

III. CHANGES WHICH HAVE OCCURRED SINCE THE WAIVER BEGAN IN OCTOBER 1997

Building on the foundation of the similarities and differences among the 28 evaluation counties highlighted in the preceding pages, this section examines ways in which the demonstration and comparison counties have already begun making changes, especially their use of managed care strategies, the central thrust of the Ohio Title IV-E Waiver. The description below begins with the county's decision whether or not to enter the Waiver, examining the thinking that influenced their path and the preparations they made for systems reform, whether through the Waiver or other strategies. We then explore the extent to which the demonstration and comparison counties have begun to experiment with managed care strategies, either explicitly or implicitly. The next section looks at the range of changes that are already occurring in demonstration and comparison counties. Finally, we focus on the strengths of the counties and the barriers they face in implementing the Waiver and other system reform initiatives.

A. Counties' Decisions about Joining the Waiver

The Process Implementation study poses the central question: What key factors influenced the decision by a county PCSA to participate or not in the Title IV-E Waiver? How do these factors affect the county's ability to achieve system reform, through the Waiver or otherwise? The Community Impact study seeks to draw attention to one particular aspect of a county's capacity for system reform, the relationship between the PCSA and its community. How much consideration did the PCSAs give to other agencies in the community and to the community at large, as it conceptualized its system reform ideas?

The core hypothesis is that certain characteristics predispose a county toward engaging in not only the Waiver but system reform overall, such that Waiver counties demonstrate greater interest and commitment to system reform, and, over time, more complete implementation of fundamental system change. Among these hypothesized characteristics are the degree of interagency collaboration in planning system change, the extent of staff involvement in the change process, and the underlying dynamics of the particular community.

A.1. Making the Decision About Entering the Waiver

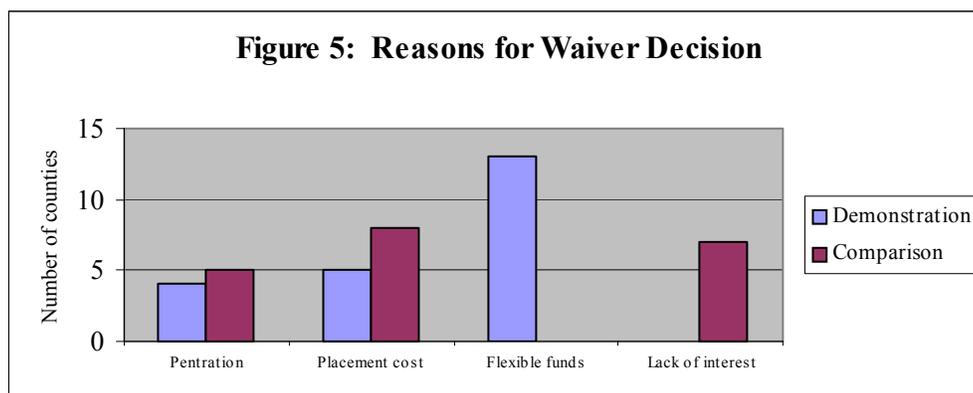
Beginning in December of 1995, ODHS conducted numerous community meetings around the state, to introduce PCSA directors and other local players to Ohio's Title IV-E Waiver, and to explain the potential benefits and challenges it offered to local child serving systems. The information provided by the state included one key component: a calculation of how each county PCSA would likely fare under the Waiver, using the cost neutrality formula – whether it stood to gain or lose under a fixed allocation based on prior year placement costs and expected IV-E penetration. This was a central ingredient in most counties' decision process; another strong factor was the environment of the county, whether there was an inherent impetus to change the status quo, a gut level sense that the system needed to be changed in significant ways.

The evaluation team explored the question of what motivated each county PCSA to participate or not in the Title IV-E Waiver (figure 5). Many offered multiple reasons for their decision. The two major reasons included the PCSA's Title IV-E penetration rate, and their placement days and costs – not surprising, since these are both part of the cost neutrality formula.

- ◆ Penetration rate was a factor in the decision for four demonstration and five comparison counties, or 32% overall. Three of the four demonstration counties had high penetration rates, so they welcomed the thought of a substantial sum of money in a flexible form; the other demonstration county had a low rate but joined nonetheless. Three of the five comparison counties felt that their low IV-E penetration would make the size of the flexible pot too small to be worth the effort; the other two comparison sites had high penetration rates, but that was not sufficient to overcome other disincentives to entering the Waiver.
- ◆ Placement days and/or placement costs were a major factor for five demonstration and eight comparison counties, or 46% overall. Five comparison counties shunned the Waiver because they felt they could not control placements; this was sometimes due to “dumping” of delinquent and unruly youth on the PCSA. Another comparison county had low placements but saw that they were on the increase. Several of the comparison counties were swayed by having already worked to get placements down, and did not see much room for further decreases. Two demonstration counties entered the Waiver because of high placement costs, which they felt the Waiver flexibility would help them to control. The other three demonstration counties were already on the road to reducing placements, and entered the Waiver in order to stabilize IV-E revenues before they went down.

Another key factor in the Waiver decision was access to flexible funds, especially because it meant receiving the funds up front rather than as reimbursement for expenses. All the demonstration counties welcomed the opportunity to spend IV-E monies on non-IV-E children and families, and to be freed from the detailed accounting for Title IV-E expenditures. Two of these demonstration counties said the Waiver fit the managed care direction the county wanted to go.

Another common reason which PCSAs gave for not participating in the Waiver was a general lack of interest in engaging in any more major initiatives. Seven comparison counties stated that they were already trying enough new things and/or they felt things were already going well in the agency, so the Waiver was not needed at the time.



ODHS played a distinct role in a few counties, in some cases discouraging county participation because the formula did not look as if it would be favorable to the county. In one case, the county opted to participate anyway, in another county they stayed out.

Decision-Making Players

In the site visits, PCSA directors and other management staff were asked about the deliberateness of their decision about Waiver participation. In nearly all the demonstration counties (13 of the 14) and half of the comparison counties (7), the PCSA managers made a conscious decision to join or not to join the Waiver, engaging in intense and systematic discussions about the pros and cons.

Although the decision about joining the Waiver was usually an explicit one, it was rare that PCSA top management had involved other PCSA staff or other agency directors in the debate. While the top PCSA managers may have had lengthy discussions among themselves, thinking through the pros and cons of Waiver participation, only sometimes did they bring into the discussion other leaders in the community or other PCSA staff. Only three demonstration counties and one comparison county involved other agencies, and only five demonstration counties involved staff below top management. Expanded discussion with both of these groups occurred in only two counties, one a demonstration and one a comparison county. In the demonstration county, these discussions were reflective of the overall collaborative nature of the children's services system. In the comparison county, the collaborative decision not to participate in the Waiver was consistent with the agency's predisposition to proceed slowly on new state initiatives, so that things would be settled before they got too involved.

All but three of the demonstration counties' PCSA directors have an adequate or good fiscal understanding of the Waiver. The counties with a good understanding and also making a firm decision were PCSAs who were active from the beginning of the Waiver discussions, and who had very clear ideas of how the Waiver could benefit their county. For example, Franklin County CSB and Crawford County CSB wanted the opportunity to use a managed care contract to reduce placement costs, while Greene County CSB wanted the flexibility to pursue a broad-ranging agenda of change.

Sharing Knowledge of the Waiver

Although staff were not brought in to discuss whether or not to pursue the Waiver, once the Waiver began, demonstration counties made efforts to inform staff of the opportunities – and obligations – which it entailed. Supervisors in ten of the demonstration counties have some or a lot of understanding of the Waiver, but in only three demonstration counties do workers have such an awareness. This understanding tended not to flow down as well in the larger jurisdictions, perhaps simply because of the overall communication problems in large bureaucracies. In other cases, the decision to not share the information was a conscious one, where a PCSA preferred to wait until the Waiver proved itself to be a worthwhile enterprise. In other counties, it was a matter of too much going on at once, so that the Waiver initiative became lost in the crowd.

CSEA and OWF staff had even less understanding of the Waiver, even where the PCSA was in a triple-combined DHS agency. In only two out of 14 demonstration counties did OWF have some to lots of understanding. And CSEA staff in all 14 counties had a minimal understanding of the Waiver at best.

A.2. *Expectations for Change*

Counties have quite varied expectations for what system reform can achieve, and, more specifically, what the Waiver will change in their child welfare system. The site visit teams talked with management staff in the PCSAs and also with some other agency administrators, about their expectations for systemic change. In a few instances, demonstration county respondents revealed an unusual degree of thoughtfulness about the “big picture”, sharing their philosophy of change and their vision of an improved child welfare system. Among the scenarios described, which we euphemistically call *logic models*, are the following:

- ◆ Franklin County CSB anticipates that the funding flexibility of the Waiver will lead to changes at the individual and the system level. For children and families, while fewer resources may be spent per family, service plans will be more creative, and will be implemented in less fragmented ways, and more attention will be given to assuring quality. At a system level, CSB can be more creative with agency contracts, and can broaden the provider pool. The long-term view is of a more focused county agency, with continued responsibility for intake and investigation, specialized placements, long-term foster care and emancipation, and permanent custody; and an intensified role in quality assurance.
- ◆ Greene County CSB, often a risk-taker, views the Waiver as one more innovative method to improve the service system. The funding flexibility enables the CSB to leverage change in a way it has not been able to in the past. By putting its own funds on the table, the CSB hopes to encourage other agencies to do likewise, eventually having pooled funding across agencies, which would support many new intervention approaches. The PCSA expects significant changes in the types of services families can access prior to reaching a crisis that would require out-of-home placement, and they expect, over time, to see a change in outcomes for those families.

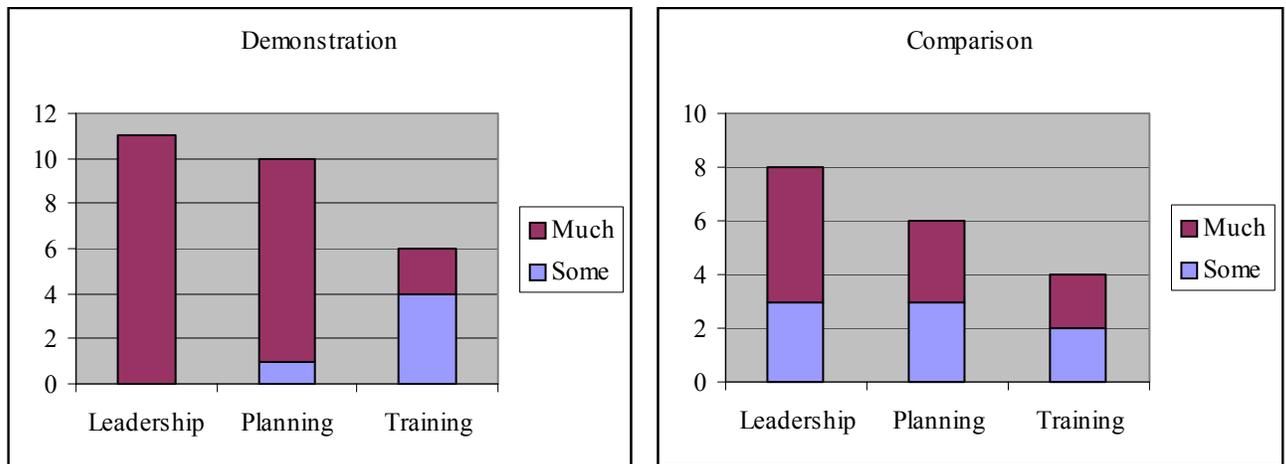
- ◆ PCSA leadership in Hamilton County has a very clear sense of direction. The Waiver has come at an ideal time to provide added impetus to the Department's three-pronged system redesign plan. Flexible funding will support development of a neighborhood-based service delivery system, which is expected to lead to more prevention of placement and expedited reunification; improved communication and collaboration between child welfare and other welfare-related programs will increase service availability and access, and enhance outcomes for families and children; and increased attention to fiscal and administrative issues (including maximization of federal revenues; strict and professional management of high cost, specialized services; strong quality assurance systems; and personnel evaluation systems that assure accountability) will result in more efficient use of resources.
- ◆ Lorain County CSB welcomes the Waiver as a key support to changes that were already underway. Having an assured level of Title IV-E funding, which can be used flexibly, enables them to let staff costs shift to the front end of the service system. They firmly believe that loss of the Waiver would have a dampening effect on all their reform activities, especially internal CSB changes, the managed care contract, and their efforts to reduce long-term foster care.
- ◆ Portage County Division of Children's Services (DCS) is very thoughtful about their hopes for change. Having a guaranteed amount of Title IV-E money enables DCS to do better budget planning. The decreased rules and regulations about use of IV-E funds allows more rational decision-making about which children to serve and how best to move them through the system, so that DCS is better able to target its efforts and ultimately be more successful with children and families. Flexible use of IV-E funds opens the door to greater innovative planning, more collaborative funding for new service ideas, leading to more varied services provided prior to removal, thus reducing the need for DCS to take custody, and reducing use of out-of-home care. Over time, as other agencies see the benefit that DCS services are having on children, and realize that their service contribution will work better as part of the whole, the job of serving children and families will become more shared among the community agencies.

These descriptions share several common themes: first and foremost, flexibility and innovation, and freedom from having to use placements to generate IV-E funds; but also seen as important dynamics of the Waiver are increased collaboration, sharing of resources, attention to quality, and, ultimately, better outcomes for children and families. These and other logic models will be followed systematically in the future years of the evaluation, to see whether counties' expectations are realized, and to see whether the very fact of having voiced a clear picture of the future influences how well system reform is achieved.

A.3. Readiness for Change

As part of exploring expectations for systems change, the site visit team also probed the extent of the PCSA’s commitment to reform, either through the Waiver or other means. This commitment, which can also be seen as preparation for systems reform, was examined from three perspectives: leadership, training, and planning.

Figure 6: Commitment to Systems Reform



Leadership was the area of most commitment, especially among demonstration sites. Eleven demonstration PCSAs (79%) are judged to have leadership that is significantly committed to reform; only five comparison PCSAs (36%) are judged similarly. A leader is judged to be strongly committed to reform if he or she, as director of the PCSA, actively conveys to staff and other child-serving agencies a vision for systems change, and takes deliberate steps to realize that vision.

Planning ranked next, with nine demonstration PCSAs (64%) and 3 comparison PCSAs engaging in substantial systems reform planning (see also discussion in section IIE2, on organizational development). One of the more objective measures of such planning was the existence of a strategic plan for the PCSA or for the larger community as a whole; several demonstration counties and some comparison counties are currently involved in a formal comprehensive planning process, and others are thinking about doing so.

Training was the area of least commitment to systems reform, not surprising because training logically follows after key change agents have led others through a planning process. Only ten counties are currently doing some or much training for systems reform, with demonstration PCSAs performing much like comparison sites.

When we examine the data for all three measures of commitment to systems reform, eleven counties stand out as making the most preparation for change and likely having the greatest potential for witnessing systemic reform. Seven demonstration PCSAs are judged to have moderate or substantial commitment to systems change on all three of the measures, while only four comparison sites are as active in reform. It is no surprise that

demonstration sites are pursuing more systems change, since that is one of the reasons the Waiver is appealing to counties. Perhaps more interesting are the four comparison sites that have chosen an active reform path. These are counties who declined to participate in the Waiver not out of any reluctance to change but, rather, because they were already doing creative things with their funding streams and the Waiver offered little added flexibility. For example, at the time the Waiver decision was made, Summit County CSB was actively drawing down Title XIX funds, and was less reliant on Title IV-E than many other Ohio counties.

B. Managed Care Strategies

The Process Implementation study explicitly explores how the demonstration and comparison counties are making use of managed care strategies. The central questions are: What models of managed care are implemented during the demonstration? Does the use and nature of managed care technology increase the level and quality of services provided to children and families? The overarching hypothesis is that demonstration counties will employ differing models of managed care, in terms of financing, quality assurance, case management, service array, and provider network characteristics; and that, over time, use of these techniques will lead to families receiving more varied services, and, if the managed care arrangements are family-oriented, families will be more satisfied and will have better outcomes.

B.1. Description of the various managed care strategies

Managed care offers a broad array of technical mechanisms to improve and simplify service systems. These techniques are not new to child welfare; indeed, many are already being used in systems around the country and in Ohio. What *is* new, however, is that managed care seeks to integrate the different components, packaging them into a coherent plan to contain costs, while enhancing service quality and/or expanding the population served – in short, creating a “managed” system.¹

Among the major managed care strategies which the Process evaluation explores in this first year of the Waiver, eight separate but related types of activities stand out. They include:

- ◆ *Financing Methods/Capitation and Risk:* At the heart of any managed care approach is capitation, the process whereby a fixed amount of money is paid in advance to cover the costs of services needed by eligible individuals or families. In receiving a flat rate per person, the provider promises to provide all needed services regardless of whether the cost of those services exceeds the payment. Herein lies the risk: can each child’s needs be appropriately met without financial loss to the provider? Capitation and risk can take many forms, and are often negotiated with the potential providers/managed care entities. Commonly, as the degree of risk to the provider increases, risk-sharing arrangements become more

¹ This section draws heavily from Kimmich, M. and Feild, T. Partnering with Families to Reform Services: Managed Care in the Child Welfare System. Englewood, CO: American Humane Association, forthcoming.

crucial. Although more examples exist of private sector capitated contracts than public sector ones, public agencies are beginning to explore flat rate funding for individual divisions or departments within a larger organization.

- ◆ *Provider Competition/Network Configuration:* A network refers to a group of service providers affiliated to increase their competitiveness and to assure a clientele. Often managed care recipients are limited to using providers in the network, or have to meet certain criteria to be allowed to use an outside service provider. The larger the provider network, the more potential exists for choice among service options and among providers of a given service, thus affording greater opportunity to meet an individual's needs. However, unless other providers of comparable services exist outside the network, creating competition, the network may not feel any pressure to keep service quality high, or even to maintain on the network a service that is required only infrequently. Especially problematic may be assuring inclusion of culturally-specific services and providers.
- ◆ *Monitoring/Utilization Review and Quality Assurance:* Utilization review is a formal process, often by an outside party, to ensure that the services being provided are necessary, appropriate, and at the lowest reasonable cost. The difficulty comes in determining necessity, appropriateness, and equal efficacy among competing providers (so that the lowest cost choice can be identified). Child welfare does not usually have the historical knowledge to rationally make these decisions, so it is left to experienced practitioners and sometimes fiscal accountants to judge on a case-by-case basis. Quality assurance can be seen as a broader, complementary activity, geared not just to ensuring minimal safety of children but also to fostering performance improvements over time. Quality assurance activities are slowly overcoming their exclusive process-orientation, beginning to address child and family outcomes rather than simply checking that cases proceed through the system at a desired rate.
- ◆ *Service Array/Care Criteria:* The availability of services, as noted above (section IIB1), is a critical variable in a PCSA's ability to be able to appropriately serve its clientele. Openly offering a comprehensive set of services to all families may be highly successful for some, but achieve little for others; effectiveness as well as efficiency requires that certain guidelines be established regarding what services should be offered to what children and families. In a managed care environment, care criteria means the list of allowable services, or the standards governing what services can be provided to whom. In child welfare, because needs do not neatly translate into unique service interventions, it may be most appropriate to have available a very broad array of services, and allow access depending on their inclusion in an approved family service plan. The challenge to child welfare administrators is to clearly define the "core services" frequently needed as well as encouraging innovative alternative approaches.
- ◆ *Process of Handling Cases/Care Management or Gatekeeping:* One of the most trumpeted of problems in conventional managed care plans is denial of needed

services, when a care manager who “guards the gate” keeps it closed. Care management is meant to be far more than this; it is a system in which a single professional ensures that a child or family obtains the mix and quality of services that they need. In child welfare, this role is most often played by a case worker; one of the problems, however, is that the assigned case worker may change as the case progresses through the child welfare system, and the relationship with the child/family as well as detailed knowledge may be diminished. Another salient issue is referrals to other child-serving agencies: case workers are not always able to follow up to assure services were obtained and were successful, nor is it always clear where the case management responsibility lies after referral to outside agencies.

- ◆ *Targeting a Particular Population/Eligibility:* Deciding who should receive services has a vast impact on the efficiency of the child welfare service system. The larger and more diverse the eligible population, in terms of the variety of needs, the more opportunity exists to find innovative and less expensive ways to serve people. Any savings generated on one child or family can easily be used to serve others in the eligible group whose needs are more costly to address. If the eligible group is limited to a small number of high-need children, the likelihood of achieving significant savings is lessened, especially in the short run. Adding to the pressure of the targeting decision is the urge to channel resources to children and families who are at risk of placement but not yet in the system, to try to prevent their ever entering. The PCSA engages in a delicate balancing act, trying to assure that those most in need are served appropriately, yet striving to serve people earlier to avert more serious and more costly problems.

The following sections discuss the findings on each of these topics. Because many of these managed care techniques are not novel ideas in child welfare agencies, the site visit team took some extra care to explore with PCSA interviewees a wide variety of activities they were undertaking, and often took the liberty of interpreting PCSA efforts as “managed care” even when respondents did not consciously think of the activities as such. As a result, the following section may lead to interesting discussions within and among the evaluation PCSAs regarding how much “managed care” each is really doing, and what other endeavors the site visit team should have identified. This aspect of the site visit investigations will thus become more and more explicit and detailed over the course of the evaluation, appropriately so since managed care strategies are at the core of the Ohio Waiver proposal.

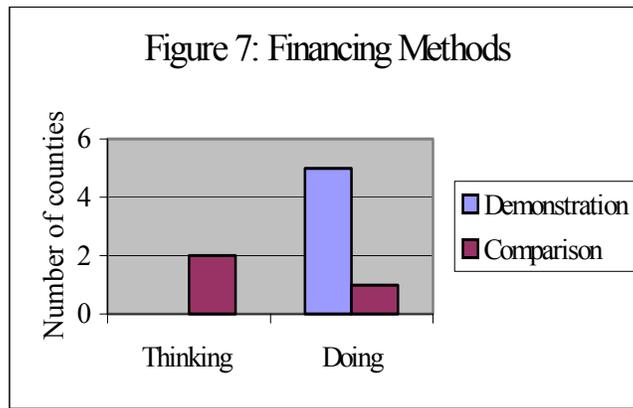
B.2. Utilization of Managed Care Strategies

Every demonstration county and most of the comparison counties are using some type of managed care strategy, to some extent. The most obvious examples are the counties which have executed a capitated contract with an outside entity, delegating authority for serving a certain population of children. But this type of activity is atypical of the evaluation counties as a whole; much more common is some type of restructuring of the PCSA casework units and workers, or reconfiguration of the way cases flow through the child welfare system. In addition to the six strategies defined above, Ohio counties have

also had the opportunity to try Caseload Analysis, a standardized methodology promoted by ODHS that categorizes needs of families by intensity and duration, and offers guidance regarding caseload mix and expected case duration. The following section describes how these various managed care strategies are being used across the 28 evaluation counties.

B.2.a. Financing Methods

Five demonstration counties and one comparison county have experimented with managed care financing methods. Two comparison counties are thinking about or actually planning to use such a strategy. In addition, one demonstration county and one comparison county who have used a contract mechanism in the past have now turned to internal staff to handle the responsibilities.



Five counties have implemented fairly conventional managed care contracts, although the specifications differ substantially.

- ❖ Crawford County CSB decided to explore managed care options as a way to reduce its skyrocketing placement costs. SAFY is currently under contract to serve children needing out-of-county placements. When it is determined that a child needs to be placed, the FCF clinical committee reviews the case. After they have explored all other options, the case is passed to SAFY. SAFY uses supportive services to prevent placements, as well as provides placement options ranging from regular foster care to residential treatment. SAFY is paid at a case rate of \$38,680/year with a group stop-loss and a no reject, no reject policy.
- ❖ Franklin County CSB has contracted with two different provider networks to each serve 160 randomly selected children each year (15-20% of total CSB cases). Intake, investigation, and adoption are handled by CSB; case management and all service delivery is the responsibility of the managed care contractors.
- ❖ Hamilton County DHS has three managed care contracts, each addressing different issues. The first, and longest running, is a contract for the provision of services to

multi-agency, or “cluster” children. The contract is supported by all the major child-serving agencies and is undertaken by a single service entity, Creative Connections, which provides care management and services through a network of providers. The contract is capitated, with a payment of \$3500 per month per child, with stop-loss protections and individual client maximums.

The second contract is with a private, for profit behavioral health managed care company, Magellan Public Solutions, who is contracted to manage all therapeutic services for the child welfare population, including outpatient and out-of-home care services. The contract began in January 1998, after 2 years of planning and negotiation. The contractor serves as an administrative services organization. Their charge was to reduce the rate of growth in costs to 3-4% (down from the historical 20-30% increase experienced in residential care), for a small, separate administrative fee. Further, they are to turn over the entire system to the county at the end of five years, if the county desires it. The first year goal was to cut costs by 10%; this goal was not achieved. The system is not currently capitated, but the Department may set a capitation rate in 18-24 months.

The third contract, IMPACT, is for the management of substance abuse services to child welfare children and families. The Alcohol and Substance Abuse Board created a quasi-managed care system, which includes a single provider coordinating intake and assessment, and referral to a panel of providers. Assessment takes place within the DHS building with strict timelines for access to services.

- ❖ Lorain County CSB recently contracted with Pressley Ridge to provide management services and intensive case management for multi-system, deep end children who come through the Integrated Services Partnership (Cluster). The performance-based managed care contract is for 100 assessments, 50 placements and 200 consultations (technical assistance with individual provider agencies). The contract is not capitated but there is a 5% hold back and 5% incentive arrangement; in three years, it may go to a capitated rate.
- ❖ Summit County CSB, a comparison county, is part of the Family and Children First Preferred Provider Network (PPN), consisting of 33 independent placement agencies with contracts totaling \$4.5 million. The Network serves all children who come through Cluster, and may also be used by any of the Cluster agencies for children in their care. This effort is seen as a way to control placement costs, moving the county agencies toward managed care; the contract may be capitated when it comes up for renewal in two years.

The CSB is also planning its own internal managed care initiative, due to begin in June 1999. It will include three separate pilots: the PPN for placements, described above; one Intake unit; and an emergency placement services network, also through FCF and similar to the PPN. They plan to introduce capitated rates after the efforts are established.

Three of the four demonstration counties are using a risk pool or corridor, and the other demonstration county is considering it.

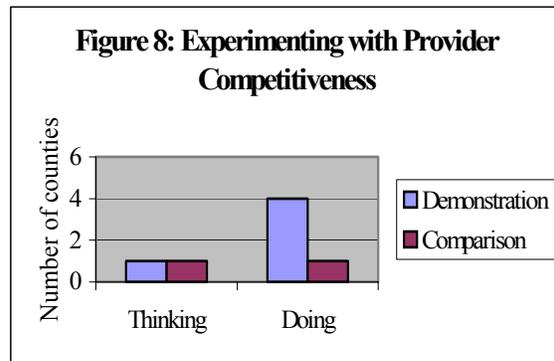
In addition to these five counties, Portage County has less deliberately moved into managed care financial arrangements, through its case rate contract with Northeast Ohio Adoption Services (NOAS), who is responsible for doing whatever is needed to secure a finalized adoptive placement for a specified number of children. NOAS' role includes training and recruiting adoptive families, child assessment, working closely with CDHS to prepare the child, matching child to family, taking primary responsibility for the placement, and providing post-placement and post-adoption services.

Two comparison counties who are seriously considering a move to a managed care financing mechanism are Clermont and Scioto. Clermont County DHS plans to issue a managed care contract sometime in 1999, targeted on reducing out-of-home care costs; it would include outcome incentives. The first objective is to reduce placement changes in first 7-10 days of care, and to provide wraparound services in the placement setting. Over time, the contract might expand to encompass DHS' own foster homes. Scioto County CSB is in the midst of developing a capitated rate contract for an in-county group home to serve children who are unruly and/or have serious behavioral issues.

Two other counties are worth noting, as their actions represent a conscious move to bring managed care efficiencies into the public agency. Muskingum CSB, a demonstration county, recently decided to discontinue a contract it had for adoption home-finding, instead building the capacity in-house. In similar fashion, Hocking County CSB, a comparison county, ended the flat rate contract for a foster care network, in favor of hiring its own staff person to coordinate and maintain the network.

B.2.b. Provider Competition

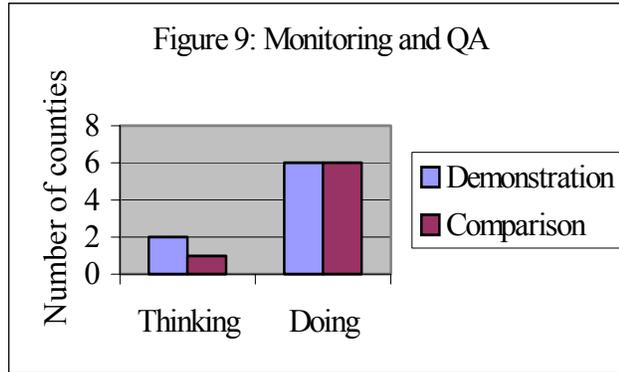
Use of managed care financing arrangements often lead to alteration of the provider marketplace through consolidation, mergers, and/or creation of formal networks of providers. Four demonstration counties and one comparison county have made changes in the competitiveness of the provider market, and two additional counties, one demonstration and one comparison, are considering similar moves, for a total of 25% of the evaluation counties. Three of the four demonstration counties and the one comparison county that have experienced changes in competitiveness are all counties that are using capitated contracts with newly created configurations of providers. These provider networks are partly composed of existing providers but also have brought in new providers. The managed care contract assures them of a certain amount of business, and increases their ability to survive in the marketplace. In at least one of these cases, the contractor has the expectation that the number of children being served will increase in future years, if all goes well. Many of these existing and planned networks are composed largely of foster care providers, since out-of-home care is the most expensive part of child welfare services, especially when provided by private providers and even more so when those providers are located out-of-county.



The two comparison counties who are using or planning to use competitive changes are focusing on foster care rates. One county is increasing the foster care rate for special needs children, to attract more foster homes, and the other is individually negotiating foster care rates to encourage new agencies to enter the market.

B.2.c. Monitoring and Quality Assurance

Changes in monitoring and quality assurance is one of the areas of greatest managed care activity in the 28 evaluation counties, with 15 or 54% thinking about or already implementing notable changes. The level of activity in this area is equal among demonstration and comparison counties. Six demonstration counties and 6 comparison counties have implemented some type of quality assurance change. In addition, two demonstration counties and one comparison county are considering such changes (see also section IIE above).

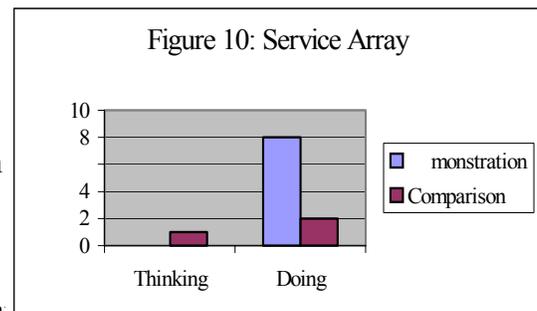


Because of the Waiver emphasis on reducing placements, and all counties' awareness of the primary role that placement costs have in the overall operation of each PCSA, counties are giving increased scrutiny to placements: to whether or not placement is needed, for how long, and at what cost. These monitoring activities can be characterized as utilization review. Three demonstration counties and one comparison county have instituted Placement Review meetings and other types of formal processes to monitor cases at various points as they move through the system. Some of the counties with managed care contracts have strict utilization controls included in those contracts.

On more of a general quality note, many counties are beginning to implement in-depth case review processes, sometimes done by peers, addressing not only compliance but also conformance to best practice. One demonstration county is planning a QA helpline for line workers who have clinical or administrative questions. Counties with managed care contracts share quality assurance responsibilities with their contractors.

B.2.d. Service Array

Making services increasingly available in a county is one step toward serving children and families more efficiently and effectively. Eight demonstration counties and three comparison sites, a total of 39% of all counties, are planning or implementing significant changes in their service array, as a conscious move to improve their service system. Nearly 10% of all counties are focused on



increasing the range of in-home services, including intensive family preservation, wrap-around, parent education, and prevention specialists out-stationed in the community.

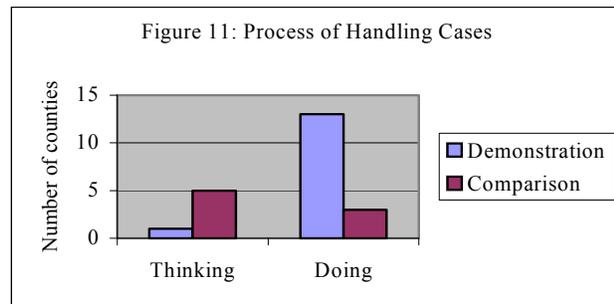
Several of the demonstration counties have also focused on increased use of kinship care. Among the other services that individual counties are beginning to plan or implement are: substance abuse assessments on site at the PCSA, intensive day treatment in-county, and mental health services for children returning from out-of-county placements.

Several of the counties with managed care contracts have consciously included in the contract types of services that were lacking in the county in the past, thus giving the county overall a fuller array of services to choose from.

Implementation of a managed care strategy to change service array may or may not already have translated into a change in the availability of services; in some cases, the strategy is so new that service providers are just beginning to actually provide new or expanded services. Five of the eight demonstration counties and one of the two comparison counties currently changing their service array as a managed care strategy have already begun to achieve changes in the services that are available. All six of these sites have tended to expand preventive services to avert placements.

B.2.e. Process of Handling Cases

The most prevalent managed care activity is changes in the process of handling cases. Thirteen demonstration counties (93%) have made such changes, and the other one is thinking of doing so. In sharp contrast, only three comparison counties have made changes in how cases are handled and five more sites are considering such action, for total of 57%.



The types of changes that have been made in the way cases are handled include basic restructuring of intake and ongoing units, to alter how case management responsibility is shifted between the units, and adopting some form of shared responsibility through team processes. These activities are characterized in more detail in the next section of this report, in the discussion of changes which have been made to case flow. However, it is important to highlight here some of the unique case management arrangements that are in place:

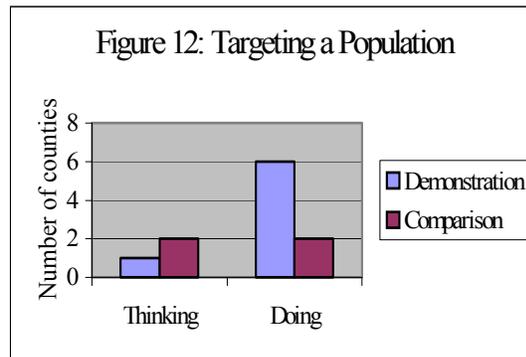
- In the fall of 1998 one demonstration county instituted a one-day case transfer process between intake and ongoing units, to expedite case decisions and service delivery.
- In another demonstration county, assessment and intervention workers may both be assigned to a case if early signs indicate that the case will likely be opened after investigation. This has helped to familiarize ongoing workers with cases, as well as improved the paperwork process.

- One comparison county has restructured its services units into generic units assigned to specific geographic regions. This new model was developed because of concern about the timeliness of services and the lack of worker and neighborhood continuity for families. The new structure is designed to involve families more in case management and planning. Another comparison county is piloting a similar approach, where the same case worker will carry a case from intake through adoption.
- Another demonstration county has gone from traditional intake and ongoing units to family-based teams. Each team has a coach (rather than a supervisor) and a mixture of intake and ongoing workers. The coach serves as a mentor, teacher, and trainer. The team makes decisions, which leads to an increased feeling of empowerment and flexibility among workers. This model has helped all staff learn about the entire system, and expand their focus.

In addition, the four demonstration counties that have standard managed care contracts have as part of those contracts provisions for sharing oversight responsibility for cases, including giving much of the intensive case management role to the contractor. The other demonstration county using a managed care financing strategy is considering ways to unify case management responsibilities of the PCSA with those of private providers.

B.2.f. Targeting a Particular Population

Six demonstration counties are actively targeting a particular population in their reform efforts, and one more is thinking about doing so, for a total of 50% of the demonstration sites. By contrast, only two comparison counties have implemented some targeting process as a managed care strategy and two more are considering it, for a total of only 29%. Three of the demonstration counties are those with managed care contracts geared to high-need children. Three others have targeted permanency activities, one working on adoption of teens, another focused on streamlining permanent custody processes, and another exploring assisted guardianship.



Among the targeted activities of comparison counties, one is working with the faith-based community to recruit African-American foster families, and two others are considering ways to serve high-need children who are likely to require out-of-county placement.

B.2.g. Caseload Analysis

Caseload analysis (CLA) is a standardized methodology that fits within an overall managed care framework of service delivery. As ODHS has defined CLA, its goal is to categorize needs of families by intensity and duration, in order to equitably distribute cases among workers. It also serves to provide standardized guidance to caseworkers regarding case duration based on type of needs. The ODHS model of caseload analysis

consists of: (1) family assessment, using risk assessment, genograms and ecomaps, and family strengths and concerns, (2) decision-making regarding families, which includes classifying families' needs, categorizing levels of service effort, and determining duration of service, and (3) providing time-limited outcome-based services. These three steps are pursued through use of a workload capacity management system, designed to distribute cases equitably among staff and to assist in managing the workload.

CLA is unusual among OHDS initiatives in that it has been heralded as a specific managed care strategy, and ODHS dedicated a staff person to spearhead the effort as well as hired a consultant to help counties implement the model.

Eight demonstration counties and one comparison county are currently using or planning to use caseload analysis. Seven of these eight demonstration counties have implemented or are implementing the ODHS model of caseload analysis. The two remaining counties have embraced the concept but have chosen a different model.

Table 30. Use of Caseload Analysis		
Extent of use of CLA	# of demonstration counties	# of comparison counties
Have implemented portions of ODHS model and are using it to manage cases	6	0
In process of implementing ODHS model	1	0
Planning to implement or in process of implementing alternative model	1	1

ODHS Model

Of the seven demonstration counties that have implemented or are implementing the ODHS caseload analysis system, four of them have enough experience with the system to have opinions about its value. In two demonstration counties, implementation of CLA had occurred within the last six months, and although staff are generally positive, they are unsure of the overall impact of CLA.

Usefulness of CLA: In the seven demonstration counties involved in CLA, four have found it somewhat useful, and two have found it very useful. It should be noted that counties are in various stages of implementation. Not all counties have the computer software designed to simplify management of caseloads. The county that piloted the software is just beginning to implement the other portions of the system. Staff in one county commented that CLA forces staff to shift from risk assessment and investigation to a comprehensive assessment of families. Staff in another county noted that CLA pushes staff to focus on the front end of the service continuum, thus preventing placements.

In the four demonstration counties with experience using CLA, opinions about the value of CLA are mixed. In general, staff believe that the system improves case screening, which has resulted in reducing the number of opened cases, focuses and shortens service delivery, increases team decision-making on cases, and encourages a preventive approach.

A significant focus of the CLA process is to pinpoint the adequacy of staffing levels. Administrators in one demonstration county found that workload, as measured through the CLA process, was 127 percent of staffing levels. Several managers in the demonstration counties participating in CLA commented that caseloads were too high for the system to work well, or as intended. However, in one demonstration county staff commented that the system is “the best exercise [they’ve] ever done,” because it made management look at staffing, and realize caseworkers were doing the best job they could, given caseloads; it has resulted in an increase in staffing levels. Another demonstration county has chosen not to use the time management portion of the system.

Examples of resistance to CLA included: In one demonstration county, the judge disagreed with the conclusions of CLA regarding case openings, thus discouraging workers from its use. A supervisor subsequently created a new weighting scheme, which was met with resistance from staff, further reducing the appeal of the system. Still another demonstration county developed a new intake form based on CLA, which has been met with resistance by referral sources because of the depth of information required.

The remaining demonstration county with some experience with CLA, Medina, was the pilot county for the computerized PRO system, which assigns workload to workers based on a combination of available time and case weighting. Medina has been using the PRO system for some time, and is beginning to implement the full CLA system. Supervisors and managers feel the PRO system is useful for internal tracking and case assignment. However, a few staff felt PRO has not been useful, and doubt the potential of the full CLA process.

Other Caseload Analysis Models

Two counties, one demonstration and one comparison, have not adopted the ODHS model but are developing their own systems, which are currently being pilot tested. Management staff in both counties support the CLA concept, but decided against using the ODHS model because they were skeptical about the validity of the time-consuming, “theory-based” model. The two sites are both large urban counties, with high turnover of line staff, making a model that relies on experienced and highly trained staff less attractive. They are developing their own caseload analysis systems based on empirical data collected in their individual counties. Both systems are being developed by the same consultant, AT Hudson, and are expected to look quite similar. The focus of these systems will be equitable distribution of workload.

The caseload analysis system needs further use before conclusions can be reached about its effectiveness or its appeal to agency staff. Managers questioned whether all components of the system needed to be used on all cases, and on the viability of the system relative to caseload size. Whether the findings of inadequate staff consistently

result in staffing increases remains to be seen. The computer software support, noted as a critical element of the system, had not been implemented in several jurisdictions using CLA. One agency reported that ODHS MIS review and oversight was delaying implementation of the automated system. Until this system is installed, and agencies have some experience with the full system, assessment of the value of CLA is premature.

B.3. Overall Managed Care Activity

Across the seven different managed care strategies discussed above, the most activity has occurred around case management and quality assurance, territory where child welfare is quite familiar. The least activity has occurred in the areas of financing and provider competition, an indication that counties are somewhat hesitant in embarking on conventional managed care. In future years of the study, the Process Evaluation team will thoroughly examine how and when PCSAs begin to explore various managed care strategies, and how those experiences affect their attitudes and performance over time.

While many of the 28 evaluation counties made only minor forays into the world of managed care, a few have confidently stepped forward to experiment with new technologies, especially through the flexibility of the Title IV-E Waiver. As Figure 13 below illustrates, demonstration counties were much more likely to be using or considering using managed care strategies than were comparison counties. Over half (57%) of the demonstration sites have gotten involved with managed care in four or more arenas, while the comparable proportion of comparison counties is only 21% (3 counties).

The most active managed care players, using 5 or more strategies, are sites of all sizes and geographic location in the state. What they seem to share is leadership that is visionary and energetic, supervisory staff who are dedicated and highly competent, healthy current financial status, and strong interagency collaboration. It is important to emphasize that counties that are not active in managed care are not necessarily lacking in these attributes. Some counties have very good leadership, good supervision, good funding, and good interagency relationships, but are not currently motivated to try managed care approaches. As the Waiver initiative proceeds, the evaluation team will pay particular attention to the counties that stand out in their willingness to try new managed care activities, in an effort to better understand the dynamics of public child welfare agencies adapting managed care strategies to a new environment.

Table 31: Number of Managed Care Strategies Being Considered or Currently Used								
	Number of managed care strategies used							
	0	1	2	3	4	5	6	7
Number of demonstration counties	0	0	1	5	3	3	1	1
Number of	2	4	3	2	2	1	0	0

III. Changes

comparison counties								
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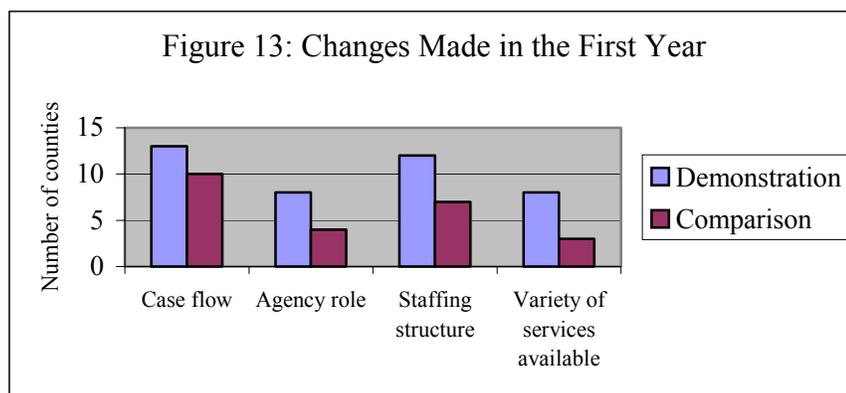
C. Changes Made in the First Year of the Waiver

The Process Implementation study seeks to explore policy and practice changes in the PCSAs, as a result of the Title IV-E Waiver or other system reform initiatives. What innovative practices are implemented as a result of increased flexibility and discretion in the use of foster care maintenance funds? This question can be addressed at two levels: whether the Waiver is a significant impetus for change (is as much system change occurring in comparison counties as in demonstration ones?), and whether the Waiver is being consciously used to support change initiatives (is IV-E money being used for specific non-foster care purposes?) The primary hypothesis is that more innovation will occur, at either or both of these levels, in demonstration than in comparison counties.

One key dimension of the expected changes in the PCSAs is their relationship to the larger community. The Community Impact study seeks to examine the relationship between the community and the PCSA. The main hypothesis is that, over time, the demonstration county PCSAs will be better understood and will be seen more positively by other agencies and by the community at large, than they were in the past, and in contrast to their comparison county counterparts.

The site visit team explored with PCSA staff the nature and extent of changes which had occurred in their agency in the past year, approximately since October 1997 when the Waiver began. The same time frame was used in discussions with comparison counties even though the Waiver initiation date held no particular meaning for those counties. For an initiative of the magnitude of ProtectOhio, a one-year time period is too short to realistically expect to see meaningful change, and much too soon to conclude anything about causation. However, this initial exploration of arenas of change helps to clarify where counties were prior to the Waiver, as a baseline, and it also helps to direct evaluation attention to particular county issues that have already been targets of special reform efforts.

Because the primary hypothesis is that systems change is more likely to occur in the demonstration counties than in the comparison counties, it is particularly important to examine the nature and extent of systemic change which occurs in the comparison counties, as a crucial contrast to demonstration county activity. In this way, the evaluation can begin to understand the system reform process and to distinguish Waiver-influenced changes from changes stemming from a variety of other sources.



The site visit team investigated four particular types of changes in the PCSAs: changes in case flow, changes in agency role, changes in staffing structure, and changes in service availability. Figure 13 above illustrates that demonstration counties are more likely than are comparison counties to have made each of the changes; the contrast is especially marked in changes to the variety of available services, where more than twice as many demonstration counties as comparison counties have made such a change.

C.1. Changes in Case Flow

More counties have made changes in the way cases flow through the PCSA system than any of the other types of changes. Thirteen demonstration counties (93%) and ten comparison counties (71%) have made such changes in the past year. These changes most commonly affect the intake process, but also include modifications to processes at case transition points and modifications to ongoing case practice, including permanency activities. The following discussion highlights the variety of changes that demonstration and comparison counties have enacted.

Changes in the Intake Process

Both demonstration and comparison counties are using a wide variety of strategies to manage the inflow of cases to the child welfare agency, from adding a designated screener to completely changing both the process and philosophy of how cases are screened and assessed.

- ❖ **Screening**: Several counties, both demonstration and comparison sites, have a designated screener to take all calls; other demonstration counties have a group of highly trained people (e.g. masters level staff, or supervisors) who share the responsibility for initially screening cases. A number of counties, demonstration and comparison alike, have modified their screening forms, to better assess risk and determine which cases to open, or to focus on family strengths.
- ❖ **Abbreviated Assessment**: In response to the time-consuming nature of the mandated risk assessment tool, a number of demonstration counties have inserted a preliminary assessment process, a faster avenue to assess whether or not to do the full risk

assessment process. More than a simply a telephone screening, these assessment approaches tend to be more community-focused, observing the proximate environment and judging whether another child-serving agency would be more appropriate to serve the family.

- ❖ Triage: Still another approach is to reduce intake caseloads by triaging the cases. In one comparison county, supervisors and workers use information gathered in a brief visit with the family. One demonstration county has developed a standard protocol which community referral sources use to determine whether the case is appropriate for the PCSA. In another comparison county, the Prosecutor decides if the case is court-worthy and if CSB should file for custody.
- ❖ Intake Enhancements: In several counties, the Intake function has been modified to offer more personalized interaction, rather than simply a standardized investigation role. Some counties are offering many home-based services at time of intake, and staff are following up with referral sources to assure them that action has been taken on the case, thereby educating them further about appropriate referrals. Some intake units are also experimenting with geographic assignment of cases, so that staff become better connected in the community and can better connect families to their neighborhoods (vis a vis Family to Family efforts), enhancing referrals as well as service delivery.

Changes in Case Transition Processes

Some counties are experimenting with different timing in transferring cases between intake and ongoing units. In some counties, ongoing workers are involved earlier in the case, or the case transfer process between intake and ongoing is expedited so that case decisions and service delivery happen more promptly. Some counties are piloting integrated teams of intake and ongoing workers. A variation on this “teaming” concept is creating integrated teams of workers from the PCSA and mental health staff, as in Stark County’s FIRST unit.

Another potentially problematic case transition point occurs between the Juvenile Court and the PCSA. Several comparison counties have created a formal process or a position to ease this transition: one county has a designated court liaison, and another has a formal notification process from the court to CSB before a case is transferred. Two other comparison counties have worked out ways to share information well before the court hearing: having a paralegal from prosecutor’s office participate in all CSB staffings in preparation for going to court, or supplying a packet of information to Probation and getting agreement from all involved parties prior to the custody hearing.

Changes in Ongoing Case Practice

A few comparison counties are trying new strategies in ongoing service units. One county has instituted ongoing placement team meetings, including all who are involved with case/family, within 7 days of case opening to discuss placement options.

Several counties, especially demonstration sites, have taken steps to expedite permanency petitions, in anticipation of implementation of ASFA and Ohio’s HB 484. Many counties

are avoiding long-term foster care, asking instead for permanent placement if no changes occur within 6 months. A number of counties have begun to implement a single home study for foster care and adoption, to expedite foster-to-adopt placements, and others are combining foster care and adoption staff into a single unit, to even out the workload and to support earlier adoption planning.

C.2. Changes in Staffing Structure

Twelve demonstration counties and seven comparison counties have made changes in staffing structure since October 1997. Not surprisingly, all but one of these (a demonstration county) were the same counties who made changes in case flow, since case flow is often changed by assigning staff to new roles or creating new positions. Types of PCSA staffing changes included additional line staff, additional administrators, and sometimes locating staff from another agency in their offices, to facilitate service access for PCSA families.

Of the 12 demonstration counties that altered their staffing structure, seven are using Title IV-E monies specifically to enhance PCSA staffing. Among the innovations that have been funded is Muskingum's Enhanced Services unit, which contains all case aides, family stability workers, homemakers, a nurse and an Early Start worker.

C.3. Changes in the Role of the PCSA

Eight demonstration counties and four comparison counties made some change in the role of the PCSA, most often toward a more preventive focus, or, less frequently, moving in the opposite direction, to define its boundaries more clearly as serving children in danger and needing placement, shifting the preventive role to others in the community. A few PCSA's altered their role on another dimension altogether, striving to be seen as a more highly trained and professional organization.

Of these 12 sites that have already made some change in the PCSA role, ten were counties with the highest level of leadership commitment to change (seven demonstration and three comparison), suggesting that when leaders are out front on reform, changes are more likely to occur in the agency's role.

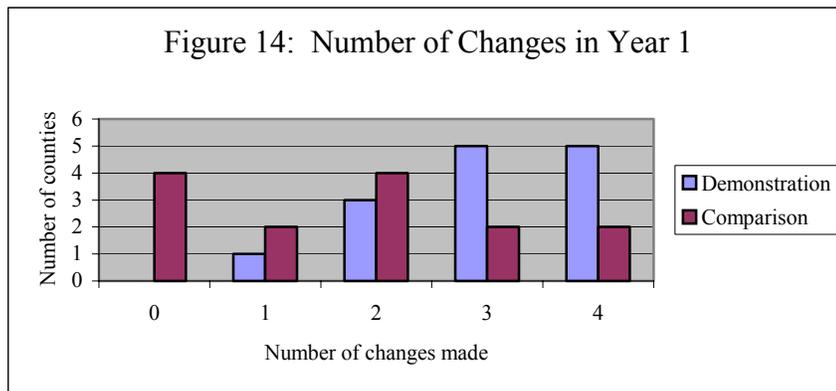
C.4. Changes in the Variety of Services Available

Eight demonstration counties and three comparison counties made changes in the variety of services available in the community, many of these as a conscious part of their managed care strategy (see Section IIIB2 above). Among the services most commonly added were intensive in-home services and wraparound services; less frequently, counties have added transportation, clinical supervision for staff during meetings with birth and foster families, or specialized services such as a visitation house for birth families to meet with the children in a natural setting, or intensive day treatment.

Of the eight demonstration counties who changed their service array, five are using Title IV-E funds for preventive services.

C.5. Overall Changes

While the foregoing discussion of specific types of changes reveals a clear pattern of greater activity in demonstration counties than in comparison ones, the following bar chart is also telling, indicating that demonstration counties have made more changes overall than have their comparison counterparts:



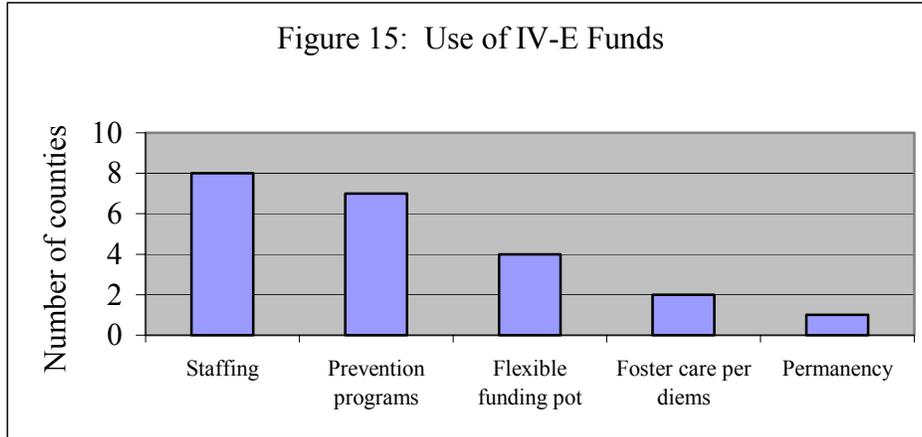
Ten of the 14 demonstration counties have made three or four of the key changes discussed above; in sharp contrast, only four comparison counties have been so active in PCSA reform. These “change agent” counties are characterized by strong PCSA leadership for systems change, nearly always in the person of the PCSA director but sometimes another key manager is leading the reform. These counties have a sense of the “big picture” for the future of their community, and many have developed a succinct agency-wide or community-wide plan for change. For example, the Greene County CSB strategic plan focuses on increasing financial resources, increasing non-financial resources (including pursuing COA accreditation); increasing interagency collaboration, and improving programs and services. Both the planning process and the implementation process involve staff from all levels of the CSB as well as from outside agencies, thereby increasing the likelihood that internal CSB changes are accompanied by complementary changes in the larger human services sector in Greene County.

The lack of greater reform activity in the other ten comparison counties is a further reflection of the same factors that made them disinclined to participate in the Waiver – they are not currently facing any external pressure to change, as things are going fairly smoothly for the PCSA at this time. At the extreme of this group are four comparison counties who have made none of the four possible changes. This group is somewhat mixed; it includes at least one county that has made a great many changes in the years leading up to the Waiver, and is still “weathering the storm” that often accompanies system reform; the others are currently in a comfortable stage, with the agency out of the headlines and not feeling any strong reasons to enact significant change.

Systemic change on a countywide scale requires committed, consistent leadership over time, because it is a lengthy and sometimes tortuous process. Several counties are in the midst of such change, enduring resistance from various quarters as they keep focused on the vision for reform. The ones who will be ultimately successful will likely be those where communication is a priority and where the change process has remained fluid. One demonstration county is simultaneously making efforts to improve staff skills, reorient the agency toward prevention, and attain COA accreditation. Another demonstration PCSA is facing the challenge of maintaining its momentum for significant reform, because the leader who initiated a broad-based reform agenda has left, and it is unclear whether his replacement will be someone who has a similar vision. These and other counties promise to offer much insight into systems change during the course of the evaluation.

C.6. Changes in Use of Title IV-E Funds

A key question in the evaluation of ProtectOhio is whether Title IV-E funds are being consciously used in a flexible way, to go beyond the previous limitations of foster care to support system reform initiatives. One of the limitations of Title IV-E, eliminated under the waiver program, is that funds are only available to help pay for placements rather than family-based services. This question is being examined in a much more detailed fashion as part of the Fiscal Impact study. However, the Process Implementation study is also concerned with this issue, as a further reflection of how creative counties are being under the auspices of the Waiver. It is important to note that these particular data are not comprehensive, but very much represent an initial “testing of the water”. Many PCSAs are deliberately not tracking how Title IV-E monies are used; not being mandated to do so is one luxury they now have. Nonetheless, the site visit team did ask some general questions about how flexibility of Title IV-E funds has made changes possible. To varying extents, each of the 14 demonstration counties was able to offer an indication of the non-traditional ways they planned to spend or had already begun to spend their flexible IV-E funds.



The most frequent use of Title IV-E funds is for internal capacity-building. Eight of the 14 counties noted that the flexible funds had made possible the hiring of new staff, the use of outside consultants and trainers, and/or the upgrading of PCSA facilities, such as phone systems and computer tools. Seven of these eight counties are among those who have altered their staffing structure (described above).

Half of the demonstration counties are using Title IV-E funds for prevention programs, sometimes to increase support for existing services but more often to fund a new activity. Five of these seven are among those who have successfully changed their service array (described above).

Only four counties mentioned using Title IV-E funds to expand the “flexible funds” pot, to use for emergencies and one-time client needs. Three of these were counties who also reported that staff have good access to flexible funds, perhaps because of their enhancement via Title IV-E funds.

A small number of demonstration counties are consciously using Waiver funds to supplement existing placement-related payments: one is using it to increase adoption subsidies, and two others have increased foster care per diems to PCSA foster homes to make them more competitive with private networks.

Most of the counties reported using Title IV-E funds in only one or two ways (11 counties), focusing at this point in time on the most pressing of needs. By contrast, one county said it was doing all five of the options posed, spreading its Waiver flexibility as widely as possible in the initial year of the initiative, and two others reinvested Waiver funds in three different ways.

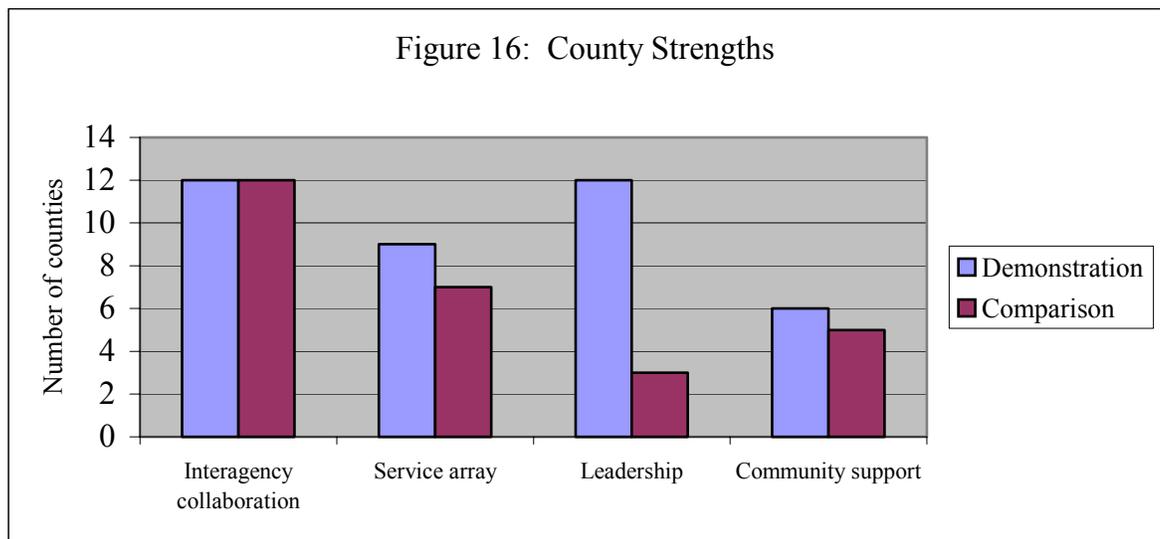
D. County Strengths and Barriers

This section discusses the nature of the strengths and barriers in the demonstration and comparison counties, that foster or inhibit implementation of the Waiver or other local reforms, and ultimately affect accomplishment of the county’s system reform objectives.

The site visit teams interviewed a very wide range of people in each evaluation county. In nearly every interview, the last two questions asked were “What do you see as the major strengths of this community and of the PCSA in particular?” and “What do you see as the biggest barriers to desired reforms, or the biggest challenges facing this community as it seeks to reform itself?” The site visit teams also added their own observations to this collection of responses, yielding a more comprehensive picture of the strengths and the barriers in each county.

D.1. County Strengths

Site visit interviewers heard about a wide range of strengths in local children services systems, some being characteristics of the PCSA and others being factors observed in the community at large. Four types of strengths were noted most frequently: interagency collaboration, the array of services for children, PCSA leadership, and PCSA relationship to the community at large. Several other strengths emerged in fewer counties but are nonetheless noteworthy. Each of these is discussed in turn below.



Interagency Collaboration

Most commonly cited county strength in supporting children and families and fostering desired reforms in local service systems is in the area of interagency collaboration. Respondents in twelve demonstration counties and an equal number of comparison counties remarked on how well the major child-serving agencies work together, often jointly funding service efforts. For many of these counties, the strong interagency collaboration has existed for a number of years, having begun as a children’s cluster or even pre-dating cluster. In three of the demonstration counties, the PCSA stands out as a lead collaborator. For several counties, demonstration and comparison alike, interagency collaboration is remarkable not so much for its absolute strength as for the growth it is currently experiencing; these counties’ respondents welcomed the improvements in formerly weak interagency linkages.

Hamilton County is illustrative of the counties with very strong interagency collaboration. The Children and Families First Council facilitates extensive collaborative activities and planning for improved service delivery across systems and agencies, and continues to experiment with innovative programs at the neighborhood and school levels, supported by evaluation information. The Council has 80 dues-paying members, with monthly well-attended, public meetings. The Council operates a crisis hotline for children and adolescents, and aggressively and successfully pursues grant funding with 3 full-time staff. A sense of teamwork on behalf of children and families permeates the human service community, with few complaints of “turf” issues.

Service Array

Nine demonstration counties and seven comparison counties noted the breadth and richness of services for children and families. Seven demonstration counties and two comparison counties particularly emphasized the strength of the preventive services available, while several other counties highlighted an especially strong service linkage with another child-serving agency, such as mental health.

PCSA Leadership

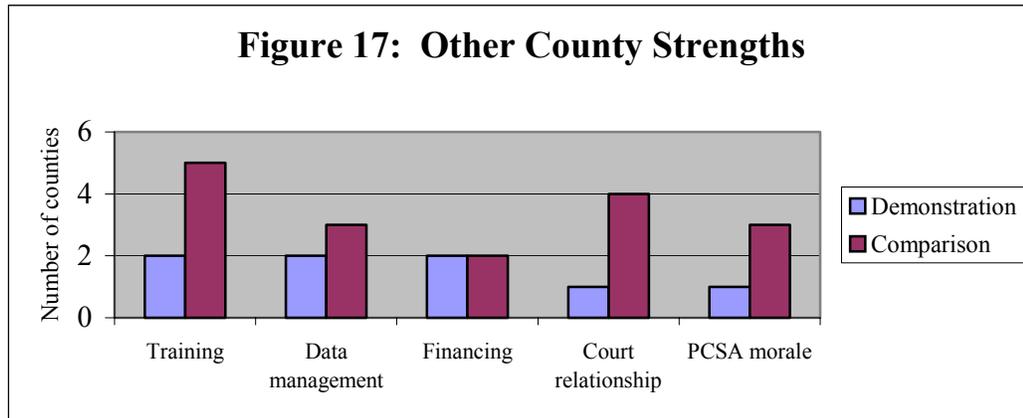
Commentary about PCSA leadership took a variety of forms. Nearly all the demonstration counties (12) noted it as a point of strength, as did three comparison counties. Strong leaders were described as those who were making significant changes in the internal operations of the PCSA, and who were pushing for broader changes in the community as a whole. Phrases such as “change agent”, “opening up the agency”, and “more teamwork” were heard often in these counties.

PCSA Relationship to the Community

Respondents in six demonstration counties and five comparison counties highlighted the good relationship between the PCSA and the community at large. Three demonstration counties and two comparison counties emphasized how the PCSA reaches out to the community, through public education activities and public relations campaigns. The other counties in this group tended to simply remark on the strength of the support shown by community residents and by the Board of County Commissioners. These are by no means the only counties where the community and the Board are supportive (see section IIC1 above), but they are the only ones where such support stood out as a particular factor aiding the PCSA in achieving its objectives.

Other Strengths

Several other strengths emerged in a small number of counties: training, data management, financing, relationship to the Juvenile Court, and PCSA staff morale.



Training: All county PCSAs conduct training for their staff, but only a few of them make a concentrated effort to foster greater professionalism in supervisory and line staff. Several of the seven counties noting training as a strength spoke of the importance of annual agency retreats focused on system improvement. Several also commented on the value of their county’s cross-agency training events, which directly reinforce interagency collaborative efforts. Respondents in one demonstration PCSA and three comparison sites also noted positively the emphasis on increasing the skill level of staff through pursuit of advanced educational degrees. All PCSAs have access to TOPS, but only these few are making a particular effort to take full advantage of the opportunities it offers.

Data Management: Public child welfare agencies are not renown for their data management capability. Data management issues are often among the toughest challenges they face. As discussions above indicate (section IIE and section IIIB2), however, a number of demonstration and comparison counties have developed their own data systems, and many are focusing on improving their quality assurance activities. Two demonstration counties and three comparison counties stand out as having data management as an area of strength. Two comparison counties reported good capacity to track service needs; one demonstration and one comparison counties were remarkable for their data analysis savvy, and two demonstration and one comparison counties are strongly focused on improving quality assurance.

Financing: Similar to their data management profile, public child welfare agencies typically do a less than remarkable job of financial management. As chapter 4 discusses in detail, even the state-level systems have their limitations. Nonetheless, two demonstration and two comparison counties are notable for the high quality of their financial affairs, including some innovative contracting methods and tracking systems.

Relationship with the Juvenile Court: Although nearly all of the evaluation counties remarked on the positive nature of their interagency collaboration, only a few pinpointed the special role played by the Juvenile Court. As discussed earlier in Section IIF2, 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. In one demonstration county and four comparison counties, the PCSA is seen to consistently work well with the court, and the court system as seen as being proactive and collaborative outside of the courtroom.

PCSA Morale: Morale is one of those dynamics that is most noticeable in its absence, or when it is noticeably improving after problematic times. Such is the case in the one demonstration county and the three comparison counties who noted morale as an area of particular strength. All four of the PCSAs are witnessing great improvements in staff morale, due to a variety of factors (see discussion in Section II.C.1 above).

This discussion of strengths is simply a beginning to the exploration of factors that most enhance a county's ability to make systemic changes in children's services. In subsequent years, the site visit team will examine the identified strengths in more detail in each county, and will track the extent to which the same topics remain as strengths, or perhaps even become barriers, as the change process evolves.

D.2. County Barriers

The counterpart to strength is weakness. But weakness connotes a lack of strength, whereas in the evaluation counties, the issue is what interferes with a county being able to make best use of its strengths -- barriers to being strong, or challenges to using the strength to its best advantage. The demonstration and comparison counties do not so much lack certain key characteristics, as encounter roadblocks to making improvements in their child and family services systems. In asking about barriers and challenges facing the counties, the site visit team heard a very wide variety of stories, a flavor that is missing in the list of commonly-mentioned barriers. Discussions in earlier sections of this chapter (see especially Section II.F.2), as well as the following section, begin to convey the meaning behind the litany of issues which are seen as inhibiting implementation of the Waiver or other local reform efforts. These issues will be pursued in more detail in subsequent years of the evaluation.

Both demonstration and comparison counties face a number of barriers that make system change more difficult. Overall, demonstration counties mentioned slightly more barriers than did comparison counties, with ten of them (71%) noting five or more barriers, compared to only seven comparison counties (50%). Eight topics appeared consistently as moderate to major barriers to change in individual counties: interagency turf battles, community education/awareness, service gaps, placement costs, PCSA turmoil, worker communication across agencies, inconsistent philosophies across agencies, and cross training of staff (Table 32).

Table 32. County Barriers					
	Small to no barrier		Moderate to major barrier		% total counties reporting moderate to major barrier
	Demonstration	Comparison	Demonstration	Comparison	
Turf battles	6	8	8	6	50%
Community Education	9	6	5	8	46%
Service gaps	9	11	5	3	29%
Placement cost	10	10	4	4	29%
PCSA turmoil	11	9	3	5	29%
Worker communication	9	13	5	1	21%
Agency philosophies	12	11	2	3	18%
Cross-training	13	13	1	1	7%

Interagency turf battles was the most frequently mentioned barrier, noted as a moderate or major barrier in eight demonstration and six comparison counties -- 50% of counties overall. Problems ranged from disputes about funding for a particular child, to refusal to sit at the table together, to confusion from overlapping mandates.

Compared to turf issues, the need for community education/awareness was noted in somewhat fewer demonstration counties but somewhat more comparison counties, for a comparable total of 46% of all counties. Four of the five demonstration counties also recognized turf barriers, suggesting the link through confusion about agency roles. The community education barrier focuses on ignorance or disaffection of the community at large regarding the mission of the PCSA, as reflected in a recent levy failure or simply community members voicing complaints about the PCSA for not doing things they expect it to do.

Service gaps, placement costs and PCSA turmoil were all identified as barriers in 29% of the counties, with a fairly even split between demonstration and comparison counties. Slightly more demonstration counties expressed concerns about service gaps, which likely reinforced their desire for flexible IV-E funding through the Waiver. The identical data for demonstration and comparison counties regarding placement costs underlines the point made above (Section III.A.1) that *ability* to control placement costs was more of a factor in counties' decisions about entering the Waiver than was their actual costs. PCSA

turmoil encompasses a wide array of situations, from lack of internal leadership to strong leadership being severely challenged from outside, and from extensive organizational change underway to staff unrest from lack of change. As a result, it is difficult to characterize this turmoil as ultimately productive or not; it bears watching over the course of the evaluation.

Poor worker communication across agencies was identified as an issue in 21% of the counties, noticeably more often in demonstration counties (five) than in comparison sites (one). This finding is reinforced by data showing that PCSA staff in these counties experience less than positive relationships with staff in other agencies. All of these counties also mentioned interagency turf battles as a barrier, suggesting that in these particular counties the management-level disputes reached down to affect line staff relationships. Inconsistent philosophy or approach across agencies does not appear to be the cause of poor worker communication: of the two demonstration and three comparison counties acknowledging this barrier, only two counties also faced the challenge of poor worker interactions. Cross training of staff, another need likely influencing worker communication, was only noted in two counties, neither of which had worker communication or turf barriers. Throughout the evaluation, the site visit team will continue to examine the interplay among all of these factors.

IV. PLANS FOR NEXT YEAR

The Process Implementation team anticipates a very busy year. The major activities will include a second round of site visits to all the demonstration and comparison counties, development of a database on community well-being (as part of the Community Impact study), preparation of the Interim Implementation Report, and contribution to both the Semi-Annual and Annual Reports for the evaluation as a whole. We discuss in more detail the first two of these tasks.

A. Site Visit Plans

One member of the Process Implementation team will visit each demonstration and comparison county in the fall or winter, to follow up on themes identified in the first year visits. As we have noted in the preceding sections of this chapter, numerous issues require additional information to clarify their significance for the counties' performance. The team will assemble early in the second year of the study, to thoughtfully discuss the most perplexing of the data questions, and to outline an approach to resolving the difficulties. We will prepare detailed interview protocols, including a core set of questions for all counties, plus an addendum listing individual county issues to be discussed.

These site visits will be more targeted than the first year visit, and will require only one or two day visits by one team member. We will attempt to schedule the visits so that close to a year has passed between the two visits, so that the information more accurately reflects actions taken in a one year period.

In one aspect, the second year site visits will explore new territory. The site visitor will attempt to interview some representatives of the larger community, outside of the major child-serving agencies, and will begin to identify local sources of socioeconomic and demographic information, both qualitative and quantitative. This information will be used to supplement secondary data contained in the Community Impact database (see discussion below).

B. Community Impact Database

Three major types of county-level data will be included in the Community Impact database: (1) economic/income indicators such as poverty rate, welfare eligibility, Medicaid participation, other income support benefits (e.g., food stamps, child support), unemployment, affordable housing; (2) indicators of community well-being, at the *family* level, such as incidence of abuse and neglect, percentage of low birth weight babies, infant mortality, births to unmarried teens, high school drop-out rates, truancy, juvenile arrests; and at the *system* level, such as number of child-serving agencies and magnitude of fiscal commitment to children and family services; and (3) indicators of community satisfaction with the child welfare system, including knowledge of system roles and changes made, perceptions of impact on community safety and well-being, satisfaction with interrelationships among child-serving entities, and support for system reform, from the perspective of community members.

The annual site visits will yield much of the needed community well-being and community satisfaction data, by adding questions to various site visit interviews (e.g. with PCSA leadership, administrative staff, and line staff at collateral agencies) and by adding some new interviews -- with local philanthropies, churches, chamber of commerce, United Way, major businesses and community leaders, and local government officials.

In addition, the study team will gather aggregate data on community well-being and economic/income trends from statewide data sources such as the annual reports prepared by PCSAO, periodic studies done for Ohio Kids Count, and information from Ohio state agencies, including ODHS, the Ohio Bureau of Employment Services, the Department of Development, the Department of Health, the Department of Youth Services, ODADAS, ODMH, ODMR/DD, the Office of Criminal Justice Services, and the Juvenile Court. The Census Bureau and local school districts may also provide some needed data. Finally, the Environmental Stress Rankings developed by the Department may be used, as well as the Comprehensive Needs Assessment report.