

CHAPTER 10:

CONCLUSIONS AND NEXT STEPS

The foregoing chapters have addressed the core question of ProtectOhio: Does flexible use of Title IV-E funds contribute to improved outcomes for children and families? Seen through the lens of the nine sub-studies which comprise the evaluation, the Waiver has had varied effects on public service systems, on child welfare agencies, and on children and families. Because this is an interim report, examining data from the first Ohio Waiver and/or the first two years of the second (current) Waiver, the results are in no way conclusive. In some cases, the evaluation team has only begun to scratch the surface of understanding the dynamics of the Waiver; in other sub-studies, we have been able to see more clearly how the Waiver alters the likelihood of desired outcomes for children. This chapter summarizes the main findings from the participant outcomes analysis, the process implementation studies, and the fiscal analysis. We then offer some preliminary insights regarding overall Waiver activity. Finally, we outline some of the major tasks that the evaluation team will pursue in the remaining years of the second Waiver.

10.1 SUMMARY OF INTERIM FINDINGS

In the order which the studies appear in this report, we highlight key findings for each of the nine evaluation studies.

10.1.1 Participant Outcomes: Safety Analysis

The Title IV-E Waiver program is designed to shift services away from placement by changing the fiscal mechanisms that support in-home and out-of-home services. In effect, the goal is to level the playing field so that service investments that lower the demand for out-of-home care draw federal financial participation in the same way that out-of-home care would have. Without the Waiver, federal funds flowing to the local jurisdiction would fall as the service utilization shifts away from placement. A key assumption underlying the Waiver theory is that services provided in the home offer at least as much protection for the child as placement. That is, supporting children in the home will not increase the likelihood of a subsequent report of maltreatment.

At this point in the analysis (Chapter 2), the study team is not able to make a definitive statement about safety during the first Waiver. More work needs to be done to consider the timing between events and to examine county-level differences within the demonstration and comparison groups. However, the results *do* point in some clear directions. Over time in the demonstration counties, children appeared to be more likely to have their cases opened and somewhat less likely to be placed. With respect to safety, the evidence also suggests that, over time, children in the demonstration counties were less likely to have a subsequent report of maltreatment. However, the data show that subsequent reports of maltreatment *also* declined in

the comparison counties and that the rate of change sometimes favored the comparison counties. Thus, the evidence for a distinct Waiver effect is mixed.

10.1.2 Participant Outcomes: Placement Outcomes Analysis

The placement outcomes analysis examined permanency and step-downs for children in long-term out-of-home care, using data from the first Waiver period (Chapter 2). The study team found that:

- During the first Waiver, demonstration counties were able to use the Waiver to move children languishing in long-term placements at the beginning of the Waiver into stable permanent living arrangements. Without the Waiver, fewer of these children would be in permanent settings.
- There was some evidence that the Waiver contributed to stable step-downs for children in congregate care. Without the Waiver, fewer children in demonstration counties would have been stepped down into less restrictive settings.

10.1.3 Process Implementation: Supplemental Qualitative Study

The Supplemental Qualitative Study explored three topics: leadership, adoption efforts, and the PCSA's relationship with the juvenile courts (Chapter 3). Through telephone interviews, the study team learned that:

- In the past four years, leadership changes were more common in the comparison sites than the demonstration counties.
- A common goal for all counties, demonstration and comparison, is *service improvements*; for demonstration sites, this included successful implementation of ProtectOhio strategies.
- Most counties, both demonstration and comparison, have made changes to their adoption subsidy levels over the past few years in response to changes at the state level or to the increasing needs of children and families.
- The quality of counties' relationships with their juvenile courts is highly varied. Two key factors appear to be the philosophy of the court and the existence of a IV-E court.

Chapter 3 also includes discussion of utilization management, one of two particular aspects of managed care which are part of the second Waiver evaluation. Through telephone interviews with all counties, the study team examined six aspects of current county practice in monitoring and overseeing placement cases. These activities can assist child welfare agencies to increase the appropriateness of child placements, improve child outcomes, and contain costs. We found that, for individual placements, most counties follow a placement decision process that closely resembles best practice, requiring higher-level reviews before a child can be placed. In other respects, however, most counties are less systematic in their approach to managing placement usage: they tend *not* to (a) set specific limits on placement duration, (b) use a formal level of care tool (LOC), (c) incorporate outcome-based performance measures in provider contracts,

(d) conduct retrospective reviews of placement cases following case closure, or (e) set rigid targets for their overall number of placement days.

10.1.4 Process Implementation: Family Team Meetings Strategy

Three sets of findings emerged from the FTM study (Chapter 4):

Implementation: The 13 demonstration counties implemented FTM as their common strategy under the Waiver. SIS data indicates that demonstration counties held over 5,440 FTMs, involving over 2,900 children. Among the 14 comparison counties, seven hold some sort of family team meeting; in contrast to the ProtectOhio model, their programs were more likely to serve a selected part of the ongoing services caseload or consist of only one meeting.

Fidelity: While the individual demonstration counties evidence fairly low, albeit mixed, fidelity to the ProtectOhio FTM model overall, they appear to do better in adhering to certain model components than others. In particular, children in the demonstration counties are very likely to have a first meeting within 35 days (75%), and, in four counties, well over 90% of children have a second meeting within 100 days of the first one. Assuring that a variety of people attend each FTM is considerably more challenging for the counties, perhaps because of variations in the expectations for facilitators and caseworkers. It is interesting to note a negative association between meeting regularity and parent attendance at the meetings.

Outcomes: With a limited time span of data available, only very preliminary outcomes can be reported. Children in demonstration counties are somewhat more likely to go to placement, but, when they need to be placed, they appear to be more likely to be placed with kin than are children in comparison counties.

Results so far suggest the following lines of inquiry for the future:

- Monitoring differences in characteristics of children who receive FTM and children who are sampled but do not receive FTM.
- Gaining insight into staff and parent perceptions of FTM and reasons parents do or do not attend meetings.
- Collaborating with demonstration counties to clarify interpretations of FTMs held at critical events and learn more about the recommendations for change that come out of FTMs and how those recommendations are acted upon.

10.1.5 Process Implementation: Supervised Visitation Strategy

Overall, the eight demonstration counties participating in Supervised Visitation have implemented a visitation program which appears to be an enhancement to the regular visitation program occurring in most other counties. Three sets of findings emerged from the study (Chapter 5):

Implementation: As a group, the eight visitation counties held over 5,000 visits, serving nearly 500 children, during the first year of data collection. ProtectOhio visits are usually held at the agency or at an agency visitation site; visitation counties overall hold more visits at dedicated

visit sites than non-visitation counties. The visits are supervised by a variety of personnel, including dedicated visitation workers, caseworkers, and case aides.

Fidelity: Visitation counties have had varying degrees of success adhering to the ProtectOhio model for supervised visitation. By definition, all visits included in the evaluation were supervised. For the components of *duration* and *attendance*, all counties have easily met the model standard. Ninety-seven percent of all supervised, occurring visits last at least one hour, and 97% are attended by at least one parent. However, counties are performing less well on the components of *planned activities* and *weekly visits*. Only 65% of visits were recorded as having activities which were planned and at least partially completed. The range among counties on this criterion was 38% to 81%. The evaluation team plans to investigate further the reasons for the relatively low fidelity on this measure, exploring the challenges counties face in planning and implementing activities during visits. Finally, the average amount of time between visits was 15 days for visits one and two, and nine days for visits 2-10, exceeding the seven days which is the model standard. Analyzing visit patterns, including the amount of time from placement to the first visit, will be a priority for the rest of the evaluation period.

Outcomes: At this time, only 189 ProtectOhio supervised visitation participants can be included in the outcome analysis. This sample differs in key ways from the available comparison group, most notably on length of placement. These two factors make it difficult to present a thorough, comparative outcome analysis at this point in the evaluation. As more children complete their case trajectories, making more data available, the evaluation team will be able to analyze outcomes for a larger sample. Preliminary results are only illustrative; they suggest that supervised visitation cases are doing at least as well as cases from comparison counties on the following outcomes: length of stay, number of new placement episodes, number of exits from care to reunification, and length of case opening. In the future, we will also be exploring other outcomes: the number of subsequent case openings, number of subsequent substantiated reports, and number of placement moves within a placement episode.

10.1.6 Process Implementation: Kinship Strategy

The kinship study (Chapter 6) explores three areas: whether kinship counties are able to use Waiver flexibility to consistently identify and support kinship caregivers; whether kinship counties increased their use of kinship caregivers; and, as a result of these two efforts, whether children who spend more time with kin have better outcomes.

Identifying and Supporting Kinship Caregivers: There are indications that the six kinship counties are slightly more able to provide some components of the kinship model than the other evaluation counties -- they more often use genograms or other formal tools to identify kinship caregivers, they have the option to provide one-time or per diem subsidies, and they have the ability to provide a wider array of supportive services to kinship caregivers. In examining overall efforts to support kinship caregivers, kinship counties also rank higher than both other demonstration counties and comparison counties on a simple kinship index, indicating they are systematically more focused on supporting kin. However, in terms of fidelity to the kinship model, the kinship counties lack consistent implementation across all components of the model.

Overall, rather than creating a comprehensive system to support kin, kinship counties appear to be modifying their case practice on a case by case basis, to meet the needs of kinship caregivers.

Use of Kinship Caregivers: Examining changes in the volume of children placed formally with kinship caregivers reveals that demonstration counties use kinship caregivers in higher proportions than the comparison counties; this pattern emerges when looking at children placed with relatives while in PCSA custody and unpaid placement days (an indication of the use of kinship caregivers). Further, the six kinship counties noticeably increased their use of these formal kinship placements since the implementation of the kinship strategy in 2005. For cases where the PCSA does not take custody, the study team tried to implement a flagging process to identify children placed with kin, but we were ultimately unsuccessful; we have thus been unable to explore changes in the volume of these informal cases.

Outcomes for Children Placed with Kin: At this point, we are unable to report on outcomes for children placed with kin. For the final evaluation report, we will explore outcomes for children who are formally placed with kinship caregivers, making a comparison to similar cases in non-kinship demonstration counties and the comparison counties. We will also examine the outcomes of the cases included in the case record review process.

10.1.7 Process Implementation: Enhanced Mental Health/Substance Abuse Services

The five counties participating in the Mental Health/ Substance Abuse strategy are seeking to improve the process of obtaining MHSA evaluations and/or services for child welfare clients (Chapter 7). The study team has completed the evaluation of Lorain County's MHSA enhancements; it reveals some encouraging patterns. Collection and analysis of case record and outcome (FACIS) data from 93 families suggests that *since implementation of enhanced services:*

- More children received assessments;
- More clients had evidence in their case record of treatment completion;
- Cases closed more quickly;
- The time between assessment and case closing was shortened;
- The time between the start of services and case closing is shortened;
- More children experienced a substantiated or indicated CAN report while their cases were open or within one year after closing;
- Cases opened after implementation of enhanced services had fewer placement days.

Many of these results may simply reflect an overall agency trend toward closing cases more quickly. However, evaluation evidence suggests that the efforts of the LCCS Alcohol & Drug and Extended Casework Services units have expedited services for families and are making practical differences in case resolution.

10.1.8 Process Implementation: Franklin County Managed Care Study

The managed care study in Franklin County (Chapter 8) examined the impact of a managed care strategy on outcomes for children in Franklin County. The Franklin County Children Services agency (FCCS) employs case rate contracting on a sample of cases, with the goal of more effective and efficient use of limited service resources. The evaluation tested the hypothesis

that the use of case rate financing leads to no worsening of outcomes for children. In order to do this, the study team used administrative data to build a hierarchy of case histories and examine the quality of long-term child outcomes. The analysis found no evidence of any significant difference in the quality of child outcomes between cases assigned to private contractors and those assigned to the public agency. However, a high rate of “hold-backs,” in which nearly half of the children assigned to private agencies were actually served by the public agency, makes it difficult to detect effects.

In analyzing the hold-backs, the team found that among the children assigned to a private agency, those who were recent victims of child maltreatment were more likely to actually be served by the public agency (i.e., never transferred to the private agency) than were children who were not recent victims. This variation does not compromise the validity of the estimates on child outcomes; however, it is an indication of systematic differences between the public agency caseload and private agency caseloads.

10.1.9 Fiscal Analysis

The fiscal analysis examines changes in spending patterns over time (Chapter 9). The distribution of changes in foster care board and maintenance expenditures during the interim period between the first and second Waiver (2003-2004) reflected a somewhat different pattern than those observed during the first Waiver (1998-2002). In the first Waiver, comparison counties occupied positions at both the low and high end of expenditure change distribution, although they were more clustered at the high end. During the interim period, three demonstration counties reduced foster care expenditures significantly, while comparison counties continued to dominate in the higher end of the distribution. The pattern suggests that demonstration counties were beginning to control expenditures more than comparison counties. When considering the first year of the second Waiver (2005) relative to the average of the two interim years, it again appears that expenditure changes in the demonstration counties are beginning to diverge from those in comparison counties -- demonstration counties as a group appear to be controlling foster care expenditures more than comparison counties. These findings suggest that Waiver incentive may be beginning to operate as it was intended in the demonstration counties.

With respect to Waiver revenue, the majority of demonstration counties continued to have more Waiver revenue than they would have received under normal Title IV-E foster care board and maintenance reimbursement rules. Most demonstration counties with growing amounts of flexible revenue, relative to the last year of the first Waiver, reinvested it in child welfare expenditures other than board and maintenance.

10.2 THE BIG PICTURE: PERSPECTIVES ON THE SECOND WAIVER

With only two years of activity under the current Waiver, and a wide variety of studies comprising the evaluation, it is difficult to frame an overall picture of the impact of the second ProtectOhio Waiver. The participant outcomes analyses utilize data from the first Waiver; this yields valuable insights about early Waiver activity, and enriches the subsequent analyses the

study team will undertake using data from the second Waiver period. However, any linkages that might be made between the participant outcomes findings and the process or fiscal findings are impossible at this point. The larger perspective that can be described at this stage is exclusively focused on fiscal changes and specific service strategies.

The three core service strategies –family team meetings, supervised visitation, and kinship supports – show low to moderate levels of implementation of the defined models. This poor fidelity may be the result of unnecessary complexities in the model design, or it may reflect political and/or cultural reasons for resisting a new paradigm. The less that the demonstration counties engage in uniform practice, the less likely it is that the evaluation team will be able to detect any impact of the intervention on participant children. The remaining years of the Waiver afford counties a crucial opportunity to further enhance their service strategies, and thereby make possible a more textured evaluation of child and family outcomes. However, regardless of improvements in model fidelity, the strategy studies will compare child and family outcomes for participating demonstration sites versus comparison counties.

The fiscal analysis shows indications that the demonstration counties are diverging from the comparison sites in ways consistent with the theory of the Waiver. Future years of financial data will enable us to assess more clearly the full impact of flexible Title IV-E dollars on county spending patterns. At that point, expenditure shifts can be judged in the proper context, as potentially facilitating changes in service availability and, consequently, outcomes for children.

In evaluating the current Waiver, our team continues to experience challenges recognized during the first Waiver – data limitations, variations among the county-administered demonstration PCSAs, and the inherent flexibility of the child welfare agencies that rely heavily on levy funds (making Waiver flexibility a marginal benefit, in some cases). But we also encounter some new challenges, especially salient in light of the federal emphasis on use of distinct service strategies. Small sample sizes for each intervention make statistical analysis more difficult; and isolating the effect of a single service strategy is complicated by individual children being subject to more than one of the key interventions. In addition, each demonstration county can choose to use its flexible funding to pursue other initiatives beyond the pre-defined strategies, thus further accentuating the inter-county differences. The evaluation team continues to tackle these and other issues, and to document our methodological concerns so that results can be most useful to the Ohio child welfare community and also to federal policy makers.

10.3 NEXT STEPS IN THE EVALUATION

In the remaining three years of the evaluation, the HSRI-Westat-Chapin Hall team will pursue all the topics described above, generally following the Evaluation Plan prepared at the beginning of the Waiver (HSRI, April 2005) and modified subsequently (HSRI, June 2006). In light of the findings presented above, some additional modifications will be necessary. We describe these minor changes in the following section.

10.3.1 Participant Outcomes Activities

10.3.1.1 Safety Analysis

The examination of case trajectories will continue, focusing on three crucial issues: (1) introducing timing between events within the two-year observation window, particularly between opening and placement; (2) investigating the validity of the comparison counterfactual with respect to substantiated investigations; and (3) examining county-level differences within the demonstration and comparison groups. To the extent that these analyses prove useful in illuminating underlying patterns of case movements, we will apply the approach to the second Waiver period as well.

10.3.1.2 Placement Outcomes Analysis

The team will not repeat the permanency and step-down analyses for the second Waiver. Instead, during the rest of the evaluation, the team will update one of the analyses conducted during the first Waiver: the examination of re-entry to care among children in their first placements. Using data from the first Waiver, the re-entry analysis will investigate re-entry 18 and 36 months after initial exit from care, as well as examining re-entry not only from reunification but also re-entry after exiting to the custody of relatives and (depending upon the adequacy of the data) to the custody of kin.

The study team also will conduct a new analysis of first placements. Using the same statistical techniques used in Year 5 of the first Waiver evaluation, the team will examine exit types for first placements, length of stay for first placements, re-entry rates, and length of time between exit and re-entry. This analysis will examine second Waiver effects; compare effects between the first and second Waiver periods; and assess effects over both Waiver periods together. The Bridge period will be excluded from the study because it differed from both Waiver periods in contractual requirements and strategies used.

10.3.2 Process Implementation Activities

Many of the Process Implementation sub-studies entail similar tasks. We describe here five common activities, noting for each the applicable studies. We also highlight proposed modifications to the Evaluation Plan.

10.3.2.1 Qualitative Interviews

Annual qualitative interviews will be conducted with all counties, both demonstration and comparison. Interviews will be held during site visits in Fall 2007 and Spring 2009. Telephone interviews will be conducted in Spring 2008 and Fall 2009. Each of these data collection periods will cover some but not all of the Process study topics. The evaluation team will hold additional interviews as needed to follow up on specific topics. The four expansion counties will be interviewed in 2007 on all topics covered so far in the evaluation. In general, the qualitative interviews will:

- Inquire further into all topics covered by the Supplemental Qualitative Study, including utilization management;

- Monitor implementation and fidelity to the FTM model, with a focus on staff perceptions of FTM, meetings held at critical events in the case, and recommendations for change that come out of FTMs;
- Further investigate counties' fidelity to the supervised visitation model, with a focus on activity planning and visit patterns;
- Rigorously question counties about how they use and support kinship caregivers; and
- Gather details on mental health and substance abuse service in all 27 counties.

10.3.2.2 Focus Groups

As part of our 2007 and 2009 site visits, we will be conducting focus groups in all counties, to gain more information for the process implementation studies. For example, the evaluation team will be meeting with families to find out how they feel about the supervised visitation and FTM programs. We will also be meeting with kinship caregivers and with caseworkers who use FTM, to learn more about their experience with the strategies.

10.3.2.3 Case Record Reviews and Surveys

Case record reviews will be an ongoing part of the strategy evaluations for kinship and for enhanced mental health/substance abuse services (MHSA). For kinship, we will be revising our previous case record review protocol used in Lorain and Muskingum counties for use in the other four participating counties, to add to our descriptive analysis of kinship cases. For MHSA, we will draw two samples of cases from each of the four participating counties—a “pre” sample and a “post” sample. The data collected from these case records will form the primary data set for the MHSA studies.

As a possible alternative to the case record reviews, the kinship study team may conduct a survey of caseworkers, and possibly kinship caregivers, to learn more about the trajectories of cases in kinship placements.

10.3.2.4 Data Analysis

Quantitative data analysis of strategy, FACSIS, SACWIS, survey and case record data will be ongoing throughout the evaluation. For the process implementation analyses, particularly for supervised visitation and FTM, we will be examining the mismatch of cases between SIS (strategy) data and FACSIS data obtained from the state. For our strategy outcome analyses, we will be investigating demographic differences between strategy cases and comparison cases. Other highlights of the analyses we will conduct include:

- FACSIS data will be used to examine the dynamics in volume of kinship placements, as well as intermediate outcomes for kinship cases;
- FACSIS and strategy data will be used to monitor both county and child-level fidelity measures and their correlation with child outcomes, for Supervised Visitation and FTM strategies; and

Qualitative data from interviews, focus groups, and site visits will be categorized and used in combination with other available data to provide a complete picture of the process implementation across the 13 demonstration counties.

10.3.3 Fiscal Analysis

The fiscal study team will follow the evaluation plan as currently described. However, the team will continue to seek the best methodology for evaluating changes in foster care and all other child welfare expenditures, exploring a combination of non-parametric approaches to analyze fiscal changes. We will still characterize each county's expenditure pattern in percentage terms, but the percent will be of total change relative to the baseline starting point.

10.3.4 Expansion of the Evaluation

As noted above, four more counties have been added to the ProtectOhio Waiver, bringing the demonstration group to 17 PCSAs. For evaluation purposes, four counties will similarly be added to the comparison group. As soon as all eight new counties are on board, the evaluation team will conduct initial telephone interviews with each county, to establish a baseline understanding of PCSA structure and practice. We will also prepare a memo to ODJFS updating the evaluation plan (HSRI, April 2005) to accommodate the new sites.

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