triple combined DHS agency (see Table 8). This has implications for issues such as communication between DHS entities and PCSA leadership, discussed in the following sections.

Table 8: Location of PCSA		
	# of demonstration counties	# of comparison counties
PCSA is a DHS unit with OWF	2	1
PCSA is in a triple combined DHS agency	5	3
PCSA is an independent CSB	7	10

Support from Board of County Commissioners

PCSAs indicate that the Board of County Commissioners (BCC) support can be expressed in a number of ways: providing financial support, being actively involved in the levy campaign, possessing a good understanding of child welfare issues/community-based philosophy, even simply being approachable and accessible. Eight demonstration and 10 comparison counties report the BCC to be supportive or very supportive of PCSA efforts. This relationship does not appear to be related to where the PCSA is located: CSBs and DHS combined agencies both report relationships with the BCC as ranging from antagonistic to supportive.

PCSA Leader’s Support and Discretion

The PCSA leader’s relationship with the next level up in the hierarchy, either the DHS director or the CSB Board, impacts his/her ability to operate the PCSA. The site visit team explored not only PCSA leaders’ support “from above”, but also the PCSA leaders’ discretion “from above”. Support is viewed as encouragement of PCSA efforts, while discretion is indicated in the PCSA leader’s freedom to make decisions, based on trust in the PCSA leader’s ability. Table 9 indicates that in eight demonstration and ten comparison counties, PCSA leaders receive good support from above. Fewer PCSA leaders experience discretion: PCSA leaders in seven demonstration and seven comparison counties feel they have plenty of discretion. PCSA leaders in both CSBs and in combined DHS agencies receive a similar range of support and discretion from those above in the hierarchy. Support from the BCC is related to a PCSA leader’s support from above. In the 18 counties where PCSA leaders reported good support from above, 15 counties indicated the BCC to be supportive or very supportive.

Table 9: PCSA Leaders' Support and Discretion from Above						
	Support			Discretion		
	Poor	OK	Good	Not enough	Adequate	Plenty
Number of demonstration counties	3	3	8	1	6	7
Number of comparison counties	1	3	10	1	5	7

The parallel between BCC support and support from within the PCSA’s hierarchy is not coincidental. Support from above can be displayed in a number of ways, often similar to indications of support from the BCC. Internally, there is trust and confidence that the PCSA leader will take the agency in the right direction. Support can come in financial terms, in opportunities to request and receive funds to support PCSA efforts. Lastly, support can be provided when the DHS director, the CSB Board, or the BCC actively interact and support PCSA issues in the community, in particular, in supporting the levy campaigns.

PCSA Relationships with OWF and CSEA

In accessing other DHS services, PCSA workers interact with staff assigned to the Ohio Works First program and to child support enforcement. In the following discussion, we will denote staff working in the OWF program as OWF staff (OWF) and staff assigned to the collection of child support as Child Support Enforcement Agency staff (CSEA). Interactions of front-line workers in these units vary, influencing the flow of information on joint cases and workers’ ability to work together and create compatible case plans. The evaluation team interviewed PCSA staff and managers from OWF and CSEA to explore communication and processes between these units.

Communication: Table 10 indicates the level of communication between the PCSA and OWF/CSEA. Five demonstration and nine comparison counties report good communication between the PCSA and OWF, while five demonstration and seven comparison counties report good communication with CSEA. However, in the eight triple-combined agencies, five (63%) of the PCSAs that reported good communication with OWF and six (75%) of the counties report good communication with CSEA. Combined agencies tend to have better lines of communication between units, often due to being physically located close to each other and having opportunities to interact on a regular basis.

Table 10: Communication with OWF and CSEA		
	Good communication between PCSA and OWF	Good communication between PCSA and CSEA
Demonstration counties		
• CSB	2 out of 7 counties	2 out of 7 counties
• PCSA and OWF	0 out to 2 counties	0 out of 2 counties
• Triple-combined DHS	3 out of 5 counties	3 out of 5 counties
Comparison counties		
• CSB	6 out of 10 counties	3 out of 10 counties
• PCSA and OWF	1 out of 1 counties	1 out of 1 counties
• Triple-combined DHS	2 out of 3 counties	3 out of 3 counties

Formalized processes: PCSAs and DHS units set up processes for workers to share information on joint cases, but significant variations exist in the formalization of these processes. In some agencies, especially in CSBs, few guidelines or procedures exist to specify how the two systems work together. In other agencies, specific guidelines have been developed to formalize these processes (i.e. how to share information and case plans, notify each other of sanctions taken, and follow-up on actions taken). In the agencies with the most highly formalized processes, the PCSA may be written into the Prevention, Retention, and Contingency (PRC) fund, or the PCSA may be able to access Temporary Assistance to Needy Families (TANF) funds that have been transferred into Title XX. Liaison positions have also been created specifically to coordinate joint cases and information flow between DHS and the PCSA.

Seven demonstration and six comparison counties indicate some formalized processes with OWF, with more formalized processes in triple combined agencies (five of the eight triple-combined agencies). In regards to CSEA, five demonstration and six comparison counties have some to lots of formalized processes in place, with more formality occurring in triple-combined agencies (seven of the eight triple-combined agencies). The extent of formalized processes seems to affect the success of efforts to collect child support: in the seven triple combined counties where CSEA has more formalized procedures, five counties have moderate to significant efforts to collect child support.

PCSA Leadership

PCSA leadership is a qualitative variable that is related to a number of characteristics. The success of the PCSA director is dependent on his/her ability to guide the development of a vision for change, and then to carry out system reform. Such leadership is vital in being able to affect systems and, in the long run, affect child and family outcomes. These efforts must

be supplemented by the ability to forge collaborative relationship with other agencies, in order to nurture the development of systems that work together. Lastly, strong PCSA leadership requires the ability to develop a strong relationship and provide motivation to internal staff. Based on these characteristics, the evaluation team explored the strength of the PCSA leadership. As Table 11 indicates, in nine demonstration counties and eight comparison counties, interviewees considered the PCSA leader to be strong to very strong. PCSA leadership is also related to support and discretion of the PCSA leader: in the 12 counties where PCSA leaders receive strong support and discretion, nine counties have strong PCSA leaders, with no difference between demonstration and comparison counties.

Table 11: Strength of PCSA Leadership					
	Very weak	Weak	Neutral	Strong	Very strong
Number of demonstration counties	2	1	2	5	4
Number of comparison counties	2	1	2	5	3

Staff Relationships

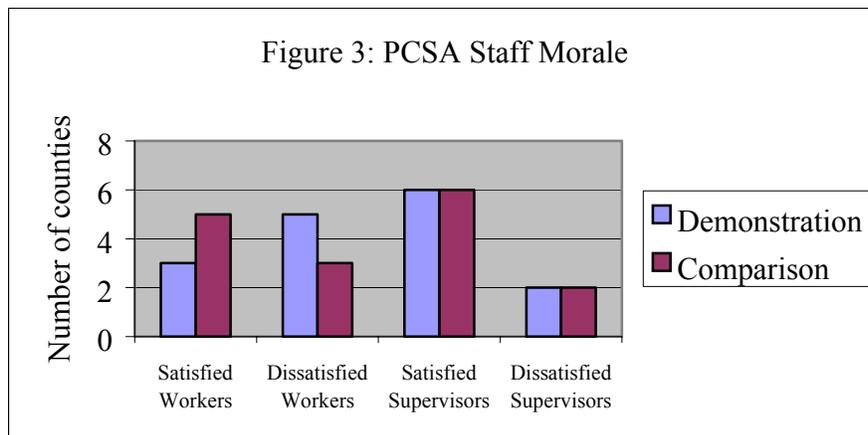
The amount and nature of the supervision available to workers is vital in providing appropriate services to clients. Among the 28 demonstration and comparison counties, worker/supervisor ratio ranges from 4-to-1 to 8-to-1, with the average supervisor having six workers to oversee, with no major difference between demonstration and comparison counties. Regardless of the number of supervisors to workers, however, the relationship that develops between workers and supervisors can impact service delivery. While some workers are very well supported, other feel that they are unable to approach their supervisors with concerns about individual cases or internal agency concerns. Overall, in ten demonstration counties and six comparison counties, workers describe good to excellent relationships with their direct supervisors. This relationship does not appear to correlate with caseload size or supervisor/worker ratio, but rather seems to be related to the overall environment of the agency.

Staff Morale

The site visit team asked PCSA workers and supervisors about agency morale. In three demonstration counties and five comparison sites (eight total, or 28% of counties), workers were generally satisfied with their jobs. The reverse was true in another eight counties: in five demonstration and three comparison counties, PCSA workers were generally dissatisfied with their jobs. In the remaining 12 counties, workers had mixed reactions or were ambivalent. All counties with positive worker morale also had good to excellent worker/supervisor relationships (see Figure 3).

Supervisors were generally more satisfied than workers. Supervisors in 12 counties were generally satisfied, and were generally dissatisfied in only four counties. In both cases, half were demonstration counties and half were comparison counties.

- ❖ In nine counties (six demonstration and three comparison), supervisors report higher satisfaction than workers do. In six of these counties (three demonstration and three comparison), the worker’s view of the worker/supervisor relationship is poor to fair, suggesting that workers’ morale is very much mediated through their relationship with their supervisor.
- ❖ In one demonstration and two comparison PCSAs, workers indicate that they are more satisfied than supervisors. In all three of these counties, the PCSA is experiencing turmoil and internal changes; workers acknowledge good support from their supervisors, who seem to insulate the workers from some of the agency tensions.



Correlates of Morale. Common sense would suggest that staff morale is affected by various factors in the work environment, among them caseload size, leadership, and internal dynamics of the agency. Interestingly, caseload does not appear to be directly related to morale. High and low caseloads are accompanied by positive and negative morale. In some PCSAs with high caseloads, workers experience low morale because they feel unsupported by their supervisors. In other counties, however, PCSA workers’ morale is positive despite relatively high caseloads. One of these counties is in the midst of many positive internal changes, which likely makes workers optimistic that other things will also change for the better. (Caseload is discussed in more detail below, in section 2.)

Strength of PCSA leadership and morale do not appear to be systematically related. Strong leaders are present in counties where worker and supervisor morale ranges from low to high, with no major difference between demonstration and comparison counties.

Internal PCSA turmoil does appear to be somewhat related to morale. In the six counties where both workers and supervisors had positive morale, internal turmoil is not noted as a barrier to system change. However, both high and low morale is found in agencies where turmoil exists.

Our examination of possible factors that affect supervisor and worker morale suggest that the relationships may be complex and interwoven. Two demonstration and four comparison counties are simultaneously strong in several areas: supervisor/worker relationship, leadership, and lack internal turmoil. Two other counties stand out as unusual: lacking PCSA leadership, dealing with internal turmoil, having average to higher caseloads, and poor to neutral physical environments, both nonetheless have positive worker morale and good worker-supervisor relationships. The Process Implementation Study will examine this area more in the coming years.

PCSA Work Environment

The demonstration and comparison counties vary greatly in the physical environment of the PCSA agency, ranging from old county buildings needing much work, to new office construction that is carefully designed, well equipped, and spacious. Several PCSAs were in the midst of renovation at the time of the site visits. The work environment can not only affect community perception of the PCSA, but also have significant effects internally, especially on staff morale and on the PCSA's ability to expand agency functions. Five demonstration PCSAs and four comparison sites, totaling one-third of all evaluation counties, had adequate work environments; at the other extreme, two demonstration and four comparison PCSAs had poor working conditions. The chief characteristics that made an environment poor were lack of office space, lack of appropriate places for client interviews, and the poor condition of the facility overall. Interestingly, the site visit team did not find any direct relationship between work environment and worker morale, perhaps because workers have other morale-impacting experiences that are more significant (see preceding section). For some counties, morale may also be reflective of promises of improvements to come: several agencies have moved to new space within the last five years, and others are planning to have a new location (either moving to an existing space or building a new structure) in the next couple of years.

C.2. Characteristics of PCSA Units

By describing the individual units of a PCSA and what happens within these units, we are able to characterize the current PCSA work environment and to monitor how these factors change over the course of the evaluation.

Caseload

The site visit team asked both PCSA workers and supervisors for estimates of caseload size for intake, ongoing and placement units. Because of the variation within an agency in caseload sizes, the site visit team gathered estimates from staff. For this reason, this issue will be expanded in future years to include caseload information from FACSIS. However, based on the information gathered during site visits, the following section explores the issue of caseload.

The number of cases that a front-line worker has at any given time can greatly affect the worker's ability to provide adequate services to clients. The average caseload for intake workers, 18 cases, is only slightly higher than for ongoing workers, 16 cases. However, the highest intake caseload was nearly twice as high as the highest ongoing caseload (55 cases

vs. 27 cases). Several factors explain the high intake caseloads. One county explained that, while investigations on many of these cases are complete, there is a backlog in completing paperwork because of the volume of intake investigations. Another county investigates almost all cases because of fear of liability, leading to high intake caseloads. The state mandated risk assessment tool makes caseloads even harder to bear because the risk assessment is so time-consuming. One county tries to deal with high intake caseloads rotating intake workers so that they each have a rotated two-week period when they receive no new intake cases; this allows them to catch up on their paperwork and close cases.

The variation between the extremes for intake and ongoing caseloads may also indicate programmatic efforts to control the caseload in a specific unit. One county has hired ongoing staff to reduce ongoing caseloads, without similar actions for the intake unit. Another county has added intake positions in order to control staggering intake caseloads and improve the timeliness of investigations.

Unusual Unit Structure

While most counties operate under the traditional child welfare unit structure (an intake and ongoing unit), several counties are experimenting with variations of a team model. In order to improve communication, timeliness, and continuity during the life of a case, Richland County has developed units consisting of intake and ongoing workers, as well as supervisors and support. Montgomery County is currently restructuring its services units into generic units, in an effort to provide a seamless array of services. These units will be responsible for geographic regions and will include supervisors, crisis workers (intake function), generalists (ongoing function), paraprofessionals, and concurrent planners. This new model is also designed to involve families more in case management and planning.

In combined DHS agencies, counties (including Belmont and Hamilton) are experimenting with creating team structured DHS units. Teams are divided by geographic regions and include staff from PCSA, OWF, CSEA, and other divisions of DHS. Like the PCSA team model, the purpose of these efforts is to improve communication and planning for cases that have contact with several DHS units. These combined DHS unit structures are still relatively new and details are still being worked out.

Access to Flexible Funds

A factor that influences how well a PCSA unit is able to assist clients is the worker's ability to access flexible funds. Access to flexible funds can vary. First, the *quantity* of funds available may be limited. For example, a county may have limited flexible funds because they have trouble finding the matching funds to draw down state funds or their levy may already be stretched by residential costs. Second, the *process* to access these funds may limit a worker's ability to use flexible funds. In some counties, the process to get funds is pro forma request through a line supervisor, which is usually approved, while in other counties, workers have to submit multiple requests which are not always approved.

The availability of flexible funds allows workers to be creative in preventing placements. Flexible funds are moderately to very accessible by workers in ten demonstration and seven comparison counties. Several counties note recent changes in the availability of flexible fund, extending their use to preventive efforts. While flexible funds have been used to

purchase hard goods such as refrigerators and beds or paying bills to prevent eviction, counties are now providing services such as kinship funds to maintain permanency for a child, or home care for children with medical needs. Some counties also rely on special foundations set up in counties to provide opportunities such as parents night out and money to buy items to help children in placements feel ‘normal’ (soccer cleats, prom dresses).

Sources of flexible funds: Counties can combine funds from a number of sources to increase the pot of flexible funds: Emergency Services Assistance Allocation (ESAA), Prevention, Retention, and Contingency (PRC) funds, state subsidy, local levy, IV-E Waiver, and the Family Stability grant. Most counties rely on ESAA and state subsidy funds to provide flexible funds. Family Stability Incentive funds and levy funds are also used to increase the flexible funding pot. Funds that are accessed least often by the PCSA are the PRC funds and Waiver funds. However, in some counties, DHS has provided the PCSA with direct access to PRC funds. The availability and source of flexible funds will be monitored over the next several years.

Exhibit 4: Sources of Flexible Funds:

- Prevention, Retention, and Contingency (PRC)
- Emergency Services Assistance Allocation (ESAA)
- State Subsidy
- Local levy
- IV-E Waiver
- Family Stability Grant

Involvement in Initiatives

Several statewide child welfare initiatives have been implemented in a number of counties in the evaluation. Each of these initiatives has a basic philosophy, complementary to system reform ideas, for changing the way a county provides services.

Table 12: County Involvement in Initiatives

	AdoptOhio	Families for Kids	Family to Family
Ashtabula	√	√	
Belmont			√
Clark	√		√
Crawford			
Fairfield	√		
Franklin	√		√
Greene	√		
Hamilton	√		√
Lorain	√	√	
Medina		√	√
Muskingum	√		
Portage		√	
Richland	√		√
Stark	√		√

	AdoptOhio	Families for Kids	Family to Family
Allen	√		√
Butler			
Clermont	√ (pending)		
Columbiana	√		
Hancock			
Hocking	√		
Mahoning	√		√
Miami	√		
Montgomery	√		√
Scioto	√		
Summit	√ (pending)	√	√
Trumbull	√	√	√
Warren			
Wood	√		

AdoptOhio, a statewide program that began in April 1997, seeks to reduce the time that children remain in the custody of the local PCSA while awaiting adoptive homes. Public and private agencies throughout the state form partnerships to increase the capacity to place children quickly in adoptive homes. Efforts include increasing public awareness about adoptions, recruitment campaigns, developing more extensive networks of adoption agencies, use of an interactive web site to find adoptive families, and providing more follow-up services to stabilize adoptions. Participating agencies receive financial incentives for recruiting, placement, and post-adoptive services when they have exceeded their specified ‘maintenance of effort’ (MOE) level.

In the 28 evaluation counties, 10 demonstration and 13 comparison counties have AdoptOhio contracts. Interviews revealed that four of the demonstration and three comparison counties are actively involved, with not only a designated lead person for the initiative, but also identifiable activities related to recruitment, placement, and/or retention of adoptive placements. Among the many different approaches that AdoptOhio

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counties are using, some counties are increasing post-adoptive services such as support groups for adoptive parents and camps for kids, and other counties are improving training and recruitment programs. The statewide network of AdoptOhio counties and agencies, especially the Web site, is one of the benefits of AdoptOhio: counties are able to broaden the possibilities for adoptive homes, as well as improve collaboration and sharing of resources among counties.

One of the more active AdoptOhio counties is Hamilton County, a demonstration site. The effort to improve the adoption system is being led by the juvenile court. The Hamilton County Juvenile Court is part of a 'national model court', leading the county in improving court processes and relationships throughout the county. The court system is currently addressing the 'back-door' of the court system, specifically focusing on improving the adoption process. In this effort, the court is leading the development of a county web site for adoption, conducting adoption fundraisers to raise community awareness, developing adoption mediation to decrease adversarial actions of natural parents, and supporting an adoption task force to examine the adoption process and recommend changes.

Maintenance of Effort: Counties have mixed feelings about the MOE for AdoptOhio, the number of adoptions that each county must complete before beginning to receive incentive funds. Some counties are not having trouble meeting their MOE. However, other counties, especially counties with smaller MOEs, find the ability to meet their MOE can be vastly influenced by small events. For example, if the adoption of a single sibling group was finalized during the year when the MOE was calculated, a county may find it difficult to achieve the MOE level in future years. Other AdoptOhio counties that are actively involved with private adoption networks also have trouble meeting their MOE because the private agencies get the credit for placing the children.

Ohio Adoption Photo Listing (OAPL) and the Web: Several counties have found that the Web page, used to list children available for adoption, has increased the number of inquires about adoption from the public. However, counties also voiced concern about the process. The paperwork has become redundant and time consuming, due to the need to enter information into both FACSIS and OAPL. Further, several counties mentioned the time lag between the time a child is adopted and when the case is removed from the Web site, leading to confusion and frustration when the public inquires about children who have already been adopted. Some counties who chose not to enter AdoptOhio also express a concern about the children's right to confidentiality when they are listed on the Web page.

Families for Kids, a nation-wide Kellogg Foundation project which began in Northern Ohio in 1995, focuses on aggressively developing permanency plans for children awaiting placements. The initiative uses a team approach to reduce the number of foster care placements that children experience. The grant to the Families for Kids counties ended in August 1998, but many counties have sought ways to continue the activities without special funding.

Of the nine counties involved in Families for Kids, four demonstration counties and two comparison counties are part of this evaluation. Of these six counties, five consider themselves active in the principles set forth in Families for Kids. In general, the initiative has

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helped address the adoption backlog, offered supports to foster and adoptive families, and fostered camaraderie among the nine Families for Kids counties.

Family to Family, a 1992 national initiative of the Annie E. Casey Foundation, focuses on developing strategic plans to create family-centered, neighborhood-based child protection services to avoid out-of-community care. The goal is to establish relationships with families, foster families, local service providers and community leaders to promote the care of children in the neighborhoods where the children have grown up. Phase I included 2 Ohio counties (Hamilton and Cuyahoga), and Phase II has been expanded to now include a total of 18 counties.

Of the 18 counties that have or plan to implement a Family to Family initiative in their county, six demonstration and five comparison counties are involved. Of these, only two demonstration and two comparison counties are considered to be actively pursuing the principles of the initiative.

Counties are taking a number of different approaches to Family to Family philosophies. Several counties are identifying neighborhoods in which to target recruitment of foster families. PCSA staff is also talking to local community leaders, businesses and organizations, trying building communication and collaborative efforts with key local figures to support families. One county is contracting with neighborhood based non-profit organizations to provide wrap-around services, which leads to improved local relationships. Other counties are promoting foster family involvement with the birth parent, encouraging mentoring of birth families in reunification efforts (i.e. involving both foster and birth families in family group meetings). Lastly, several counties in the Family to Family initiative are creating seamless services from ongoing through the adoption process, assigning workers to a single community (often a school district) so the workers get to know the community and what is available.

Two demonstration counties and one comparison county are active in all three of these statewide initiatives. PCSA leaders often feel that these initiatives offer creative ways to improve the way the agency does business. At the other extreme, counties who have consistently not been involved in state initiatives seem to do so for clear reasons. Historically, some counties have simply avoided these efforts. Other counties have chosen to focus efforts elsewhere. For example, some counties are really focusing on developing managed care delivery systems. For these reasons, involvement in the initiatives should be viewed as one, but not the only, way that PCSA leaders can focus on changing the way an agency does business.

C.3. Case Flow

To understand how counties may try to improve the process of how cases flow through the system, it is necessary to have an understanding of how a case flows through a 'typical' PCSA. The following is a brief description of the flow of cases pictured on the next page. However, the site visits revealed that counties often have varied this process in a number of areas. These variations are included in the following description of case flow, in parenthesis at the end of each point. Further discussions of these variations are included in section IIIB, under Managed Care Strategies.

Case Flow Diagram

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- 1) PCSA receives call. Screeners take calls and gather initial information. (Counties have varying credentials for screeners.)
- 2) Supervisor reviews calls and decides if an investigation is warranted. If there is not adequate evidence for an investigation, the caller may be referred to other agencies, but the case is not opened. (Some counties use more intense initial assessment tools. Some counties provide services to unopened cases.)
- 3) If adequate evidence exist, case is distributed to an intake worker who conducts a full assessment (including investigation of the allegation and a risk assessment). Cases must be investigated within 30 days of opening the case.
- 4) Once the investigation is complete, cases can go in two directions.
 - a) There may not be sufficient evidence of abuse or neglect, but PCSA would like to continue to monitor it. This case would stay in intake, receive services and referrals, and be monitored until the case is closed or enough evidence exists to pass to the ongoing unit. (Counties vary in effort provided here, some focusing on providing services to prevent from passing to ongoing unit.)

Table 13: Counties with In-Home Services Available In-County		
	Number of demonstration counties	Number of comparison counties
Early Intervention	14	14
In-home PCSA	12	13
Family Preservation	12	10
In-home Parenting	13	12
Home Maker	12	10
Family Resource	7	6
Counseling	13	12
Wrap-around	11	8

Counties with lower intake caseloads have fewer in-home services available in their county. Several explanation are possible: higher caseload counties are more focused on prevention efforts or counties open different types of cases, or counties with fewer services transfer case more quickly to ongoing. This will be an important point to explore in the coming years.

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- b) If there is an indication of abuse or neglect, the case is passed to an ongoing worker, usually transferred through both the intake and ongoing supervisor. The child can receive in-home services, either voluntarily (if low risk) or under protective supervision. If it is found that the child needs to be removed, the child can be placed voluntarily with a friend or family (30-day voluntary custody), or the PCSA may take temporary custody and place the child. Once in the ongoing unit, a case plan is developed. Referrals that come through the court enter service at this step in the case flow.

The site visit team did not formally explore the nature of the case planning process, but did learn, in the several counties, about family involvement in the planning process. Fifty-eight percent of demonstration counties and thirty-three percent of comparison counties reported some type of family involvement in the development of a case plan.

If protective supervision or temporary custody is sought, the case is brought to court for an adjudicatory hearing within 30 days of opening the case, and a treatment plan is submitted. If court is not involved, case continues to receive PCSA services until it is deemed appropriate to close the case. However, if there continue to be issues, the case is brought to court. (Counties vary greatly in what is pursued in this section, depending on the philosophy of the agency and the nature of the court.)

- 5) Court process: After the adjudicatory hearing, the child may either be sent home, with or without protective supervision, or may be placed with a relative, who has temporary custody, or may be placed in foster care, therapeutic foster care, or residential treatment. (Counties vary in their use of different placement options, described below.)
- 6) Within 90 days of case opening, case returns to court for dispositional hearing, at which time the treatment plan is approved or modified. As a result of the hearing, the child may go any of the places noted above (#5). If the child continues in placement, reunification plan is required, and the case must be completed or dropped. If reunification fails, PCSA goes for permanent custody, and the case is passed to the placement unit where adoption, independent living, or emancipation is considered.
- 7) Cases are reviewed by the court on a semi-annual basis to assure that adequate services are being provided. The court is also involved whenever there is a change of foster care placement, when discharge from foster care, and whenever change of custody status – in general, whenever there is a change in the treatment plan.

While this is the ‘typical’ manner that cases flow through the PCSA, agencies have developed variations in all segments of the process. Some variation is due to the nature of county-administered PCSAs and the way agencies adapt to their local environment. However, variation in case flow also is due to conscious decisions to change the flow of cases to better manage and serve families and children. These adaptations are discussed in Section III B of this chapter.

Risk Assessment

In recent years, ODHS has developed a formal risk assessment tool to provide a consistent assessment of cases across Ohio PCSAs. Now a mandated process, the risk assessment is initially completed in the intake unit during investigation, and then modified and updated during the life of the case. The site visit team asked PCSA supervisors and workers about their experience with the risk assessment process (see Table 14). Overall, supervisors have more positive views than do workers, and demonstration counties more often judge it to be useful than do comparison counties. Not surprisingly, workers’ attitudes toward risk assessment are related to caseload size: as caseloads get higher, workers’ views of risk assessment get more negative: in seven of the 11 counties with caseloads of higher than 15, workers disliked the risk assessment process.

Table 14: Views of Risk Assessment			
	Negative	Mixed	Positive
Workers:			
Demonstration	4	6	4
Comparison	6	5	1
Supervisors:			
Demonstration	0	7	7
Comparison	1	7	3

In talking about the risk assessment, counties commonly raised a number of issues. The risk assessment is described as very time consuming, even by counties that like the process. Workers also feel that the depth of some questions is not appropriate for all investigations, yet it is mandated for all cases. Another common complaint is the lack of consistency across risk assessments; scores vary considerably, depending on workers’ training and experience with the tool. Many counties continue to use dictation, still uneasy about relying on the risk assessment as the only method of assessment.

Family Involvement

Although data is only available from 20 of 28 counties, seven demonstration and two comparison counties report some particular effort to have families involved in PCSA services. Families are more involved when agencies have better interagency relationships: Of the 11 counties where interagency communications are viewed as good to excellent, eight PCSAs reported family involvement. Conversely, in counties where interagency relationships are viewed as only fair to poor, all seven counties with data available reported no family involvement.

C.4. Custody and Placement Issues

Vital in the understanding of case flow is an understanding of how much control the PCSA has over cases coming into the system and options for placement. The evaluation team discussed with PCSA management the variations of custody and placement options that counties are pursuing and what factors play into the PCSA's control of these issues.

Clearly, the stance of the juvenile court has a great impact on a county's custody numbers. Courts ranged from pushing permanency to ordering all other steps tried before permanent custody is taken, limiting a PCSA's ability to assure permanency. Some counties rarely use voluntary agreements, while others may rely on them more heavily, in order to decrease time in court. One county reported that almost every permanent custody case was appealed.

The following section highlights topics that PCSAs are struggling to address, related to custody and placement.

Custody from Court

One issue facing many evaluation counties is custody of unruly/delinquent youth. Often a juvenile court judge places these youth in the custody of PCSA. This transfer of court responsibility to the child welfare agency, called 'dumping', has decreased in some counties as courts have developed programming for this population, moving the youth in the direction of permanency. Another PCSA has developed an informal agreement with the court that the court will make a good faith effort keep the extent of court-mandated services 'reasonable'. However, in other counties, 'dumping' is increasing as court placement options are in increasing demand. In many counties, courts and PCSAs disagree about whether dumping is occurring, while in other counties, judges acknowledge that it happens, and they may indicate that they have no other choice.

Title IV-E Funds and the juvenile courts: In an effort to enable children in the custody of the juvenile court to receive foster care maintenance funds without a transfer of custody to the PCSA, juvenile courts are now able to bill for IV-E funds. Juvenile courts in three demonstration counties and one comparison county have executed agreements with ODHS to bill for IV-E foster care maintenance payments, with at least one more demonstration county close to signing an agreement. Three of these counties executed these agreements prior to the beginning of ProtectOhio. These counties have relationships with the court that range from neutral to collaborative.

In counties where the court can receive IV-E funds, courts now are more willing to take custody, decreasing the number of cases that are passed from the court and given to the PCSA. A number of other PCSAs have tried to convince their juvenile court to become involved in billing for IV-E payments, but the courts are often unwilling because of fear of the liability in taking custody, as well as fear of the administrative burden for managing these cases. Even with courts that are involved, there are sometimes disagreements concerning how the PCSA should help cover the costs of the courts taking on this responsibility.

Long Term Foster Care

Long term foster care (LTFC) is one area that is receiving more attention as counties try to establish permanent situations for their children. Many counties have already or are currently focusing on reducing their reliance on LTFC. While it is still used for many children who are not considered adoptable, especially older children, counties are developing alternative arrangements. One demonstration county has used its flexible funds to pay the caregiver, who takes custody, the amount of the foster care maintenance funds, whether as a lump sum, or at a per diem rate until the child turns 18. The advantage is that the child has a permanent home (until majority) and the PCSA no longer has custody. Another county no longer places children in LTFC, rather asking for permanency placement if no change in the case has occurred within 6 months.

Assisted Guardianship

Several demonstration counties are discussing the use of assisted guardianship to provide permanent placements for children. In one demonstration county, the PCSA is targeting older adolescents who have been in stable placements with relatives, but are not eligible for adoption. They are discussing providing this family with financial assistance as a way to provide permanency and allow the PCSA to withdraw. Another county is exploring entering a contract with foster families so they take custody, but the PCSA continues to pay a per diem.

Kinship Placements

Many counties have recently begun to emphasize the use of relative placements. Counties see relative placements as a means to promote stability for the child, as well as to decrease placement days (depending on who takes custody). Counties expect that relative placements will increase as PCSAs create more in-home services and are able to better support children in relatives' homes. Site visits reveal wide variation in county practice:

- a) Custody can fall into three categories: PCSA custody, parent custody, and relative custody. In many counties, when a child is placed with a relative, the PCSA holds custody. This arrangement may be used if PCSA wants to keep open the option to file for permanency. Custody can also be passed to the relative caring for the child. This may occur when custody needs to be transferred to qualify for services (i.e. enroll in school). Finally, custody may remain with the parent; the PCSA encourages a voluntary placement with a relative, accompanied with a safety plan. Some counties prefer this arrangement because the birth parent remains involved in the case. The voluntary agreements are also preferred in some counties as a way to reduce the amount of time they spend in court. Many counties use a combination of these custody arrangements.
- b) Licensure: While most relative placements are in unlicensed homes, some counties do license the relatives' homes, when the child is in the custody of the PCSA. In the past, some counties did this so they could pay the relatives a foster care per diem and protect themselves from liability (once the child was in their

- custody). However, under current practice, relatives who have been licensed are treated the same as any foster home, and are not separately identified as kinship placements.
- c) Fiscal incentives: Many counties provide relatives with some sort of payment to compensate for the cost of caring for a child. In counties where relatives' homes are licensed, a per diem is provided to the relative. In unlicensed homes, when custody is with the PCSA, either per diems or one-time payments may be offered to relatives. Lastly, when the relative has custody, relatives may often receive a payment, usually in the form of a one-time payment, but not all relatives may receive a payment. Kinship funds, Family Stability funds, and other special programs are available as needed to meet relative caretakers' needs.

Because counties vary so much in how they handle relative placements, and the extent to which they encourage the use, both the site visit team and the Westat team will explore these issues in more detail in the upcoming years of the evaluation.

D. Financing

The Process Implementation study explores how PCSAs are supporting their public child welfare programs. What revenue streams do PCSAs rely on? What is the budget process like? The detailed examination of revenues and expenditure differences over time and between demonstration and comparisons is the focus of the fiscal analysis.

D.1. Varying Funding Sources and Levy Strength

Local Funds

The PCSAs are heavily dependent on local funding, which typically comprises over 50 percent of available funds. Eighteen counties (ten demonstration) rely solely on local tax levies to support children's services. Four counties receive both levy and local general funds, half of which are demonstration counties. In total, then, 12 of the 14 demonstration sites (86%) and 10 of the 14 comparison sites (71%) receive some funding through local tax levies. Two demonstration counties (14%) and 4 comparison counties (29%) rely solely on local general funds. One of these demonstration counties has a levy that failed, therefore relies solely on county general funds as a result of that failure.

Of the PCSAs with levies, four counties, two demonstration and two comparison, reported that the most recent levies had failed, seven counties (25%), five demonstration and two comparison, reported that the most recent levies had narrowly passed, and the remaining county agencies (43%) (six demonstration and six comparison) reported that their levies had easily passed (Table 15). Of the four counties reporting levy failures, two reported community education was a major barrier (one demonstration and one comparison), while two reported it as a moderate barrier. Of the five counties (25%) without levies, only two of them are Waiver counties. One of the demonstration counties where the most recent levy had failed, has earned over \$1 million through the end of year IV-E adjustment process.

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Table 15: Success of Most Recent Children’s Services Levy		
	# of demonstration counties	# of comparison counties
Failed	2 (14%)	2 (14%)
Barely passed	5 (36%)	2 (14%)
Easily passed (60% or more)	6 (43%)	6 (43%)
No levy	1 (7%)	4 (26%)
Total	14	14

Of the 10 counties receiving funds from the county commissioners (four of which also have levies), one reported cuts in funding and one reported that no increase had been requested (both comparison sites), five reported occasional increases with effort (three comparison counties), and two demonstration counties reported regular increases usually approved (demonstration county). As Table 16 indicates, it appears that, in general, demonstration counties have better financial support from their commissioners than comparison counties. Whether this is due to better county fiscal health or better relationships between the Commissioners and the PCSAs is unknown.

Table 16: Financial Support of County Commissioners		
	# of demonstration counties	# of comparison counties
Cuts in funding		1 (with levy)
No increase requested		1 (without levy)
Occasional increases or special requests only	2 (1 with levy)	3 (1 with levy)
Increases usually approved	2 (1 with levy)	
Missing data		1
Total	4	6

Title XX—Social Services Block Grant Funds

The availability of block grant funds for child welfare services seems to vary considerably across the PCSAs. Since all block grant funds are allocated directly to county human service agencies, the proportion re-allocated to the PCSAs is a local decision. In combined agencies, the likelihood that PCSA functions will have more access to block grant funds is greater. In counties with children’s services levies, where PCSAs are separate, the likelihood of access to block grant funds is less. This issue will

be analyzed in greater detail in future years, however preliminary analysis shows that 50% of the comparison sites have no access to block grant funds, while only 21% of the demonstration sites have no access to these funds.

Child Support Collections

Collections from child support (Table 17) contributed to PCSA budgets to some extent in six demonstration counties (42%) and in nine comparison counties (64%). Only three counties (one demonstration and two comparison) reported significant support collections. In triple combined counties, 63% made some to extensive effort to collect child support. Of the 12 counties where there is some to extensive communication with CSEA, nine have some to extensive success in collecting child support. In 57% of the demonstration counties, little to no effort is made to collect child support, whereas in 35% of the comparison counties little to no effort is made to collect child support. This may be reflective of the overall difference in the financial health of the demonstration versus the comparison counties as discussed in the next section.

Table 17: Success of Efforts to Collect Child Support		
Effort	# of demonstration counties	# of comparison counties
None	2 (14%)	2 (14%)
Little	6 (43%)	3 (21%)
Some	5 (36%)	7 (50%)
Extensive	1 (7%)	2 (14%)
Total	14	14

Other Funds Used to Support Children’s Services

Special Grants: In efforts to draw more funds into the county, some PCSAs are quite involved in identifying and securing additional funds from grants, foundations, and state/federal sources. These efforts can focus on securing funds specifically for the PCSA or for the county as a whole, in which case the PCSA may lead the effort to write proposals and build the collaborative plans to obtain these funds. Five demonstration and 6 comparison counties report efforts to obtain special grants for the PCSA. The strength of PCSA leadership appears to be related to efforts to apply for special grants: all but one of these counties have strong to very strong PCSA leadership. This initial exploration will be supplemented more in the upcoming years of the evaluation.

Informal sources of services, such as churches, soup kitchens, shelters, etc., appeared to be more important to comparison counties than to demonstration counties. Among the comparison counties, nine counties (64%) reported informal sources of services to be moderately to highly important to their service delivery systems, while only five demonstration counties (38%) reported informal sources of service moderately to highly

important (one demonstration county with missing data). This may reflect the generally lower financial health of the comparison counties as described below.

D.2. Financial Health

Twenty-four counties (86%) reported their current financial status as healthy (Table 18). This is an improvement from the 12 counties (43%) reporting recent past financial status as healthy (Table 19). Of those 24 counties with a healthy current financial status, 54% were demonstration counties. Interestingly, only four of the 13 demonstration counties with current financial health have a recent history of financial health, whereas eight of the 11 comparison counties with current financial health had a history of financial health. Put another way, 71% of the demonstration counties had marginal financial health in the recent past, compared to 7% currently. In the comparison counties, 43% had marginal past financial health, compared to 21% currently. These data demonstrate that the level of positive change in the financial status of the demonstration counties as a group has been greater than in the comparison counties.

Table 18: Current Financial Health of PCSAs		
Financial health	# of demonstration counties	# of comparison counties
Poor	0	1 (7%)
Breaking even	1 (7%)	2 (14%)
Healthy	13 (93%)	11 (79%)
Total	14	14

Table 19: Recent Past Financial Health of PCSAs		
Financial health	# of demonstration counties	# of comparison counties
Poor	7 (50%)	2 (14%)
Breaking even	3 (21%)	4 (29%)
Healthy	4 (29%)	8 (57%)
Total	14	14

Only one PCSA reported their current financial health as poor. This agency has been in poor financial condition for some time due to failed levies, and even has difficulty providing matching funds for Title IV-E reimbursable costs. This agency is concerned, as county sales taxes may be repealed, creating even greater strain on county general funds.

The PCSA in poor financial health and two of the three counties breaking even are comparison counties. The third ‘breaking even’ county earned over \$1 million from

Waiver participation in the first year, meaning that they had spent \$1 million less than expected on placement costs, freeing those funds to spend on other services.

D.3. Waiver Earnings

The Waiver process includes a formula to determine cost neutrality based on bed days and unit costs in the group of demonstration counties compared to the group of control counties. As Table 20 indicates, in the 14 demonstration counties only two counties had losses at the end of the first year, Franklin and Ashtabula. The size of the loss or gain compared to the county’s child population is shown in Table 20 in order to show the scale of the profit/loss relative to the county’s child population.

Table 20: Waiver Earnings Compared to Child Population			
	Child population	First year profit/loss	Child per capita profit/loss
Crawford	12,146	\$209,275	\$17.23
Belmont	15,940	\$150,233	\$9.42
Muskingum	22,038	\$383,355	\$17.39
Ashtabula	27,503	-\$40,688	-\$1.48
Fairfield	31,778	\$58,643	\$1.84
Richland	32,213	\$122,567	\$3.80
Greene	34,885	\$224,737	\$6.44
Clark	36,624	\$699,933	\$19.11
Portage	36,874	\$307,893	\$8.35
Medina	39,170	\$46,162	\$1.18
Lorain	75,887	\$724,124	\$9.54
Stark	91,774	\$1,009,488	\$11.00
Hamilton	219,152	\$6,587,472	\$30.06
Franklin	249,615	-\$301,611	-\$1.21
Mean profit/loss			\$9.48
Median			-\$9.00

Table 20 shows that Hamilton County child per capita earnings were 57% higher than Clark County, the next highest county earnings (\$30.06 compared to \$19.11), and over 3 times higher than the average earnings. Clark, Muskingum and Crawford also achieved above average earnings from their Waiver participation. Belmont and Lorain had average earnings.

The site visit team explored the PCSA directors’ understanding of the Waiver formula. This is discussed in more detail in section IIIA1. It is relevant to note here, however, that

a good understanding of the formula did not necessarily result in earnings higher than the median child per capita earnings of about \$9. Conversely, those without a good understanding of the Waiver formula were not more likely to have below median earnings.

D.4. Budget process

During the first year's interviews, budget development and approval issues were not a focus of the interviews. However, based on information obtained in selected jurisdictions, additional emphasis will be placed on these issues in future years. In general, the financial officers or agency directors completed budgets in smaller agencies. In larger agencies, several other levels of staff were involved in budget development. However, there seem to be some variations in the discretion of the PCSA director in developing the budget and running the agency and the role of the CSB boards or county commissioners in agency oversight and administration. In half of the demonstration counties and half of the comparison counties, the PCSA director had considerable discretion in running the agency (see discussion above in section IIC1). In a few counties, the budget process for the PCSA is linked to a community-wide issue and to outcome-focused discussion addressing the entire child population (see section IIF below on interagency collaboration).

E. Management Tools

The Process Implementation study examines the methods that PCSAs use to collect data and determine how the PCSA is operating, as well as how agencies plan for quality improvement. A central question: does the demonstration result in increased capacity to measure outcomes and utilize automated decision support systems? The primary hypothesis is that demonstration counties are more systematic than comparison counties in measuring outcomes, and they make greater use of automated systems. In the first round of site visits, the evaluation team gathered considerable data concerning the availability of management tools and level of effort made to critically assess agency performance. It is still too early to expect to see much difference, but this year's data establishes a baseline for comparing counties over time.

E.1. Quality Assurance

Seven demonstration counties and six comparison counties are doing some form of quality assurance within their agencies. For the most part, these efforts are modeled after the State's monitoring process, where staff is designated to review case records for compliance. Another three demonstration counties and two comparison counties are planning or considering installing some quality assurance mechanisms (see section IIIB2 on use of managed care).

A number of demonstration and comparison counties have a designated QA person, who may focus mainly on compliance issues, or may develop training in response to identified quality concerns, or may be responsible for analyzing data and exploring programmatic questions and inconsistencies in data reports. A few counties are using outside consultants to design case tracking systems geared to better distributing workloads.

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Other counties have unique quality assurance practices such as (a) a self-evaluation team that meets monthly to review trends in QA data, and (b) annual provider evaluation which includes input from staff about provider performance.

One of the most ambitious of these systems is partly in place and partly planned by Hamilton County. Hamilton County already has an extensive quality assurance/monitoring system for its abuse/neglect hotline, which includes regular supervisory and administrative review of a sample of taped hotline calls to assure protocols are followed. On the drawing board is a system that will look at both compliance and good practice. Still in the planning stages, the tentative plan is to review one record per month for each caseworker, using staff who are re-assigned to the unit for a 12-month “rehabilitative sabbatical” period. They are currently developing the tool to be used for the review process. The agency is also considering a QA Help-line for line staff with specific clinical or procedural questions.

For broader policy and procedural issues, the Department has a self-evaluation team that meets monthly. This group includes program staff, policy staff, information systems staff, and two advisory committee members, one of whom is an outside child advocate. The group reviews recent trends and difficult cases and tries to understand and explain the ‘what’ and ‘why’ of trends and problems, looks for patterns, and tries to address problems. At least one other demonstration county appears to have modeled this process.

While most county quality assurance systems in place or planned are not this ambitious, a few of the planned efforts are attempting to look beyond compliance, at both good practice and quality of service issues. One agency in a comparison county has developed client satisfaction surveys administered to line staff for its internal support services. Sophistication in QA systems appears more related to county size than to demonstration participation at this point in time.

E.2. CPOE/ outcome monitoring systems

Eight demonstration counties (57%) and six comparison counties (43%) make some use of the CPOE data provided by ODHS. But only three counties (two demonstration) make extensive use of CPOE data. Counties using CPOE data most frequently commented that they were interested in the cross county comparison in order to learn where each stands relative to the others. A few reported making programmatic changes as a result of their CPOE standings. Reasons for not using CPOE primarily focused on the perceived quality of the data used to generate the statistics.

Table 21: PCSA use of CPOE Data		
	# of demonstration counties	# of comparison counties
Little to no use of CPOE	5 (38%)	7 (50%)
Some use of CPOE	5 (38%)	6 (43%)

Extensive use of CPOE	2 (14%)	1 (7%)
Missing	2 (14%)	

Separate from their use of CPOE, 16 counties (half demonstration and half comparison) reported at least some thinking about outcome measures. Seven demonstration counties and four comparison counties reported some or extensive work on developing measures. Of the five agencies with extensive work on outcome measure development, four are demonstration counties. This seems to make sense given the managed care emphasis of the Waiver in several of the demonstration counties. A further discussion of the CPOE process appears in Chapter 3.

E.3. Use of FACSIS and other data: continuum of systematic attention to data

Four counties, two demonstration and two comparison, make extensive use of FACSIS reports. An additional two demonstration counties (14%) and three comparison counties (21%) make some use of FACSIS reports. As shown in Table 22, eight demonstration counties (57%) and nine comparison counties (64%) make little to no use of FACSIS reports.

Table 22: Using FACSIS Data		
Extent of use of FACSIS reports for management purposes	# of demonstration counties	# of comparison counties
Do not use FACSIS reports for management purposes	2	1
Make little use of FACSIS reports	6	8
Make some use of FACSIS reports	2	3
Make extensive use of FACSIS reports	2	2
Missing data	2	0

The reasons for limited use of FACSIS reports seem to be the timeliness and accuracy of data input. Seven demonstration counties (50%) and 6 comparison counties (43%) felt that data input and reports were not timely. Five demonstration counties (38%) and seven comparison counties (50%) felt the data input and reports were not very accurate, or that the information appearing in FACSIS reports did not resemble the data input. One county reported that their access to FACSIS had been down for over a month, which would require data to be re-input, when the problem is repaired. As might be expected, there is overlap between counties making less use of FACSIS reports and concerns about data entry timeliness and accuracy.

A number of counties are making minimal use of FACSIS reports because they have their own information systems. Six counties, 5 of them demonstration counties (36%), have

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independent systems that they are able to rely on for management purposes. Two additional counties, both comparison counties, are planning / developing new systems. Eight counties, five of them demonstration counties (38%), have their own fiscal systems used for management analysis and planning purposes.

Data generation varies greatly among counties, whether from FACSIS or the county's own sources. Five demonstration counties (36%) and six comparison counties (43%) generate their own FACSIS reports to a moderate or great extent for management purposes (see Table 23, row b and d). For three of these counties (one demonstration and two comparison), FACSIS is the only data used. Nine demonstration counties (79%) and nine comparison counties (79%) are generating other data used for management purposes. Eight counties (four demonstration and four comparison) use FACSIS report generation capabilities to some or a great extent and generate their own data. At the other extreme, two demonstration counties (14%) and three comparison counties (21%) make little to no use of FACSIS report generation capabilities nor generate their own data. Future site visits will further explore the dynamics of data use in the counties.

Table 23: Generating Data for Management Purposes		
	# of demonstration counties	# of comparison counties
a. Little to no generation of FACSIS reports or other data for management purposes	2	3
b. Some or extensive generation of FACSIS reports, generate little other data	1	2
c. Little generation of FACSIS reports. Generate own data to some extent or extensively	5	5
d. Generate FACSIS reports to some extent or extensively and generate own data to some extent or extensively	4	4
Missing data	2	0

In spite of the problems with FACSIS, fully half of the demonstration counties and four of the comparison counties (29%), have high expectations for the new SACWIS system. Half of the comparison counties have little to no expectations for improvements, whereas only three of the demonstration counties (21%) have little to no expectations for improvement. Whether the demonstration counties are generally more informed about ODHS activities or simply have more confidence in ODHS is unclear, but as a group the demonstration counties are more positive about the future of State information systems than the comparison counties.

Counties varied in terms of the availability of computer equipment. Two demonstration counties and four comparison counties had little to no computer equipment. More common was an adequate supply of computer equipment: four demonstration counties and seven comparison counties had close to or sufficient computer equipment.

E.4. Organizational Development

Eleven demonstration counties (69%) and five comparison counties (38%) are doing some to extensive planning for the Waiver or other system reform efforts (see also Section IIA3). Nine of the demonstration counties and all five of the comparison counties involved in these planning efforts also make some to extensive use of FACSIS or other data.

Six demonstration counties (43%) and four comparison sites (28%) are doing some to extensive training around the Waiver or other systems reform efforts. All of the counties with these training efforts are jurisdictions involved in planning efforts and using FACSIS or other data to some or a great extent. Several jurisdictions have hired outside consultants to assist with the organizational development process. At least 3 counties are using AT Hudson as part of a broader contract facilitated and paid for by ODHS. Two of the counties have been satisfied with the results of AT Hudson's efforts. In the third county, the consultant workload study resulted in staff cuts. These cuts have been controversial, and have led to union and morale problems. Other counties have hired outside consultants to assist with workload studies and the change process itself. One comparison county used PCSAO for technical assistance on strategic planning.

F. External Environment: Families and Children First Council and Interagency Collaboration

The Process Implementation and Community Impact studies seek to examine a range of contextual factors that likely influence implementation of the Waiver. In particular, the study hypothesizes that the quality of the collaborative relationships between the demonstration PCSAs and each of the other major child-serving agencies will improve over time, and will directly affect the PCSA's ability to obtain services for its clients from those agencies. Also, we expect to see some impact from implementation of mental health managed care, OWF, and other related initiatives of other agencies on the PCSA's ability to meet the needs of children and families. Although these causal relationships cannot yet be evaluated, this section lays the foundation for future analysis by describing the baseline nature of interagency relationships.

F.1. Ohio's Families and Children First

Ohio Families and Children First (FCF) is an important initiative that can impact community collaboration, and, in the long run, outcomes for PCSA children. The concept of coordinating county efforts to better serve multi-need families and children was addressed in 1987 when Governor Celeste first established the Interdepartmental Clusters for Youth. With the focus on developing rules and procedures to coordinate services, these 'Clusters' primarily focused at the individual case level, coordinating services and accessing limited state funds.

In 1992, Governor Voinovich expanded this collaborative effort by bringing the nationally recognized Families and Children First (FCF) initiative to Ohio. With a focus on prevention and early intervention, FCF offered to bring collaboration to a new level, involving public and private entities, as well as families, in decision making processes.

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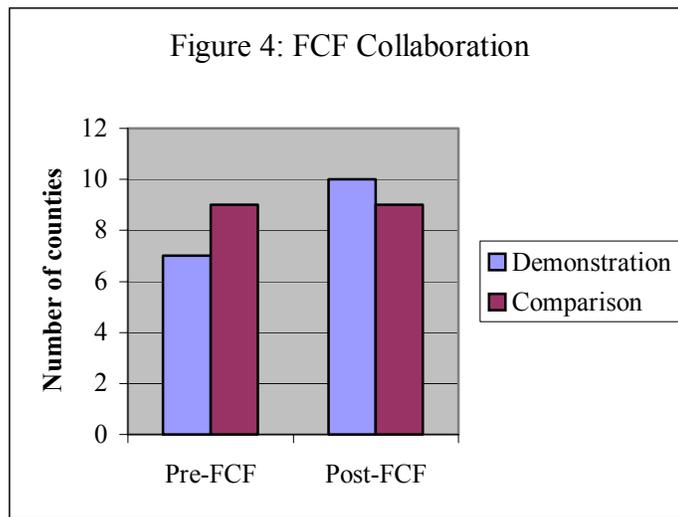
FCF builds on Cluster principles by creating FCF Councils, which involve the directors of the major family serving agencies in each county. Now, in addition to the case coordination function, FCF Councils can address countywide issues: community planning, gaps in services, funding opportunities, enhancing communications, and pooling funds to serve individual children and families.

In promoting collaboration among agencies, the FCF entity in each county is involved in applying for, and often administering, a number of statewide initiatives available to Ohio's 88 counties. These include Ohio's Wellness Block Grant, Early Start Program, AdoptOhio, School Readiness Resource Centers, Family Stability Incentive Fund, Early Care and Education, Help Me Grow Help-line, and Parent Leadership Training Institute. These programs can be housed in the FCF entity or under the authority of a specific agency. These arrangements vary according to how each county has chosen to set up their FCF Council.

The following section examines the FCF Councils in the 28 evaluation counties, exploring current FCF status and variations between demonstration and comparison counties. The site visit team interviewed many of the people involved in local FCF activities.

Collaboration Pre- and Post- FCF

Prior to the implementation of FCF, the Inter-department Clusters for Youth had already had an impact on collaboration in Ohio counties. Many counties had established strong case-review Clusters prior to FCF. For this reason, the impact of the implementation of FCF has varied in counties, influenced by the county’s previous experience with Cluster. In the 28 evaluation counties, prior to the implementation of the FCF, collaboration was consider good to strong in 50% of the demonstration counties and 64% in the comparison counties. Present FCF collaboration is considered good to strong in 72% of the demonstration counties and 64% of the comparison counties, indicating that FCF has built on collaboration that began with Cluster.



Overall, most counties have found that the advent of FCF has further enhanced interagency collaboration:

- Six counties who had strong Clusters, including both demonstration and comparison counties, incorporated the new FCF model and continue to collaborate successfully.
- Eight counties who had moderately strong Clusters, representing both demonstration and comparison counties, have welcomed the broader structure of FCF as an expansion and reinforcement of their interagency collaboration.
- Nine counties, again made up of both demonstration and comparison counties, have witnessed increases in collaboration accompanying the implementation of FCF, with 7 of the 9 experiencing notable improvement.

These county experiences highlight how collaboration has improved. For some, the FCF structure creates the mechanism to draw directors together to do community-wide planning, something which did not necessarily occur through Cluster. In other counties, new leadership, often in several child-serving agencies, has capitalized on the opportunity provided by FCF to make collaborative efforts a high priority. Another factor in improving collaboration is the presence of a strong coordinator who is able to both coordinate FCF efforts and also pull community members together. Finally, the

Family Stability grants have also helped agencies work more closely together on a common goal.

While many counties have experienced improved collaboration since FCF was developed, several counties have not particularly welcomed the initiative and its accompanying procedural requirements. In four counties (one demonstration and three comparison), a history of good and informal collaboration predated Cluster; Cluster served to enhance the collaboration that existed. Implementation of FCF meant the imposition of yet another structure on a system that was already functioning well. Sometimes the added weight of new mandates only served to impede the joint efforts that already existed. Yet another situation occurred in one comparison county where they had trouble with collaborative efforts and power struggles since before Cluster, and neither Cluster nor FCF has been able to overcome these issues.

FCF Structure

FCF is usually structured into three levels, each of which has a different function in the community. The *FCF Executive Committee* consists of the directors of state mandated agencies: alcohol and drug services, health, human services, mental health, mental retardation/developmental disabilities, and youth services. This group examines community issues, plans and orchestrates the direction of county agencies, explores grant opportunities, and makes fiscal decisions about how costs should be shared. The individuals composing this group have the power to make decisions for these agencies. The *FCF Council* consists of the directors from the Executive Committee, as well as others in the community involved in serving families and children. This group often includes non-profit representatives, community and business members, county commissioners, and parents. These players share information, discuss community issues, and develop plans for community direction. Lastly, the *FCF case review committee*, usually a sub-committee of the Council, is involved in reviewing multi-system cases, developing joint case plans, and determining what service options are available and what funds are needed. Obviously, the FCF structure varies considerably from county to county: there may be additional levels, numerous committees composed of Council members and staff with a variety of positions in these different levels of FCF. However, the overall model of FCF has drawn together executive directors, mid-level administrators and front-line workers to address multi-agency issues.

Table 24: Strength of Levels of FCF				
	Number of counties reporting level of functioning			
	None	Minimal	Good	Strong
Community Planning:				
Demonstration	1	7	4	2
Comparison	1	6	3	4
Executive Level:				
Demonstration	0	3	3	8
Comparison	0	6	4	4
Case Review Level				
Demonstration	0	0	2	12
Comparison	0	2	4	8

The process evaluation examines the strength of the FCF structure in three areas: the executive level committee, community wide planning and individual case reviews (see Table 24). Five counties are judged to have strong structures in all three areas. These counties tend to stand out as having a strong coordinator. An additional six counties have structures ranging from medium to strong at all three levels.

The case review level is consistently the strongest functioning level of FCF. Ninety-three percent of the counties consider the case review level as moderate to strong, while only 68% view executive level as moderate to strong, and 46% view planning structure as moderate to strong. Even in the five counties that have minimal involvement at the executive and planning levels, the case review level is seen as moderate to strong. These examples indicate the positive lasting affects of Cluster and the continuing struggle counties face in trying to make the entire FCF structure as strong as the case review function which was initiated under Cluster.

FCF as a Separate Organization

In most demonstration and comparison counties, FCF draws together staff from multiple agencies on a regular basis to meet and discuss the needs of the community. However, several counties have developed independent FCF organizations to coordinate and administer these collaborative efforts. These entities have a small staff and are often housed under the Board of County Commissioners. The following is a brief description of several of these:

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- In Franklin County, Kids in Different Systems (KIDS) is the FCF entity that administers all inter-agency grants for Franklin County, as well as serves multi-system children with its own inter-systems staff. This staff is assigned to KIDS from all the major child-serving agencies in the county; they provide case consultation, oversight and monitoring of multi-system cases. Services to those children come from a panel of providers.
- In Hamilton County, the FCF coordinates the efforts of the 80 members of the Council. The FCF also is involved in developing Creative Connections, a managed care network to serve deep-end kids, monitoring contracts for services, operating a crisis line, applying for grants with provider agencies, and conducting inter-systems training.
- Montgomery County FCF coordinates and implements the decisions, policy, and direction set by the Council. FCF is responsible for supporting the single human service levy and coordinating efforts to achieve a community vision. FCF is also involved in developing and coordinating human services outcome indicators, programs, grants, FCF resource mapping, and a multi-agency computer system.
- In Richland County, a Council on Governments (COG) was initially created to provide collaborative services. However, the county soon learned that the COG was competing against the agencies that it was supposed to be supporting. Now, this entity has now become a broker for services, not a service provider. The FCF entity helps start the collaborative process (i.e. assisting in developing proposals) and then passes it on to community agencies.
- In Stark County, the FCF Council has a staff of five and is responsible for administering grants. Staff have taken the lead in the county to track the services provided to multi-system children, and the outcomes which result.

Coordinator's Leadership

Some counties have chosen to hire a FCF coordinator, often using the FCF administration funds from the state or funds from individual county agencies. FCF coordinators serve several functions: coordinating the larger county collaborative efforts, coordinating the individual case reviews, or both of these functions. Coordinators are also often involved in developing and monitoring grants within FCF and coordinating efforts to obtain new grants. In larger FCFs, they may coordinate staff operating out of FCF. The role of the coordinator varies, from a more administrative role to being very active in creating relationships in the community. Coordinator leadership is viewed as strong in ten counties (five demonstration and five comparison), where all but one of these counties has good to strong FCF collaboration currently. These are counties where the coordinator may have played a key role in developing the collaborative efforts.

FCF Funding

Funding for FCF comes from a variety of systems. Counties receive a small amount from the state, usually \$20,000 to cover administrative costs. A few counties (less than a third)

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receive some discretionary funds from the Board of County Commissioners to support FCF efforts. Some counties also require membership dues from entities participating in the Council in order to cover operational costs. However, most of the funds for FCF activities (especially to cover the cost of services for multi-system cases) come from the individual agencies involved in these efforts. Decisions concerning how FCF costs should be covered often depends on the type of relationships that have developed among agencies, and the level of trust within the FCF. Nine demonstration counties and four comparison counties share funding for programs (Table 25). In these instances, the cost of particular programs or services provided in the county is covered by contributions from individual agencies.

Ten demonstration counties and twelve comparison counties share funds for individual multi-agency cases. The major players (usually the PCSA, mental health and the juvenile court) decide what proportion of the cost of the child’s services that each agency will cover. This is sometimes a predetermined proportion, and sometimes decided on a case-by-case basis, depending on the need of the child.

Table 25: Joint Funding Methods		
	Number of demonstration counties	Number of comparison counties
Shared program funding	9	4
Shared individual funding	10	12
Pooled funding	8	4

The most collaborative funding mechanism is pooled funding for individual cases. Each agency sets aside a predetermined amount of money at the beginning of the year to be put into a pool to serve multi-system children. As children are served, the services are covered by the funds in this pool, eliminating the need to determine who is responsible for what portion of each child’s care. Eight demonstration counties and four comparison counties currently pool funds for individual cases; additional counties are considering this approach. The existence of a pooled fund arrangement appears to be related to the strength of FCF membership in both demonstration and comparison counties: 10 of the 12 counties that pool funds have medium to strong FCF collaborative relationships. Further, eight of the 12 counties with pooled funds have good to strong structures at all three FCF levels, with no difference between demonstration and comparison sites. Lastly, 10 counties of the 12 counties that pool funds also share program funds: seven of these 10 are demonstration counties. Pooled funding is clearly an indication of highly developed collaborative FCF efforts.

State allocation for individual cases: Ohio counties are able to apply for state FCF funds to cover some of their costs of serving multi-system children. If a child meets specified criteria, some counties request funds to cover the cost of services for this child. Counties

vary quite a bit in their reliance on these state funds. During 1997 fiscal year, 23 of the 28 counties received state funds for individual cases, with little difference between comparison and demonstration counties. Five demonstration counties and four comparison counties received state funds for fewer than 10 cases. At the time of the site visits, many counties, especially smaller counties, felt that the current system of receiving these state funds is unfairly benefiting a few metro counties. These concerns have been voiced to the state and are expected to be addressed soon. Two demonstration counties and three comparison counties did not receive any FCF funds for any individual cases.

Shared Staff

A number of counties have developed arrangements to locate the staff of one agency in the office of another agency, improving the communication between agencies. In some counties, mental health or substance abuse counselors work in the PCSA agency to conduct assessments and make referrals to programs. PCSA workers are also acting as a liaison with the court to receive notification of cases coming from the juvenile court. With recent changes in welfare reform, some DHS agencies are co-locating staff to improve communication and sharing of information within DHS: for example, CSEA and OWF may have one contact person for all PCSA inquires to go through. Co-located staff is also found when programs such as Early Start, Early Intervention, and Head Start are merged into a single program targeted at young children. Other examples include having domestic violence counselors on-site at the PCSA or have PCSA workers located in local schools.

The majority of evaluation counties have developed some type of arrangement to share or co-locate workers. Nine demonstration counties and 10 comparison counties have some sort of shared staff arrangement. The benefits of these arrangements are clear: clients are served quickly, accurate information is shared between agencies, relationships are developed, and both sides gain a better understanding of each others' options and limitations. The success of these efforts can be seen in the fact that most shared staff are very difficult to access because their services are in such high demand.

Shared Data

Another indication of collaboration in FCF is the commitment of resources for shared data systems. Development of these systems allows accurate information to be passed quickly between agencies. Only one demonstration and two comparison counties have, or are in the process of developing, shared data systems. In one comparison county, this system would allow collaborative case management and the ability to make electronic referrals. Another comparison county has collapsed the various FCF grants into one unit and is currently developing a shared database. In the third county, a demonstration county, FCF has a database for all multi-system children served by FCF grants or funds that tracks outcomes and funding: data from this system is cross-referenced with other programs, to show impact of these programs. These three counties that are developing shared data systems have high past and present collaboration and have well developed multiple levels of FCF.

F.2. Relationships Among Child-Serving Agencies:

II. Descriptive Findings

While FCF provides the basis for broad community collaboration, the individual relationships that PCSAs have with other agencies in the county can significantly influence the PCSA’s ability to serve children. In trying to provide services to prevent placements, PCSAs must work closely with other agencies both to access their services, and to create new programs to serve the multiple needs of their clients. The following section explores the relationships between the PCSA and other county agencies that influence the PCSA’s. This section explores the relationship between the PCSA and four major child-serving systems: mental health, juvenile court, schools, and mental retardation/developmental disabilities. The site visit team interviewed representatives of most of these agencies in each county, and learned about the systems from other respondents.

Overall, many of the evaluation PCSAs have relatively positive relationships with the other agencies in the county (see Table 26). Seven demonstration counties and thirteen comparison PCSAs have neutral or positive relationships with at least three of the four county agencies discussed above (two comparison counties have a strong relationships with all four agencies). One factor contributing to these positive relationships is the presence of agency directors who have a history of working together and a commitment to continue these efforts. County Commissioners also play a role in reinforcing the importance of county collaboration.

Table 26: Number of Child-Serving Agencies with Neutral to Positive Collaboration					
Includes: Mental Health, Juvenile Court, MR/DD, and Schools					
	0 of 4	1 of 4	2 of 4	3 of 4	4 of 4
Demonstration	2	1	2	3	4
Comparison	0	0	1	5	8

Note: 2 demonstration counties are not included because of missing data.

Conversely, several counties stand out as having poor collaboration with other community agencies. These counties noted a history of lack of willingness to communicate and collaborate, often attributed to specific agencies or community leaders, who may continue to be resistant to change. Even if the leaders and administrators understand each other, misunderstandings and miscommunications may still occur at a front-line level and prohibit the establishment of positive relationships between agencies.

The discussion below examines the PCSA’s relationship with each of the four types of child-serving agencies (see Table 27).

Table 27: Nature of PCSA Relationships With Other Child-Serving Systems				
	Demonstration PCSAs		Comparison PCSAs	
	Conflictual to Neutral	Positive to Strong	Conflictual to Neutral	Positive to Strong

II. Descriptive Findings

Juvenile Court	6	8	3	11
Mental Health	5	9	3	11
Schools	10	4	7	7
MR/DD	9	3	7	7

Juvenile Court

The Juvenile Court traditionally has a love-hate relationship with the public child welfare system, offering essential legal authority to support child welfare decisions yet sometimes overruling child welfare and ordering different action. A positive relationship between the PCSA and the court indicates a mutual awareness of each other's roles and limitations, often with an understanding of why specific decisions are made, even if there is not consensus between the two. Other attributes contributing to positive relationships between the court and PCSA include a court that advocates for the child, actively creates preventive programming, and is involved in community collaborative efforts. Eight demonstration PCSAs and 11 comparison PCSAs report good to strong collaborative relationships with their juvenile court.

However, relationships between the PCSA and the juvenile court can also be confrontational. Only four counties, all demonstration sites, indicate confrontational relationships with the juvenile court. In these counties, disputes typically arise around a couple of issues. Some PCSAs resent the courts' lack of involvement in FCF, including unwillingness to contribute financially. PCSAs also experience frustration in regards to the court giving custody of unruly/delinquent children to the PCSA, shifting the cost to the PCSA. This is a real power struggle, because PCSAs have little control over this action. In fact, all of these issues are based on a fundamental difference in roles and responsibilities between the juvenile court and PCSA.

Poor relationships between PCSAs and courts can be improved through better understanding of each other's goals. The site visit team explored how courts are aware of the Waiver and the accompanying pressures this places on PCSAs to reduce placements. Of the 22 counties with data, 55% of the juvenile courts had little or no awareness of system reform or the Waiver. Juvenile courts in demonstration counties showed more understanding than those in comparison counties: seven of the 13 demo counties showed some to lots of understanding, while, only three of nine of the comparison counties showed the same.

Court Improvement Project: The Court Improvement Project is a national effort to improve communication between the court and community agencies. It is part of the federally funded Family Court Feasibility Study that strives to improve court activities related to child abuse and neglect cases, especially the foster care and adoption processes and systems. Pilot projects include the following efforts: improving quality of court hearings, instituting CASA programs, exploring court procedures to decrease fragmentation, developing data networks, and improving relationships between the courts and other parties.

Of the 28 counties in the study, only three demonstration counties report being involved in court improvement activities. Hamilton County has developed considerable resources on its project, focused on developing better relations between agencies and improving processes, such as developing time guidelines. The court has become more active in case staffings and individualized hearings, rather than simply acting as a rubber stamp of approval. The project also addresses back door activities, specifically improving the adoption process.

Mental Health

Overall, PCSAs have better collaborative relationships with mental health providers than with other child-serving agencies in their county: nine demonstration and 11 comparison PCSAs report strong to very strong collaboration. Collaboration is clearly strong in several counties where mental health has teamed with the PCSA to develop services specific to the needs of child welfare clients. Several counties have placed mental health staff in the PCSA office to provide assessments. In one county, mental health and the PCSA have created a joint unit to provide short-term stabilization, including in-home mental health services. Another county is using a team intervention model, which includes providing mental health services such as diagnostic services, group sessions, and day treatment. Another county established full-service mental health agencies to provide comprehensive response to gaps in children's mental health services, including treatment foster care, preventive services, and residential services, many of which are utilized by the PCSAs. In all these efforts, the PCSA and the mental health providers have responded to service needs in the community.

At the other extreme, three demonstration counties showed weak collaboration with mental health services. Dissatisfaction revolved around the PCSA's inability to access services (due to timeframes and quality of workers), mental health's unwillingness to participate in collaborative efforts, and a lack of communication between agencies. Mental health agencies have even less of an understanding of the Waiver and system reform than do juvenile courts: eight demonstration and six comparison counties (in the 22 counties where this data is available) had little to no understanding of the plans for change in PCSAs.

Schools

The relationship between PCSAs and schools tends to be more confrontational than some of the other PCSA relationships. In only four demonstration and seven comparison counties did schools and PCSA share a collaborative relationship. Areas of conflict with schools usually involve the treatment of referrals from schools to PCSAs. Schools often feel like referrals are not investigated adequately, while PCSAs feel they get inappropriate referrals from schools, for reasons such as truancy and lice. In seeking to address these issues, one county developed a protocol to limit the number of inappropriate referrals. Some counties have also developed liaison programs with schools, placing PCSA social workers in the schools to provide links between the two systems and enabling the PCSA to do child abuse prevention and outreach in the schools. One demonstration county has a special education supervisor who follows children if they are placed out of county to assure that they continue to receive appropriate services. In another county, a comparison site, the local comprehensive mental health agency offers free outreach services to families at the school site. Still another county has collaboratively developed a community-based service model built around an elementary school, involving schools, police, service agencies and community members.

It is important to note that the data on schools is more limited than other data in this section of the report. School representatives were not always interviewed during site visits. Even where school personnel were included, the evaluation team found that relationships varied significantly across different school districts in a single county. This is one area that will be more carefully explored in subsequent years of the evaluation.

Mental Retardation/Developmental Disabilities

The relationship between PCSAs and MR/DD agencies tend to be less strong than relationships PCSAs have with other child-serving agencies. The PCSA and MR/DD tend to have fewer interactions because the systems have fewer clients in common. Three demonstration and seven comparison counties indicate positive collaborative relationships. Counties often cite similar reasons for a strained MR/DD relationship: because the agencies serve different populations, MR/DD is less likely to be involved in collaborative effort. This limits communication and understanding between agencies, as well as limits financial support of multi-system children. MR/DD systems in many counties have focused their services on children under 6 or adults over 21, leaving the school-age contingent to the special education system. Therefore, while MR/DD may be involved in discrete joint activities, they often remain in the background in broader collaborative efforts.

In some counties, MR/DD plays a larger role in the activities of PCSA, usually where MR/DD leadership is predisposed to collaborative county efforts. Several counties have developed multi-services centers for special needs children, often including programs such as Early Intervention, Early Start, and Head Start. These programs provide service coordination and tend to have more contact with PCSAs. Relationships between the two agencies are also better when the MR/DD is willing to take on more funding responsibilities on both individual cases and collaborative agency programs and efforts.

Child Advocacy: GALs/CASA

Counties in Ohio have a number of different arrangements to provide advocacy on behalf of children. All counties have court-appointed attorneys who serve as Guardians ad Litem (GAL) for children in the court process. These attorneys are drawn from the public defender’s office or from a list of attorneys who volunteer to provide these services. Three demonstration and three comparison counties report using only attorney GALs (Table 28). Other counties have volunteer GALs who monitor cases. These volunteers, who receive extensive training and are able to provide more personal involvement than attorney GALs, provide recommendations and independent views of the best interest of the child: this arrangement is present in four demonstration counties and one comparison county.

Advocacy for the child in the court system is often formalized in entities created to perform this function- Court-Appointed Special Advocates (CASA) program, which exists in four demonstration and eight comparison counties in the evaluation. CASAs are made up of attorneys and volunteers who work together to advocate for the child. Because of the independence of this agency and additional support, they are able to avoid focusing on cost, and are thus able to provide more advocacy and conduct weekly visits.

The most extensive advocacy for children comes from formal child advocacy agencies that provide advocacy on issues outside of the court process. One county has a child advocacy agency that is helping to develop inter-agency relationships to improve the process for children, through policy changes. Two other counties have set up locations to conduct abuse and neglect investigations in a setting that is less threatening to the child. These centers draw together all those who are a part of the investigative process: medical staff, police, prosecutors and PCSA staff.

Table 28: Types of Child Advocacy

	Number of counties with:			
	Attorney GALs Only	Volunteer and Attorney GALs	CASA	Child Advocacy Program
Demonstration counties	3	4	4	3
Comparison counties	3	1	8	1

GALs and CASA provide advocacy for the individual child, and therefore, often raise objections to the activities of the PCSA. For this reason, relationships are sometimes strained, due to the roles that each entity plays. The advocate pushes for the rights of the child and may disagree with efforts to reunify with the birth family. Misunderstanding of roles and agency limitations may aggravate these situations: an advocate may recommend

an approach that the PCSA is unable to take because of state mandates. These disagreements often get debated in court, which is the purpose of creating an advocacy agent for the child: to assure that PCSA actions are appropriate.

Several counties mentioned the existence of groups that are very critical of the PCSA and the court. These groups may be made up of people fighting the court system and the PCSA to advocate for the rights of parents, bringing forward arguments that may be contrary to those of the PCSAs and the child advocacy entities. PCSAs in counties with these types of groups have been impeded by the numerous motions and activities against PCSA actions.

F.3. Barriers to Interagency Relationships

Despite all the positive interactions and collaborative ventures among the major child-serving agencies, many counties cite barriers to interagency relationships.

Table 29: Barriers to Interagency Relationships								
	Number of demonstration counties				Number of comparison counties			
	None	Minor	Moderate	Major	None	Minor	Moderate	Major
Turf Issues	2	4	7	1	2	6	4	2
Poor Worker Communication	5	4	4	1	9	4	1	
Inconsistent Philosophies	5	7	2		10	1	3	
Cross-Training	8	5	1		10	3	1	

Turf issues is the most frequently mentioned barrier to interagency collaboration: 12 demonstration and 12 comparison counties indicate that turf battles are a barrier, with eight demonstration and six comparison counties indicating it was a moderate to major issue. Turf issues are less prevalent in counties with strong FCF operations: of the 19 counties with good to strong present FCF collaboration, only four demonstration and two comparison counties indicate a moderate to major turf issue.

Poor worker communication was cited as a barrier by nine demonstration and five comparison counties: only one demonstration county indicates it is a major barrier. Nine demonstration counties and four comparison counties mentioned *inconsistent philosophies* between agencies as a barrier, but no counties mentioned it as a major issue. Finally, a lack of *interagency cross-training* was indicated in six demonstration and four comparison counties, with none of these indicating it as a major barrier.