

CHAPTER 3:

PROCESS IMPLEMENTATION STUDIES

3.1 OVERVIEW OF THE PROCESS IMPLEMENTATION STUDIES

The Process Implementation Study consists of six distinct research studies, all addressing structural or service delivery changes being implemented systematically in all or some of the demonstration counties. As a whole, these sub-studies encompass most of the substantive changes in child welfare policy and practice currently underway in the demonstration county group.

In this and subsequent chapters, we present the evaluation details for each of the five distinct “intervention strategies” that have been selected by ODJFS and the Consortium for focused effort during the second Waiver, plus one additional supplementary process piece (see box). As described previously in the Evaluation Plan (HSRI, April 2005), the process to arrive at these five specific intervention strategies involved many steps and many stakeholders. The evaluation team prepared “feasibility studies” for a dozen research topics that emerged in the first Waiver evaluation as important next steps. This information was discussed at length with the Consortium counties, who suggested some additional topics which they considered crucial to their organizational mission but which had not been thoroughly examined in the first Waiver evaluation. After a year of meetings to determine the nature of the upcoming Waiver extension, the Consortium and ODJFS settled on five topics which would become the substantive focus of child welfare innovation during the new Waiver period.

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| <p>Topics of Process Implementation Sub-studies</p> <ul style="list-style-type: none">➤ Family Team Meetings➤ Supervised Visitation➤ Kinship Supports➤ Enhanced MH/SA services➤ Managed Care <p style="text-align: center;"><i>plus</i></p> <ul style="list-style-type: none">➤ Supplemental Qualitative study |
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The Ohio Waiver Terms and Conditions specifically identifies three of these strategies as core “service interventions” for the Waiver demonstration -- family team meetings, visitation, and kinship supports. The Terms and Conditions further indicates that all demonstration counties must participate in at least one of these three strategies. The participating counties may also spend flexible IV-E funds on other interventions “that prevent placement and promote permanency for children in out-of-home care;” in this latter category, ODJFS and the Consortium designated the other two prioritized interventions, managed care and enhanced mental health & substance abuse services, and agreed that all counties would participate in family team meetings and at least one other of the five targeted strategies.

3.1.1 Process Implementation Sub-Studies

The five evaluation studies related to these intervention strategies comprise the core of the Process Implementation Study. In brief, the interventions are defined as follows:

- Family team meetings: Regular meetings, facilitated by a trained professional, to discuss case goals and plans, progress made, and possible next steps for children who are at risk of placement or have already been placed out of the home; meetings include not only the case worker and family members but also relatives and friends of the family, service providers, child advocates, etc.
- Supervised visitation: Regular, structured opportunities for parents to spend time with children who have been placed out of the home, to improve parent-child interactions and speed the return home.
- Kinship supports: Placing children with relatives or friends, as temporary respite from a difficult home situation or in anticipation of a permanent change, and offering financial assistance and supportive services to the kinship caregiver.
- Enhanced mental health and substance abuse services: Various improvements in the availability and quality of assessment and treatment for families with mental health and/or substance abuse issues, to reduce the need for out-of-home placement and continued involvement with the public child welfare agency.
- Managed care: Using a case rate contracting mechanism to engage private agencies in taking full responsibility for case management and service delivery for children who need ongoing child welfare services, in an effort to enhance system efficiency and effectiveness.

In addition, a sixth small study, entitled Supplemental Qualitative Study, fills in some of the information gaps among the five sub-studies by offering descriptive comparisons between the demonstration and comparison county groups on a number of additional topics. These issues arose in Consortium discussions of new Waiver strategies but did not rise to the level of becoming separate strategies. Chief among the supplemental topics are (1) PCSA leadership, (2) adoption subsidies, and (3) the PCSA's relationship with the juvenile courts. In addition, one aspect of managed care addressed in the first Waiver and which continues to be an interest of the Consortium is utilization management – a process to ensure that services being provided are necessary, appropriate, and at the lowest reasonable cost. These four topics are discussed later in this chapter.

Table 3.1 below indicates county participation across the various special studies; included in the list are the four newly-added demonstration counties, although the evaluation team has not yet begun to collect any data on their Waiver activities.

Table 3.1: Strategies Chosen by each Demonstration County

Demonstration County	ProtectOhio Service Interventions				
	Family Team Meetings	Kinship Supports	Visitation	Enhanced MH/SA Services	Managed Care
Ashtabula	x	x			
Belmont	x			x	
Clark	x		x		
Crawford	x		x		
Fairfield	x		x		
Franklin	x				x
Greene	x	x			
Lorain	x	x		x	
Medina	x	x	x		
Muskingum	x	x	x	x	
Portage	x	x	x		
Richland	x		x		
Stark	x		x		
<i>Coshocton</i>	x			x	
<i>Hardin</i>	x			x	
<i>Highland</i>	x		x		
<i>Vinton</i>	x		x		
TOTAL	17	6	10	5	1

3.1.2 Data Collection for the Sub-Studies

To enable counties to track their Waiver activities and to support evaluation data collection efforts, in the summer of 2005 the Consortium Data Committee devised a set of 12 new SIS events (see box below). ODJFS added these events to SIS for the 13 demonstration counties.

- The FTM events are recorded by the FTM facilitator after each meeting is held. Two events are entered on the child ID and one event (related to who attended the FTM) is entered on the family ID. The first SIS events were recorded beginning in October 2005.
- The Supervised Visitation events are recorded by the visit supervisor after each visit is held. Two events are entered: details on the attendees, and details on the visit. The first SIS events were recorded beginning in September 2005.

- The Kinship events are not being used consistently across the participating demonstration counties. As explained in chapter 6 below, identifying the appropriate children on whom to record the events is very difficult.

Both HSRI and members of the Data Committee provided technical assistance as needed, to various demonstration counties -- clarifying definitions of the new SIS events, discussing each county's process for gathering the data, and brainstorming ways to improve the implementation and ongoing data gathering activities. At several points during Fall and Winter 2006, the evaluation team provided preliminary data analyses at Consortium meetings and/or through phone conversations with staff in individual counties, to reach consensus on the best way to interpret the data and to learn about barriers counties were facing or factors aiding their success.

The ProtectOhio SIS events similarly needed to be included in the new SACWIS system, to which the demonstration counties began to transition in Spring 2006. Multiple meetings and discussions addressed this issue; ODJFS made a commitment to include the new ProtectOhio events, but a variety of technical decisions and compromises left the question unresolved. At the time of the pilot implementation in Muskingum County, not all of the new events were in SACWIS, and those that were included were not arrayed together, making their use somewhat problematic. ODJFS continues to work toward the goal of having all the events in SACWIS, although this may not be in place until the next iteration of SACWIS.

With many of the demonstration counties facing transition to SACWIS in the coming months, the evaluation team recognized the urgent need for a "bridge" data collection process to assure continuous, complete data. HSRI created an ACCESS database and developed detailed instructions for its installation and use at each PCSA. To date, seven demonstration counties, including one new demonstration county, have begun using the ACCESS database to collect data on FTM and, if appropriate, supervised visitation. Because ACCESS data entry and transmittal are slightly different than data entry into SIS, some counties have encountered minor challenges during this transition. HSRI has provided telephone support to resolve the issues, and now receives regular monthly ACCESS files from each county. HSRI is also in active communication with the other counties, including the other three new demonstration sites, helping them to make the transition to using the ACCESS database. A few of the counties are awaiting their transition to SACWIS before moving to ACCESS, since staff are comfortable with the SIS process.

**ProtectOhio SIS Events
(all child-level unless noted)**

FTM:

1. Who Attended FTM (family-level event)
2. Purpose of FTM
3. Recommendations from FTM

Supervised Visitation:

4. Supervised Visitation Attendance
5. Visit Demographics

Kinship:

6. Date Legal Custody Established
7. Date Legal Guardianship Established
8. Date Physical Custody Established
9. Kinship Support Services
10. Non-Custody Initial Placement
11. Secondary Placement Reasons
12. Subsequent Non-Custody Placement

3.1.3 Analysis Approach for the Sub-Studies

HSRI has adopted a common approach to evaluation for several of the sub-studies. For the three core intervention strategies – FTM, supervised visitation, and kinship – the evaluation addresses three distinct dimensions of the intervention:

1. The first part is the implementation analysis, comparing county policy and standard practice in the demonstration and comparison groups. This analysis may use both county-level and child-level data.
2. The second part is the fidelity analysis, which applies only to the participating demonstration counties. It assesses the extent to which each county has put into practice the defined intervention model. This analysis may also use both county-level and child-level data.
3. The third part of the analytic approach is a comparison of long-term outcomes (length of stay, rate of reunification, etc., as appropriate to the specific intervention) between demonstration county and comparison county cases. This analysis uses only child-level data, and tends to use a smaller number of children than the other two analyses.

The other two sub-studies have unique analyses. The Mental Health/Substance Abuse Enhancements strategy relies on a pre-post design, comparing data on cases served prior to implementation of the service enhancements, to cases served once the enhancements were fully in place. This analysis is being done for each participating county individually; Lorain County is the only one of the five counties for which HSRI has completed the analysis. The evaluation of the fifth intervention, managed care, employs a cross-sectional design, comparing cases served by the Managed Care organizations and cases served by Franklin County Children Services.

One key analytic consideration relates to the use of multiple interventions in each of the demonstration counties, as illustrated in table 3.1 above. While each study topic is somewhat distinct in content and methodology, we recognize that there may be overlapping effects within demonstration counties who participate in multiple special studies. Because of methodological and timing issues, our data collection windows for many of the special studies overlap with each other, which means that, especially in the smaller counties, we will be basing our analyses for the various strategies on some of the same cases. When we examine, for example, whether supervised visitation has an impact on participating cases in Portage County, we understand that some of the cases we study may also have participated in family team meetings. Our evaluation thus far has not taken this multi-treatment effect into account; in the future, however, we hope to be able to code cases by county and strategy so that we can try to assess whether any significant differences are likely attributable to an interaction among the strategies.

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

- Delineation of a logic model showing the relationship between the objective of the service intervention, the discrete activities comprising the intervention, and the expected outputs, intermediate outcomes and high-level outcomes;

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

In addition, the Process Implementation sub-studies address all of the ProtectOhio outcomes listed in Table 1.2 in Chapter 1. For many of the outcomes, sufficient time has not passed to enable us to offer meaningful results; however, the full set of outcomes will be presented, as appropriate to each intervention strategy, in the 2010 final report of the evaluation.

The following sections of this chapter address the various topics covered by the Supplemental Qualitative Study. Each of the remaining five special studies which comprise the Process Implementation Study is the subject of a subsequent chapter in this report.

3.2 SUPPLEMENTAL QUALITATIVE STUDY

3.2.1 Evaluation Approach

The purpose of the Supplemental Qualitative Study is to explore three topics which were minimally explored in the previous Waiver evaluation but which were identified as areas of concern: leadership, adoption efforts, and the PCSA's relationship with the juvenile courts. These topics are considered to be priorities for ODJFS and demonstration counties, but are not addressed by the specific strategies which are the focus of the current Waiver.

For the Supplemental Qualitative Study, counties are interviewed by the evaluation team on an annual basis throughout the second Waiver period, either over the telephone or during a site visit. The study team gathers extensive textual material on the above three topics and analyzes it using qualitative analysis software. We present below descriptions, examples, themes, and county differences.

In Spring 2006, the evaluation team conducted telephone interviews with all 27 counties. We then coded, analyzed, and organized information from the interviews in order to illuminate generalities, details, and examples. In addition to the above three topics, interviewers queried the counties on two additional topics: recent system improvements implemented in the last four years and goals and objectives for the next few years.

3.2.2 Findings on Leadership and System Change

During the first Waiver period, the evaluation team gathered extensive qualitative information on the direction of counties' overall efforts. With the new Waiver well underway, we decided to ask some of these same questions in order to find out what counties have been focusing on for the last several years (including the bridge period between Waivers) and what they hope to focus on in the next few years. Because the direction of a county's overall efforts is often determined by the goals and interests of leadership staff, we also asked counties if there have been any recent changes in leadership at the agency.

3.2.2.1 Leadership Changes

Because leadership emerged as an important factor in demonstration counties' performance during the first Waiver, the project team continues to monitor changes in PCSA leadership over time. During the first Waiver, four demonstration counties and five comparison counties experienced a change in leadership. In contrast, in the past four years, leadership changes were more common among the comparison sites. Eight of 14 comparison counties experienced a change in PCSA leadership, while only two of the 13 demonstration counties did so. During the first half of the second Waiver, it appears that demonstration counties are experiencing greater stability of leadership than are the comparison sites.

3.2.2.2 System Improvements

Project interviewers asked all PCSA respondents to talk about any system improvements that the agency had implemented in the past four years, a period which includes the very end of the first Waiver plus the subsequent "bridge" period and the first year of the new Waiver. In general, comparison counties identified more topics than did demonstration counties, perhaps reflecting the fact that the demonstration counties have remained in active contact with the evaluation team throughout the period and have had ample opportunity to discuss their initiatives. Table 3.2 shows the most common topics mentioned by each group and overall.

Table 3.2: Recent System Improvements in Participating Counties			
Focus	Demonstration Counties (n=13)	Comparison Counties (n=14)	Totals (n=27)
Service Improvements	8	8	16
Recruitment (Adoptive/Foster/Kinship)	3	6	9
Staff and staff training	1	5	6
QA/UR and Accreditation	3	10	13
Agency Facilities	0	3	3
Restructuring/Planning	2	3	5
Funding	2	0	2
Community Connections	3	3	6

Only three categories exhibit noticeable differences between the demonstration and comparison groups; note that a difference of fewer than three counties effectively constitutes no difference between the groups.

- ✓ Quality assurance shows a substantial difference between the two groups. Ten comparison counties reported a focus on Quality Assurance activities including peer reviews, desk reviews, and team case reviews (of both new and ongoing cases), as well as activity around SARs and COA accreditation. By contrast, only three demonstration counties mentioned QA as a focus of systemic improvement in recent years. The effort to obtain COA accreditation often moves agencies to improve quality assurance activities, so that may partly explain the contrast between the demonstration and comparison groups.
- ✓ A slight difference appears between the two groups of counties in the area of personnel. Five comparison counties reported a focus on the hiring, retaining, and/or training of staff. Only one demonstration county mentioned this activity. This difference may be partly due to the more prevalent changes in leadership in the comparison sites, since new leadership is often accompanied by personnel changes.
- ✓ A third area which shows a difference between the two groups is recruitment. Six comparison counties reported a focus on the recruitment and training of foster, adoptive, and kinship families. Only three comparison counties mentioned this focus, signifying only a slight difference between the two groups. In general, recruitment and retention of adoptive and foster families is a perennial challenge to PCSAs, with ebbs and flows in the need for special attention.

- ✓ Another slight difference appears in the area of agency facilities. Three comparison counties mentioned improvements in agency facilities, while no demonstration counties did so.

More important than the contrast between the groups is the overall frequency that this topic was mentioned: only nine of the counties, about one-third, mentioned the topic, suggesting that existing activities in this area are seen as “doing the job,” without major initiatives being currently needed in the majority of the counties.

With respect to patterns across all the study counties, the area of service improvements is worth noting. Nearly two-thirds (16 of 25) noted this as a focus of system improvements. The frequency of this response may suggest that most counties recognize that the ever-changing needs of families constantly require adjustments in the service array; it may also be testimony to counties’ continuing struggle to secure a sufficient supply of basic child and family services. It is interesting to note that both groups equally emphasize this focus, although the Waiver theoretically provides greater opportunity to the demonstration counties to respond to the need.

3.2.2.3 Goals and Objectives

Project interviewers also asked the PCSA respondents to talk about their county’s goals and objectives for the coming few years, and whether or not the PCSA had a formal strategic plan to address these goals. Roughly equal percentages of both demonstration and comparison groups have current strategic plans--six demonstration counties and eight comparison counties. Table 3.3 shows the most common topics mentioned by each group and overall.

Table 3.3: Near Future Goals and Objectives of Participating Counties			
Goal Areas	Demonstration Counties (n=13)	Comparison Counties (n=14)	Totals (n=27)
Service Improvements	9	10	19
Recruitment (Adoptive/Foster/Kinship)	6	6	12
Staff and staff training	4	4	8
QA/UR and Accreditation	4	8	12
Agency Facilities	1	3	4
Restructuring/Planning	5	5	10
Funding	5	6	11
Community Connections	3	6	9
SACWIS/CAPMIS	4	4	8

A slight difference appears between the two groups of counties in the area of Quality Assurance. Eight comparison counties reported they will be focusing on quality assurance activities, while four demonstration counties did. Ten of these 14 counties also reported a focus on Quality Assurance as part of their system improvements over the last few years (see Table 3.3 above). Twelve counties mentioned recruitment of foster and adoptive parents as a current goal, an addition of three counties from the previous query. However, while previously there was a slight difference between demonstration and comparison counties, this time recruitment was mentioned by equal numbers of counties from both groups.

Another slight difference arises in the area of community connections. This category includes goals such as providing information to the community regarding the role and services of the PCSA and collaborating with community agencies. Six comparison counties and three demonstration counties responded that their goals included community connections.

One area stands out as the most common goal across all participating counties: service improvements. More than two-thirds of all the study counties listed the implementation or improvement of various services as a goal for the next few years. Comparable proportions of both groups emphasized this focus. Demonstration counties specifically cited as important service goals the implementation of ProtectOhio strategies, including Family Team Meetings, Supervised Visitation, Kinship Supports and Enhanced Mental Health/Substance Abuse Services.

No PCSA discussion of the coming few years can exclude the imminent transition from FACSIS to SACWIS (Chapter 1). Eight participating counties reported that they are anxious about this transition. Currently, preparations for SACWIS do not appear to be affecting services. However, counties expressed concern that they will lose their service focus as SACWIS demands their attention. The project team will be attentive to this issue. Our next round of interviews related to the Supplemental Qualitative study will occur after SACWIS has been implemented in at least a few counties. At this time, project interviewers will explore counties' transition experience and examine possible differences in implementation and service disruption between the two groups.

For the demonstration counties, any thinking about where they are headed necessarily entails thinking about making good use of ProtectOhio. In theory, the demonstration sites have more options to choose from, because they can use Title IV-E dollars any way they wish. Project interviewers specifically asked the demonstration counties what they hoped to achieve with Waiver funding and how their efforts under this Waiver differed from the previous one. Most counties listed the following Waiver-related goals: reduce placement days and costs, reduce length of stay in out-of-home care, increase permanency, increase prevention services, and increase the amount of time spent working with families.

Although the Waiver goals cited by the demonstration counties mirror the goals under the first Waiver, most demonstration counties recognize a difference. Many of them feel that this Waiver period is more formal, more targeted, and more intense. Counties who concentrated on reducing placement days during the first Waiver now focus on providing intense services to children remaining in placement. Although counties did target prevention services during the last

Waiver period, explicit ProtectOhio strategies were not in place. Most counties appear to be committed to the belief that focusing on the intervention strategies will help them achieve their Waiver-related goals and objectives.

3.2.3 Findings on Adoption

Project interviewers asked respondents to talk about their policy and practice regarding use of adoption subsidies. Few differences appeared between the two groups of counties (Table 3.4). With regard to formal policies, comparison counties were moderately more likely than demonstration sites to have written policies which serve as guidelines for making decisions – eight comparison and three demonstration counties. At least half of each group reported that they make decisions entirely on a case-by-case basis; these counties (six comparison and ten demonstration sites) have no written policies.

Table 3.4: Use of Adoption Subsidy Policies		
	Written Policies	Case-by-Case
Demonstration (n=13)	3	10
Comparison (n=14)	8	6
Totals	11	16

Three comparison counties are considering increasing the formality of their policies. They cited Erie County’s handbook for families as a model they would like to adopt; it provides guidelines and examples for subsidy requests.

With or without written adoption subsidy policies, all counties take into consideration the needs of the individual child and adoptive family. Project interviewers asked counties what types of needs they prioritize when evaluating subsidy requests. Most counties emphasized that the needs of the child, not the parents, take priority. Respondents most commonly mentioned mental health needs such as therapy and counseling.

With regard to subsidy levels, no difference emerged between the two groups of counties (Table 3.5). Most counties reported that they have made changes to their level of adoption subsidies over the last few years, typically in response to changes in state funding levels (two demonstration and three comparison counties) or to match increases in foster care rates. Several respondents explained that, as some counties raise their rates, potential adoptive families may become aware of these higher subsidies, and request equal treatment. These requests are considered on a case-by-case basis by four counties, three of them comparison sites. Seven counties (two demonstration and five comparison sites) stated that they have raised their subsidies due to the greater needs of the children available for adoption. In addition, most counties have begun using county funds to continue the Special Services Subsidy which was recently discontinued by ODJFS. Having the Special Services Subsidy program likely offers them a formal mechanism to respond to particular types of child or family needs, and may serve

to protect them somewhat from the demands of individual adoptive families “shopping around” for the highest subsidy rates.

Table 3.5: Reasons for Changes to Adoption Subsidy Levels					
	State Funding Changes	Match FC Rates	Family Requests	Greater Needs of Children	No Changes
Demonstration (n=13)	2	2	1	2	5
Comparison (n=14)	3	1	3	5	6
Totals	5	3	4	7	11

While most counties recognize the problem created by differing subsidy rates across the state, they vary in their attitude about the situation and in their response. Most counties appear to feel comfortable providing a sufficient subsidy to enable families to adopt without substantially altering their lifestyle. However, a few counties are not supportive of such a practice, believing that adoption subsidies are a privilege and that money should not be the primary motivation for adoption. Sometimes the combination of philosophical and budget constraints leads a county to search for a family who can adopt without a subsidy.

In the discussion of adoption subsidy levels, policy makers often assume that higher subsidies lead to more adoptions. Only a few of the 27 study counties share that view; four respondents expressed the opinion that higher subsidies might make people more comfortable adopting an older child or a special needs child, and one county feels that families decide to adopt from them because they will get “a little more than they would for children in some other counties.” However, most of the interviewees said that subsidy changes have had no effect on the rate or success of adoptions.

Throughout the Waiver, the evaluation team will continue to monitor county adoption rates and subsidy levels, to gain insight into whether the flexibility to enhance subsidies contributes to adoptions.

3.2.4 Relationship of PCSA to Juvenile Court

County child welfare agencies work with their corresponding juvenile courts on a daily basis. Not only do the courts make decisions involving children already in PCSA custody, they refer cases to the PCSA which they feel would be more appropriately served by child welfare. These referrals have a direct impact on the caseload, placement days, and budget of the PCSA. The number and type of these referrals are impacted by several factors: the systematic structure of case flow within the agencies, the demographics of the population served, the philosophy and leadership of the court, and the degree of communication and collaboration between the PCSA and the juvenile court. The interaction of these factors results in unique within-county dynamics.

From the perspective of PCSAs, these dynamics range from a strong working relationship to frustrations on both sides.

During the first Waiver period, the evaluation team examined the relationship between PCSAs and their juvenile courts from several angles, including financing, communication, collaboration, and numbers of referrals considered by the PCSA to be inappropriate. The study team conducted annual interviews with both demonstration and comparison counties. The results of this work were mixed; reflecting a large amount of variability—both within counties over the five years and across demonstration and comparison counties (HSRI, June 2003). However, as counties entered the second Waiver period, many of them expressed continuing concerns about the numbers of referrals, the level of communication, and the success of programs developed to address these issues. Therefore, as part of the Supplemental Qualitative Study, the evaluation team is continuing to monitor these relationships through yearly telephone interviews and site visits.

The first round of qualitative interviews for the second Waiver period addressed the following topics: efforts by PCSAs to communicate with their juvenile courts, service collaboration efforts, types of programs developed to serve court-referred children, and changes in leadership at the court which might affect the relationship between the court and the PCSA. In addition, we asked counties with IV-E courts to elaborate on their administrative processes.

3.2.4.1 Communication

Table 3.6 highlights differences among the counties in the nature of communication between the PCSA and the local juvenile court. Equal numbers of demonstration and comparison counties report “strong” and “good” levels of communication with their juvenile courts. Only one demonstration county and two comparison counties report that their communication with the court is poor. The remaining counties did not provide information on this topic. Counties whose communication rated “strong” presented evidence through interview dialogue that their communication levels were consistent and ongoing. Counties rated “good” also reported ongoing communication, but with some disagreements. Counties with “poor” communication stated outright that there were few to no ongoing efforts at communication and that their relationship with the court was formal and strained.

Table 3.6: Levels of Communication between PCSA and Juvenile Court				
	Strong	Good	Poor	No Information
Demonstration (n=13)	6	4	1	2
Comparison (n=14)	6	4	2	2
Totals	12	8	3	4

In the process of discussing communication levels, counties frequently mentioned ways in which communication is facilitated among agency and court personnel. The most common forms of communication are regularly scheduled meetings that include representatives from several

agencies in the community, such as Cluster meetings or Family Stability Councils. Several counties (see Table 3.7 below) have specific staff positions, such as court liaisons, which serve to keep communication consistent. Several counties report that communication levels are affected by the philosophy and style of their current judge and/or magistrate. For example, one demonstration county states that with their new judge, referrals have increased, but since he is more aware of the roles and responsibilities of the different agencies the relationship has ultimately improved. One comparison county reports that their new magistrate for unruly/delinquent cases is not holding youth accountable and that these cases are causing tension between the agencies. Overall, most counties feel that leadership at the court can set the tone for communication and collaboration. While communication efforts may not actually reduce the number of referrals, they can reduce frustration on both sides and improve collaborative efforts which improve services and outcomes for children.

3.2.4.2 Program Initiatives

All counties were asked to detail any programs, procedures, or staff positions created to either limit the number of children who come to the PCSA from the court or to better serve these children. Four demonstration counties and two comparison counties listed no programs, procedures, or staff positions to divert or serve court-referred children.

Table 3.7 shows the programs currently in place in the 21 counties. Twelve comparison counties listed a total of 21 programs, eight staff positions, and two procedures. Nine demonstration counties listed 17 programs, four staff positions, and one procedure. The 38 programs can be grouped into eight general types of services.

Table 3.7: Types of Services Offered to Court-Referred Children*				
Type of Service	Programs		Staff Positions	
	<i>Demo</i>	<i>Comp</i>	<i>Demo</i>	<i>Comp</i>
Multi-system	7	10	-	1
General Diversion	8	5	1	3
M.H	4	7	-	1
D.A.	3	4	1	-
Wrap-around	1	4	-	2
Residential Care	4	3	-	-
In-home	3	3	-	1
School-based	0	4	-	-
Heads-up	0	3	1	1
Other	1	3	2	-

*most programs and/or positions covered more than one type of service

Program funding information for programs and staff positions is illustrated in Table 3.8. Few differences were noted between demonstration and comparison counties regarding funding sources, with the exception of programs funded by the court. Comparison counties were slightly more likely to have presented information on court-funded programs (six programs with available funding information) than demonstration counties (two programs with available funding information). There was not a notable difference between the two groups of counties in regards to the number of programs funded by the PCSA, despite the fact that demonstration counties reported that funding for a majority of their listed programs was at least partially due to the Waiver.

Table 3.8: Funding of Programs and Staff Positions Developed to Serve Children Referred to PCSA from Juvenile Court					
	Collaborative	PCSA	Court	Other	Totals*
Demonstration	7	9	2	3	21
Comparison	9	8	6	3	26
Totals*	16	17	8	6	47*

*funding source was not available for all listed programs or staff positions

In order to investigate the relationship between program age and program stability, counties were asked to assess the stability of the identified programs and staff positions. Responses were categorized as “very good”, “good” and “uncertain.” Additionally, counties were asked how long these programs had been in place. Responses are presented, along with available information on the age of the program, in Table 3.9.

Table 3.9: Age and Stability of Programs Developed to Serve Children Referred to PCSA from Juvenile Court							
		Age of program or staff position				Totals	
			<i>Less than one year</i>	<i>One to Two years</i>	<i>Two or more years</i>		
Stability of Program	<i>Very Good</i>	Demo	-	2	5	7	
		Comp	1	1	5	7	
	<i>Good</i>	Demo	1	-	4	5	
		Comp	-	3	7	10	
	<i>Uncertain</i>	Demo	1	-	4	5	
		Comp	2	1	1	4	
	<i>Totals</i>			5	7	26	38*

*age and stability information not available for all programs

The majority of programs and/or staff positions in place to divert or serve children referred from the juvenile court have been established for two or more years. Most of these more established programs appear to be relatively stable; however, four demonstration county programs and one comparison county program were rated as uncertain. For programs in place for less than two years, one demonstration county program and three comparison county programs were rated as having an uncertain future. Reasons given for uncertainty in program stability include: not sure if service is needed, levy failure, contract is up for renewal, judge is up for election, funding is unstable, and generally poor results. For example, one comparison county is keeping a close eye on a residential treatment program that has had 21 children absent without leave (AWOL) in four months.

3.2.4.3 IV-E Courts

IV-E court agreements allow juvenile courts to bill IV-E for placement costs for kids adjudicated as unruly/delinquent. For demonstration counties, this agreement has two advantages: inappropriate referrals are usually reduced and funding is more stable. The latter advantage arises from the fact that direct court billings are reimbursed separately from funds received through the Waiver.

At this time, less than a third of the evaluation counties have or are interested in having a IV-E court. Eight counties (five demonstration and three comparison) have IV-E courts in place (see Table 3.10). Two additional counties, one demonstration and one comparison, are interested in establishing IV-E courts, but have encountered resistance from the juvenile court. In general, counties with IV-E courts feel that the arrangement is essential to diverting children from PCSA custody, saving both money and staff time.

In querying counties as to how they divide responsibilities with the courts, seven out of eight counties report that the PCSA determines a child's eligibility. Each county with a IV-E court has worked out a unique arrangement with their juvenile court regarding IV-E court children, including who does data entry. These arrangements are presented in Table 3.10.

Table 3.10: Division of Administrative Responsibilities in Counties with IV-E Courts		
Counties with IV-E Courts	Who does eligibility?	Other notes on administrative tasks:
Belmont	PCSA	PCSA does case management on ½ of these cases. Eligibility determination may change when SACWIS arrives.
Clark	PCSA	Court tracks kids and does case management. Up to ½ of kids are not IV-E.
Fairfield	Court	Court administrator does paperwork for kids—use IV-E for services and not just for placement
Greene	PCSA	PCSA takes care of all administrative responsibilities
Lorain	PCSA	Court does most of the work themselves, except for eligibility and entering into SIS
Allen	PCSA	IV-E court is coming on-line this year (2007)
Clermont	PCSA	Court contracts with PCSA and pays them a per child rate to do all administrative tasks
Montgomery	PCSA	Court completes IV-E determination form, PCSA reviews and approves it.

Results from the data audit interviews conducted by the evaluation team in Fall 2005 indicate that seven counties have concerns about the number of inappropriate referrals they are receiving from the court.¹ Only one of these counties, a comparison county has a IV-E court; enhancing the evidence that IV-E courts can assist in keeping inappropriate referrals in check.

3.2.5 Summary and Next Steps

Findings from the interview questions on leadership indicate that in the most recent years of the Waiver, leadership changes were more common among comparison counties. Follow-up questions on the direction of county goals and objectives reveal that the most common goal for counties is service improvements, followed closely by a successful transition from FACSIS to SACWIS. On the topic of adoption subsidies, most counties indicate that they have made recent changes to their subsidy levels and policies, something the evaluation team will continue to monitor. Finally, inquiry into the relationship between PCSAs and juvenile courts resulted in the following conclusions. The majority of counties have at least one program or staff position in place to either serve court-referred children or to divert them from PCSA custody. These programs provide a wide variety of services, most of them focusing on a multi-systems approach.

¹ The number of counties reporting high numbers of inappropriate referrals has varied considerably over the entire Waiver period to date (first Waiver, beginning of second Waiver). Qualitative reporting of inappropriate referrals is subject to the timing of the interview, the interviewee, and the evaluative coder. In addition, counties who still struggle with inappropriate referrals seem resigned to the situation, and temper their language when describing the issue.

To provide examples of these programs, we present program details for three counties; all of these are demonstration counties which reported in the Fall 2005 data audits that they still have issues with inappropriate referrals. These counties were selected for illustrative purposes only—counties who report struggling with inappropriate referrals have similar numbers and types of programs as counties who do not report struggling with this issue.

- **Ashtabula:** Ashtabula has one program which targets all first-time juvenile court cases, helping them to develop a plan and avoid a court appearance. The families are served by mediators who are on PCSA staff but are supervised by the court. Youth who participate in this program are reportedly less likely to end up in the child welfare system.
- **Richland:** Richland has a court liaison unit with six staff members who “catch” cases from the court and attempt to divert custody and broker services. Richland also participates in a county-wide MST program, a multi-system collaborative effort focusing on preventing placement through prevention and investigation. Richland also hosts a school-based diversion program which focuses on preventing kids from entering either system (PCSA or Court).
- **Stark:** Stark does not have any specific programs, but rather a procedure to work with the court and explore the best options for youth. When Stark hears about a court-referred case that might be coming into PCSA custody, they assign an assessment worker to explore other options for services and custody. Currently, Stark reports that PCSA custody occurs in only about 10% of these cases, a figure that used to be much higher.

These programs are examples of the types of services that counties have in place; overall, programs developed to divert or serve court-referred children vary greatly in approach and intensity. Counties’ relationships with their juvenile courts are also highly varied; the factor with the most impact appears to be current leadership and philosophy at the court itself. Finally, the establishment of IV-E courts is a strategy which has been successful in fostering “ownership” of court-referred children. Operating a IV-E courts requires consistent cooperation and communication between the PCSA and its juvenile court; participating child welfare agencies view the arrangement as promising practice.

Overall, the planned approach to the Supplemental Qualitative study will not change. The study team will continue to conduct annual interviews with each evaluation county. The only change to the evaluation plan that is worthy of note affects the PCSA-Court topic. Under the original plan, the study team would develop an algorithm to accurately identify unruly/delinquent children referred to PCSAs from the court (the “court-referred” population). The study team planned to examine outcomes for these children using FACSIS data. However, in the Fall 2005 data audit visits, evaluators learned that the data we planned to use to determine the court algorithm is not consistently or comprehensively gathered by counties (see section 1.2.2.1 above). In particular, counties make varying use of certain data elements related to cases referred by the court, such as “dependent” or “unruly/delinquent” as reason for initial placement and “dependency” or “delinquent/unruly” as adjudication type. This makes it impossible to accurately identify a “court-referred” sample. Although we will thus not be able to clearly examine the referral process, we will continue to focus on service provision. In future interviews,

we will talk with court personnel as well as PCSA staff, to gain additional perspectives and information. We will also continue to follow the operation of IV-E courts, particularly in counties with new programs.

3.3 UTILIZATION MANAGEMENT

3.3.1 Evaluation Approach

In previous years of the ProtectOhio evaluation, we have asked many questions about administrative practices that resemble managed care practices. For the current Waiver period, we are targeting our work on just two managed care practices – utilization management and Franklin County’s managed care contracting initiative. The Franklin County initiative is the subject of Chapter 8. In the sections below, we address utilization management, outlining some of the key aspects of utilization management that can improve the use of out-of-home care.

Utilization Management (UM) is a formal process to ensure that the services and supports being provided are necessary, appropriate, and at the lowest reasonable cost. We are specifically interested in the monitoring and oversight of placement cases, to assure that the most appropriate level of care is being used for the child, and that the placement does not last any longer than needed. Several UM techniques promise to not only increase the appropriateness of each placement and improve child outcomes, but also promote cost containment. However, poorly designed UM approaches can potentially harm service recipients (by overly limiting service choices) and adversely affect the agency’s bottom line. We offer below our initial thoughts on ways PCSAs can enhance UM activities, in the context of current practice.

Under each topic area, we first define the activity, summarize current practice in the evaluation counties (based on recent telephone interviews), and finally highlight techniques that seem most promising.

3.3.2 Findings

3.3.2.1 Placement Request Process

Child welfare workers request out-of-home care when a child cannot remain safely in his/her own home. This request is made in writing using a standardized form. The decision to place a child grows out of a joint discussion between at least the worker and the supervisor. Best practice suggests that some type of family team meeting is held, plus a higher-level review, before the placement can go forward.

Current practice: Interviews with supervisory or management staff in all 27 evaluation counties indicate that most PCSAs follow a placement review process similar to that described above. Virtually all the counties have some sort of written placement request, although a standardized form may not always be used. Supervisors are consistently involved in the placement decision – nearly all demonstration and comparison counties engage the supervisor in the decision, either initially or as a first-level review. Additionally, most PCSAs require administrative approval for all placements (sometimes placement in the agencies’ own foster homes does not need high-level sign-off); but only a few demonstration sites have a formal

committee review all placement requests. Among all the aspects of the placement request process, the greatest variation occurs in use of family team meetings: about half of the demonstration sites and fewer comparison sites consistently hold a staffing that includes family members, either before placement or very shortly after an emergency removal.

Bottom line: Prior to making a decision to place a child, it is good to hold some sort of meeting involving the family, to explore all other options, and to identify other people known to the parents who might offer support. In addition, having a second-level review, in the form of a placement review committee or the like, appears to increase the chances of finding alternatives to placement and thus avoiding the use of out-of-home care.

3.3.2.2 Authorization of Placement Duration and Periodic Review

Once a determination has been made to place a child in out-of-home care, the initial authorization sets a limit on the length of time the child will spend in care. As the time limit expires, the child welfare agency conducts a review of the placement. The child welfare agency meets with the provider to reauthorize placement services for another predetermined amount of time.

Current practice: PCSAs generally do not set any specific limits on placement duration, especially not as limitations on payment authorization. All counties follow standard case review timelines, which help to assure that a child will not remain in placement without good reason. A few counties require a written request from the residential provider to extend the placement beyond a standard period, but, in general, providers have substantial influence in establishing an expected length of stay.

Bottom line: Although setting a specific limit on placement duration is not always possible (or advisable) at the outset of a placement, having guidelines for length of stay can be helpful in managing individual placement cases. Especially with residential settings, where providers tend to have more control over the treatment plan and placement duration, a formal target can give the PCSA needed leverage in discussing the need for a step-down or termination of the placement. At a minimum, the PCSA should require detailed justification from residential providers before a placement can extend beyond a reasonable standard length of stay.

3.3.2.3 Level of Care Assignment

The Level of Care assignment involves making an objective assessment of the child's safety needs, level of functioning, mental health status and other factors to determine the appropriate intensity of out-of-home care placement. A worker completes a standardized Level of Care tool, using a matrix of mental health, social, educational, medical, and behavioral indices, to learn about the child's needs. This information translates into a score indicating need for placement at a particular level of care. Because it is a standardized process, every child with the same characteristics receives the same level of care assignment.

Current practice: PCSAs in the evaluation rarely use a formal level of care tool, but many of them consider a similar set of factors when selecting an appropriate placement location. The ODJFS model Individual Child Care Agreement (ICCA) includes an addendum entitled "Level of Care Assessment", but this information is not directly linked to a particular level of care.

Counties do not seem to use any “standard” definition of the levels of care. Indeed, the provider often plays the major role in determining the child’s initial level of care and the appropriate time for a step-down.

Bottom line: The advantage of having a formal level of care tool exists primarily for PCSAs with high numbers of placements, thus increasing the consistency of the level of care assignment. However, all counties could benefit from using clearer definitions of levels of care, and by examining a wider range of factors (as used in the formal tools) when making the decision. The decision ideally is guided by written criteria, making the decision more systematic; the written criteria are used as guidelines, not rigid decision rules.

3.3.2.4 Performance Standards in Contracts

Using outcome-based performance standards shifts the focus away from the placement process to the actual results achieved through the services. Performance standards may be included in a provider’s contract, and thus apply to a group of children served by the provider; for example, stating that children in the residential care will improve sufficiently to be stepped down within 45 days. Alternatively, performance expectations tailored for a specific child and family may go into the individual child’s placement agreement; for example, specifying that the child will improve mental health functioning as measured on a psychometric test. The performance standards serve to clearly communicate to providers the expectations of the PCSA, whether it be the desired outcome for a particular child or a more general outcome-oriented standard for all children served by the provider. Having explicit performance standards leads to greater provider accountability and enhanced PCSA ability to compare the performance of providers who serve similar populations.

The use of outcome-based performance standards may link payment for services with achievement of the specified outcomes. If there is a legal contract, payment may be conditional upon meeting the desired objective. When the performance standard is specified in a treatment plan, it typically does not directly impact the payment for services. Ultimately, the ability to hold providers accountable to a level of performance is contingent upon the PCSA’s ability to effectively manage and monitor each contract.

Current practice: The evaluation PCSAs do not incorporate outcome-based performance measures in provider contracts. Most counties use the ODJFS model contract, often adding their own details regarding provider expectations. Any specific expectations regarding a particular child’s behavioral progress generally go into the treatment plan or the case plan, rather than the ICCA. Monitoring tends to occur through the standard case review process.

Bottom line: Not having any outcomes specified in the provider contract or the child-specific agreement leaves the PCSA with little contractual leverage when a child does not make progress. At least including the outcomes discussion in the placement negotiation process is an important step. Then these factors can more easily be documented as part of the overall review of provider performance, as well as be used in case reviews.

3.3.2.5 *Retrospective Reviews*

Conducting a formal review following case closure offers a vital opportunity to learn from experience. This review is generally not intended to be a “gotcha” process, but rather an occasion to step back from the day-to-day pressures of case decision-making. The review may focus on a group of similar cases, or may be random; it may be done by individual supervisors, looking at their own cases, or it may be a peer review process, conducted by someone not immediately involved in the case being examined.

Current practice: Once a case closes, only a minority of the PCSAs conduct a formal review, and only for select cases (e.g. ones that proved most difficult to resolve). A few PCSAs do random reviews as part of a quality assurance process, but these often focus more on compliance issues than practice decisions.

Bottom line: It can always be helpful to review past decision-making, even for small PCSAs. By looking at a group of cases, patterns may emerge that could not be seen when cases were reviewed one by one.

3.3.2.6 *Utilization Targets and Budgets*

Utilization targets and budgets are preset limits on the number of units or the expenditures made for services, within a particular period of time. For placement services, the limit may be set across all placements, or it may be different for each level of care or type of placement. These targets are best used at a management level, to prompt closer monitoring of usage and expenditures in an effort to keep within projections for a specified time period. When placement days or costs begin to accrue more rapidly than anticipated, it might trigger a special review of high-end cases, or cases longest in care, or the like. Over time, the PCSA should reflect on usage patterns in order to set appropriate new targets.

Current practice: Beyond establishing a budget figure for placement services, PCSAs do not set rigid targets for placement usage or spending. Several counties, in both demonstration and comparison groups, keep a close eye on overall placement usage and, when necessary, conduct an intensive review of certain placement cases; other counties respond to higher-than-expected spending by preparing supplementary budget requests.

Bottom line: Formal utilization targets may not be necessary in smaller jurisdictions, especially where placement of a single sibling group can dramatically throw off any usage projections. However, the major advantage to thinking about such targets is to increase awareness of overall placement usage, bringing to management attention minor practice decisions or emerging community situations which are having an impact on overall agency spending. The earlier such conditions are identified, the better the agency can respond.

3.3.3 *Next Steps and Changes to Evaluation Plan*

In the original Evaluation Plan, the examination of utilization management was part of a larger Managed Care sub-study. The bigger part of the sub-study was evaluation of Franklin County’s managed care initiative (see Chapter 8 below), with utilization management taking a lesser role. The UM work was projected to entail three major steps: initially, the study team

would explore current practices in the evaluation counties and other jurisdictions around the U.S., deriving an “ideal” model. Next, we would present the model to the 13 demonstration counties, with the expectation that at least a few of them would seriously consider modifying their current activities to more closely align with the preferred practice. Allowing the self-selected counties a year to fully adopt the enhanced UM strategy, we then planned to implement case-level and program-level data collection processes, with the objective of assessing the impact of the new UM practice on case outcomes.

The first two steps have progressed largely according to plan. The study team has learned about current practice in the demonstration counties; the discussion above highlights those findings. And this information has been presented to the demonstration counties, at the November 2006 Consortium meeting. However, the next step will not be as planned, largely because the concept of “best practice in UM” is difficult to precisely define in the context of public child welfare practice. The evaluation team believes that a more feasible and worthwhile approach is to continue in the exploratory vein, offering the PCSAs some detailed information about utilization management and simply observing, over time, how each county’s practice evolves.

Consequently, in subsequent years of the evaluation, the study team will systematically track UM practice in each of the 27 evaluation counties. Annual interviews (some done by telephone, some on-site) will focus on the six topics discussed above. In essence, the UM investigation will become part of the Supplemental Qualitative Study; our overall approach, as well as the specific tasks we will perform, will closely parallel the research activities identified for the Supplemental Qualitative Study.