
Second Annual Report: Evaluation of Ohio's Title IV-E Waiver Demonstration Project "ProtectOhio"

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CHAPTER 1: INTRODUCTION

Ohio implemented its Title IV-E Child Welfare Demonstration project in October 1997. As one of a score of Title IV-E Waiver programs in the country, ProtectOhio experiments with flexible use of federal IV-E dollars. The underlying premise of the Title IV-E Waiver is that changes to federal child welfare eligibility and cost reimbursement rules will change purchasing decisions and service utilization patterns in ways that are favorable to children, families and communities. ProtectOhio adopts a managed care approach to increase the efficiency and effectiveness of the child welfare system, focusing on reducing use of out-of-home placement, increasing reunification and permanency, and improving family functioning, while also maintaining a cost-neutral budget.

Since the Waiver began, 14 Ohio counties have been able to take advantage of considerable flexibility in how they use Title IV-E funds. The flip side of this flexibility, however, is risk: counties who are participating in ProtectOhio have taken on most of the financial risk for the cost of child welfare services. These counties have traded unlimited federal participation in the costs of out-of-home care for the flexibility to spend limited funds on a range of child welfare services. Their commitment signals a desire for systemic change in the management of child welfare, as the vehicle for improving child and family outcomes. This report begins to surface some of the patterns of changes that are occurring, and brings to light some of the issues impinging on the change process.

1.1 Overview of the Evaluation

In July 1998, the Ohio Department of Human Services contracted with a team of researchers led by Human Services Research Institute (HSRI), to evaluate the impact of ProtectOhio on outcomes for children and families in the child welfare system. The five-year evaluation project consists of four related studies, each of which assesses the central program hypothesis from different perspectives. The various members of the evaluation team carry primary responsibility for one or more of these studies:

HSRI has leadership of the Process Implementation Study. With support from the *Institute for Human Services Management (IHSM)* and *Mid-America Consulting Group (MCG)*, the study team is examining the activities which occur in each of the 14 demonstration counties as they move toward implementation of their own Waiver plan, and is tracking contemporaneous developments in a comparison set of 14 non-Waiver counties. Through site visits and other primary data collection methods, the Process study team seeks to document the evolution of Waiver-generated changes in state and local plans, and to explore how the varying modes and implementation trajectories impact the achievement of desired outcomes for children and families. This study also identifies actions at the state level that influence local child welfare practice.

Westat bears primary responsibility for conducting the Participant Outcomes Study. This research effort examines the impact of ProtectOhio on the children and families served by the child welfare system. The design requires that measurable outcomes be defined for

consumers served by the local public child-serving agency (PCSA). Service utilization and outcomes are compared for participants over the 5-year period of the Waiver, primarily through analysis of administrative data on all families served.

HSRI leads the Community Impact Study, with support from IHSM and MCG. This study examines the broader effects of the demonstration in participating counties, not just the effects on the children and families served by the PCSAs. The study team seeks to address how changes in each demonstration PCSA affect the larger community's service infrastructure and dynamics, noting changes over time and between demonstration and comparison counties.

Chapin Hall Center for Children, at the University of Chicago, has primary responsibility for the Cost-Benefit Study. This fiscal analysis strives to identify cost savings and changes in expenditure patterns arising from the use of managed care technologies. It has two components: the fiscal outcome analysis examines changes in revenues and in service expenditures, both at the family/child level and at the system level. The cost effectiveness analysis reveals how differing county "purchasing decisions" affect the number of people who use services, the level and duration of the services, and whether those changes are cost-effective to children and families and the system that serves them.

1.1.1 Overview of Major Findings from Year 1

In July 1999, the evaluation team submitted its First Annual Report of the ProtectOhio evaluation. The following provides highlights from that report.

During the first year of the evaluation, members of the evaluation team spent significant time on-site in the demonstration and comparison counties¹ and on the telephone with individual contact people, gathering baseline information about the operations of each PCSA.

Overall, the first year analysis of process, outcome, and fiscal data pointed to three conclusions: *first*, the demonstration counties and their comparison counterparts appeared to be reasonably similar prior to the start of the Title IV-E Waiver; *second*, both demonstration and comparison PCSAs were making changes to their organizations and to the way cases are handled, with demonstration sites being more active in experimenting with managed care strategies; and *third*, the data limitations which the Participant Outcomes and the Fiscal Impact study teams encountered were considerable, and had to be addressed early in Year 2 of the evaluation.

Process Implementation and Community Impact Analysis: The Year 1 evaluation explored the basic operations of the child welfare systems in the demonstration and comparison counties. The two groups of counties showed many similarities and many differences, in the range of services available; in the internal structure of the PCSA; in the financing, contracting, and monitoring methods used; and in the larger community

¹ The evaluation team selected 14 comparison counties that were similar to the 14 demonstration counties in characteristics of county and child welfare populations.

environment of child-serving agencies. The study findings also indicated a significant amount of change already occurring in the counties, from exploring the use of managed care strategies, to embarking on other system reform activities, to keeping steadfast on a change agenda conceived prior to the Waiver.

The major themes emerging from this portion of the evaluation included the following:

1. Most counties, demonstration and comparison alike, were increasingly focusing on service provision at the “front end” of the system, sponsoring more prevention-oriented activities in the community and providing more home-based services to intact families with children at risk of placement. Accompanying these preventive efforts, counties were also using creative approaches to screening and assessment of children and families referred because of alleged abuse or neglect.
2. Counties were remarkably similar in the types of services that were available in their communities, although variations in the volume and the specific design of service interventions were substantial. There were many innovative interventions in different counties.
3. Counties were experimenting with many different managed care strategies, ranging from capitated contracts and risk sharing, to restructuring of case management responsibilities and case flow. Not surprisingly, the demonstration counties were much more active in adopting managed care techniques, beginning to take advantage of the flexibility they had in their use of Title IV-E funds.
4. Many PCSAs were struggling to deal with unruly and delinquent youth that are often placed in PCSA custody. This not only imposed a financial burden on the child welfare agency, but often also created tension between the Juvenile Court and the PCSA regarding casework decision-making.
5. The counties varied tremendously in the nature of interagency collaboration, although most counties saw it as a notable strength in their community. The Family and Children First Councils, which played a major role in most counties, took many different organizational forms, and seemed to have varying ability to pull all the major child-serving agencies together for joint planning and financing activities.
6. Counties seemed to give increasing attention to data management and to quality assurance, with a number of PCSAs developing their own data systems and others expanding the scope of their quality assurance activities.

Participant Outcomes Analysis: In Year 1, Westat began to assess the impact of ProtectOhio on the outcomes of children and families served by the 28 evaluation counties. Westat assessed the quality of available secondary data, especially in the state's FACSIS system. Based on interviews with state and county representatives, as well as their own examination of FACSIS data, Westat was able to identify key strengths and weaknesses of the available data. They began to construct a database to serve as the

baseline for future analysis of ProtectOhio data. In particular, they explored caseloads and selected outcome measures for a two-year baseline period prior to the start of ProtectOhio. Among the most striking contrasts between demonstration and comparison counties in the baseline data analysis were greater proportions of delinquent/unruly adjudications in the demonstration sites, and an overrepresentation of non-white children in placements.

Fiscal Impact Analysis: In the Year 1 fiscal analysis, Chapin Hall reported the progress that had been made in analyzing the fiscal impact of ProtectOhio. After conducting a fiscal audit of the data available at the state and county level, Chapin Hall determined that state data sources are not well suited to answering the fiscal impact questions; the sole exception is the SS-RMS, which presents data on direct county expenditures and staff activity. Preliminary analysis of this data revealed that no appreciable shifts in county activities had occurred in the two-year period FFY96-FFY98. In addition, Chapin Hall observed that both demonstration and comparison counties increased their Title IV-E administration and training claims. Both of these initial findings are explored in the Second Annual Report.

1.2 Activities During Year 2

During the second year of the evaluation, the evaluation team has continued to explore key policy and practice issues relevant to one or more of the principal studies comprising the overall evaluation. The following section describes the major activities that occurred during the period July 1, 1999 through June 30, 2000.

1.2.1 Overall Team Activities

Development of the Outcomes Matrix: In Year 2, the evaluation team developed an outcome matrix, which lists specific outcome measures that may potentially be impacted by the Waiver. The initial work to draft the matrix occurred during a two-day team meeting held in Oregon in October 1999. Following that, in November 1999, the evaluation team shared the preliminary version of the matrix with the ProtectOhio Consortium, and subsequent modifications were made to finalize the outcome matrix. The Consortium counties were then asked to review the list of outcome measures, to identify the ones they felt were most important in their ProtectOhio endeavors. Section 4 below offers more details about the outcomes matrix and how it will be used in evaluation efforts. A fuller description of the development process was included in the First Semi-Annual Report, prepared in December 1999.

Contact with Ohio stakeholders: Throughout the second year of the evaluation, the evaluation team maintained ongoing contact with staff at ODHS and the ProtectOhio Consortium members. The evaluation team attended all of the bi-monthly Consortium meetings, learning about recent activities in the state and in particular ProtectOhio counties, gathering feedback on initial evaluation products and findings, and keeping Consortium members informed about ongoing evaluation activities. The project director and other evaluation staff also met with ODHS staff several times during the course of

the year to discuss issues related to progress of the evaluation and modifications to the evaluation design.

In addition, in November 1999, the evaluation team hosted a one-day meeting of staff from all the demonstration counties, to present in detail the findings from all parts of the first year evaluation.

Reports: The evaluation team collaborated to produce several reports this year: an executive summary of the First Annual Report was submitted shortly after the release of the full report, the First Semi-Annual Report was submitted to ODHS in December 1999, and this Second Annual Report is being submitted in June 2000.

1.2.2 Activities Related to the Process Implementation Study

The second year of the Process Implementation study focused on extending the evaluation team's knowledge of county-level activities. The primary tasks included ongoing contact with each of the study counties and conducting the second round of visits to each of the 28 study sites.

Development of Year 2 Data Collection Tools: Having gained a broad understanding of the counties through the exploratory nature of the Year 1 work, the study team chose to tighten the focus of the Year 2 site visits. The team decided to examine a smaller number of topics directly related to the Waiver and the PCSA, collecting more detailed information in these areas, enabling us to do more thorough comparative analysis of selected PCSA operations. For the Year 2 site visits, the team focused on internal PCSA issues, exploring how agencies are changing structures and processes to influence their use of placement settings. Exhibit 1.1 provides a list of the major topics that were explored during the Year 2 site visits. In subsequent years of the Process Implementation study, the site visit team will also explore issues that are more external to the agency, to assess how the Waiver is affecting the broader community system.

Exhibit 1.1: Topics Explored in Year 2	
◇	System Reform/Waiver
◇	Internal Case Management
◇	Court Involvement
◇	Permanency Types
◇	Expenditures
◇	Revenue
◇	Morale
◇	Leadership
◇	Interagency Collaboration
◇	Community Well-Being
◇	Managed Care Strategies

To assure consistency in the information collected, the study team created a single tool to be completed during each site visit. Having one tool containing both quantitative and qualitative items made it easy for site visitors to conduct interviews and write up notes in a timely and efficient manner. The site visit tools can be found in Appendix III.

Site Visits: Last year, two site visitors spent two to three days in each county; this year, one site visitor was in each county for one to two days. This reduced visit was possible because of the focused nature of this year's site visit. To the extent that it was possible, in Year 2, counties were visited by the same site visitor who went to that county in Year 1. The same site visitor also visited matched pairs of counties, that is, a demonstration county and its comparison match. By emphasizing consistency in the site teams, site

visitors will not only be more efficient, but will also gain a more reliable understanding of what is happening in each county and its matched pair over time.

During the site visits, interviews were conducted with the PCSA director or administrator, supervisors, workers, and data and fiscal staff, as well as the Family and Children First coordinator or contact person. The evaluation team also offered each county the opportunity to learn about the major findings from the first year of the evaluation, including specific feedback on their own county's status in comparison to the other study sites. The site visit team viewed this as an important opportunity to give something back to the counties in exchange for their cooperation in past (and future) years of the evaluation, and to help them gain a broader perspective on their own county compared to others in the evaluation. The majority of counties chose to have this debriefing.

ODHS District Office Interviews: During the first year of the evaluation, the Process Implementation Team interviewed a variety of players at the state level, to learn about state-wide initiatives and to better understand the role of state personnel vis a vis county-level child welfare activity. To complement that activity, in the second year of the study, the study team decided to conduct face-to-face interviews with staff in each of the six ODHS district offices. The information collected during these interviews will assist the Process evaluation team in identifying factors related to District activities that may affect system-level and individual-level outcomes in the counties.

HSRI developed an interview guide for the district offices in January 2000. The district office interviews were conducted in February through April of 2000, by staff from MCG. The interview information has been analyzed for common themes and points of contrast among the six districts. Findings are presented in the Interim Implementation Report, submitted in August 2000.

Data Management and Analysis: Data from the Year 2 site visits was input into two types of databases. The quantitative information that was collected during the site visits was entered into an SPSS database. This information built on the database developed last year, allowing some changes to be tracked from one year to the next. Initially, simple descriptive analysis was used – frequencies, cross-tabulations, means, and medians. As we became more familiar with patterns in the data, we developed indices, scales, and other data reduction methods to facilitate further analysis.

Qualitative data was analyzed using a different technique. To facilitate our systematic use of text collected this year, the team employed a software package called QSR-NUDIST (Non-Numeric Unstructured Data Indexing, Searching, and Theorizing), which is designed to analyze qualitative data. NUDIST allows the Process Implementation team to quickly examine all the pieces of text that relate to a particular topic, enabling the team to quickly explore differences between demonstration and comparison counties by accessing sections of the vast quantity of notes that were collected in each county.

Using the Outcomes Matrix (see Section 4 below) as the framework for analysis, the team identified patterns across demonstration and comparison counties, contrasts between the two groups, and trends within counties over time. In future years, in conjunction with Westat's examination of participant outcomes, we will explore some outcomes unique to one or a few counties, depending on each county's expressed "logic model", which encompasses a PCSA's philosophy of change and vision of an improved child welfare system.

1.2.3 Participant Outcome Activities

Review of Data in First Year Report: The first year report was distributed to participating counties in November 1999. Embargo requirements by ODHS and HHS were emphasized with all county staff who received copies. Westat staff contacted program and administrative data liaisons in each county through telephone interviews and site visits to discuss and verify the data contained in the first year report.

Site Visits: Westat staff visited all counties with independent and comprehensive child and family tracking systems, including Franklin, Hamilton and Summit Counties. In addition, the team visited a small selection of other counties to view the use of the micro-FACSIS system and to talk with program and system staff in more detail about the larger data quality issues. These counties included the fourth participating metro county, Montgomery, and two non-metro counties, Portage and Clark.

The Participant Outcome team also explored collection of additional secondary data from counties. When this data is gathered, it will include relevant data from county systems and local county-defined events from FACSIS. In addition, several counties collect their own local events in micro-FACSIS. Due the additional burden on ODHS and County staff, this activity was rescheduled for 2000-2001.

Receipt of Second Year FACSIS Data from ODHS: In October 1999 and March 2000, Westat obtained updated FACSIS data from ODHS including the Child Protection Oversight and Evaluation (CPOE) Quality Assurance Program and Federal Title IV-E eligibility information. The FACSIS data covered child welfare activity from the beginning of FACSIS through October 1, 1999. ODHS provided Westat with approximately 84 data files and 20 CPOE programs regarding all aspects of child and family services as contained in FACSIS.

Westat's major activity has been configuring the secondary data and preparing selected analyses of child welfare case activity. The results of that effort form the heart of this Second Annual Report.

Support of Caseload Analysis Evaluation: Caseload analysis (CLA) is an enhanced risk assessment strategy being used by seven ProtectOhio Counties and one non-participating county (see Chapter 6, Section 4). The Participant Outcome study team worked closely with CLA Counties' evaluator, providing extracts of FACSIS data and assisting with the resolution of some data usage issues.

1.2.4 Fiscal Outcome Activities

In accordance with the revised methodology presented in the First Annual Report, the Fiscal Outcomes team pursued two data collection activities to address the fiscal questions posed by the ProtectOhio evaluation. First, we worked with a sub-sample of seven demonstration counties and their matched comparison counties to develop a reliable set of aggregate expenditure data. Second, to answer questions about fiscal impacts at the child and family level, we collected some child-specific expenditure data from a small sample of demonstration counties, using counties that maintain data at this level of detail. Each of these data collection efforts is described in more detail below.

Analysis of Aggregate Child Welfare Expenditures

The Fiscal study team has pursued existing sources of data rather than designing and administering a financial reporting system because ODHS was reluctant to impose new mandates on demonstration or comparison counties. As noted in the First Annual Report, state data sources are generally not well suited to answer the fiscal questions posed by the ProtectOhio evaluation. After extensive review, the study team deemed that the only state data reliable enough to support a report of preliminary results were data on direct county expenditures and staff activity collected through the Social Services Random Moment Survey (SS-RMS). The study team rejected as unreliable two other primary sources of state data – the ODHS 2820 and the ODHS 4280. Prior evaluation reports provide the rationale for this decision.

During the second year of the ProtectOhio evaluation, the Fiscal Study team worked with a sub-sample of seven demonstration counties and their matched comparison counties to develop a more reliable set of aggregate expenditure data. Counties were asked to verify, reconcile or amend the data they reported on two ODHS expenditure reports (ODHS 2820 and ODHS 4280) in five broad categories: expenditures on county staff and activities; and, in the category of purchased services, foster care expenditures, non-foster care expenditures, adoption expenditures, and training expenditures, for the period extending from October 1995 through June 1999. By using existing state data sources as a basis for fiscal data collection, the team attempted to both reduce the burden on counties and to collect data with common definitions that could be compared across both demonstration and comparison counties.

Because the majority of counties had difficulty completing this request for aggregate spending data in these four categories, little useful additional data could be gathered across all counties through this exercise. County finance officials voiced a number of complaints and explanations. Many thought the request was too time consuming, and they did not see the value of completing it. Some county fiscal managers said the historical information was not available at all. Additionally, county officials revealed to the study team additional inconsistencies in the coding of the ODHS 2820 reports. For example, a few counties mentioned that statewide coding changes occurred during the time period being examined, and these changes significantly impacted their reported data. However, the precise nature of these “statewide” coding changes varied from county to

county. The actual scenario may have been state-initiated changes that were not uniformly communicated to the counties, or, perhaps more likely, counties were describing their own changes in the interpretation of certain codes.

The results of this data collection effort conclusively showed that the two statewide sources of data on child welfare expenditures – the ODHS 2820 and ODHS 4280 – are not even an appropriate *starting point* for most counties to assess their child welfare spending and revenues using categories that are relevant to the ProtectOhio evaluation. Despite the effort required to complete these standard state reports, most county officials do not appear to use this fiscal data for their own budgeting or programmatic decisions. As a result, the Fiscal Outcome study will take a new approach for the remaining years of the evaluation, and work with county finance departments individually, beginning the fiscal analysis with each county's internal fiscal reports, without being constrained by state definitions of expenditures. This approach is described more fully in the Next Steps section of this report.

Case Studies of Child-Specific Expenditures

The case studies are designed to inform fiscal impact analyses at the child and family level. During the second year of the evaluation, the fiscal study team began work with two demonstration counties, Clark and Portage, to construct databases of child-specific case activity and expenditure information. Much of the work involved in creating these databases has been linking children across files, working with county staff to correct erroneous data, and linking expenditure data to FACSIS data.

The team also evaluated the fiscal data available in Portage and Clark's comparison counties – Clermont and Trumbull, respectively. Based on conversations with fiscal staff at Clermont County, the team determined that no source of child-specific expenditure data existed that was comprehensive enough to support a child-specific analysis of the impact of ProtectOhio. In Trumbull County, the team initially thought their child-specific monthly expenditure ledger might be useable for the evaluation, and asked county officials to provide a copy of that database to us. However, this data source turned out to contain an incomplete listing of child-specific information. Because neither comparison county will be able to provide the child-specific information necessary to compare it with Portage and Clark County, the child-specific fiscal analysis will not include a comparison county.

1.2.5 Community Impact Activities

The Community Impact study examines the broader effects of the Waiver in the participating counties, not just the effects on the children and families served by the PCSAs. In the second year of the Waiver evaluation, the primary tasks include designing a data collection process and a database framework, and gathering some initial data.

The first step for the Community Impact team was to assess the availability of county-specific data at the state level. Between September and November 1999, the study team conducted an extensive web search, beginning with the State of Ohio web site. From this

site, staff explored approximately twenty additional sites, ranging from the U.S. Census Bureau, to individual state agency web sites, to PCSAO. Follow-up contacts were made with the staff in each organization who bore responsibility for the data, to further investigate and clarify the availability of this county level data.

In July 1999, the Community Impact team submitted the proposed plan for the collection of this data in the First Semi-Annual Report. The team began to collect information soon thereafter, beginning with historical data to establish a pre-Waiver baseline. The team has established relationships with data sources to assure continued data is available throughout the evaluation. The study team has now compiled initial information into a SPSS database. Preliminary findings from this study have been reported in the Interim Implementation Report, submitted in August 2000.

1.3 Analytic Framework

While this report does explore differences between demonstration and comparison counties, in some cases it has become clear that a further categorization of counties is needed in order to interpret evaluation findings. For this reason, many of the findings in this Second Annual Report have been presented in groups based on county size. This enables a particular phenomenon to be examined not only in terms of how it is affected by the Waiver, but also in how the size of a county plays a role in differences found between counties. In general, the 28 counties are divided into four groups based on 1995 population of children under 18: the smallest counties are in Group 1, the largest counties in Group 4. Portage and Greene Counties are the exceptions to this rule: Greene County is assigned to Group 2 and Portage County to Group 3 to keep them with their assigned comparison counties. The groups are shown in Exhibit 1.2.

Exhibit 1.2: Counties by Size Grouping

G R O U P 1	Ashtabula
	Belmont
	Crawford
	Hancock
	Hocking
	Miami
	Muskingum Scioto

G R O U P 3	Butler
	Clark
	Clermont
	Lorain
	Mahoning
	Portage
	Stark Trumbull

G R O U P 2	Allen
	Columbiana
	Fairfield
	Greene
	Medina
	Richland
	Warren
	Wood

G R O U P 4	Franklin
	Hamilton
	Montgomery
	Summit

1.4 Outcome Priorities

Building on the exploratory foundation developed during the first year of the evaluation, the second year of this project involved the development of an overarching conceptual framework to guide the future years of the evaluation. The evaluation team compiled and together reviewed an extensive list of topics, which we converted into a comprehensive and focused set of outcomes. The resulting *Outcomes Matrix* will be used as the core analytical plan for the evaluation, providing an integrated approach for future years, indicating how each of the separate studies in the evaluation will contribute to the overall goal of assessing the impact of the Waiver.

The Outcomes Matrix was developed through a series of steps designed to ensure that all aspects related to the Waiver were considered as possible inclusions in the Outcomes Matrix. First, the evaluation team compiled a preliminary list of issues that seemed likely to affect, or be affected by the Title IV-E Waiver. From this preliminary list, the team transformed these issues into measurable outcomes, determining how each of the evaluation studies could contribute to our understanding of each of the measures. By using the multiple evaluation studies to explore a single outcome measure, the team will be able to provide a more comprehensive discussion of what is happening in demonstration and comparison counties. This provides a foundation for the integration of the four studies of the ProtectOhio evaluation. Finally, the evaluation team asked for feedback from the ProtectOhio Consortium group, enabling the team to understand the counties' perspective about the appropriateness of these outcome measures. ProtectOhio Consortium members prioritized the measures, helping the evaluation team understand the relative importance which demonstration counties placed on the various outcomes. A more detailed description of this entire process is provided in the first Semi-Annual Report. Table 1.1 lists the 19 outcome measures that were identified as priorities by at least half of the Consortium counties.

The Outcomes Matrix provides the basis for the direction that has been taken in much of the work completed in Year 2. As the various teams developed areas to explore this year, the Outcomes Matrix provided the driving force in determining which questions should be pursued. As a result, this report is written to highlight a number of the outcome measures that were most highly prioritized by counties; each of the outcomes listed in Table 1.1 will be individually addressed in this report. The Outcomes Matrix will also continue to provide the direction of future evaluation efforts, as the team monitors changes in these outcome measures over the remaining years of ProtectOhio.

Table 1.1: Outcomes Matrix - Primary Outcomes

Outcome Domain *Outcome Measures	Number of Counties Identifying Outcome as Primary	Number of Counties Identifying Outcome as Secondary	Chapter Number Where Outcome Measure is Discussed
Permanency			
* Increase permanency of children in foster care	12	2	5.12
* Reduction in LOS in foster care	11	3	5.13
* Increase in foster/ adoptive parents recruited	8	6	5.1.1
* Decreased time from removal to permanency	11	2	5.1.4
Placement Stability:			
* Reduction in number of placements	11	3	5.2.1
* Increased use of less restrictive placements	10	4	5.2.2
Child Safety			
* Reduce recurrence of Child Abuse and/or Neglect	9	3	5.3.1
Case Management			
* Increase in family decision-making involvement (CLA)	9	1	6.3.2
* Use of team conferencing (CLA)	8	3	6.3.1
MC: CLA (selected counties)			
* Greater implementation of CLA model	7	0	6.4.1
MC: Service array			
* Improved availability and quality of services	9	2	6.1.1
* Development of new services, especially prevention & early intervention	10	2	6.1.2
* Increased service capacity relative to need	9	4	*
* Timely access to services	9	3	*
MC: Utilization Review and Quality Assurance			
* Increased activity related to controlling/ rationalizing use of out-of-home care	9	3	6.2.1
* Increase attention to outcomes	11	2	6.2.3
Revenues & Expenditures			
* Increased variation in use of IV-E funds	8	5	2.2.4
* Shift in expenditures from out-of-home care to non-foster care services	14	0	2.2
Cost Effectiveness			
* For a given level of expenditure, better outcomes achieved?	10	3	*

* Insufficient data available at this point in time.

1.5 Organization of This Report

The Second Annual Report is organized in a way that integrates finding from the various evaluation studies into topic areas.

In each chapter, major findings are highlighted in a *Summary*: description. More detailed discussions are also offered for the interested reader.

Chapter 2 describes the fiscal outcomes, specifically focusing on changes in county expenditures, paid placement days, and service mix. This chapter also explores how the demonstration counties have used IV-E funds. The Fiscal Outcomes Study, conducted by Chapin Hall, provides most of the data for this chapter, supplemented with some data from the Process Implementation Study regarding the use of IV-E funds.

Chapter 3 examines topics related to the implementation of the IV-E Waiver. First, the team describes the use of managed care strategies by demonstration and comparison counties, highlighting a managed care index created to capture the broad scope of different strategies which can be adopted. Next, this chapter includes a discussion of the flow of cases through the intake process and other issues related to how a case may enter the child welfare system. The information from this chapter is primarily drawn from the Process Implementation Study.

Chapter 4 includes discussions from the Participant Outcomes Study related to FACSIS caseloads. In particular, this chapter explores the framework for outcome data, child abuse and neglect reports, caseloads for ongoing services, court results and custody caseloads, and placement caseloads.

Chapter 5 continues to look at data from the Participant Outcomes Study, examining preliminary outcomes for children and families. In particular, this chapter focuses on permanency issues, length of stay, time between foster care and final outcome, and changes in relative placements. The Process Implementation Study contributes some information on types of permanency options and how counties are using these settings.

Chapter 6 explores some preliminary system outcomes explored in the Process Implementation Study. In particular, this chapter includes discussions about service array, utilization review and quality assurance, team conferencing and family involvement, and the use of caseload analysis.

Chapter 7 discusses the implications of the findings, draws conclusions, and lays out the next steps in the evaluation process.

NOTE: Because ODHS has only very recently merged with the Ohio Bureau of Employment Services, to become Ohio Department of Job and Family Services (ODJFS), this report still uses the old name.

CHAPTER 2: PRELIMINARY FISCAL OUTCOMES

The results of the survey of demonstration counties indicated that all fourteen demonstration counties considered shifting expenditures from out-of-home care to family support services a priority for ProtectOhio. In fact, this outcome was the only priority cited by all fourteen counties. This is not surprising, because the demonstration counties decided to participate in the Waiver to gain the flexibility to invest federal child welfare funds in a variety of services in addition to out-of-home care, without regard to reimbursability and eligibility.

The evaluation team has been addressing this key outcome through the Fiscal Outcomes Study. The purpose of the Fiscal Outcomes Study is to examine whether or not counties who received Title IV-E funds as unrestricted child welfare revenue are changing child welfare spending patterns, both at the system level and at the child and family level. Informed by the Process Implementation Study, the fiscal analysis is designed to address whether or not the administrative and case management changes undertaken by the demonstration counties changed child welfare spending patterns.

In addition, the Consortium counties identified two other cost-related outcomes: increased variation in the use of Title IV-E funds, and increased cost effectiveness. The first of these is addressed using information gathered in the county site visits; the second one will be addressed in later years of the evaluation, as it is too early to be able to calculate improvements in cost effectiveness.

2.1 Fiscal Data Issues

As described in Chapter 1, Section 2.4, the fiscal outcomes study team has spent much of the first two years of the evaluation locating, assembling and analyzing data from existing state and local sources of fiscal data. From these efforts, the fiscal study team found that financial tracking systems with the sophistication to track child welfare expenditures over time, by service type and by child, and to link expenditures for services to program outcomes, are not present at the state level. Moreover, the First Annual ProtectOhio report provided a detailed assessment of the available state sources of fiscal data, and concluded that much of the state aggregate data was too unreliable to answer the fiscal questions posed by the evaluation. The fiscal study team has also determined that suitable financial tracking systems are for the most part unavailable in the demonstration and comparison counties. Chapter 1, Section 2.4 of this report describes the data collection efforts at the county level undertaken during the second year of the evaluation, and Section 7.2.3 describes the steps that will be taken in the remaining years of the evaluation to collect fiscal data from the counties.

The absence of accurate fiscal data at the state level is not entirely surprising. The state contributes to county-operated child welfare service systems primarily through the State Child Protection Allocation (SCPA), a fixed appropriation that is not adjusted based on county expenditures. Each county receives a fixed grant from the SCPA, and this grant makes up less than 20% of total child welfare expenditures in most counties. Because of

the state’s relatively small and fixed fiscal commitment, state policy makers have less pressing need for collecting information that would allow them to evaluate the cost-effectiveness of county child welfare programs.

At the county level, where public agencies bear most of the cost for children’s services, the incentive to evaluate the cost-effectiveness of services is stronger. However, the typical child welfare agency – public or private - does not collect fiscal data for the purposes of analyzing the cost-effectiveness of services. Usually, if fiscal data is collected in an organized way at all, it is used for projecting and tracking expenditures against an annual budget.

2.2 Findings Based on Available Data

This section examines those sources of data that provide some information about the fiscal impacts of ProtectOhio during the first two years of the Waiver. These sources address the two sectors of a county’s child welfare expenditures that could change as a result of ProtectOhio. The first sector is referred to as “direct county expenditures.” These expenditures pay for the public child welfare agency’s operations, including such costs as administrative personnel, social workers employed by the county, equipment, and property. The second sector is referred to as “non-direct county expenditures” and includes the board and maintenance payments to foster parents, the costs of county-operated group homes, and services purchased from vendors. Services purchased from vendors could include residential foster care, network foster homes, mental health services, training, or adoption home finding, to name a few possibilities.

Two sources of data are considered reliable enough to support a preliminary report of fiscal outcomes. For direct county expenditures, the source of information is the Social Services Random Moment Survey (SS-RMS). The SS-RMS data includes total direct county expenditures and the fraction of staff time associated with different types of activities. The only currently available source of data in the category of non-direct county expenditures is the number of paid placement days recorded in FACSIS. For those non-direct county expenditures that are not specifically related to payments for days in out-of home care (i.e. mental health services, training, adoption home finding, etc.), we have yet to identify a reliable source of data.

Using these two sources of data, the Fiscal study team was able to address several key points:

- whether counties have increased or decreased the size of their budgets allocated to direct county expenditures (as opposed to payments to foster parents, payments for county operated group homes or contracts with service providers);
- whether counties appear to have changed the types of activities in which their staff are engaged; and
- whether counties have reduced placement days since the beginning of the Waiver.

While these two available sources of data shed some light on the impact of ProtectOhio on county expenditures and paid placement days, the study team can nonetheless explore to only a limited extent the reasons why expenditures are or are not changing. The unavailable data leaves key questions unanswered. Without an accurate count of total child welfare expenditures, it is difficult to interpret the changes observed in direct county expenditures. For example, are direct county expenditures increasing as a result of an overall increase in the child welfare budget, or is the public child welfare agency shifting resources to the county bureaucracy? Are the unit costs of out-of-home care changing? Finally, without fiscal data on family support services, it is not possible to know where counties are using savings from reduced paid placement days. Some or all these savings could have been used to reduce the size of child welfare budgets rather than reinvested in child welfare services. The Fiscal study team will be addressing these issues in the remaining years of the evaluation (see Chapter 7).

2.2.1 Changes in Direct County Expenditures

As previously stated, the SS-RMS is the one source of expenditure data available from the state that maintains consistency from county to county and that can support an analysis of county spending behavior. The SS-RMS is the survey of county staff activities that the state and counties use to allocate total direct county expenditures to service categories that are eligible for federal reimbursement. As described in Section 2.2, the costs associated with county-operated group homes are not included in the SS-RMS, nor are those staff part of the SS-RMS survey.

Each quarter, the SS-RMS measures the percentage of staff activity spent on certain service categories by surveying county staff. These percentages are applied to the total amount of direct county expenditures to generate the implied expenditures for each service category. Because these service categories distinguish between foster care-related activities and other child welfare services, they are also relevant to the ProtectOhio research questions.

To analyze SS-RMS data, SS-RMS service categories were classified into foster care case management costs, non-foster care services, eligibility and training. “Foster care case management” costs include only case management costs for children in legal custody of the child welfare agency. Non-foster care services are made up of costs for child abuse and neglect investigations, treatment and counseling for children in or out of state custody, and case management for children still in the custody of their parents. The mapping of SS-RMS codes to these service type categories is shown in Appendix 2, Exhibit 1.

Table 2.1 displays the total direct county expenditures of the fourteen demonstration counties and twelve comparison counties for the past three years – one year prior to the Waiver and two years after the Waiver began. Both the total level of county expenditures for each county is shown as well as the proportion of each category in relation to total expenditures. Two comparison counties, Columbiana and Miami, were excluded from the SS-RMS analyses due to inaccurate or incomplete data. Appendix II, Table 2-1 shows this data for each county except Columbiana and Miami.

As can be seen from Table 2.1, about 40% of county staff activities and, as a result, direct county expenditures, are considered foster care case management. About 50% of county staff activities are devoted to non-foster care services, such as abuse and neglect investigations and preventive services. The remaining 9-10% of effort goes towards training and eligibility determination. While the table displays the total expenditures across demonstration and comparison counties, what is not revealed in the table is the substantial range in figures for direct county expenditures between the largest and smallest counties. For example, during FY99, the county with the largest direct county expenditures had a budget of \$44,579,307 while the smallest county had a budget of \$525,605.

Table 2.1:
Child Welfare Direct County Expenditures as Reported on
the SS-RMS - 14 Demonstration Counties and 12 Comparison Counties

	FY 97	% of Total	FY 98	% of Total	FY99	% of Total
Total Direct County Expenditures						
Demonstration	\$82,800,130		\$86,178,633		\$105,400,928	
Comparison	\$52,402,411		\$51,688,016		\$61,680,169	
Breakdown of Direct County Expenditures:						
Foster Care Case Management						
Demonstration	\$36,504,759	44.09%	\$38,583,334	44.77%	\$46,189,600	43.82%
Comparison	\$21,034,404	40.14%	\$20,422,344	39.51%	\$23,992,777	38.90%
Non-Foster Care Services						
Demonstration	\$38,893,259	46.97%	\$40,200,714	46.65%	\$51,659,827	49.01%
Comparison	\$27,187,708	51.88%	\$27,318,270	52.85%	\$32,522,342	52.73%
Training						
Demonstration	\$5,710,990	6.90%	\$6,076,421	7.05%	\$6,692,827	6.35%
Comparison	\$3,488,454	6.66%	\$3,289,823	6.36%	\$4,326,957	7.02%
Eligibility Determination						
Demonstration	\$1,691,122	2.04%	\$1,320,519	1.53%	\$858,674	0.81%
Comparison	\$691,845	1.32%	\$679,623	1.31%	\$838,093	1.36%

Tables 2.2 and 2.3 show an analysis of the changes in direct county expenditures and the changes in the proportion of expenditures allocated to each category. Because of large variability in the size of direct county budgets, it is important to analyze the average of each individual county's percent change – computing each county's percent change, then averaging those together -- rather than computing a single average percent change using total aggregated dollar amounts for the demonstration counties and for the comparison counties. By using each county's change and not one total aggregate change figure, small counties are given equal weight to large counties. Also, it is important to note one point that is footnoted in the tables: Hamilton County's eligibility figures were not used for the calculations in Tables 2.2 and 2.3. Hamilton County's SS-RMS results indicated that eligibility costs had declined from \$893,851 in FY 97 to \$12,212 in FY99. The study team has yet to confirm whether such a dramatic change reflects practice or is an error.

Table 2.2 combines each county's percent change in direct county expenditures over the last three years and aggregates them by demonstration or comparison group. As can be seen from Table 2.2, demonstration counties are spending more money on direct county expenditures overall, and in the categories of foster care maintenance and non-foster care services. These findings are statistically significant and few individual demonstration counties differ from the aggregate demonstration county pattern. The table also demonstrates that comparison counties are also significantly increasing total direct county expenditures and expenditures on non-foster care services. However, the difference between the rates at which comparison county and demonstration county figures are changing is not statistically significant. This suggests that both demonstration and comparison counties are increasing their direct county and non-foster care expenditures at similar rates.

Table 2.2: Changes in Total Direct County Expenditures for Demonstration and Comparison Counties from FY 97 to FY 99		
	Comparison	Demonstration ⁺
Total Direct County Expenditures	12% *	18% *
Foster Care Case Management	6%	14% *
Family Support Services	13% *	22% *
Training	11%	1%
Eligibility Determination	5%	16%

* denotes significant expenditure change at .05 level based on a one sample t-test
⁺excludes Hamilton County figures

Table 2.2 also shows what appear to be changes in county expenditures for eligibility and training. However, due to the large variation among counties, any changes in training or eligibility expenditures were not statistically significant. This suggests that some counties are increasing their expenses, others are decreasing their expenses. The net effect is that no trend in one direction or another can be confirmed.

Table 2.3 addresses the question of whether counties have changed the proportion of direct county expenditures allocated to each service category. As can be seen from Table 2.3, no statistically significant proportional shifts have occurred over the three-year period. All categories boast only modest proportion changes, and demonstration county changes do not differ significantly from comparison county changes. However, direction of the changes in spending proportions for demonstration counties, while not statistically significant, is worth noting. The average proportion spent on foster care case management declined by 7 % and the average proportion of spent on non-foster care services rose by 7 %.

	Comparison	Demonstration ⁺
Foster Care Case Management	-6%	-7%
Family Support Services	0%	7%
Training	1%	-12%
Eligibility Determination	-3%	3%

* denotes significant expenditure shift at .05 level based on a one sample t-test
 +excludes Hamilton County

Summary:

The data on direct county expenditures suggests that the trends in direct county costs are similar for demonstration and comparison counties. Both groups are increasing direct county costs, and neither group appears to be changing the proportion of county budgets spent on foster care case management, non-foster care services, or any other category of expenditures. However, the data also suggests that demonstration counties may be beginning to spend more of their total direct county budget on non-foster care services. Additional years of data will reveal if this is a developing trend.

2.2.2 Changes in Paid Placement Days

To extend the analysis beyond direct county expenditures, the fiscal study team examined paid placement day figures from four time periods – two annual placement day counts before the beginning of the Waiver and two during the Wavier period. Thus, annual

changes in placement days figures were available at three points in time: (1) from two years to one year prior to the Waiver, (2) from one year prior to the Waiver to the first year of the Waiver, and (3) from the first to the second year of the Waiver. While only a proxy for actual foster care expenditures, the use of paid placement days as a measure of investment in out-of-home care provides insights into county use of foster care in the overall context of the ProtectOhio Waiver.

This analysis of paid placement days includes all types of placement days in FACSIS for which the county child welfare department usually incurs an expense. Excluded from this count of paid placement days are days for children in the custody of the juvenile court and days for children in non-licensed relative placements. Non-licensed relative placement days are excluded from this analysis because many of these days are unpaid, and FACSIS does not separate paid from unpaid days in this placement type. Furthermore, the payment status of these days varies from county to county. However, it is important to note that inclusion of these days does not change our results from the findings presented below. The same pattern and magnitude of placement day changes can be found with or without including these non-licensed relative placement days. A breakdown of demonstration and comparison county non-licensed relative days is available in Appendix II, Table 2-3.

Table 2.4 shows the total paid placement days provided by the demonstration and comparison counties during each year, and the average change in paid placement days at these three points in time.¹ Because the number of placement days varies widely among counties due to large size differences, both the total number of paid placement days and the percent change in placement days for the demonstration counties is displayed. To compute the average change across demonstration counties and across comparison counties, the change in placement days is calculated for each individual county, then those percent change figures are averaged. This method of computing the average gives the changes observed for the small counties equal weight to the changes observed for large counties, and is the same approach used for analyzing direct county expenditures.

Summary:

The data in Table 2.4 indicate that most demonstration counties experienced growth in placement days immediately prior to the Waiver, while comparison counties as a group experienced no growth in placement days. During the first year of the Waiver, most demonstration counties reversed the pattern, while comparison county placement days grew. During the second year of the Waiver, about half of the demonstration counties continued to experience a decline in placement days, while comparison county growth continued.

¹ Appendix II, Table 2-2 contains county-specific placement days for all counties.

Table 2.4: Paid Placement Days Recorded on FACSIS
 Demonstration and Comparison Counties

Demonstration	FY 96	FY 97	Change	<i>Waiver Period</i> →			
				FY 98	Change	FY 99	Change
Ashtabula	43,542	44,754	2.8%	43,039	-3.8%	43,759	1.7%
Belmont	26,450	26,979	2.0%	22,714	-15.8%	17,054	-24.9%
Clark	93,464	97,047	3.8%	88,015	-9.3%	84,012	-4.5%
Crawford	19,454	19,268	-1.0%	15,248	-20.9%	15,930	4.5%
Fairfield	28,586	35,079	22.7%	28,961	-17.4%	28,297	-2.3%
Franklin	674,475	742,352	10.1%	802,175	8.1%	861,512	7.4%
Greene	34,509	32,543	-5.7%	32,798	0.8%	34,889	6.4%
Hamilton	488,829	496,673	1.6%	485,220	-2.3%	471,146	-2.9%
Lorain	109,099	92,622	-15.1%	80,486	-13.1%	82,149	2.1%
Medina	15,774	16,752	6.2%	14,901	-11.0%	15,607	4.7%
Muskingum	38,361	37,406	-2.5%	29,716	-20.6%	25,180	-15.3%
Portage	53,165	53,615	0.8%	55,430	3.4%	51,172	-7.7%
Richland	55,360	61,042	10.3%	53,959	-11.6%	61,178	13.4%
Stark	267,996	264,893	-1.2%	240,619	-9.2%	259,534	7.9%
Demonstration Total	1,949,064	2,021,025		1,993,281		2,051,419	
Average of Demonstration County Change			2.5%		-8.8%		-0.7%
Comparison Total	1,295,935	1,330,006		1,433,540		1,506,588	
Average of Comparison County Change			-0.6%		4.7%		6.5%
Difference in Average Change Demonstration from Comparison			3.1%		-13.5%		-7.2%

Figure 2.1 illustrates the placement day trends revealed by the data in Table 2.4, and Figure 2.2 demonstrates the distribution of the change in placement days around mean scores for demonstration and comparison counties. Although Figure 2.2 shows a wide range of placement day changes, the trends revealed in Figure 2.1 are still apparent. Prior to the Waiver period, the trends for demonstration and comparison counties are indistinguishable, while one year after the Waiver, demonstration county placement day trends cluster well below zero. At the end of the second year of the Waiver, the cluster of demonstration county percent changes moves up closer to zero, but the observed percent changes in the comparison counties stay above zero.

Before the Waiver began, the change in placement days observed for demonstration and comparison counties does not appear to differ significantly. This comparability among the 28 counties offers some confirmation that demonstration and comparison counties were similar at the start of the waiver. The average change observed for demonstration counties is 2.5%, and the average change observed for comparison counties is 0.6%. Paired sample t-tests were conducted to determine if, given the amount of variation seen, the differences between demonstration and comparison county changes were significant. Results confirmed that the average change in placement days for demonstration and comparison counties do not appear to differ significantly at the start of Waiver, notwithstanding the possibility that there were unmeasured differences in the caseload which might account for future differences between demonstration and comparison counties.

One year after the Waiver began, demonstration counties dropped their placement days by 8.8 % while comparison counties increased their placement days by 4.7 %. Paired sample t-tests confirmed that this difference is statistically significant at the .05 level, and suggests that demonstration counties made a meaningful reduction in their placement days, even while their matched comparisons increased their placement days. Since the comparison group represents the expected trend in placement days in the absence of ProtectOhio, the increase in placement days among those counties suggests that other extraneous factors might be influencing placement days all over the state. If this is the case, the demonstration counties' reduction in placement days, in the face of environmental factors that are pushing placement days up in other locations, is potentially even more substantial.

During the second year of the Waiver, demonstration counties did not continue their strong trend in placement day reduction and the number of paid placement days stayed at the basically same level (less than 1 % decrease). Comparison counties, on the other hand, continued to increase their placement days, and at a greater rate than the prior year (6.5 % increase). Again, if the comparison county experience is correctly representing the expected trend in placement days across the state, demonstration counties may still be reducing placement days from where they otherwise would have been, even though the observed number of placement days is unchanged from the previous year. Differences in placement days between the two groups approached but did not reach significance as observed by paired sample t-tests.

Figure 2.1: Demonstration and Comparison Counties' Change in Placement Days

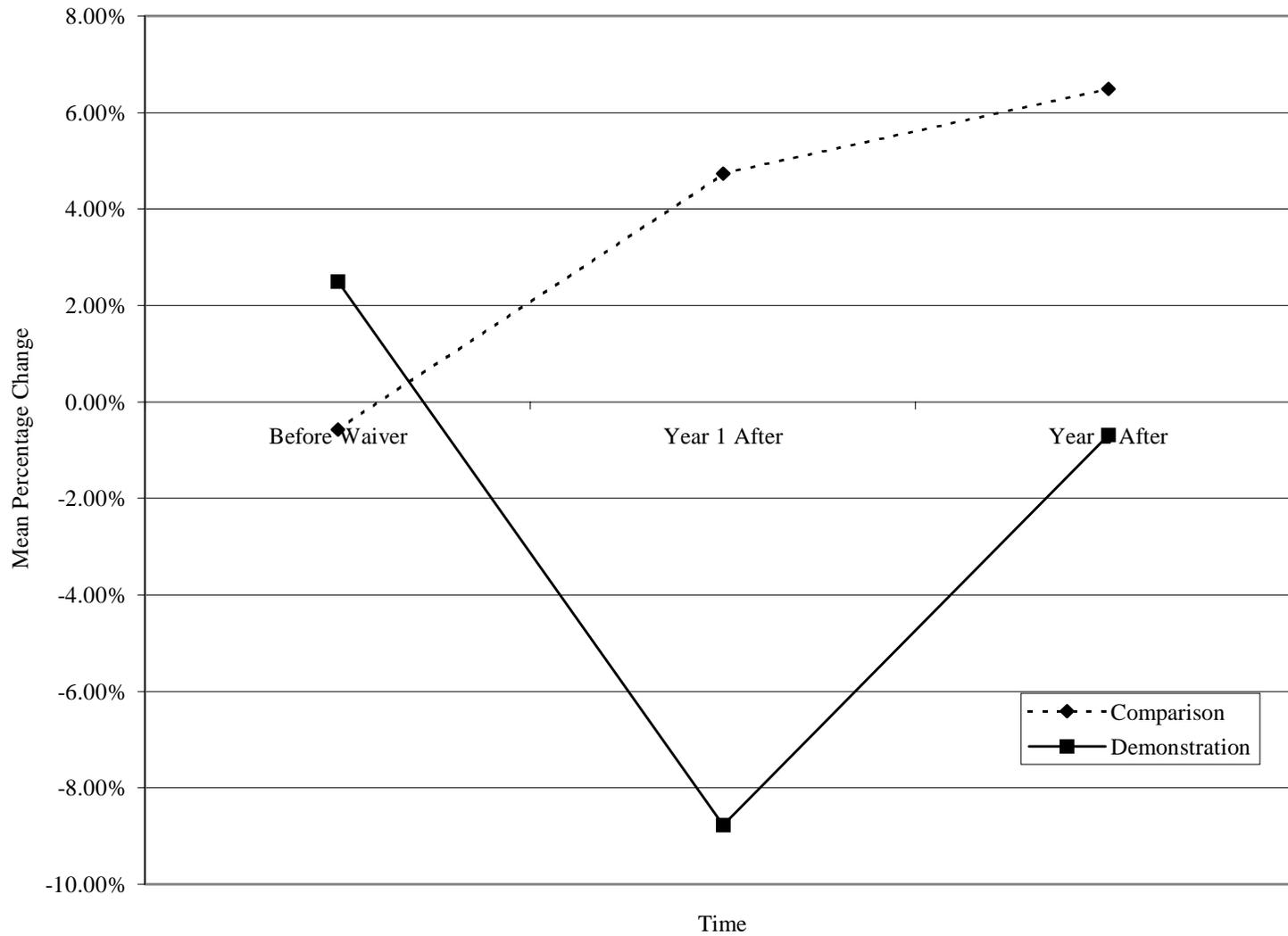
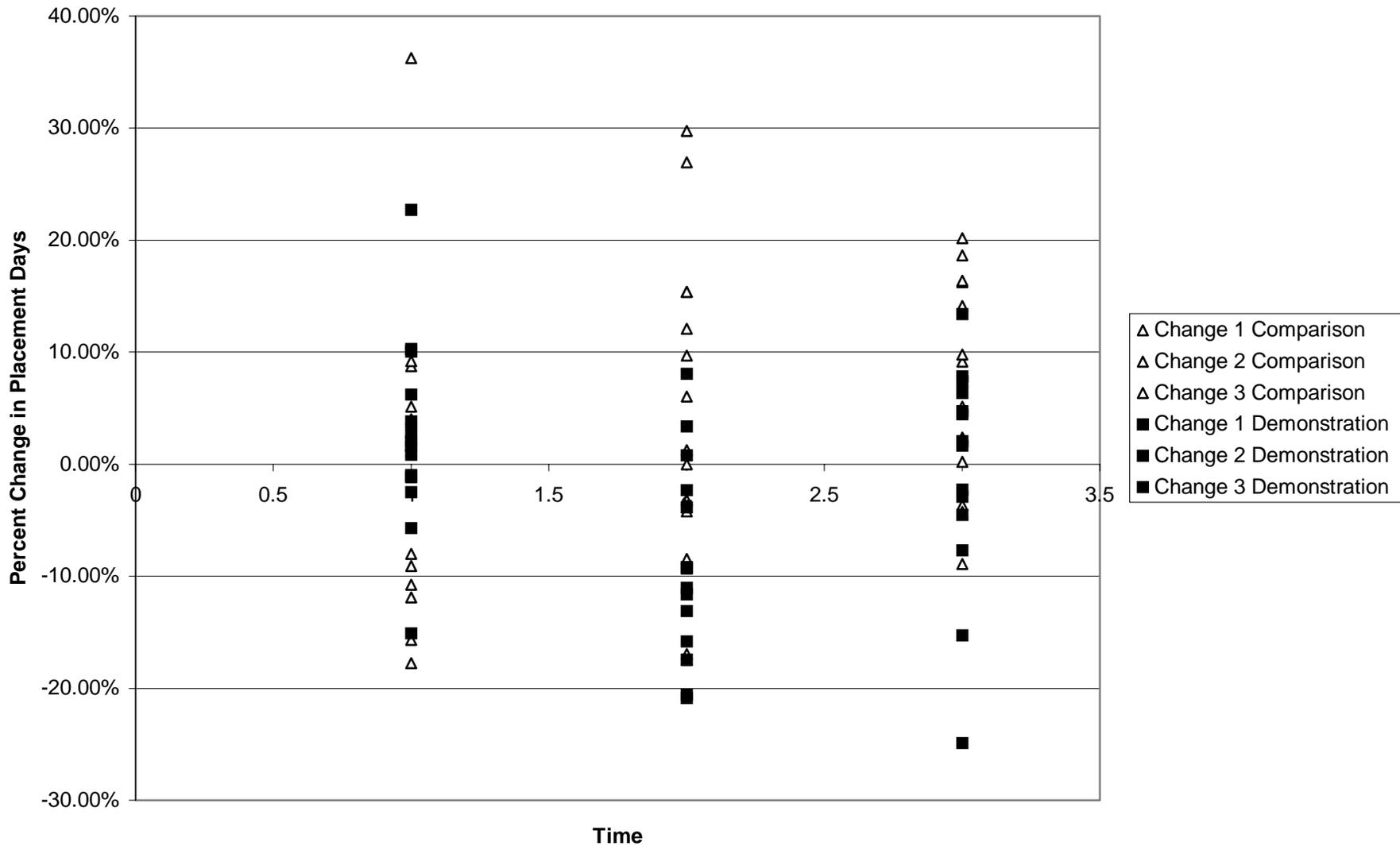


Figure 2.2: Demonstration and Comparison Counties' use of Placement days - by county



Many possible reasons can explain why demonstration counties have not been able to decrease their placement days as much in the second year of the Waiver as in the first. The easiest way to reduce placement days is through small administrative changes, and might partially explain why demonstration counties were able to decrease placement days in the first year of the Waiver, but could not reduce them further in the second year. More difficult programmatic changes might also be on the agenda for demonstration counties, but these significant programmatic changes often take considerable time to implement and therefore might not appear in the data until later in time.

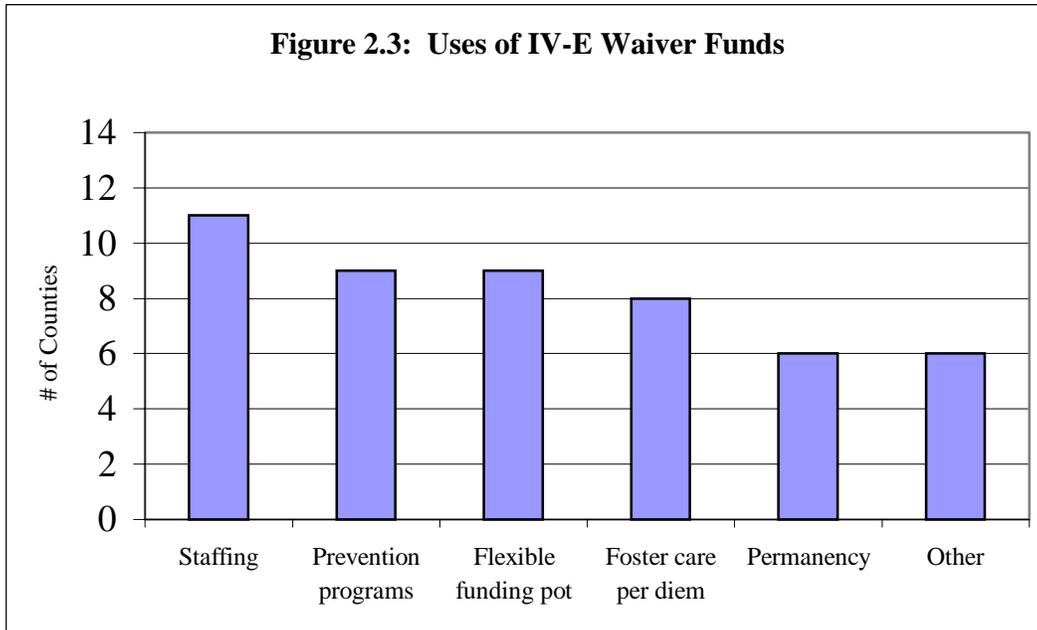
The trends in paid placement days could shed additional light on the results found in the SS-RMS analysis. In SS-RMS data, demonstration counties' expenditures increased for direct county expenditures, foster care, and non-foster care services, but no significant changes occurred in proportions for either group. It is possible that the money saved from decreased placement days is being reinvested in direct county expenditures. These increased investments in county staff and other resources might be needed to yield the decreases in paid placement days. A decrease in paid placement days simultaneous with an increase in direct county expenditures also dispels any theories that demonstration counties are, as a group, privatizing child welfare services as a result of ProtectOhio (see discussion in Chapter 3 on use of managed care strategies).

2.2.3 Changes in Service Mix

Limited data is available to address whether or not demonstration counties are changing the mix of services they purchase for child welfare clients. Most of the Fiscal Study findings require additional data to be useful in this regard. However, the preliminary fiscal results do appear to point in the direction of reduced foster care expenditures. Findings from the Process study, in combination with data on direct county costs and paid placement days, can lend some further clarity to the question of whether ProtectOhio is causing demonstration counties to shift expenditures away from foster care maintenance to community-based services. At this point in the evaluation, even the Process study data are not explicit on the question of shifts in types of services utilized. A more general question was put to county staff, asking whether the PCSA was consciously attempting to shift its service focus, and if so, in what direction. As described below (section 6.1.2), twelve of the fourteen demonstration counties reported making efforts to shift their service focus, ten of them toward more prevention, two toward more placement, and four toward more permanency (some counties indicated more than one shift occurring simultaneously). But this shift in service focus is not unique to demonstration counties. Twelve of the fourteen comparison counties are similarly attempting to shift service focus, and in directions similar to the demonstration counties. However, as the initial results from the analysis of placement days data suggests, demonstration counties may be having more initial success with these goals. This high priority question will receive more intense attention in future years of the evaluation.

2.2.4 Use of Title IV-E Funds

While study data cannot yet shed much light on changes in patterns of service spending in the evaluation counties, the Process study offers one perspective on the more limited question: how are demonstration counties using their flexible Title IV-E funds? A primary advantage of entering into ProtectOhio is the ability for PCSAs to use Title IV-E dollars in ways that are not possible in other counties. The site visit teams explored which PCSA efforts were made possible due to the county's involvement in the IV-E



Waiver. While most ProtectOhio counties are not specifically tracking how IV-E dollars are being spent, they are able to identify specific efforts in which they are currently engaged, that would not have been in place without ProtectOhio dollars. Figure 2.3 displays the number of demonstration counties that are pursuing various strategies made possible through IV-E funds.

Some specific examples of how ProtectOhio counties are reinvesting their flexible IV-E Waiver dollars include the following:

- ◇ *Staffing and internal capacity:* A number of counties created new positions and filled positions which had been vacant due to lack of funds. Specific examples of newly created positions include PCSA therapists, case aides, staff to recruit and support foster care families, and parent educators. Counties are also hiring more staff in traditional positions, such as screeners, caseworkers, and supervisors. In addition, some counties have created new specialized units, including an intervention unit and a unit to work directly in local schools. One county has developed a new automated information system.
- ◇ *Prevention programs and services:* A number of counties are now able to provide services such as home-based interventions, therapeutic services, programs in schools

to provide preventive services, psychological assessments to prevent placements, drug and alcohol assessments, and transitional housing for young mothers. Counties have also been able to create and expand existing programs such as Family Resource Centers and Wrap-around services to prevent placements.

- ◇ *Flexible funding pots:* With IV-E Waiver dollars, ProtectOhio counties have been able to increase the amount of funds which workers can use creatively to prevent a removal, support a reunification, or prevent a child from reentering the system. While these flexible funds previously existed in these counties, ProtectOhio has enabled counties to increase these funds so they are more widely available.
- ◇ *Foster care per diem:* In an effort to increase the availability of foster care homes, several ProtectOhio counties have increased their foster care rates to entice more families to become foster families. In particular, ProtectOhio counties have increased the foster care rate for adolescents to create more foster care options for older children.
- ◇ *Permanency efforts:* ProtectOhio counties have been able to increase the range of permanency options, such as developing assisted guardianship programs, expanding the availability and level of adoption subsidies, and expanding independent living programs, including the level of apartment subsidies.
- ◇ *Other:* Six counties describe other efforts that are attributable to ProtectOhio. These include the ability to develop managed care contracts, paying for psychological assessments for family members, provide staff trainings, and covering treatment costs for children who are not in PCSA custody. ProtectOhio counties have also been able to make physical improvements in their placement facilities and visitation settings.

Summary:

Any Ohio county could use the above strategies to try to control or decrease their number of placement days, but the ProtectOhio demonstration counties have specifically capitalized on their flexibility under the Waiver to act in these ways. In future years of the study, the Process study team will examine precisely how much comparable activity is occurring in the comparison sites, despite their inability to use Title IV-E for non-categorical purposes.

2.3 Progress on the Case Studies

The child-specific expenditure case studies of two demonstration counties will provide detailed data on the fiscal impacts of ProtectOhio at the child and family level. In Clark and Portage Counties, the fiscal study team has been working with PCSA staff to construct databases of child-specific case activity and expenditure information. Much of the work involved in creating these databases has been linking children across existing county files, working with county staff to correct erroneous data, and linking expenditure data to FACSIS data.

Each of the case studies will cover the available child-specific data, and these data are different in the two counties. Clark County's child specific expenditures files contain information on the costs of foster care placements and wrap-around services from 1990 to the present. Portage County's child specific expenditures cover the period from 1993 to the present, and include the cost of foster care placements and wrap-around services, as well as some medical payments.

Once the expenditure database development work is completed, the Fiscal Study team will have the ability to analyze these child-specific expenditures over time. Total expenditures (for those services included in county databases) for children cared for by these counties before the Waiver will be compared to total expenditures for children cared for after the start of the Waiver. To isolate the potential impact of ProtectOhio on children and families already receiving these services at the start of the Waiver from children and families who began receiving these services after the Waiver began, two groups of children will be analyzed.

- ◆ First, the expenditures for children in care at the start of the Waiver (in-care population) will be compared to the expenditures for in-care populations at earlier times.
- ◆ Second, the expenditures for children entering care after the Waiver began (entry cohort) will be compared to the experience of entry cohorts before the Waiver began.

Changes in case mix can and often do cause changes in the observed use of child welfare services even when the underlying experience of children has not changed. For example, a large increase in the proportion of admissions of children under age one will cause observed foster care length of stay to go up because children admitted as babies tend to stay longer in foster care than any other age group. Thus, this increase in length of stay would be observed in the data because the case mix had changed, but the length of stay of babies and older children would actually be unchanged. To control for the impact of changes in case mix on the analysis of expenditures, the databases will contain variables created from FACSIS. To the extent the data is available for a majority of cases, these variables will include age at placement, ethnicity, number and length of previous spells in care, and reason for placement.

The child specific expenditure databases only contain child-specific expenditures for purchased services, like residential care, payments to foster parents, or contracted family support services. The databases will not contain child-specific expenditures for services delivered by county staff. Because of this lack of direct county, child-specific data, the case studies may have to be augmented by aggregate data in order to describe the impacts of ProtectOhio as accurately as possible. For this reason, Clark and Portage counties will also be a part of the study of aggregate expenditures described in Chapter 7.

CHAPTER 3: PROCESS IMPLEMENTATION

Through the second round of site visits, the Process study team gathered information related to eleven of the priority outcomes identified by the Consortium counties. These outcomes are discussed in Chapter 2 and Chapter 6, as an integral part of the presentation of preliminary fiscal findings and preliminary system outcomes. To set the context for understanding the individual-level and system-level outcomes, this chapter highlights the most important aspects of the process changes which are occurring in the evaluation counties: their use of managed care strategies, variations in the way PCSAs handle cases referred for services, and differing postures of the Juvenile court in dealing with cases that come directly to its attention.

Substantially more detail on these and other Process study findings is provided in the Interim Implementation Report submitted in August 2000.

3.1 Use of Managed Care Strategies

One of the central questions of the ProtectOhio evaluation is how the use of managed care strategies ultimately affects outcomes for children and families. The underlying hypothesis in Ohio's choice to employ managed care technologies in its Title IV-E Waiver 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. At the beginning stages of the ProtectOhio evaluation, the study team has held numerous discussions with managers and policy makers in all the evaluation counties, exploring their understanding of managed care tools and their efforts to experiment with various techniques to improve the service delivery system. In the Interim Implementation Report, we present in detail the activities that the demonstration and the comparison counties have pursued. In this chapter, we summarize what the counties have done under the rubric of managed care, using selected characteristics of the PCSAs to create a "managed care index".

Summary: Overall, demonstration counties, acting on their commitment to systems reform, coupled with a greater ability to take the risks that reform entails, have experimented with managed care strategies to a significantly greater extent than have comparison counties. The most noticeable managed care activity occurs in financing, quality assurance, targeting, and utilization review.

3.1.1 Description of the Managed Care Index

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 service 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 and rational plan to simultaneously contain costs, enhance service quality and expand the population served – in short, creating a “managed” system.¹

Among the major managed care strategies which the Process study team has explored in the evaluation counties, eight areas predominate:

- ◆ *Service Array:* The availability of services is a critical variable in a PCSA’s ability 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 services should be made available in relation to the needs of the particular children and families. The challenge to child welfare administrators is to have ready access to “core services,” those typically and frequently needed, as well as to encourage the creation of innovative alternative approaches.

In the first year of the evaluation, the Process study team developed a list of standard services for children and families served by PCSAs; some of these are services provided by or paid for by the PCSA, while others are the purview of mental health, human services, or other community agencies. In the second round of site visits, we examined these services in more detail, asking about changes that had occurred in the range of available services, and exploring whether or not those changes derived from an explicit effort to alter the service delivery system.

- ◆ *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 crucial. Many options exist for establishing capitated, shared-risk service arrangements, limited to a certain group of children and families, or broadly applied to the general child welfare population.

Several PCSAs are engaged in capitated contracts, with varying conditions related to risk sharing, sanctions and rewards, hold-backs, etc. The details of these arrangements are detailed in the Interim Implementation Report.

- ◆ *Targeting a Particular Population:* Deciding who should receive particular services has a vast impact on the efficiency of the child welfare service system. Services provided to one child or family represent a commitment of resources that cannot be used to serve others. There is often an urge to channel resources to

¹ Kimmich, M. and Feild, T. *Partnering with Families to Reform Services: Managed Care in the Child Welfare System*. Englewood, CO: American Humane Association, October 1999.

children and families who are at greatest risk of placement; however, sometimes the resources needed for one family can be used to serve many less needy families. 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.

To the extent that the PCSAs are pondering these issues, they may begin special initiatives to work with a particularly under-served group or one with especially critical needs. The site visit team examined these types of activities, including not only targeted services but also creation of special PCSA staff units.

- ◆ *Case Management:* Under conventional managed care, case management is meant to be 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. PCSAs can take steps to alleviate the problems associated with changes in case manager, such as creating integrated units or assuring that transfers occur smoothly and with appropriate sharing of information.
- ◆ *Provider Competition:* Managed care is often touted as a way to increase the competition, and thus the efficiency, of providers in a service network. The larger the provider network, the more potential exists for choice among services and among providers of a given service, thus affording greater opportunity to meet an individual's needs. However, unless multiple providers of comparable services exist, creating competition, providers may not feel any pressure to keep service quality high, or even to continue to offer a service that is required only infrequently. Especially problematic may be assuring inclusion of culturally specific services and providers. PCSAs have opportunities to invite new providers into their county, or to otherwise stimulate competition, in the interests of improving service quality and choice.
- ◆ *Utilization Review:* 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. In child welfare, the most common area undergoing this additional scrutiny is placements, both because they are the most costly on a unit basis, and because they are seen as the most restrictive service option. However, child welfare agencies may also take a closer look at how other services are used, to assure their availability as an alternative to placement. Ultimately, rational decision-making processes must be put in place to begin to establish some systematic parameters around service usage.
- ◆ *Data Management:* The foundation for much of the managed care activity described above is a comprehensive management information system, containing sufficient historical data, having a strong tracking capability, and offering

linkages between administrative and fiscal data sets. PCSAs are beginning to pay attention to the data they already have, and beginning to explore various software packages to help them understand what they have and what more they need.

- ◆ *Quality Assurance:* Quality assurance can be seen as a broader activity, complementary to utilization review, geared not just to ensuring minimal safety of children (quality control) but also to fostering performance improvements over time (quality enhancement). 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.

Using these categories of managed care activities, the Process study team has identified 26 discrete items from the site visit interviews to use to create a managed care index. The selection of the items, and the way in which they are combined to yield an index value, is subjective and open to modification. The index presented here is intended as a reasonable starting point for distilling the systemic reforms that PCSAs are making to their operations. Exhibit 3.1 below lists the selected components of the Managed Care Index.

Exhibit 3.1: Components of the Managed Care Index		
Managed Care Category	Specific Item	Weighting
<i>Service Array</i>	Extent of new services created since Waiver began Changes made in the way existing services are used Shift in PCSA service focus Whether shift in service focus is reflected in staff, contracting	15%
<i>Financing</i>	Use of capitated contract Nature of capitated contract conditions Title IV-E investment strategies used	17.5%
<i>Targeting</i>	Number of special initiatives Whether services are developed for a specific sub-group Existence of specialized PCSA units	10%
<i>Case Management</i>	Type of unit structure Speed of transfers of case management responsibility	10%
<i>Competition</i>	How PCSA providers are affiliated How FCF providers are affiliated Whether changes made to stimulate competition	10%
<i>Utilization Review</i>	Use of placement review processes Use of rational decision-rules (including CLA)	17.5%
<i>MIS</i>	Extent of use of automated management information and access to management information systems	10%
<i>Quality Assurance</i>	Use of quality control mechanisms Use of quality enhancement mechanisms Locus of internal quality assurance responsibility Extent of focus on outcomes	10%

3.1.2 Utilization of Managed Care Strategies: Ranking of Counties

Every demonstration county and every comparison county is using managed care strategies to some extent. The most obvious examples are the counties that 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 oversight of the use of placement services, or a varied collection of quality assurance activities, or the addition of numerous services that are needed by children and families. Table 3.1 below reveals the substantial variation in effort among the demonstration and comparison counties, across the eight spheres of managed care activity.

Table 3.1: Managed Care Index Scoring		
Managed Care Category	Possible Score	Average Score
Service array	7	
Demonstration		4.14
Comparison		3.64
Financing	11	
Demonstration		3.82
Comparison		0
Targeting	8	
Demonstration		3.57
Comparison		1.25
Case Management	5	
Demonstration		1.86
Comparison		1.50
Competition	9	
Demonstration		2.43
Comparison		0.71
Utilization Review	8	
Demonstration		5.43
Comparison		4.43
MIS	4	
Demonstration		2.07
Comparison		1.43
Quality Assurance	16	
Demonstration		7.11
Comparison		5.50
TOTAL	68	
Demonstration		32.18
Comparison		20.30

The dominant pattern emerging from this table is that demonstration counties are more involved than comparison counties in all of the spheres of managed care activity. The contrast is particularly evident in the areas of financing and competition, which are the most explicitly *managed-care-like* components. No comparison counties are experimenting with capitated financing or risk-sharing, and their level of effort to consciously stimulate competition among service providers is fairly limited. The contrast is almost as strong in the areas of targeting and quality assurance: demonstration counties scored markedly higher on both measures.

Table 3.1 is also striking in what it says about the overall use of managed care strategies. The average scores for demonstration and comparison counties differed significantly, 32.18 compared to 20.30; but both of these fall fairly far below the optimum score of 68. Even the highest score, by a demonstration county, was only 47.69. These data suggest that (1) many demonstration counties are not very active, and (2) even those who are active are not pushing the limits of managed care strategies.

Least difference between demonstration and comparison counties is found in the areas of case management, service array, information management, and utilization review. This pattern suggests that these are strategies all counties can adopt, whether or not they have access to flexible Title IV-E funds. Nonetheless, it is noteworthy that demonstration counties still are, on the average, more active in these arenas than are their comparison counterparts.

Several categories are clearly “preferred” areas of counties’ experimentation. In utilization review, the average score for demonstration counties is 5.43, over 75% of what is possible, and comparison counties are not far behind, with a mean score of 4.43, more than half what is possible. Similarly, both demonstration and comparison counties are making significant efforts to improve the service array.

Other categories appear to be “least preferred” areas of activity. It is too early to detect the reasons behind this pattern: perhaps change involves higher levels of risk, or change is not as clearly perceived to be beneficial. In this group are three types of activity – competition, financing and case management. As noted above, the first two also represent the largest difference between the demonstration counties and the comparison sites. Case management, however, presents a somewhat different profile. The performance of the comparison counties closely resembles that of the demonstration counties. It may be that traditional policies around case management are seen as so central to child welfare practice, that changes may need to be more incremental and carefully analyzed before being widely adopted.

The various components of the Managed Care Index have been weighted to create the most appropriate composite measure of managed care activity. The resulting scores create three natural groupings of demonstration and comparison counties (Table 3.2).

Table 3.2: Counties Grouped by Level of Managed Care Activity				
<i>Counties with High Managed Care Activity</i>	<i>Counties with Moderate Managed Care Activity</i>		<i>Counties with Low Managed Care Activity</i>	
<i>Demonstration:</i>	<i>Demonstration:</i>	<i>Comparison:</i>	<i>Demonstration:</i>	<i>Comparison:</i>
Clark Greene Franklin Hamilton Lorain Medina Portage Richland	Belmont Crawford Fairfield Muskingum Stark	Butler Hancock Hocking Montgomery Scioto Summit Trumbull	Ashtabula	Allen Clermont Columbiana Mahoning Miami Warren Wood

These three groupings of the evaluation counties make more clear the pattern evident in Table 3.1 above: demonstration counties are using managed care strategies substantially more than are comparison counties. It is striking that no comparison county falls in the highest activity group, and only one demonstration county falls in the lowest activity group.

Closer examination of the three managed care groups yields some interesting insights (Table 3.3). The variation in the mean total index scores is dramatic, with the low group averaging well under half of the score of the high group. Even the moderate group falls below the mean score overall (26.10 compared to 26.24), indicating that the counties in the high group are true outliers, significantly more active than the other groups.

Table 3.3: Average Score by Managed Care Group				
Managed Care Strategy (mean)		Low Managed Care Counties	Moderate Managed Care Counties	High Managed Care Counties
<i>MEAN TOTAL INDEX SCORE*</i>	26.24	15.23	26.10	37.48
<i>Service array</i>	3.89	3.13	4.00	4.50
<i>Financing</i>	1.91	0.25	1.33	4.44
<i>Targeting</i>	2.41	0.56	2.25	4.50
<i>Case Management</i>	1.68	1.50	1.50	2.13
<i>Competition</i>	1.57	0.25	1.33	3.25
<i>Utilization Review</i>	4.93	2.25	5.83	6.25
<i>MIS</i>	1.75	1.50	1.58	2.25
<i>Quality Assurance</i>	6.30	4.25	5.88	9.00

* Average total is not equal to the sum of the eight scores above, because of weighting.

The other information in Table 3.3 reinforces the idea that the high group is unusual, by showing a pattern of higher scores across *all* of the eight managed care strategies. Most contrast appears in the areas of financing, targeting, competition, and quality assurance, with the average score in the high managed care counties far outstripping the other two groups.

A slightly different pattern emerges from individual study of the high managed care counties. What these eight counties share, most notably, is a very strong focus on financing and quality assurance strategies, and, to a somewhat lesser degree, substantial attention to targeting and utilization review.

The underlying dynamic reflected in these data is likely quite complex. On first glance, it appears that the availability of flexible Title IV-E dollars enables demonstration counties to try more things. At that same time, and related to their self-selection into ProtectOhio, the demonstration counties may have a greater commitment to making significant changes. This theory will be examined more thoroughly in the ensuing years of the evaluation.

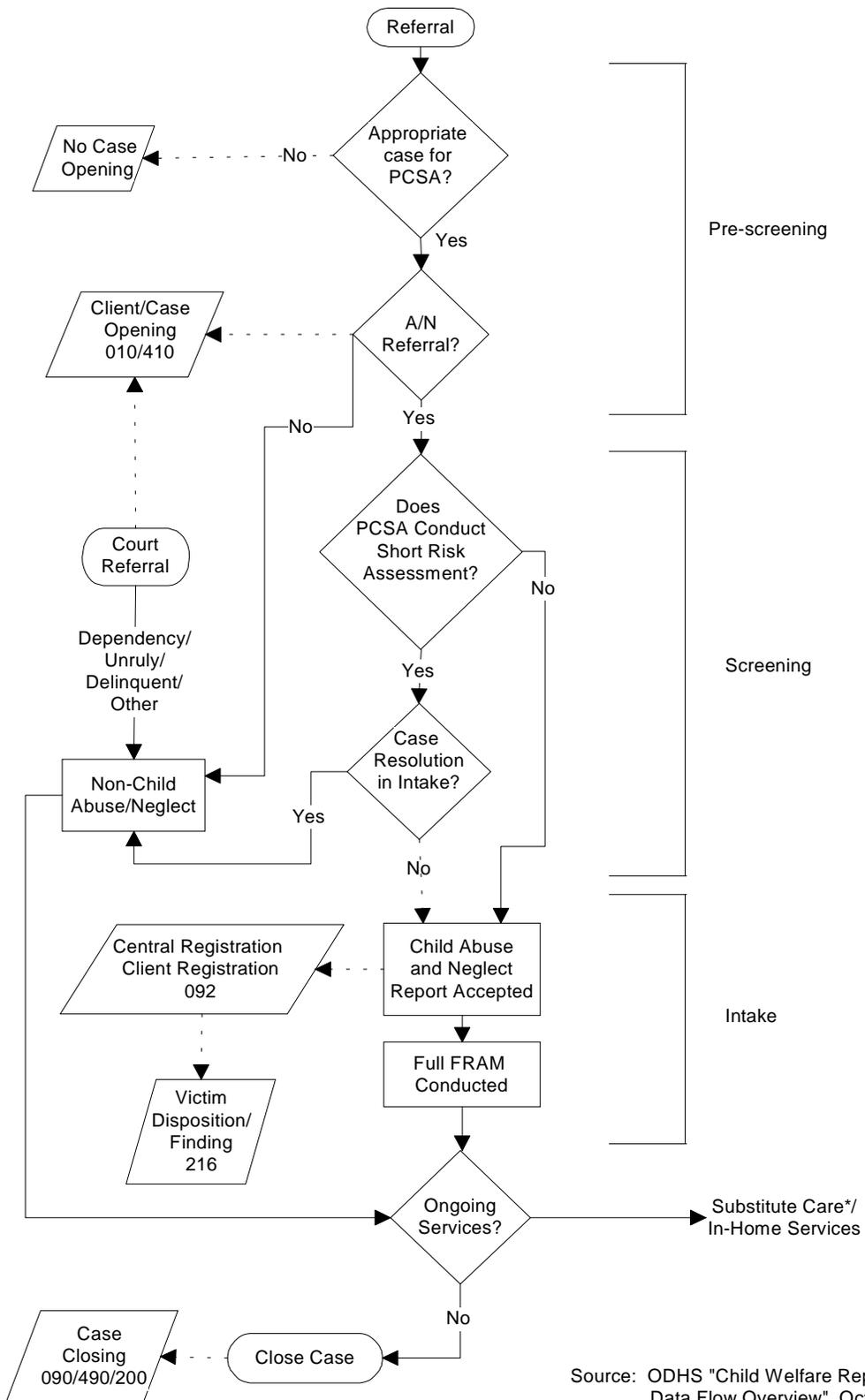
3.2 Case Flow

From exploration of FACSIS data and numerous discussions with PCSA staff in the evaluation counties, the study team has extracted a basic case flow that seems to reasonably represent current practice (see Exhibit 3.2). This graphic is a key reference point for much of the discussion that follows in this report, especially in Chapter 4 and Chapter 5.

A referral can come into the agency through a phone call or visit. Most counties have some type of pre-screening, which diverts inappropriate cases from the full intake process. If the case can be directed to another service system or to a community agency and an investigation is not necessary, no case is opened. If the case meets the state and county standards for an abuse allegation, many counties have implemented a short risk assessment process, using a modified version of the state-mandated risk assessment (called the FRAM) or some other county-specific tool.

The initial steps of the case flow, from referral up to the point of deciding whether the referral includes alleged abuse or neglect, can be considered the “screening” phase. From that point until it is determined whether or not to open a case to ongoing services can be considered the intake phase. The next sections will examine how cases are screened into the PCSA, as well as how risk assessment tools are used during the intake process to determine if cases are opened for ongoing services. We will also explore the role of the juvenile court in determining what types of cases are opened to PCSA services.

Exhibit 3.2: Basic Case Flow in PCSA



Source: ODHS "Child Welfare Reporting Activity Data Flow Overview", October 1989
 * See Appendix I, Figure I-1 for full detail.

3.2.1 Screening Process and Issues

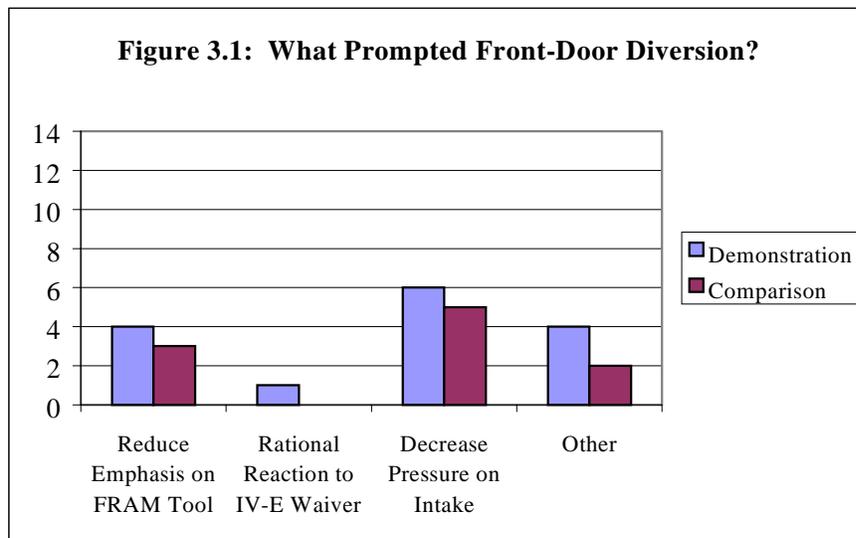
Opportunities to affect the number of cases coming into a PCSA start at the very beginning of the PCSA case flow, during the initial screening process. From the time that a referral is first taken, counties differ in how they gather information to determine whether a case should be investigated. Some counties are specifically concentrating on the “front-door” of the system, setting up policies and procedures to quickly and accurately determine if a referral should be opened for PCSA services. By focusing on the front door, the PCSA can avoid investigating cases that are not appropriate for PCSA services (i.e. head lice, truancy, referrals without sufficient evidence). The following section describes how evaluation counties differ in their processes of screening cases in or out of the PCSA system.

Nine demonstration and seven comparison counties consider themselves to be doing something ‘out-of-the-ordinary’ during the screening process to divert cases from coming into the PCSA system. These special efforts focus on three areas:

- ✓ *Information:* Both demonstration and comparison counties are trying to gather more information to gain a better understanding of what is happening in a family and to accurately determine if the case should be opened for an investigation. In addition to collateral calls that many screeners make, over half of the demonstration counties (8 counties) will make a visit to the home during the screening process if necessary to gather more information, compared to only 4 comparison counties.
- ✓ *Consistency:* PCSAs are also developing clearer guidelines for their screening process to create consistency in which cases a screener opens for investigation. Slightly over half of the evaluation counties (8 demonstration and 7 comparison) use a screening tool that systematically determines whether a case should be open. Eleven of these counties (six demonstration and five comparison counties) include risk assessment items in this screening tool, indicating that these counties have learned that specific risk criteria are important. In counties that don’t have a systematic tool, staff must rely on experience and subjective opinion about the need for a case to be investigated further.
- ✓ *Altering criteria:* Some counties have made a conscious decision not to open cases that they might have otherwise opened in the past. For example, while they used to be able to provide services to lice or truancy referrals, some PCSAs now avoid opening cases that are not mandated PCSA cases and could be better served by another community agency, thus slightly closing the PCSA front door. Six demonstration counties and five comparison counties have built risk assessment items into their screening tools in order to make sure they are investigating the cases where there are indications of risk to the child. Other counties focus on defining their target population better and then educating others in the community about these PCSA criteria for providing services.

While demonstration and comparison counties are trying to focus on the front door of the agency, these special screening efforts don't always result in fewer cases coming in. Rather, sometimes the result is that the PCSA simply receives more appropriate cases. For example, one demonstration county recently modified their screening process to screen in more cases because they realized they had tried to close the door too much in the past and were not investigating all the cases they should. In another comparison county, the PCSA has made changes to improve the consistency of their screening process, with the result that they are receiving more appropriate cases now, but they are also getting more cases overall.

Of the 16 counties who are trying something different in the screening process, nine are demonstration counties. Although both demonstration and comparison counties are trying to look more carefully at cases before they are opened in the PCSA system, the flexibility of the Waiver may give demonstration counties the resources to embark on new screening approaches: they can deploy new staff, spend time examining the effects of closer scrutiny at the point of initial referral, etc. This is not to say that the demonstration county focus on reform in the screening process occurred *because of* involvement in ProtectOhio and an emphasis on reducing the number of PCSA cases. Indeed, Figure 3.1 indicates that few counties see their efforts at front door diversion as being a reaction to Waiver flexibility. Rather, more counties seem to be reacting to a desire to decrease pressure on intake and to moderate the burden of the risk assessment tool.



Another aspect of the screening process that may affect the number of cases opened to the PCSA is the staffing structure of the screening function. In a few comparison counties, the screening function is rotated among the investigation staff, sometimes leading to inconsistency in screening decisions, as well as distracting investigators from their primary responsibility. However, in 14 demonstration counties and in 11 comparison counties, a designated screening staff provides consistency in the screening

process. When there is a designated screening staff, their qualifications range from paraprofessionals to Masters level staff. However, most counties use staff with Bachelors degrees and prefer to have screeners who have some experience in an investigation position. Few counties require or provide additional education or training to their screening staff. Based on this information, PCSAs, especially demonstration PCSAs, seem to have developed a screening process that works in most cases – having a designated screening person who is familiar with screening processes and is able to focus completely on the task of screening referrals.

County Use of Risk Assessment

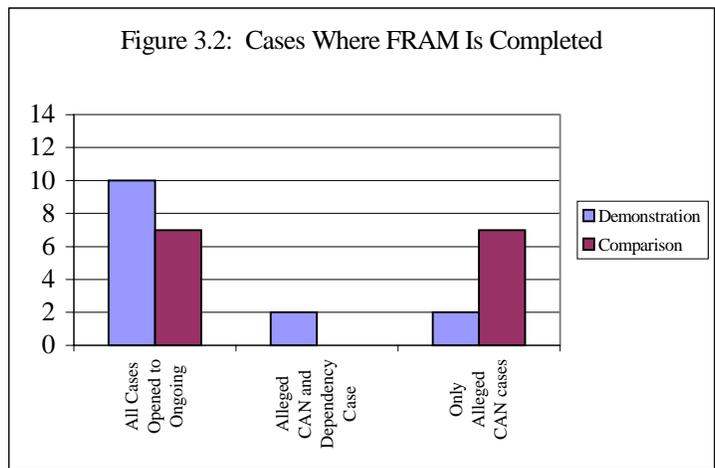
To provide a consistent assessment of risk for child welfare cases, section 5153.16 A of the Ohio Revised Code mandates the use of the Family Risk Assessment Matrix (FRAM). All 88 Ohio counties were mandated to have implemented the FRAM by January 1998, although some began using it as early as 1994 when it was first piloted. This 32-page tool provides a standardized way to characterize the level of risk for abuse or neglect and includes a structured decision making process to help assure the consistency of risk assessment. In the most recent site visits, the study team explored how demonstration and comparison counties are using the FRAM and other tools to assess risk.

While the state mandates that the FRAM be completed for all cases of alleged child abuse or neglect, PCSAs vary in whether they complete a FRAM for cases classified as something other than abuse or neglect, for example for unruly/delinquent or dependency cases. More variation is apparent among comparison counties than among demonstration counties. Ten demonstration PCSAs and seven comparison sites complete a FRAM for every case opened to ongoing, including all unruly/delinquent and dependency cases (see Figure 3.2). This means that a FRAM is completed whether or not there is an indication of abuse or neglect, enabling agencies to fully understand the dynamics of every case that has been opened to the ongoing unit. The rationale for this broadened use of risk assessment tends to be the belief that important issues will be uncovered that would otherwise have been overlooked.

Another advantage of completing a FRAM for unruly/delinquent cases is that the court has access to additional information about the case, such as the social history, which can help the court make decisions; in fact, some PCSAs report that their juvenile court has come to expect a completed FRAM.

The eleven remaining counties who do not complete a FRAM for all cases opened to ongoing services

nonetheless still comply with state mandates. They are using the FRAM for any case



with alleged abuse and neglect as it comes into the agency. Two demonstration counties and seven comparison counties complete a FRAM *only* for these mandated cases where there is an indication of abuse or neglect. The two remaining demonstration counties complete a FRAM not only on the mandated cases of alleged abuse or neglect, but also for cases of dependency.

Abbreviated Risk Assessment. In addition to the full FRAM, many of the 28 evaluation counties use other risk assessment tools to evaluate a family situation. Six demonstration and seven comparison counties use an abbreviated version of the FRAM to assess risk. Many of these counties find value in the FRAM method of assessing risk, but have developed an abbreviated version of this tool in order to minimize the time-consuming nature of the FRAM. This abbreviated version pulls pertinent pieces of the FRAM but eliminates some of the pieces that provide more explanatory information. Counties use the abbreviated version in a number of ways:

- During the intake process in order to make better screening decisions based on risk factors;
- For cases where the PCSA conducts an initial investigation but does not open the case. This provides agency documentation about what has been found in this initial contact with the family, in case another referral comes in on this family.
- For cases where a full FRAM is not required, but some shorter version of an assessment is needed.
- As an initial assessment tool to determine if a full FRAM is appropriate. If the full FRAM is determined to be needed, some initial information as already been gathered.

In completing the FRAM for cases of alleged abuse or neglect, rather than just for cases which have been investigated and opened to ongoing, some staff complain that they spend a significant amount of time completing the FRAM for cases that end up being closed due to lack of evidence. This may explain why 4 of these 13 counties, all comparison counties, use an abbreviated version of the FRAM, as a preliminary step to assess if a full FRAM is appropriate.

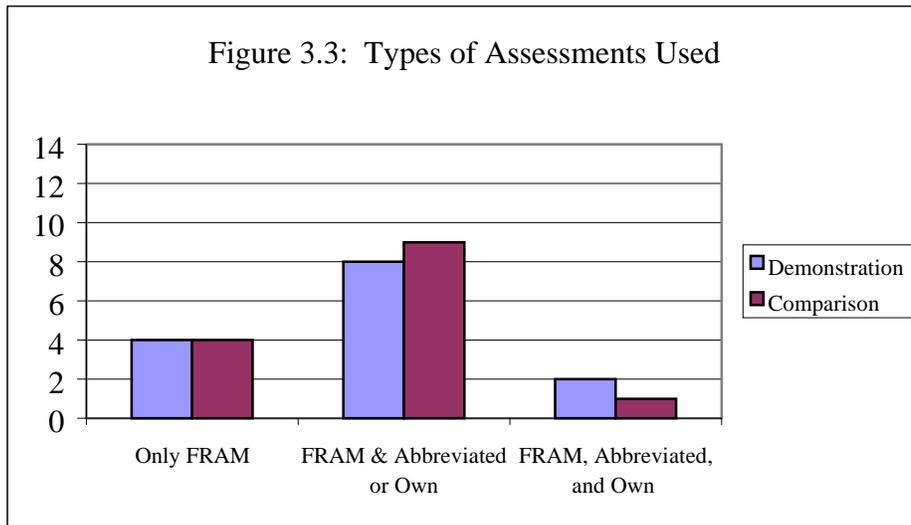
County size appears to be somewhat related to a PCSA's decision whether or not to use an abbreviated FRAM. Thirty-eight percent of the counties in Group 1 and 2 use an abbreviated FRAM, while 58% of the counties in Group 3 and 4 use an abbreviated form. Larger counties deal with a larger volume of cases in intake: the FRAM places a greater demand on limited staff resources, and the PCSA stands to gain more from using the abbreviated risk assessment than a smaller county might.

Additional Assessment Tools: Aside from the full and abbreviated versions of the FRAM, six demonstration counties and four comparison counties are using some other type of tool to assess risk. While these other assessments sometimes include pieces that resemble the FRAM, they are primarily adapted to suit a particular need of the county,

providing more information to the worker to make better decisions. The particular emphases of these other types of assessment tools include:

- A general focus on better assessing risk during the screening process (in three demonstration counties);
- An assessment tool specifically for cases of permanent custody or PPLA;
- A tool for cases involving out-of-home perpetrators and out-of-home case settings;
- Psychological, family assessments, and other inventories to provide information that is not captured in the FRAM (two demonstration counties)

Figure 3.3 shows the variations among counties in their use of different types of tools to assess risk. This variation may help to explain differences in the volume of cases opened to ongoing services.

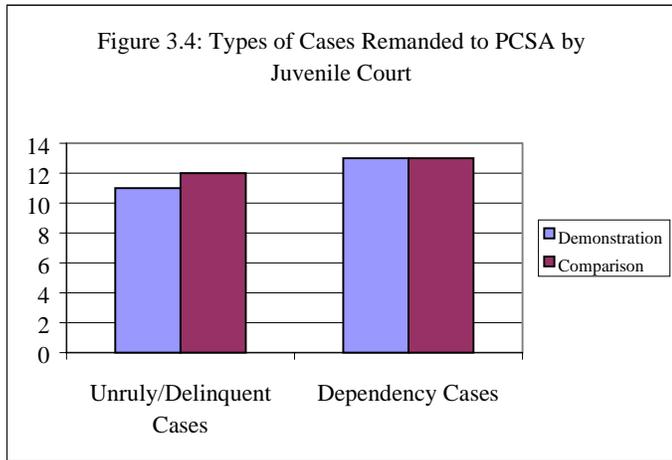


3.2.2 Cases Received from the Juvenile Court

Just as screening processes affect the number of cases entering the PCSA for services, so too does the posture of the Juvenile Court. All counties receive cases from the Juvenile Court, often appropriately because of alleged abuse or neglect, but sometimes also because the court believes the PCSA represents the best or perhaps the only viable option. Some courts fund residential programs for troubled teens, and even provide a range of supportive and diversionary alternatives, to alleviate pressures on limited detention programs. However, such courts are the exception rather than the rule. More often, courts remand teens into the custody of the local PCSA, sometimes on grounds of abandonment (when frustrated parents refuse to take a child home) or simply because the court chooses to. In many PCSAs in Ohio, cases referred by the Juvenile Court represent a significant portion of new cases opened to the PCSA at any given time. Some counties report that the flow of cases from the court tends to increase toward the end of the fiscal

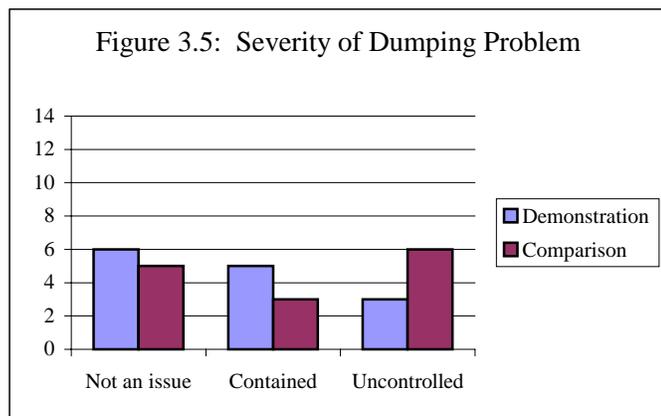
year, as the court’s other service resources are depleted. PCSAs have no direct control over this dynamic, although many have discovered ways to cope and, indeed, to otherwise limit the impact of these cases on child welfare operations.

The site visits explored the dimensions of this problem of inappropriate referrals, or “court dumping”, in both the demonstration and the comparison counties, examining the nature of the cases referred by the court and the steps PCSAs and courts have taken to minimize the negative effects of the shift in service responsibility. The vast majority of counties – 79% of demonstration sites and 86% of



demonstration sites and 86% of comparison sites – receive cases adjudicated unruly/delinquent, and nearly all the counties – 13 of the 14 in each group – may receive cases from the court which are adjudicated dependent (Figure 3.4). Unfortunately, the precise volume of the inappropriate dependency cases cannot be identified, because well over half of the demonstration and the comparison PCSAs have no automated method to distinguish between court-originating dependencies and dependencies that came in through PCSA intake.

Most of the participating PCSAs acknowledge that “dumping” is an issue in their county (Figure 3.5). The problem appears to be substantially more serious in comparison counties, with 43% reporting that they are unable to control the court’s actions. That this is a greater issue for comparison counties is no surprise: one of several major reasons PCSAs chose *not* to enter ProtectOhio was inability to control placement days and costs.

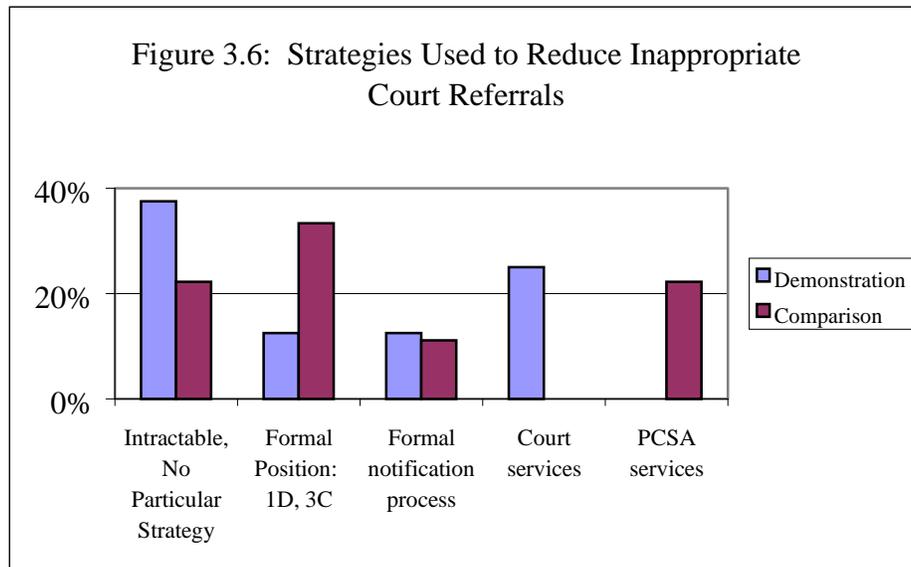


Where possible, PCSAs are trying a variety of strategies to tackle the problem (Figure 3.6). Among the eight demonstration PCSAs dealing with inappropriate court referrals, three really are at their wits’ end, trying to come up with some viable alternative. Two have seen the problem lessen

somewhat as the juvenile court has created new services; one other demonstration county is trying a formal position, and yet another is trying a formal notification process, in hopes of seeing some effect soon. Among the nine comparison counties, the response has

been quite similar: two feel stuck with an untenable problem, two are trying some new PCSA services, three have a formal liaison position in place, and one is relying on a formal notification process. However, their choice of strategies may or may not pay off, if the experience of the “successful” demonstration and comparison counties is any guide:

- The counties that are not struggling with court referrals have infrequently relied on formal positions (two demonstration counties) or on formal notification processes (none).
- What *has* worked is a good relationship between the PCSA and the court: half of the demonstration and comparison PCSAs that report no real problem with court referrals tend to have good communication with their court, taking a proactive stance to address the needs of teens who come to the court’s attention.
- And four other PCSAs found success in the court’s creation of new services.



The difficulty controlling inappropriate court referrals seems to be somewhat related to county size. Medium-sized counties fare the best, with none reporting an inability to control the effect of court referrals. The largest counties, demonstration and comparison alike, tend to be less likely than other sized counties to have “no problem”. Three of the four largest counties report that they are unable to control the situation, although all four are trying different strategies.

The Interim Implementation Report (Chapter 2, Section 3) explores some possible reasons behind differing court referral behavior. Of particular interest is the courts’ use of ReclaimOhio funds.

The varying efficacy of PCSA efforts to manage the cases it receives from the Juvenile court potentially has a dramatic effect on a county’s placement numbers. In future, FACSIS data will be examined with an eye to this county “factor”.

Summary: Both demonstration and comparison counties are trying to control the type of cases that are opened to PCSA services. They use several approaches: modifying the screening process, using different types of risk assessment tools, and creating processes to limit the cases coming from the court. Differences between demonstration and comparison counties were noted in the following areas:

- ◇ While demonstration counties are somewhat more involved in altering screening process, it is not clear that this is a direct reaction to the Waiver
- ◇ Comparison counties more often feel unable to control the flow of cases coming from the juvenile court. This may have been a contributing factor in their decision not to join the Waiver.

CHAPTER 4: CASELOAD TRENDS BASELINE PERIOD AND FIRST 2 YEARS OF WAIVER PERIOD

As discussed in Chapter 3, ProtectOhio has allowed the 14 demonstration counties to make or explore changes in all aspects of the PCSA service arena. In addition, other initiatives, statewide and county-specific, are affecting all 28 counties in both the demonstration and comparison groups. Since the initiatives can be so broadly applied, one goal of the evaluation, as a sentinel, is to monitor the caseload sizes in each county historically from at least two years prior to the demonstration through the Waiver period. The statewide FACSIS data is used for this analysis. In using secondary data, data entered and uploaded from the 28 county PCSA. It is important to understand that the one system is actually one system with 28 variations in usage.

This chapter presents a description of caseload trends from two years prior to the Waiver, through two years of the Waiver period. It begins with a description of the FACSIS system, its strengths and weaknesses as a data source and as a representation of the caseflow in the PCSAs. Then data is presented on the volume and characteristics of services provided by the 14 demonstration and 14 comparison counties. Areas covered include child abuse and neglect reports, caseloads for ongoing services, court results and custody caseloads, and placement caseloads.

4.1 Use of FACSIS Data for Analysis

This chapter relies primarily on the electronic administrative data available through ODHS and county systems. The report uses FACSIS data provided from the state administrative data and data entered by individual counties. All analysis is based on data files obtained from ODHS in March, 2000 regarding child welfare activity through February, 2000.

4.1.1 Description of FACSIS and Micro-FACSIS

FACSIS software is designed to collect information on children and families receiving services in the State of Ohio. Micro-FACSIS is the county version of the FACSIS system. Data are collected by counties and entered into their own Micro-FACSIS system. Then, the information is sent electronically to the state's FACSIS system.

Most counties in Ohio have their own Micro-FACSIS software with which to record data. However, three counties in this evaluation (Franklin, Hamilton, and Summit) have their own unique data management systems separate from Micro-FACSIS with which to collect data. Similarly to how other county data are delivered, the information from these systems is sent to the state electronically and converted into FACSIS data by the state.

FACSIS Data Issues

Many important issues have surfaced as a result of the interviews with the 28 demonstration and comparison counties. From these interviews, the Westat team identified many factors that would complicate the use of state FACSIS data for participant outcome analysis, including:

- **Definitional Concerns.** Often, a situation arises which does not fit easily into the categories available in the Micro-FACSIS system. Counties must decide how they are going to

interpret special cases and where in Micro-FACISIS the information should be entered. These situations can then lead to different counties adopting different methods for dealing with similar situations in their Micro-FACISIS systems. In addition, differences in county practices create differences in the way data is entered: most counties only record a relative placement in FACISIS if the county has custody; however, several counties revealed that they rarely take custody and always make attempts to give custody to a relative. Also, some counties license relatives' homes as foster homes and are unable to track them separately from regular foster homes (see discussion in Chapter 5, Section 1.1).

Another important issue addressed in Westat interviews with the counties was the possibility of differences in definitions between county systems and the FACISIS statewide system. Several counties mentioned differences between how the state defines information in the host FACISIS system and their own understanding of the data. Interviews also revealed that counties are documenting low-priority cases (called Priority IV Reports) in different ways or not at all in FACISIS because the state requires only a registration of screened child abuse and neglect incidents. Other cases, including those of families requesting services and other non-child abuse/neglect assessment reports, are required to be registered as clients or families in FACISIS but are not recorded as incidents. Further clarification of each county's practices is necessary before their complete case flow can be documented in detail.

- Data not Passed to Host FACISIS. Interviews revealed that some data recorded by the counties on Micro-FACISIS is not transmitted to Host FACISIS. Some supporting information for casework activity is not required by the state but does reside on each county's Micro-FACISIS system. These events are called "county-defined," and there is some variation in the values used for these data. A majority of the counties in the evaluation also have county events designed to fit their own data needs. These events are added by the counties to their own systems and are recorded by the counties in addition to the required events recorded for the state. The state does not request the counties to send data on these local events, therefore, they are not included in the state's FACISIS system. The three participating counties that have their own data systems (Franklin, Hamilton, and Summit) send their data to the state, but then the state records only the data elements contained in FACISIS.
- Data Quality. The interviews revealed many issues relevant to data quality. For instance, some counties expressed concerns that the transmission process, which takes data from the counties and enters them into the state system, is inadequate and either loses data or improperly overwrites previous transmissions. Each county also answered differently when asked which data in their Micro-FACISIS system has the longest and shortest time lags. Therefore, counties are likely to have different data events missing from the state system at any given time. Interviews also revealed that, even though each individual in a child welfare incident is assigned a unique and permanent ID number (even if he or she exits and re-enters the system), some ID numbers were being altered, and some individuals have multiple ID numbers. Another issue of concern is the possible duplication of cases

across counties. When asked about registering a new case, several county representatives were uncertain about whether a family that moved to a new county and was identified in a new incident or requested new services would receive a new case number. Our investigations showed that counties have the ability to discover if a family has been involved with another agency, but do not consistently use this capability because it is not considered user friendly.

In addition, all 28 of the counties stated that they did not purge any data from their systems. The State reports that only abuse and neglect reports are purged from its system – the identifying information is removed, but the events remain – so that the information can be used for statistical purposes. The time frames are as follows: substantiated reports are expunged 10 years from the date of the disposition, indicated reports are expunged 5 years from the date of disposition, and unsubstantiated reports are expunged 3 months from the date of disposition unless subsequent reports are received. In the event that subsequent reports are received, reports are linked and maintained in accordance with the longest retention time frame.

Most importantly, one of the most fundamental forms of quality assurance for FACSIS is achieved through CPOE. CPOE comprises an ongoing and continual set of onsite activities conducted by PCSAs and ODHS to promote the effective and efficient service delivery of child protection services in the State of Ohio. CPOE's onsite process includes identifying data system strengths and weaknesses through a data validation process. The counties send the state a backup tape each month to be used in the data validation process. Validation is accepted if the match is 90 percent or greater per review item and any discrepancies are noted and discussed.

4.1.2 Framework for Comparison of Baseline and Waiver Periods

A core strategy for understanding the changes in the Ohio child welfare service delivery system affected by the Title IV-E Waiver Demonstration Project, ProtectOhio, is the analysis of data on cases, clients, and children served in the child welfare systems as contained in ODHS' FACSIS. Statistical data on services to children in the period of time 2 years prior to the beginning of the project are presented in this report as the *baseline data*. The baseline data provide a statistical description of child welfare performance indicators and caseloads prior to the beginning of the project. These data are the basis for the definition of outcome measures to measure changes in children and families during the evaluation period. In addition, the report compares the baseline performance indicators and caseloads to these same indicators developed from data compiled after the project began on October 1, 1997, through the first two fiscal years of the demonstration – this is referred to as the *Waiver period*. The comparison between baseline and Waiver data is used to identify and analyze the effects and changes that may have occurred due to changes in service delivery resulting from the implementation of ProtectOhio.

The timeframe of the baseline data is the 2-year period prior to the beginning of the ProtectOhio demonstration, which is October 1, 1995, to September 30, 1997. The 2 years following the baseline period, from October 1, 1997, to September 30, 1999, represent the first 2 years of the Waiver. The data for these periods are derived from the state's centralized administrative data

system, FACSIS, for both the 14 demonstration and the 14 comparison counties. Throughout the report, we will use the terms “baseline period” and “Waiver period” to refer to these time periods.

This report includes all children and all cases recorded on FACSIS as being served during the two periods by the 28 participating PCSAs. For a child and family to be included in the baseline or first 2-year Waiver period, either (1) an incident of child abuse/neglect had to have been reported within the specified dates of the baseline or first two-years of the demonstration; (2) a person had to be a victim, perpetrator, or caretaker in a child abuse and neglect incident reported within the specified dates; (3) a case (including a family member or child) had to have been open for services beyond an investigation of abuse and neglect within the baseline or first two-year period; or (4) a child had to have been in placement or custody within the specified dates. To maintain the historical data on all children and cases that met any one of these criteria, Westat pulled into data files the service history for all these cases, for all time prior to October 1, 1995, (or October 1, 1997 for the Waiver period), as recorded in FACSIS. This allows Westat to classify families and children served based on their historical service patterns over time from their entry into the child welfare system until they leave the system, and their possible return to the system. It also allows for the development of performance indicators and service outcomes to track changes that may result from the Waiver.

The files were created from 27 CPOE files extracted from the FACSIS database. The 27 files contained data on clients served by all counties in the state since the beginning of data recording on FACSIS, up to data entered as of March, 2000. The files contain the data variables recorded on FACSIS that provide demographic profiles of clients served; information about abuse and neglect incidents, victims, perpetrators, and caretaker; information on case openings and closures for ongoing services; information on out-of-home placements, goals, long-term care, adoption, placement resources and facility licensing; and information about court-related activity such as custody, custody appeals, adjudication, dispositional, shelter care hearings, reasonable efforts, and protective supervision.

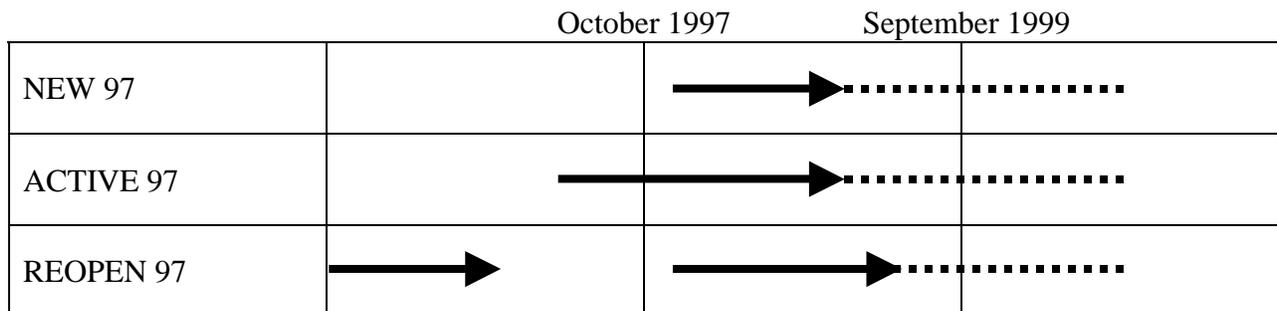
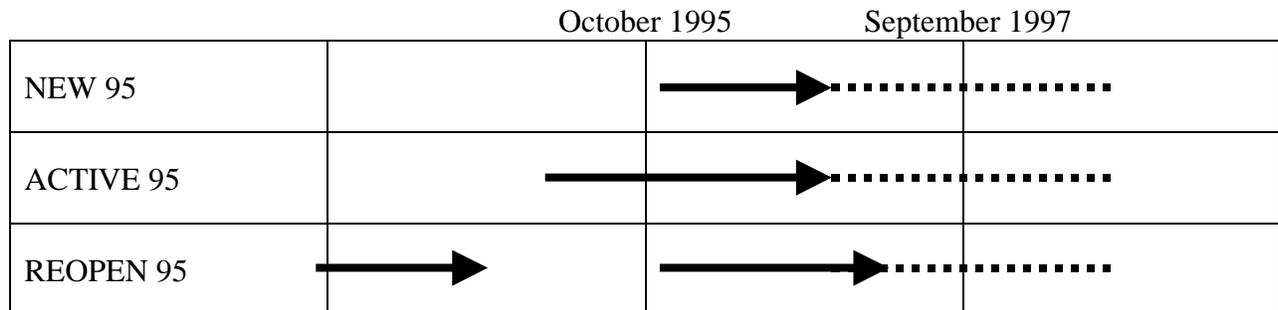
The data were analyzed using the statistical software, SAS. The FACSIS identification number “cnref” is used as the unique identifier for each client. Each unique client ID in the case file, placement file, and the custody file have been identified using the following criteria:

- **NEW95** – client’s first case opening date, placement date, or custody start date was between October 1, 1995, and September 30, 1997, with no client record found in the file prior to October 1, 1995;
- **REOPEN95** – client was in a case that had closed prior to October 1, 1995, and reappeared in a re-opened case between October 1, 1995, and September 30, 1997;
- **ACTIVE95** – client was in a case that opened prior to October 1, 1995, and has remained open after October 1, 1995;
- **NEW97** – client’s first case opening date, placement date, or first custody date was between October 1, 1997 and September 30, 1999, and no client record is in the file prior to October 1, 1997;

- **REOPEN97** – client was in a case that had closed prior to October 1, 1997, and reappeared in a re-opened case between October 1, 1997 and September 30, 1999.
- **ACTIVE97** – client was in a case that opened prior to October 1, 1997, and has remained open after October 1, 1997.

These are depicted in Exhibit 4-1.

Exhibit 4-1. Design of case groups and data files.



Clients who meet the baseline date criteria as well as the Waiver date criteria are tracked in both client populations. The services they received prior to October 1, 1997, are attributed to the baseline, and services received after October 1, 1997 (through September 30, 1999), are attributed to the Waiver period for comparison in the evaluation of performance indicators, caseloads, and outcomes.

Analysis of Data

For this report, all data are presented in county size groups. Table 4-1 provides a list of counties as they are categorized for data analysis (also see discussion in Chapter 1, Section 3).

Table 4-1. County by Presentation Group, CPOE Cluster, and Population in 1995 of Children under 18

County	CPOE Cluster	Group #	Demo/ Comp	PCSAO 1995 kid<18
Ashtabula	Large	1	D	27,318
Belmont	Medium	1	D	16,846
Crawford	Medium	1	D	9,679
Hancock	Medium	1	C	17,642
Hocking	Small	1	C	6,793
Miami	Large	1	C	24,992
Muskingum	Large	1	D	21,921
Scioto	Large	1	C	21,500
Group 1 Demo Total				75,764
Group 1 Comp Total				70,927
Allen	Large	2	C	30,066
Columbiana	Large	2	C	28,805
Fairfield	Large	2	D	27,994
Greene	Large	2	D	35,128
Medina	Large	2	D	34,867
Richland	Large	2	D	32,961
Warren	Large	2	C	30,656
Wood	Large	2	C	27,577
Group 2 Demo Total				130,950
Group 2 Comp Total				117,104
Butler	Large	3	C	80,095
Clark	Large	3	D	37,924
Clermont	Large	3	C	44,046
Lorain	Large	3	D	74,416
Mahoning	Large	3	C	64,919
Portage	Large	3	D	34,973
Stark	Large	3	D	92,446
Trumbull	Large	3	C	57,397
Group 3 Demo Total				239,759
Group 3 Comp Total				246,457
Franklin	Metro	4	D	236,766
Hamilton	Metro	4	D	224,930
Montgomery	Metro	4	C	142,640
Summit	Metro	4	C	125,789
Group 4 Demo Total				461,696
Group 4 Comp Total				268,429
Demonstration Total				908,169
Comparison Total				577,128

Besides examining obvious differences in the data between comparison and demonstration counties by county size group over the two periods, more complex statistical analysis was performed on some of the data collected to learn whether the demonstration is a possible cause for differences between the demonstration and comparison counties.

Two types of analysis were conducted: separate-slopes, general linear models and loglinear models. Separate-slopes, general linear models (see Appendix I, Exhibit 1-1) were used to complete four types of analysis within each county group:

- Baseline and Waiver periods were compared for all demonstration counties;
- Baseline and Waiver periods were compared for all comparison counties;
- Demonstration and comparison counties were compared during the baseline period; and
- Demonstration and comparison counties were compared during the Waiver period.

In addition to separate-slopes, general linear models, loglinear¹ models were used to reveal the possible effects of the demonstration on the data. If test group (demonstration versus comparison) and period effects (baseline versus Waiver) were found to have a simultaneous effect on the behavior of the data, then significant effects were concluded. If, however, simultaneous effects were not discovered, then we concluded that the demonstration had not shown significant effects on the data. When group membership (belonging to one group or another) was found to be a possible cause for the differences between groups beyond a significant doubt ($p < .05$), then results were noted in the report.

The following issues were examined to determine the effects of the ProtectOhio demonstration on differences in the data:

- number of child abuse or neglect (CAN) reports,
- distribution of age of children in incidents,
- number of clients,
- first placement setting for new admissions,
- age at time of initial admission,
- number of children in placement,
- number of placement days used,

¹ Considering pairwise partial associations in the loglinear models is analogous to comparing slopes between test periods within the demonstration group, or comparing slopes between test groups within the demonstration period. If comparisons between periods within test groups and comparison between test groups within periods were of interest for the continuous outcomes, why not for the categorical? The GLM models explicitly make the comparisons for all combinations of the variables – from the loglinear models we know that there are partial associations, but we do not have the degree of detail that the GLM models provide, so these associations may turn out to be of no interest when comparisons are made. We can do specific comparisons using the output from the loglinear models, calculating odds ratios for test group/period combinations.

- number of new adoption subsidies provided,
- number of victims in incidents placed within a given number of months,
- number of children discharged by month,
- number of moves, and
- percentage of new victims in second incidents.

Because we are examining data from the early years of the ProtectOhio demonstration, differences and statistical findings have been noted in this report, but firm conclusions have not been drawn. The analysis in this report illustrates early patterns of change that will need to be further monitored in the remaining years of the demonstration. Our conclusions in this report will direct our future analysis of the ProtectOhio demonstration towards understanding particular factors affecting the 14 demonstration counties.

These statistical methods of analysis are described further in Appendix I, Exhibit 1-1.

4.1.3 FACSIS Case Flow

By definition, system reform can pervade any component of the system. Will any of the changes to screening, case management, case triage and managed care in each county result in any “bulges” in the case flow through the child welfare pathways? Knowing that FACSIS data would provide the core data for our analysis, we built our case flow model using the FACSIS data flow diagram. The full diagram is included in Appendix I, Figure 1-1. FACSIS data is used to check the volume and mix of caseloads at various caseload points. An abbreviated version of the case flow diagram is included in Chapter 3 (see Exhibit 3.2).

Practitioners frequently talk about child abuse and neglect reports as the front door into the child welfare system. In Ohio, PCSAs receive two types of referrals; report of child neglect or abuse or requests for service (non-abuse/neglect). The request for service can come from families, community and the courts.

FACSIS allows children to be followed from the first time they are registered as a client in a case. This data is maintained on the county level and is presently not available to the researchers on the state’s FACSIS database.² In the state’s host database, new children first appear as a victim in a child abuse report, as a new client in an ongoing case, or, sometimes concurrently, entering foster care or county custody.

Presently in our analysis of service pathways, we define types of services by category and the date order of activities in FACSIS. We define the child abuse and neglect (CAN) population to include those children whose activities in FACSIS begin with registration as a victim in FACSIS. Service cases, including court referrals, are defined by the absence of a CAN incident as their initiating activity. Case type, substitute care vs. in-home, is defined by the presence or lack of a foster care placement. For this reason, this particular analysis will be conducted on closed cases,

² This data will be collected directly from the 28 participating counties beginning FFY 2001, with available historical information.

because for open cases presently in-home, it is unknown whether a foster care placement and case type change might occur in the future. One additional limit to our analysis of changes to the case flow is our lack of prescreening data. As mentioned above in this chapter, Section 1.1, many counties, in addition to the case/client registration information, maintain information on all referrals.³ In the host FACSIS system, a child does not appear until the county accepts the referral as an incident or the child is added to an ongoing case receiving service. We acknowledge that some children identified as non-abuse/neglect might actually have been referred to the agency in a neglect report but screened out from the incident track. In this situation, the child and family might show up in a case opening for ongoing service (including placement) but not in an abuse /neglect incident.

We begin our analysis with a description of the volume of services provided in each county and variation in service characteristics by county. In all discussion, the unit is the county or county group. The caseload indicators presented are based on those developed in the first year evaluation report, with changes noted, if required. Indicators are presented in four areas: (1) child abuse reports (incidents), (2) ongoing caseloads, (3) placement activity, and (4) court activity.

In the following sections and in Chapter 5, we present our findings systematically, offering first a definition of the topic being explored; then overall findings regarding test group and period effects; then group findings of contrasts among county size groups; and finally, a summary of all the findings on the topic.

4.2 Child Abuse and Neglect Reports

Analysis in this section, using FACSIS data, describes the abuse/neglect caseload using the number of abuse/neglect incidents accepted by each county for investigation.

4.2.1 Number of Child Abuse and Neglect Incidents

Definition:

In Ohio, each report of child abuse and neglect accepted by a county is recorded in FACSIS as an incident.

Overall Finding:

There appears to be a period effect for the demonstration counties, but not for the comparison counties.

A significant difference was observed in the data between the baseline and Waiver periods for demonstration counties—the number of incidents observed in demonstration counties fell sharply during the baseline period, but then leveled off during the Waiver period. On the other hand, the number of incidents for the comparison counties continued at a steady level across both baseline and Waiver periods.

³ In some counties, such as Summit County, all referrals are counted as incidents, resulting in the possibility of multiple incidents counted for a single occurrence with multiple phone calls.

Group Finding:

As discussed in the first year report, the demonstration counties overall as expected have more incidents by quarter, mainly because of their greater population size. This is most evident in group 4, the largest counties, and is primarily the influence of Hamilton and Franklin Counties which average over 4,400 incidents quarterly during the baseline period and over 4,100 during the first 2 years of the Waiver period compared to around 3,000 for Montgomery and Summit combined during each period. Other county groups, however, tended to show smaller differences in the number of incidents.

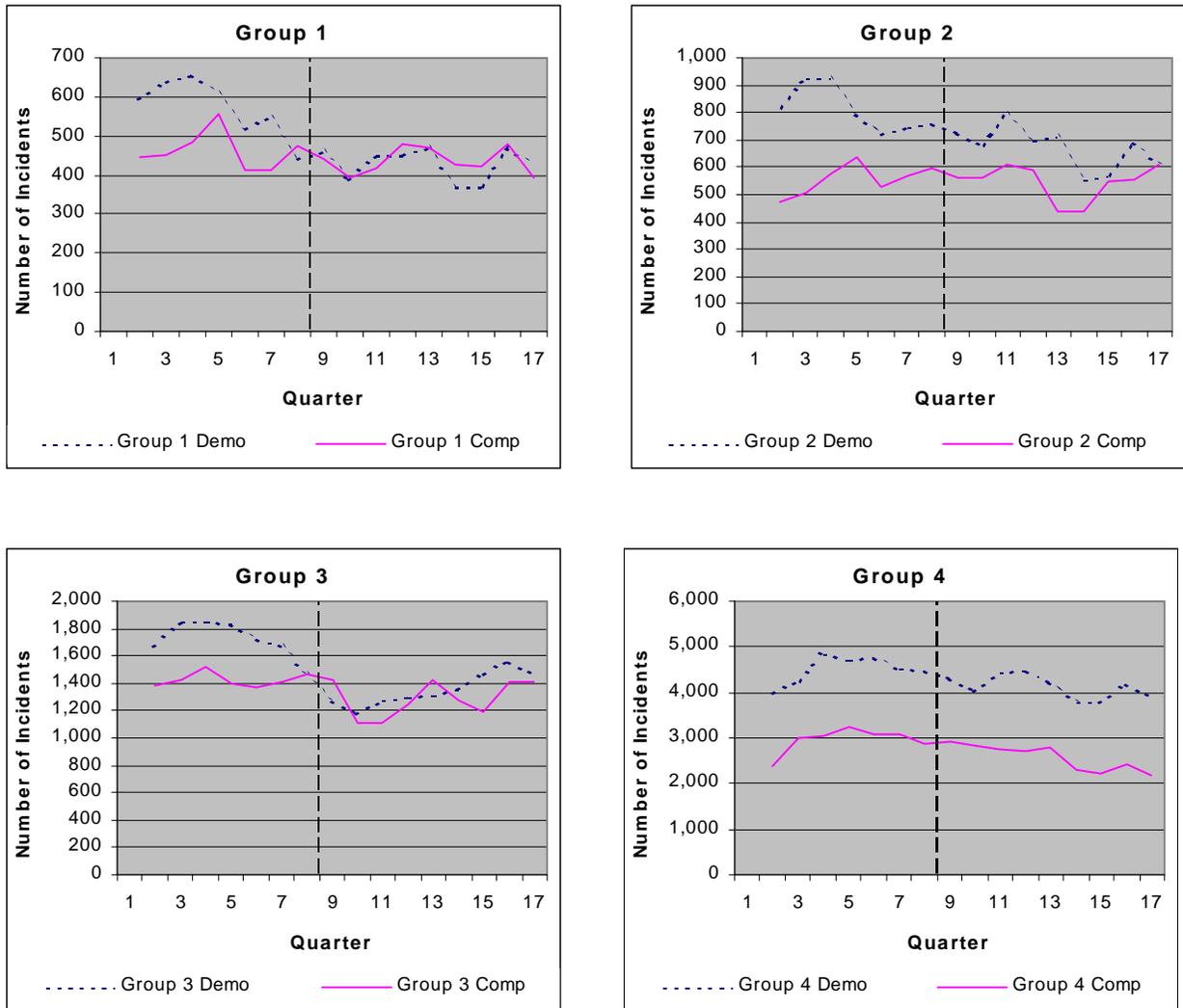
The following table (Table 4-2) shows the number of incidents each quarter during the baseline and Waiver period for each county group. The baseline and Waiver periods were compared to search for changes between demonstration and comparison county data within each county group.

Table 4-2. Number of Incidents for each Quarter by County Group

County Group	Baseline Period								Waiver Period							
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16
Group 1 Demo	595	638	655	611	520	548	440	458	388	449	453	469	369	368	471	427
Group 1 Comp	447	451	484	554	411	411	477	441	395	419	479	469	428	423	478	391
Group 2 Demo	814	924	927	792	716	745	759	723	677	792	701	709	557	569	689	609
Group 2 Comp	471	506	573	637	525	569	593	564	559	611	589	437	437	547	558	607
Group 3 Demo	1,676	1,852	1,843	1,834	1,723	1,671	1,471	1,268	1,180	1,268	1,297	1,320	1,356	1,461	1,567	1,459
Group 3 Comp	1,390	1,429	1,515	1,402	1,371	1,414	1,463	1,426	1,103	1,116	1,252	1,430	1,276	1,194	1,415	1,413
Group 4 Demo	3,972	4,240	4,837	4,737	4,761	4,513	4,484	4,297	4,019	4,421	4,465	4,225	3,799	3,779	4,184	3,921
Group 4 Comp	2,389	3,017	3,043	3,227	3,064	3,084	2,878	2,924	2,819	2,766	2,720	2,780	2,319	2,212	2,440	2,176

Results vary by county group. For county groups 1 and 3, no differences were found between the baseline and Waiver period for the comparison counties; however, differences were significant for the demonstration counties. The number of incidents recorded in demonstration counties dropped steeply during the baseline period for groups 1 and 3 in contrast to the comparison counties which remained relatively level during this period (See Figure 4-1). Both demonstration and comparison counties held level throughout the Waiver period.

Figure 4-1. Number of CAN Incidents by Period and Group



In contrast, different patterns were found for county groups 2 and 4. Both groups 2 and 4 showed no differences in demonstration or comparison counties between the baseline and Waiver periods. Similar to groups 1 and 3, county group 2 showed significant differences between the demonstration and comparison counties during the baseline period due to a decrease in the number of incidents for demonstration counties during this period (from 814 incidents in Quarter 1 down to 723 incidents in Quarter 8). No differences were found, however, between demonstration and comparison counties during the Waiver period. In contrast, group 4, which contains the larger metro counties, showed a unique pattern—no differences were observed between demonstration and comparison counties during the baseline period or during the Waiver period.

For county specific data, refer to Appendix I, Table 1-1.

Summary:

County groups 1, 2, and 3 experienced a significant decline in the number of reports in the demonstration counties during the baseline, while the number of reports in the comparison counties remained relatively even across both the baseline and Waiver periods. A similar decline during the Waiver period for the demonstration counties was not observed. County group 4 showed no significant differences in either demonstration or comparison counties across both the baseline and Waiver period.

There has been a decline in the number of incidents in the non-metro demonstration counties since the beginning of the Waiver. While there have been no initiatives directed at reducing the number of reports, several counties reported organizational efforts to increase the “screening out” of cases. This occurs during both pre-screening and screening phases of the caseload to avoid the FRAM requirement (see Chapter 3, Section 2.1 above).

Number of Victims by Number of Incidents

The number of children (victims) reported is an important reflector of the scope of the CPS function in each county. In addition, the number of times a child appears as a victim is a useful proxy how quickly a PCSA reacts to a child at risk. With adequate information about the child, it is presumed that the number of times a child is reported is kept to a minimum.

Definition:

The frequency with which children appear in incidents can greatly affect caseloads in each county. A child can be listed as a victim in a single incident of child abuse or neglect or in a series of incidents over a period of time. For each victim we counted, by unique ID number within a county, the number of victims and the number of times a victim appeared in an incident that was reported during the baseline and Waiver periods. This includes all incidents accepted by PCSA, regardless of the outcome of the investigation.⁴

Overall Finding:

As expected, there is a greater number of victims in abuse/neglect reports in the larger demonstration counties than in the comparison counties in both baseline and Waiver periods.⁵ For the demonstration group, there are a total of 71,079 children in the baseline period as victims, compared to 63,148 during the Waiver period, a 10 percent decline. In the comparison group, the number decreased from 49,233 to 45,313, an 8 percent drop between the two periods.

There is no change overall for number of incidents per child. Over three-quarters of all children in each group during each period appear in only one incident.

⁴ Incidents that have been purged according to state guidelines are not included. In addition, it is possible that some clients are registered in more than one county, with different case identifiers.

⁵ While this is a unique count of children for each of the baseline and demonstration periods, there is some duplication between baseline and demonstration periods.

Group Finding:

When examining the data by county group (see Table 4-3), we find these same patterns for both demonstration and comparison counties—a decrease in child victims between the baseline and Waiver periods. The largest decreases were observed in county groups 1 and 2 for the demonstration counties. For county group 1, there were a total of 5,150 children in the baseline period as victims, compared to 3,902 during the Waiver period, a 24 percent decline. In county group 2, the number of child victims decreased from 7,384 to 6,079 between the baseline and Waiver periods, an 18 percent drop. The only exception to the overall decline in children was the comparison counties in county group 2, which increased by 9 percent between the baseline and Waiver periods.

Table 4-3. Number of Children in Incidents by County Group

County Group	Baseline Total	Waiver Total	Amount Change	Percentage Change
Group 1 Demo	5,150	3,902	-1,248	-24%
Group 1 Comp	4,492	3,999	-493	-11%
Group 2 Demo	7,384	6,079	-1,305	-18%
Group 2 Comp	5,421	5,922	+501	+9%
Group 3 Demo	16,643	14,031	-2,612	-16%
Group 3 Comp	14,051	12,633	-1,418	-10%
Group 4 Demo	41,902	39,136	-2,766	-7%
Group 4 Comp	25,269	22,759	-2,510	-10%
Demo Totals	71,079	63,148	-7,931	-11%
Comp Totals	49,233	45,313	-3,920	-8%

See Appendix I, Tables 1-2a and 1-2b for individual county data.

Summary:

No major distinctions were observed between the demonstration and comparison counties in regards to the number of victims. Both demonstration and comparison counties experienced a similar decrease in child victims between the baseline and Waiver periods. The number of times a child appears in an incident is also unchanged between baseline and Waiver periods.

4.2.2 Outcomes of Child Abuse Investigations

Definition:

By state law each report accepted must be investigated and the outcome documented. Since 1997, state implementation of the Family Risk Assessment Model (FRAM) has required that an intensive case review be conducted for each incident. The new risk assessment tool is a concern to many counties (see discussion in Chapter 3, Section 2). Westat interviewers heard first-hand that county staff are alarmed by the heavy burden of the new instrument, and state staff have shown concern that case workers may be screening out cases in order to avoid using it.

ODHS issued procedural changes for FACSIS to fit the new risk assessment system, instituted statewide. Under the risk assessment methodology, most cases no longer require a determination of substantiation or indication in FACSIS;⁶ instead a risk level is determined.⁷ In FACSIS, counties now enter “case resolution completed” as the disposition and the risk determination. This change in recording procedure will affect the ways in which we can report and compare the outcomes of each incident.

For the purposes of this report, we describe counties according to their level of use of the case resolution FACSIS event during the Waiver period to date. Counties were divided into three mutually exclusive groups: limited, mixed, and full use. Counties that are not using the FRAM or record less than 10 percent of outcomes as case resolutions were labeled “limited use;” those where between 10 percent and 80 percent of outcomes were defined as case resolutions were categorized as “mixed use;” and, finally, counties where a large number of outcomes (over 80%) were being recorded as case resolutions were labeled “full use.”

Use of Case Resolution. During the baseline period, which ended in September 1997, there was very little use of risk assessment “case resolution”, as reflected by the use of the case resolution FACSIS event. In fact, only seven of the 28 counties used it at all. They included three demonstration counties: Greene, Muskingum and Stark, and four comparison counties: Allen, Hancock, Miami and Scioto. Even for these seven counties, use was marginal, accounting for only 1 percent of the total incidents investigated in the 28 counties. None had used it for more than a few months, and it accounted for no more than 9 percent of the counties’ reports investigated. See Appendix I, tables 1-3a and 1-3b for county-specific data regarding use of case resolution.

A large shift was observed in the use of case resolution during the Waiver period. Table 4-4 shows that most counties began using case resolution during the Waiver period, with the exception of only three comparison counties, Montgomery, Summit, and Trumbull and two Waiver counties, Franklin and Lorain. Ten counties are categorized as “full use” because 80 percent or more of their outcomes were recorded as case resolutions. Most counties (13), though, were still demonstrating mixed use of case resolutions during the Waiver period. The number of counties who were using case resolutions was evenly divided between demonstration and comparison counties. Counties’ “limited” use of case resolution either reflects that the practice started late into the Waiver period or there is partial use of the data function due to local practice or staff training in the new state requirement. See Chapter 3, Section 2.1 for additional detail on the implementation.

⁶ Documentation of confirmed maltreatment is required in the FRAM report.

⁷ Indication and substantiation are still required for reports where the victim is a child in foster care. Incidents that occurred in all settings, including foster care placements, are included in this analysis.

Table 4-4. County Use of Case Resolution

During the Waiver Period		
Limited Use	Mixed Use	Full Use
Franklin (W)	Ashtabula (W)	Allen (C)
Lorain (W)	Belmont (W)	Columbiana (C)
Montgomery (C)	Butler (C)	Greene (W)
Summit (C)	Clark (W)	Hamilton (W)
Trumbull (C)	Clermont (C)	Hancock (C)
	Crawford (W)	Miami (C)
	Fairfield (W)	Muskingum (W)
	Hocking (C)	Richland (W)
	Mahoning (C)	Scioto (C)
	Medina (W)	Stark (W)
	Portage (W)	
	Warren (C)	
	Wood (C)	

As a result, for this period, the outcome of each investigation is a conglomerate of cases with indication or substantiation [versus unsubstantiated] and other cases with case resolution and risk assessments of no, low, low-moderate, moderate, high-moderate, and high risk. The variation applies within as well as among counties. The in-county complexities include counties in the mixed use group that are using both systems concurrently.

Proposed Evaluation Strategy. Looking for differences between groups and change over time requires a new approach. Counties initiated use of FRAM at different times, and with a variation in their use of the data system. Some counties have not used it at all. For those counties that embraced FRAM, including the caseload analysis counties, the initial focus has shifted from documenting confirmation of child abuse or neglect occurring to identifying the *risk* of abuse or neglect occurring or reoccurring.

Using FACSIS under the former traditional system, cases with confirmed abuse or neglect (and victims in cases) were either identified as indicated or substantiated. Our model proposes that cases in this category are targeted for service by caseworkers and courts for foster care or in-home services. These are identified as B and C in Figure 4-2 and include all cases and victims in incidents indicated or substantiated. Cases with disposition of unsubstantiated or not located would likely receive less attention and services from the agency.⁸

Under the FRAM, victims in incidents are identified with a level of risk from no risk, low risk, low-moderate, moderate, high-moderate, and high risk in FACSIS. Children in cases with low-moderate up to high risk during the investigation will likely receive the targeted attention of the workers and agencies⁹. Services will be identified from foster care to in-home to ensure that the

⁸ Children in incidents that are recorded as having missing FRAM and disposition information are excluded from this discussion.

⁹ Discussions were held with Waiver county representatives about the use of the risk categories. We accepted the consensus of counties staff that low risk cases should not be part of the service net. This assumption will be revisited in later reports.

child is protected. In Figure 4-2, this targeted area is represented as A and C, children in incidents, identified in FACSIS with low-moderate, moderate, high-moderate, and high risk. Categorically, this covers a greater area of the matrix than the traditional approach. The net of protective services is wider for children in families under the FRAM system.

Figure 4-2. Children in Targeted Incidents (shaded) by Risk and Case Disposition

		Disposition of Children in Incident				
		Missing	Unsubstantiated	Not Located	Substantiated	Indicated
RISK LEVEL	Missing	xxxxxx			B	
	Low					
	Low-Moderate	A			C	
	Moderate					
	High-Moderate					
	High					

For this evaluation, the model of targeted children has to envelop both systems of data and targeting outcomes (traditional disposition and FRAM Risk Level). Presently there are counties using one or both systems in order to make comparisons among counties and county groups using different approaches, we define targeted children in incidents confirmed as indicated or substantiated *and/or* having an initial risk assessment of low-moderate, moderate, high-moderate or high FRAM score at the time of the investigation. In Figure 4-2, this is represented as the area in A, B, and C.

While the disposition codes are used for legally documenting abuse or neglect and the risk assessment model helps a worker develop a framework for the safety of a child and the service needs of its family, both approaches require a worker and supporting supervisory staff to identify a serious problem or behavior. If a serious situation is identified, then the child/family will be included in our matrix of incidents. The family is targeted because some type of abuse or neglect has happened or might happen to the child and, therefore, the family is more likely to use the services of the PCSA. The family will in most likelihood require more intensive services, including possible monitoring, possible court intervention, and more case time or attention by the PCSA. For this report, this specially identified group of abused, neglected, and at-risk children will be termed, “targeted children.” It includes victims in incidents where abuse or neglect has been confirmed or is likely to occur or reoccur.

Group Finding:

There appear to be some differences between the distribution of outcomes of targeted children for demonstration and comparison counties within county groups. Data is shown in Appendix I, Tables 1-4a and 1-4b.

Group 1. During the baseline period the percentage of targeted children in group 1 differed between the demonstration and comparison counties by 6 percentage points (34% for demonstration counties and 28% for comparison counties). In the Waiver period, the difference

decreased to 2 percentage points with 39 percent for the demonstration counties and 37 percent for the comparison counties. Both sets of counties increased between the baseline and Waiver periods, but the comparison counties increased by 9 percent and the demonstration counties increased by 5 percent.

Group 2. In county group 2, there was a large difference between the demonstration and comparison counties in regards to the percentage of targeted children. During the baseline period, the demonstration counties had 36 percent of their children in the targeted group compared to 49 percent in the comparison counties—a 13 percent difference. Although both the demonstration and comparison counties increased the number of targeted children between the baseline and Waiver periods, the difference between the two sets of counties continued into the Waiver period. During the Waiver period, 41 percent of the demonstration counties' children were targeted (an increase of 5%) and 55 percent of the comparison counties (a 6% increase).

Group 3. There was also a significant difference between the demonstration and comparison counties for county group 3 during the baseline and Waiver periods. During the baseline period, 44 percent of the demonstration counties' children and 36 percent of the comparison counties' children were targeted (a difference of 8%). Slight changes occurred between the baseline and Waiver periods leaving the percentages for the demonstration and comparison counties at 42 and 37 percent respectively (a 5% difference).

Group 4. On the other hand, group 4 experienced a large difference between the percentages of targeted children in the demonstration and comparison counties. During the baseline period, the demonstration and comparison counties differed by 11 percentage points (39% for the demonstration counties and 50% for the comparison counties). In the Waiver period, the difference between the demonstration and comparison counties decreased to 6 percentage points due to a moderate increase in the demonstration counties and a large drop in the comparison counties (43% in the demonstration counties and 37% in the comparison counties).

Summary:

The percentage of children who are targeted in the demonstration and comparison counties varied considerably. Within each county group and across both the baseline and Waiver periods, the demonstration and comparison counties differed with respect to the percentage of targeted children. These differences decreased somewhat between the baseline and Waiver periods, but were still observed in both time periods.

One explanation for the variation among groups is that the new FRAM system has allowed further county interpretation. Perhaps, county-specific practice has introduced localized thresholds of what constitutes risk. One indicator of how well this localization works, in regard to the safety of children, is recidivism. Once a safety risk is identified, are the PCSAs able to prevent the case from returning in a new incident, again at risk? Recidivism is presented as an outcome measure in Chapter 5, Section.3.1.

Age of Children in Incidents

Definition:

Has there been a shift in age of children being seen in intake for child protection? In this section, the age of each victim during the baseline and Waiver periods was identified. If a child appeared in more than one incident, the age at the earliest incident in the period was used. This approach gives an unduplicated count of when children are first entering each PCSA as a child abuse/neglect case. The data are presented in four age groups: 0-2 years old, 3-5 years old, 6-12 years old, and 13 years old and older (13+).

Overall Finding:

Overall, counties in both the demonstration and comparison groups are seeing similar age distributions of children in accepted abuse/neglect reports. Furthermore, there has not been any change in either groups from baseline through the first two years of the demonstration. In both time periods, approximately 40 percent of victims are 5 years old and younger, 40 percent are between the ages of 6 and 12, and 20 percent are 13 years or older.

Group Finding:

When looking more in-depth by group, both test groups and time periods showed significant effects on the distribution of incidents by ages. Significant effects were found for county groups 2, 3, and 4, but not for county group 1. In county group 1, membership in a demonstration versus a comparison county seems to have had an effect on the distribution of incidents by age group. The same effect appears to exist between the two periods. However, no simultaneous effect was observed between both test groups and time periods, implying that this effect appears to be the same between baseline and Waiver periods and between demonstration and comparison counties. For this reason, no significant effect was found for county group 1.

For the other three county groups, however, significant effects of test group and period were found on the distribution of incidents by age. Some differences were observed, though, in regards to the force behind the effects in the three county groups. Both the test group and period effects in group 2 and 4 appear to be driven by a strong effect on the younger age groups (under age 13). In addition, the test group effect for county group 3 is stronger than the period effect, leading to the conclusion that membership in a demonstration or comparison county has more of an effect on the distribution of incidents than in which time period the data occurs.

See Appendix I, Tables 1-5a and 1-5b to view county specific data.

Summary:

There are differences between demonstration and comparison counties in regards to the age of children in incident. However, the start of intervention of ProtectOhio has not yet had an observable effect. The distribution of age of children appears to be related to county size, in both the demonstration and comparison counties. This effect is observed in county groups 2, 3, and 4, and is driven by different factors in each of the county size groups.

4.3 Caseloads for Ongoing Services

After an investigation of child abuse or neglect or an assessment of a non-child abuse/neglect case, a child (or family) case can be opened for ongoing services. In FACSIS, an initial case type assignment would be made. Ongoing services can include placement or in-home services.

The size and characteristics of each county's ongoing caseload are important. This section of the report examines two aspects of ongoing caseload during the baseline and Waiver periods: (1) number of open cases at the end of each quarter and (2) caseload by new, active, and reopened status (case mix).

4.3.1 Number of Children in Ongoing Cases

The number of children in each PCSA's caseload is an important statistic, counting the volume of the county's children receiving services from PCSA at a given point in time. The larger the caseload, the greater the workforce needed to manage service delivery and case management.

Definition:

Counties open a case in FACSIS for each child and family. Each client in the family is identified with that case. The count of active cases at a point in time indicates the active workload for child welfare staff in each county office. This section presents caseloads by clients receiving ongoing services. Data are presented by quarter starting with the active caseload on the first day of the baseline, October 1, 1995, then presenting caseload on the last day of each quarter, ending with September 30, 1999, the final day of the Waiver period, for this report.

Overall Finding:

Comparison group caseload sizes have remained relatively flat during the baseline and Waiver periods. The demonstration counties have exhibited more variation, ups and downs, since the Waiver began.

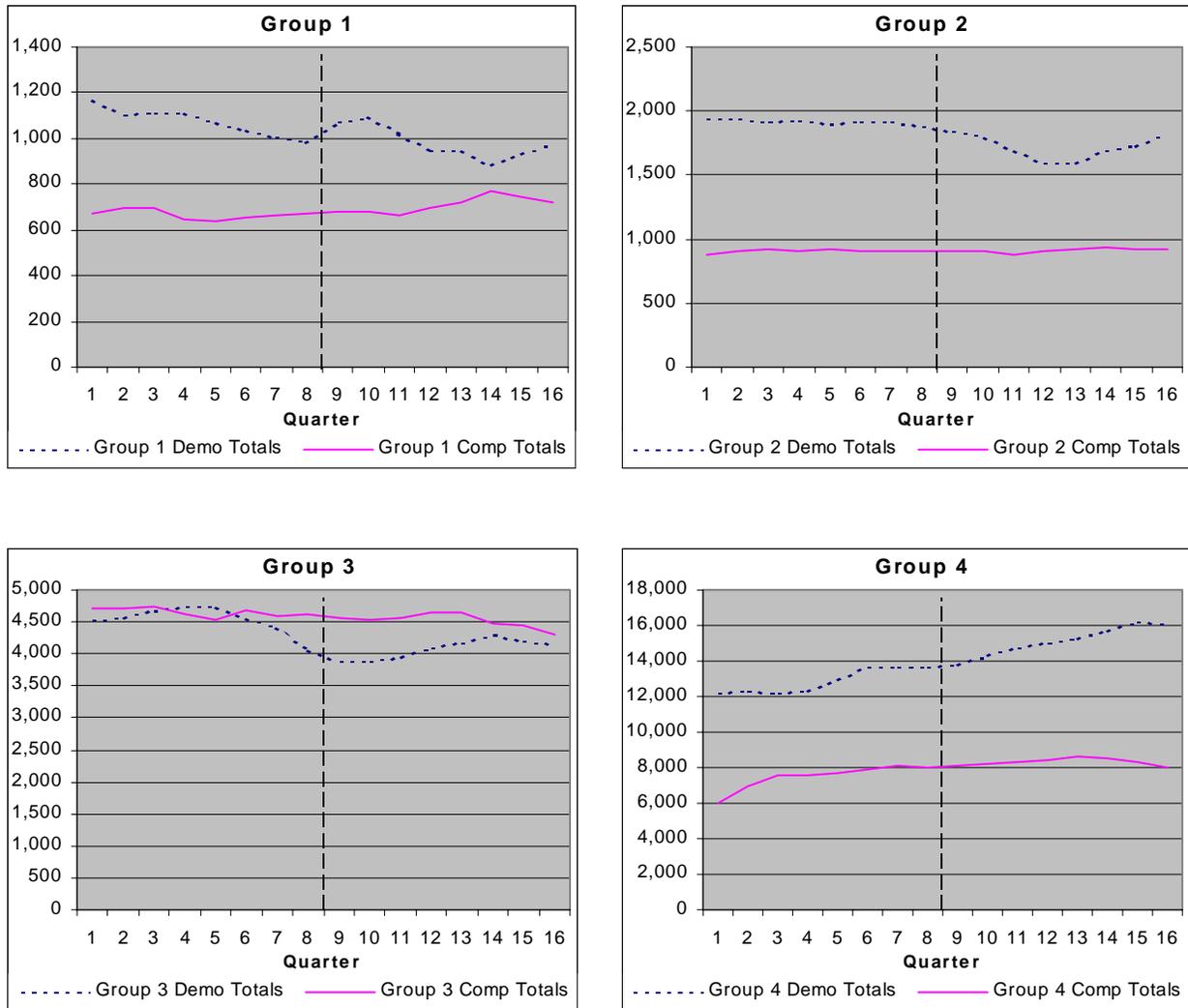
The comparison counties remained relatively steady during both the baseline and Waiver periods. The demonstration counties, however, remained constant during the baseline period and then increased steadily during the Waiver period, most likely due to a similar pattern observed in county group 4.

Group Finding:

The number of children in ongoing cases experienced a large amount of county group variation. Figure 4-3 shows a slight decline in the number of clients in county groups 1, 2, and 3 for demonstration counties during the baseline and Waiver periods while the comparison groups remained relatively steady throughout. This pattern was similar across time periods for the comparison counties in groups 1, 2, and 3. In the demonstration counties, the rate of decline was significantly steeper during the Waiver period than during the baseline period for groups 1 and 2. The rate of decline was the same during the baseline and Waiver periods for the demonstration counties in group 3. The number of children in group 4 remained constant over the baseline and

then increased during the Waiver period for the demonstration counties, but remained constant for the comparison counties.

Figure 4-3. Number of children in ongoing cases at the end of the quarters by group



See Appendix I, Table 1-6 for county level data.

Summary:

The overall number of children in ongoing cases increased in the Waiver period, affected by the continuous increases by quarter in both demonstration and comparison county group 4. However, demonstration county groups 1, 2, and 3 all experienced decreases in the number of children served in ongoing cases in the Waiver period quarters compared to the baseline quarters. While comparison county groups 1 and 2 experienced slight increases in the number served, comparison county group 3 showed a decrease in the number served in the Waiver period.

The ongoing caseloads in the demonstration county groups have shown some flux, while the comparison groups are relatively flat. Ongoing caseloads can include both abuse/neglect and

non-abuse/neglect cases. In addition, the aggregate caseload includes a mix of new, continuing and reopened cases. The changes in caseload volume can reflect a change in the percentage of abuse/neglect cases or the case mix.

4.3.2 Ongoing Caseload by Case Mix

There is a presumption that children in new child welfare cases demand extra time and attention from child welfare workers. Relationships must be established with children and family members, and assessments and paperwork must be completed — all of which are tasks that require extra caseworker time. Therefore, many practitioners try to balance their caseloads between new and ongoing cases. From an aggregate perspective, cases already active can linger in the system, creating a “backlog” or buildup of old cases.

Definition:

To examine this case duration issue, FACSIS data are used to look at the case mix during the baseline and Waiver periods. For the First Annual Report, the children in ongoing cases during the baseline period were sorted into three groups: those children with first case opening in ongoing service during the baseline, those children who were active in a case at the start of the baseline, and those children who were part of a case prior to the baseline which closed before the baseline and then was reopened during the baseline. Because we are now also examining children in ongoing service during the Waiver period, three more categories have been added to the original three: those children with first case opening in ongoing service during the Waiver period, those children who were active in a case at the start of the Waiver period, and those children who were attached to a case previous in the Waiver period which closed prior to the Waiver period and then was reopened during the Waiver period. It is important to note that a child can appear twice in both a baseline and Waiver category.

Overall Finding:

The demonstration counties experienced a drop in the percentage of active cases between the baseline and Waiver period, while the comparison counties remained the same. The number of reopens did not significantly change between the baseline and Waiver periods for either the demonstration or the comparison counties. In fact, the percentage of reopens went down in several counties, but overall slightly increased for both demonstration and comparison counties.

Group Finding:

Group data is presented below in Table 4-5. The percentage of active cases fell for the demonstration counties in groups 1, 3, and 4 and remained the same for group 2. Although the percentages in the two time periods remained the same for the comparison counties overall, the percentage of active cases in the comparison counties in groups 1, 2, and 3 decreased. A large increase, however, was experienced in group 4, dominating the overall group effect.

More detailed data for all 28 counties are presented in Appendix I, Tables 1-7a and 1-7b.

Table 4-5. Children by New, Active, and Reopen Status by Period and Group

County Group	Baseline			Waiver		
	New During Period (%)	Active During Period (%)	Reopen during Period (%)	New During Period (%)	Active During Period (%)	Reopen during Period (%)
Group 1 Demo	37	52	11	42	44	14
Group 1 Comp	48	44	8	52	40	8
Group 2 Demo	42	45	13	40	46	13
Group 2 Comp	41	52	7	48	41	11
Group 3 Demo	37	55	7	42	48	10
Group 3 Comp	41	49	10	46	42	12
Group 4 Demo	42	43	15	45	38	17
Group 4 Comp	49	39	13	40	45	15
Demonstration Totals	41	46	13	44	41	15
Comparison Totals	45	43	11	43	43	13

4.4 Court Results and Custody Caseloads

Court decisions can easily impact child welfare caseloads in each county. Complaints to court are filed for children when the county PCSA requests custody or a petition for protective supervision of a child. Complaints can be filed on behalf of victims in indicated or substantiated abuse or neglect reports, as well as voluntary requests by families and delinquent and unruly youth cases, if custody or a petition is being sought by the PCSA.

Since the court must be involved in these critical decisions, outcomes of the hearings as recorded in FACSIS reflect the PCSA’s preferences for services they request and the court’s preferences for the type of ordered services. Which cases end up in court and what type of adjudication they receive can be influenced by caseload, PCSA policy and procedure, and judges’ preferences. (See also discussion of court referrals above, in Chapter 3, Section 2.2).

Because the court is the gatekeeper to the PCSA for children with delinquency and unruly conduct complaints, the data also documents how these cases enter ongoing caseloads and county custody placements. Counties maintain additional information on their micro-FACSIS systems, which document the original reason for referral. We will try to obtain this additional data, which will make this court data more robust for analysis.

Data are presented for adjudication results, outcomes of dispositional hearings, first custody types for children, and overall use of custody types during the baseline and Waiver periods.

4.4.1 Adjudication Results

Definition:

Adjudication is the court decision, when the court hears and settles a case by judicial procedure. Table 4-6 presents a count of results of adjudication hearings as recorded in FACSIS. The outcomes give a reflection of court caseload characteristics and preferences. This count is not child-specific but includes all adjudications recorded during the baseline and Waiver periods. Children who appear twice or more for adjudication during the baseline and/or Waiver periods are counted each time.

Overall Finding:

Across both demonstration and comparison counties, little change is apparent from the baseline period to the Waiver period in the quantity of adjudication outcomes (types) recorded. In the comparison group, adjudications resulting in dependency rose slightly between the baseline and Waiver periods (from 65% to 70%), and the use of dependency in the demonstration counties decreased slightly from 57 percent to 55 percent between the two periods. Abuse and neglect cases also remained relatively steady between baseline and Waiver periods.

Dependency is the major type of adjudication in these group counts. During the Waiver period, all county courts continued to use dependency with the most frequency¹⁰. Most counties reported in interviews that dependency was often preferred by judges because of the stigma attached to delinquency and unruly adjudications.

Group Finding:

In county groups 1 and 2, demonstration counties used the dependency type more frequently during the Waiver period than their comparison counterparts (65% versus 60% in group 1 and 79% versus 73% in group 2). In the larger counties, group 3 and group 4, comparison counties made more frequent use of dependency during the Waiver period (61% versus 81% in group 3 and 49% versus 66% in group 4). In group 3, the demonstration counties showed a greater use of neglect (26% versus 9%) than did the comparison counties during both time periods. For group 4, there is an opposite relationship between abuse/neglect and dependency cases. In this group, the demonstration counties made much more frequent use of the delinquency adjudication type (26% versus 1%) than did the comparison counties.

¹⁰ Scioto data showed only 11 adjudications during both periods due to a technical problem entering the data which has now been resolved for future reports.

Table 4-6. Distribution of Adjudication Results by Period and Group

County Group	Baseline						Waiver					
	Dependency (%)	Abuse (%)	Neglect (%)	Delinquent (%)	Unruly/Status Offender (%)	Other*	Dependency (%)	Abuse (%)	Neglect (%)	Delinquent (%)	Unruly/Status Offender (%)	Other*
Group 1 Demo	53	6	26	9	4	2	65	5	24	3	3	4
Group 1 Comp	52	9	14	9	4	13	60	7	12	13	8	9
Group 2 Demo	81	6	5	2	2	5	79	9	6	3	3	3
Group 2 Comp	69	7	15	3	1	5	73	8	13	6	1	2
Group 3 Demo	58	9	25	2	1	5	61	8	26	5	0	6
Group 3 Comp	79	5	9	4	1	1	81	4	9	6	0	1
Group 4 Demo	52	5	17	21	5	1	49	5	15	26	4	1
Group 4 Comp	57	6	29	1	0	7	66	8	26	1	0	5
Demonstration Totals	57	6	17	14	3	2	55	6	17	20	3	2
Comparison Totals	65	6	21	2	1	5	70	7	19	3	1	4

* "Other" includes Dismissed and Not Applicable.

Little difference appeared among the county size groups between baseline and Waiver periods. County data can be found in Appendix I, Tables 1-8a and 1-8b.

Summary:

In the aggregate, there is no apparent change in adjudication outcomes from the baseline to Waiver period. Dependency continues to be the most frequently used adjudication type. Delinquency is consistently used at similar levels by demonstration and comparison counties. Group 4 demonstration counties are an exception, where delinquency is now used one in four times.

4.4.2 Distribution of Outcomes of Dispositional Hearings

Definition:

In the dispositional hearing, the court hears the evidence related to the adjudication and makes the determination of the court’s protective role in the case. The case can be dismissed, status

extended, or custody given to the PCSA or to an individual. Dispositional hearing outcomes reflect each county court’s preference for custody or alternatives to custody.

Overall Finding:

Upon examining the outcomes of the dispositional hearings during the baseline, differences become apparent between the ways demonstration and comparison counties handle children. Although the percentage of custodies awarded to the county are similar in both sets of counties (47% and 43%), the percentage of custodies awarded to relatives, whether with or without protective supervision, are twice as high in the comparison counties (34%) as in the demonstration counties (16%) during the baseline. This situation may be the result of how counties are treating the use of relatives for placements. No significant changes in the data were observed during the Waiver period.

Group Finding:

The distribution of outcomes remained similar during the Waiver period. In each county group, the comparison counties had more custodies awarded to relatives than had the demonstration counties.

Data is presented by group in Table 4-7. County data is shown in Appendix I, Tables 1-9a and Tables 1-9b.

Table 4-7. Distribution of Outcomes of Dispositional Hearings by Period and Group

County Group	Baseline					Waiver				
	Custody to Relative (%)	Custody to Non-Relative (%)	Protective Supervision (%)	Custody Award (%)	Custody to Another Agency (%)	Custody to Relative (%)	Custody to Non-Relative (%)	Protective Supervision (%)	Custody Award (%)	Custody to Another Agency (%)
Group 1 Demo	12	0	37	49	1	12	1	41	44	0
Group 1 Comp	28	1	38	32	1	22	0	38	40	0
Group 2 Demo	14	1	32	53	0	15	1	34	49	0
Group 2 Comp	20	2	39	38	1	20	1	35	42	1
Group 3 Demo	17	1	33	49	0	18	0	27	54	0
Group 3 Comp	28	3	23	46	0	26	3	20	50	0
Group 4 Demo	17	1	34	46	2	17	1	31	49	1
Group 4 Comp	39	2	16	43	0	34	2	16	48	0
Demonstration Totals	17	1	33	47	1	17	1	31	50	1
Comparison Totals	34	2	21	43	0	29	2	21	48	0

Summary:

The higher proportion of custodies awarded to relatives in comparison counties cannot yet be explained. Further analysis using this data will be conducted in the future once the child's placement(s) can be linked to the dispositional outcomes using county-specific definitions.

4.4.3 Percentage of Custody Types Used

The types of custodies used provides information on the custody preferences of each PCSA and Court.

Definition:

The custody type for each child in PCSA custody during the baseline and Waiver period was identified. If a child changed custody types during the period, both custody types are counted.

Overall Finding:

When examining all custody types for each child who had a period of custody during the baseline or Waiver period, the differences in how counties bring children into custody become clearer. Appendix I, Tables 1-10a and 1-10b show that both comparison and demonstration counties favored the use of temporary commitment during both the baseline period (32% compared to 26%) and the Waiver period (both 28%). In contrast, the demonstration counties used agreement for temporary custody (voluntary placements) more often than the comparison counties during the two periods (13% versus 3% at baseline, 12% versus 3% under the Waiver).

Reducing the use of long-term foster care¹¹ is an ASFA goal. There appears to have been a minor reduction in the use of long-term foster care for a small number of counties, but, overall, most counties have not experienced a reduction since the baseline period at this point in the demonstration. In fact, both demonstration and comparison counties overall remained the same between the baseline and Waiver periods with 6 percent of custody types being assigned to long-term foster care.

Group Finding:

The use of "agreement for temporary custody" remained the same across baseline and Waiver periods. However, some variation in use is apparent across county size groups. Most demonstration and comparison counties only had limited use of agreement for temporary custody (10% or less), but a few counties in each county size group used agreement for temporary custody more often. Sufficient data is not yet available to discern any patterns or the reasons for the county differences.

Summary:

Children in long-term foster care (new PPLA) pose an interesting challenge for ProtectOhio counties, as well as all counties responding to federal ASFA regulations. Will new permanency

¹¹ With the passage of H.B. 484, the disposition of Long-Term Foster Care has been changed to Planned Permanent Living Arrangement.

options be found for these children or will they grow, in percentage, to be a larger proportion of the children in custody? Presently, long-term foster care is being used as frequently during the Waiver period compared to the baseline period by both demonstration and comparison counties.

4.4.4 Children in Custody at the End of Quarter

Counties have legal responsibility for children in their custody. Each child in custody requires procedural actions by caseworkers and court personnel. Looking at point-in-time counts provides a snapshot of the custody workload level.

Definition:

The caseload of children in custody was identified in FACSIS, looking at all children with open custody episodes at the end of each quarter during the baseline (Quarters 1-8) and Waiver periods (Quarters 9-16). Table 1-11 in Appendix I presents data from October 1, 1995 and then for the end of each quarter through September 30, 1999.

Overall Finding:

The number of children in custody increased for both the demonstration and comparison counties from the baseline period through the end of the eighth quarter of the Waiver period. During the Waiver period, the number of children in custody in the demonstration counties decreased for several quarters and then returned to a high of 6,813 children at the end of the final quarter (9/30/99). The overall comparison group population increased steadily throughout both the baseline and Waiver periods, leveling off after 12/31/98 near the 5,000 children level.

Group Finding:

Looking at the data by county group reveals some differences. While the demonstration counties in county size groups 2 and 3 tended to follow the same pattern as the overall county total, groups 1 and 4 differed in their number of children in custody over the two periods. The demonstration counties in group 1 experienced a steady decrease during both the baseline and Waiver periods, while group 4 had a more gradual increase across the entire time period. On the other hand, the comparison counties for both county groups 1 and 4 followed the same pattern as the overall total for comparison counties by increasing steadily over both periods. County groups 2 and 3, however, experienced more of a decrease in children in custody.

The summary of totals for each county in groups is presented in Appendix I, Table 1-11.

Summary:

The demonstration counties have declined in the number of children in custody. The comparison counties have stayed flat or shown some increase. These changes are, as expected, paralleled in the changes of children in placement (Section 4.5 below).

4.4.5 Initial Reason for Placement

Definition:

Placing a child requires that custody be assigned to the county, state, or court. Because courts frequently use dependency as a generic reason, a more specific reason for custody is not accessible in FACSIS data. Instead, since most custody situations include a placement, we include reason for placement as a proxy for reason for custody.

The initial reason for placement is identified for each admission to foster care during each period. For this analysis, we include all children in both the new and reopened groups. Table 4-8 below presents reasons for placement by age category, comparing children under 13 to those 13 and above.

Overall Finding:

The initial reason for placement differed depending on age and county size group. As expected, however, more children under the age of 13 were involved in abuse and/or neglect situations and more children age 13 and over were placed due to delinquency. Percentages remained relatively the same between baseline and Waiver periods with the exception of county group 1.

Group Finding:

County group 1 showed notable differences between the two periods in the areas of neglect and dependency for children under the age of 13. The frequency for use of neglect as the reason for placement for children under the age of 13 decreased somewhat between the baseline and Waiver periods for group 1 comparison counties (from 34% to 29%), while the percentage increased for the group 1 demonstration counties (from 32% to 37%). In addition, the percentage of dependencies for group 1 decreased significantly for children under age 13 in the demonstration counties and increased significantly in the comparison counties. The demonstration counties moved from 49 percent down to 36 percent and the comparison counties went up from 36 percent to 46 percent.

County-specific data is presented in Appendix I, Table 1-12a and 1-12b.¹²

¹² A summary of custody types used during the baseline and Waiver is also presented in the Appendix, Tables 1-13a and 1-13b. They will be used in future analysis of tracking pathways through the court process.

Table 4-8. Distribution of Initial Reason for Placement by Age, Period and Group

County Group	Baseline													
	Physical Abuse (%)		Neglect (%)		Sexual Abuse (%)		Delinquency (%)		Dependency (%)		Unruly/ Status Offender (%)		Other (%)	
	<13	≥13	<13	≥13	<13	≥13	<13	≥13	<13	≥13	<13	≥13	<13	≥13
Group 1 Demo	10	5	32	12	3	6	3	31	49	29	3	17	1	1
Group 1 Comp	14	6	34	5	5	2	1	14	36	16	5	52	5	6
Group 2 Demo	9	8	25	7	4	8	2	10	56	48	1	12	3	7
Group 2 Comp	15	13	30	13	2	7	0	19	50	39	1	9	2	1
Group 3 Demo	19	11	48	19	3	6	1	33	27	21	0	8	2	3
Group 3 Comp	10	12	29	13	3	3	2	22	55	43	0	4	1	3
Group 4 Demo	11	6	39	6	3	3	1	15	33	20	1	21	12	29
Group 4 Comp	13	14	45	23	2	5	1	11	34	39	0	3	4	5
Demonstration Totals	13	6	37	10	3	4	1	15	34	24	1	6	11	35
Comparison Totals	12	12	39	16	3	4	1	15	41	36	1	12	3	4

Note: "Other" includes emotional maltreatment, withhold treatment disabled infant, and Interstate Compact for Placement of Children.

Table 4-8. Distribution of Initial Reason for Placement by Age, Period and Group (continued)

County Group	Waiver													
	Physical Abuse (%)		Neglect (%)		Sexual Abuse (%)		Delinquency (%)		Dependency (%)		Unruly/ Status Offender (%)		Other (%)	
	<13	≥13	<13	≥13	<13	≥13	<13	≥13	<13	≥13	<13	≥13	<13	≥13
Group 1 Demo	13	4	37	11	4	4	3	26	36	25	2	24	4	6
Group 1 Comp	10	3	29	5	3	1	2	21	46	12	8	57	3	2
Group 2 Demo	11	9	23	8	5	4	2	15	56	49	1	10	2	4
Group 2 Comp	12	6	40	10	4	10	1	18	41	46	0	5	1	6
Group 3 Demo	13	10	50	20	2	5	1	33	31	20	1	9	2	1
Group 3 Comp	5	6	31	13	2	5	3	24	58	45	0	5	1	1
Group 4 Demo	11	5	40	6	3	3	1	13	31	14	1	14	12	44
Group 4 Comp	12	17	45	22	2	3	1	10	36	40	0	4	3	4
Demonstration Totals	11	5	35	9	2	2	1	12	37	20	1	5	13	47
Comparison Totals	10	11	40	16	2	4	2	16	42	37	1	12	3	3

Note: "Other" includes emotional maltreatment, withhold treatment disabled infant, and Interstate Compact for Placement of Children.

Summary:

Both demonstration and comparison counties showed little change from the baseline period to the Waiver period in the quantity of adjudication outcomes (types) recorded. Dependency

continued to be the most frequently used adjudication result for counties during the baseline and Waiver periods.

Counties did differ in the ways they handle children in their county, with the comparison counties awarding custody to relatives at twice the rate of demonstration counties. In addition, comparison counties favored the use of officer acceptance in bringing children into services in comparison to the demonstration counties. The demonstration counties used agreement for temporary custody more often than the comparison counties during both time periods.

Both the demonstration and comparison counties experienced an increase in the number of children in custody between the baseline and Waiver periods. Data, using the initial reason for placement, in aggregate, does not suggest shifts in changes at the front door for why children are entering custody and placement. The reason for placement might be more useful, analytically, when survival analysis is used to look at the “risk” of remaining in custody. This will be presented in next year’s report, after new data [case category] is collected from the counties.

4.5 Placement Caseloads

In describing placement for a child during the baseline and Waiver periods, the FACSIS data file is constructed to follow each child through each episode. An episode, using Ohio’s CPOE terminology¹³ is a full stay in substitute care from the date the child is removed from his/her home to the date the child returns home or is discharged out of substitute care (finalized adoption, reaching age of majority, etc.). In between these two dates, the child might stay in the same particular facility or switch from one setting to another. In this section, episodes and settings will be considered.

In this section, data are presented for the number of children in placement, percentage of placement types used, characteristics of children entering placement, placement day case mix, and the number of new entries to placement.

4.5.1 Children in Placement at the End of the Quarter

The count of children at a particular point of time is a familiar caseload count. Figure 4-4 displays the foster care census for the four size groups, by demonstration and comparison groups. The roster of children in placement is an important measure for counties that must maintain adequate staff coverage for individual worker caseloads.

Definition:

The counts include all children in a placement episode on the last day of each fiscal quarter from dates September 30, 1995 through September 30, 1999. Children in all custody types (including court) and placement settings are included.

¹³ In much of the child welfare literature this is called a “spell”.

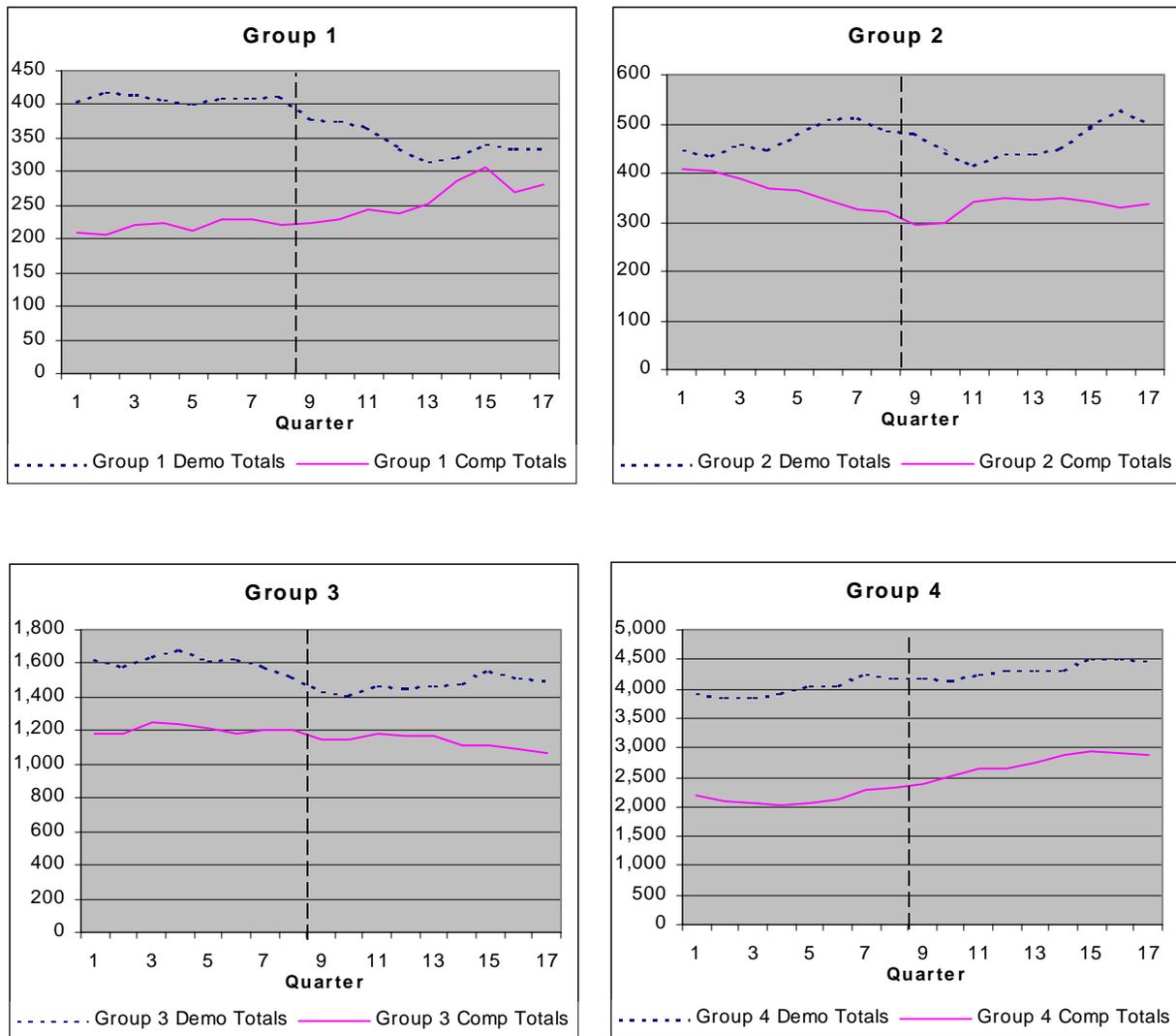
Overall Finding:

During the baseline period, demonstration and comparison counties experienced very little growth in overall caseloads. The comparison counties experienced a small increase in the number of children in placement during the Waiver period, while the demonstration counties continued to place similar numbers of children.

Group Finding:

Differences between the demonstration and comparison counties were not evident among the four county size groups during the baseline period. The only exception was group 3 demonstration counties which declined 12 percent from 1,631 children to 1,432 at the end of September 1997 and group 2 comparison counties which fell from 406 to 294 children. While group 1 demonstration counties appear to be rapidly declining, the change is not statistically different from the comparison group.

Figure 4-4. Number of Children in Placement



From the start of the Waiver period, there has been some variation in the placement caseload within county groups:

- Both county groups 2 and 4 experienced an increase in the number of children in placement over the baseline and Waiver periods for the demonstration and comparison counties.
- For group 1, the placement population in the demonstration counties decreased slightly from 377 children to 336, while the comparison group population increased from 225 children to 269.
- Similarly, the figures for group 3 demonstration and comparison counties moved in opposite directions, except, in this case, the demonstration counties experienced a slight rise in the number of children in placement and the comparison counties experienced a decline.

County by county placement data are shown in Appendix I, Table 1-14.

Summary:

There is no obvious change in placement population size after the start of the ProtectOhio initiative. This is not surprising since placement count is a result of admissions, discharge, and length of stay, which are influenced by a multitude of internal and external conditions. Any initiative requires adequate time to impact the size of the placement population. Further monitoring will be continued throughout the evaluation to discover any significant changes in placements that may be due to the ProtectOhio demonstration.

4.5.2 Percentage of Placement Types Used

Definition:

A child requiring substitute care is placed in a facility with a specified level of services and staff. The type of facility a child enters during an episode depends on several factors including: availability; professional judgment, especially of casework staff; judges involved in the custody decisions, and the child's adjustment and willingness, especially for older children. A count of all placement types used during the baseline or Waiver presents a picture of each county's likelihood to use each type. If a child begins an episode in a foster home and moves to a group home, the count would include two types (1 foster home, 1 group home). For this presentation, types have been aggregated into the following categories:

- foster homes
- non-licensed relative homes
- non-licensed non-relative homes
- adoptive homes
- group homes

- children’s residential centers (CRCs)
- independent living

Total placement (types) are listed in Appendix I, Table 1-15a and 1-15b along with the distribution in percentages by placement type by county. The population used to calculate the percentage of children in placement by resource type is the number of children in placement anytime during either the baseline or Waiver timeframe.

Overall Finding:

The comparison counties generally make more use of foster care homes than do the demonstration counties. Overall, during the baseline and Waiver periods, the comparison counties had higher rates of usage of foster care homes than the demonstration counties. During the baseline, comparison counties had 60 percent of their placement settings in foster homes, while the demonstration counties had 50 percent. The comparison counties also had higher rates of usage of foster care homes than the demonstration counties for each county size group. This trend continued during the Waiver period, where 57 percent of placement settings for comparison counties were foster homes versus 48 percent for demonstration counties.

In contrast, the demonstration counties tended to make more use of non-licensed relative homes than did comparison counties. Throughout the baseline and Waiver periods, demonstration counties had 19 percent of their placements with non-licensed relatives compared to 14 percent for comparison counties. This is not surprising, since comparison counties tend to make greater use of relative custody (Section 4.2 above) and thus remove those children from the placement counts.

Group Finding:

The largest differences between demonstration and comparison counties were in their use of non-licensed relative homes:

- Children in the demonstration counties were placed in non-licensed relative homes at twice the rate of the comparison counties for group 1 (18% versus 10% during the Waiver period) and also for group 2 (23% versus 12% during the Waiver period).
- Children in group 3 demonstration counties were placed at four times the rate of the comparison counties (17% versus 4% during the Waiver period).
- No differences were observed between demonstration and comparison counties for county size group 4. However, this may be due to extreme differences between the two group 4 comparison counties (Montgomery had 5% of their placements in non-licensed relative homes and Summit had 32%).

Summary:

The differences in usage of placement types between demonstration and comparison county groups began during the baseline period and continued into the Waiver period. One explanation

of this difference is that the greater use of higher levels of care by the demonstration counties is one important factor in their self-selection into ProtectOhio.

The use of non-licensed relative homes, however, is a large component of the Caseload Analysis Initiative. This Waiver initiative is discussed further in Chapter 6. As a result, we would expect that the use of non-licensed relatives will continue to increase in the demonstration counties overall.

4.5.3 Characteristics of Admissions to Foster Care

Age at Time of Admission

Definition:

The age of each child in the new 95 and reopen 95 for the baseline period and new 97 and reopen 97 for the Waiver period was identified. If a child entered foster care [started a new episode], the age at the earliest episode in the period was used. The data are presented in four categories: 0-2 years old, 3-5 years old, 6-12 years old, and 13 years and older (13+). County-specific data are shown in Appendix I, Tables 1-16a and 1-16b.

Overall Finding:

New admissions, including both first entries as well as re-entries to foster care, show a distinguishing pattern between the demonstration and comparison counties. During the baseline period, a greater percentage of infants (ages 0-2) entered the comparison group than the demonstration group (28% vs. 23%). Conversely, a higher percentage of children entering are over 13 in the demonstration group (35%) compared to the comparison group (24%).

While there are significant differences between the groups, the start of the Waiver does not yet appear to have effected any change on the age of admission overall.

Group Finding:

Group totals are shown in Table 4-9. When examining the data by county group, significant effects of the demonstration are found for county groups 1 and 4. Similar effects were not found, however, in county groups 2 and 3. Group 3 showed significant effects for some age groups (ages 0-2 and 3-5), but not for others. Group 2 showed no significant effects for any age groups.

Table 4-9. Distribution of Ages of Children Entering Foster Care by Period and Group

County Group	Baseline				Waiver			
	0-2 years old (%)	3-5 years old (%)	6-12 years old (%)	13+ years old (%)	0-2 years old (%)	3-5 years old (%)	6-12 years old (%)	13+ years old (%)
Group 1 Demo	24	15	26	35	21	12	31	36
Group 1 Comp	15	15	28	41	15	11	30	44
Group 2 Demo	22	18	29	31	24	14	31	31
Group 2 Comp	30	13	25	32	25	19	29	26
Group 3 Demo	27	16	29	27	26	16	30	27
Group 3 Comp	29	17	29	25	30	17	28	24
Group 4 Demo	21	13	28	37	19	12	28	41
Group 4 Comp	29	18	33	20	28	16	33	23
Demonstration Totals	23	14	28	35	21	13	29	38
Comparison Totals	28	17	31	24	27	16	31	25

Note: Totals may not equal 100% due to rounding and missing cases.

Summary:

While age at admission has not changed overall, there are some significant changes by group. It is likely that the increase in children, 13+, in group 4 was a result of the increased use of court custody by the demonstration counties (Hamilton).

First Placement Setting at Time of Admission

Definition:

Appendix I, Tables 1-17a and 1-17b show the percentages of new children by their first placement setting.

Overall Finding:

For each placement type, only modest changes occurred between the baseline and Waiver periods in both the demonstration and comparison counties.

Group Finding:

Among both the demonstration and comparison counties, moderate changes occurred between the baseline and Waiver periods in the percentages of children placed in foster homes and in non-licensed relative homes. The largest changes occurred in the group 1 demonstration counties, where the percentage of children in foster homes decreased by 13 percent and the percentage of children in relative homes increased by 8 percent. In addition, the comparison counties in group 2 experienced a 9 percent increase in the use of relative homes while the demonstration counties in group 2 experienced only small changes. Overall, the comparison counties had a small

decrease of 5 percent in the use of foster homes and a slight increase of 4 percent in the percentage of placements to relative homes. The demonstration counties experienced small decreases in use of both foster and relative homes.

Summary:

Since ProtectOhio began, there are only modest changes for all demonstration and comparison groups in where children are being placed when they enter foster care.

4.5.4 Placement Days by Case Mix

Definition:

Counties attempting to reduce use of placement services must attend to both foster care admissions and discharge dynamics. We give attention below to the foster care case mix -- how many children served are first time admissions, how many have stayed in foster care (called the “active” group), and how many have returned to care (reopened group). This analysis uses the FACSIS data on all placement days used during the baseline and Waiver periods (excluding court custody days)¹⁴ and the placement case flags created (see Section 1.2). The placement days are divided into six groups, showing those used during the baseline by the children already in care on the first day of the baseline or Waiver period, versus those in foster care for the first time and those who returned to foster care (Appendix I, Tables 1-18a and 1-18b). A child with first placement in her/his experience during the baseline who is discharged from foster care but reenters again during the Waiver period is counted *both* as “new” during the Waiver period and as “reopen” during the Waiver period.¹⁵

The active population, those children in care at the start of each period, include the children who have stayed in foster care long-term. In fact, many of these “long-stayers” are included in the “active” population of both the baseline and Waiver periods.

Overall Finding:

Percentages for both demonstration and comparison counties remained the same between the time periods. Active cases continued to constitute the largest percentages of placement days.

Group Finding:

For all the groups, during the baseline, a majority of placement days were used by children in the “active” category, that is, children in on placement the first day of the baseline period. This pattern did not change significantly during the Waiver period.

¹⁴ To be consistent with the cost-neutrality requirements definition of placement days, we excluded court custody days from our analyses. Several counties use court custody as custody type, even though they do not have an authorized agreement with court allowing the diversion of IV-E reimbursement. These days are excluded from the court custody counts. It is important to note, however, that the inclusion of court custody days does not seem to alter any of the conclusions drawn about the behavior of the data when the court custody days are excluded. Chapter 2 includes an initial analysis of changes in paid placement days which have occurred since FFY96, in both demonstration and comparison counties. In addition, Tables 1-19a and 1-19b present data by quarter for total placement days used.

¹⁵ A child in placement for the first time in his /her life is counted as “new” for the period. A child counted as new during a period, might actually leave and return during the period for a second episode. All the placement days used by this child are counted in the “new” category.

For all three case mix categories, new, active, and reopened, the percentages changed only slightly between the baseline and Waiver periods. The only exception occurred in the group 2 comparison counties which experienced a 10 percent increase in placement days used for new cases and a 15 percent decrease in placement days used for active cases. Group data is presented below in Table 4-10.

Table 4-10. Distribution of Placement Days for Children by Active, New, and Reopened by Period and Group

County Group	Baseline			Waiver		
	Active During Baseline (%)	New During Baseline (%)	Reopen During Baseline (%)	Active During Baseline (%)	New During Baseline (%)	Reopen During Baseline (%)
Group 1 Demo	61	33	6	65	29	6
Group 1 Comp	50	41	9	51	39	11
Group 2 Demo	51	41	8	54	37	9
Group 2 Comp	71	26	3	56	36	7
Group 3 Demo	65	30	6	63	30	6
Group 3 Comp	63	31	6	66	27	7
Group 4 Demo	62	28	10	63	27	10
Group 4 Comp	66	28	6	62	29	9
Demonstration Totals	62	29	9	62	28	9
Comparison Totals	65	29	6	62	30	8

In the outcome section, we compare the rates of discharge of children from the active population during each period. This analysis is presented in Chapter 5, Section 1.4 and in Appendix I, Tables 1-33a and 1-33b.¹⁶

Summary:

There has not been a major shift in the placement case mix since the Waiver began. Active (old) cases continue to dominate the caseloads of each group. We look more specifically at the rate of discharge for the active population in Chapter 5, Section 1.4.

4.5.5 Number of New Children Entering Placement

Definition:

Combined effects of admissions to foster care and discharges from foster care determine the changes in the foster care caseload. With the flexible funding in ProtectOhio, counties must

¹⁶ Westat also conducted a separate examination of the total number of placement days including court custody days for the five counties in the study whose courts take custody. Belmont, Clark, Greene, Hamilton, and Montgomery were included in this examination to learn if there are any differences in the results when the number of court custody days are included in the analysis of placement days. No significant differences were observed when the court custody days were included in the analysis.

consider ways to address both strategies to reduce admissions, such as preventive services and the diversion of children to other systems for services and strategies to increase discharges, including expedited adoptions and intensive reunification supports. Table 4-11 shows the number of children entering placement for the first time by each fiscal year by group.

Overall Finding:

As expected, higher numbers of children entered care in the demonstration counties versus the comparison counties. Overall, new entries increased each year for the demonstration groups from 3,825 children in FFY 1996 to 4,358 children in FFY 1999, a 14 percent increase. The comparison group stayed relatively level from 2,415 children in FFY 1996 to 2,427 children in FFY 1999.

Table 4-11. Number of Children Entering Placement by FFY of Entry and County Group

	FFY 1996	FFY 1997	FFY 1998	FFY 1999
County	Entered Care	Entered Care	Entered Care	Entered Care
Group 1 Demo Totals	261	275	230	299
Group 1 Comp Totals	236	241	230	218
Group 2 Demo Totals	402	312	309	368
Group 2 Comp Totals	198	136	207	212
Group 3 Demo Totals	865	699	744	797
Group 3 Comp Totals	719	678	665	612
Group 4 Demo Totals	2,307	2,822	2,926	2,894
Group 4 Comp Totals	1,262	1,427	1,573	1,385
Demonstration Totals	3,835	4,108	4,209	4,358
Comparison Totals	2,415	2,482	2,675	2,427

Group Finding:

Group 1 and group 2, comparison and demonstration counties have similar patterns over the four years. For group 3 and group 4, it is possible that we are seeing differences reflected by the age groups entering care, the types of placements being used and if the children are being referred by court or through incidents. Some further discussion of this topic is included in Chapter 5, but detailed analysis will be conducted after additional local data is collected from the counties in the coming year of the evaluation.

County-specific numbers are available in the Appendix I, Table 1-20.

Summary:

Entries to placement are a result of external factors and PCSA internal decisions and policy to place children. Entry will be reexamined in Chapter 5, in terms of PCSA’s success in discharging children to permanency.

CHAPTER 5: PRELIMINARY PARTICIPANT OUTCOMES

This chapter examines preliminary findings related to seven priority outcomes, highlighted in the box below. Permanency, stability, and safety are key outcomes for child welfare systems throughout the country. By focusing on these topics, Ohio is not only addressing the goals of its Title IV-E Waiver, but also placing itself in the forefront of states committed to improving key child and family outcomes.

Outcomes Explored in Chapter 5:

Permanency

- Increase permanency of children in foster care
- Reduction in duration in open case in child welfare system (placement or in-home services)
- Increase in foster or adoptive parents recruited
- Decreased time from removal to permanency

Placement Stability

- Reduction in number of times a child changes placements
- Increased use of less restrictive placements

Child Safety

- Reduce recurrence of child abuse and/or neglect

We first describe some relevant findings from the Process Implementation Study site visits, concerning a variety of permanency initiatives underway in the evaluation counties. Attention then turns to the results of preliminary analyses of FACSIS data, specifically addressing the seven core outcomes.

5.1 Permanency

Permanency initiatives have always been a central activity of the PCSAs, for both demonstration and comparison counties alike. Through such efforts, children are removed from the limbo of foster care and given the opportunity to stabilize relationships with their primary caregivers. Simultaneously, permanency actions reduce the level of PCSA responsibility for care of the child. Permanency becomes a particular focus for the demonstration counties, as they explore ways to use flexible Title IV-E funds. Indeed, among the 14 demonstration counties, six counties have chosen to use IV-E funds directly on permanency-related activities (see Chapter 2, Section 2.4, Figure 2.3). ProtectOhio counties are using several strategies to increase their permanency options: supplementing adoption subsidies, providing financial incentives to non-

related guardians, expanding independent living programs, paying for treatment of children in court custody, and providing post-PCSA intervention services.

5.1.1 How Counties Are Pursuing Permanency

Passage of the Adoption and Safe Families Act (ASFA) at the federal level, and its Ohio counterpart legislation, House Bill 484 (HB484), has led to substantial changes in the speed with which child welfare cases move through the service system. Ohio's law mandates a transition out of temporary custody that is even more prompt than the federal statute, such that any child who is in temporary custody for 12 out of 22 months must have a custody hearing and be moved to permanent custody or returned home. The main impact of HB484 is felt in the ongoing services units or, in counties where adoption workers carry a caseload, in those permanency units as well. However, increasingly the PCSAs are noting the importance of addressing the permanency issue earlier, not even waiting for a case to open to ongoing services. Several demonstration and comparison counties are talking about creating new positions in Intake, to screen cases more carefully for potential need for placement and availability of relatives, and/or to assist workers to begin meaningful concurrent planning.

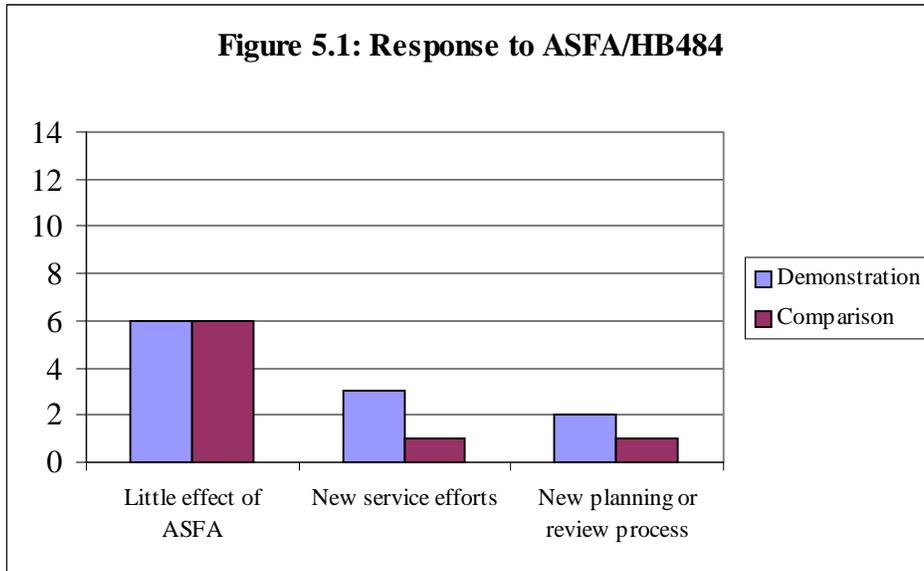
The way that PCSAs are able to respond to ASFA timelines has a significant impact on the pattern of permanency outcomes for children but is not expected to be differentiated by demonstration and comparison counties. To the extent that the PCSA already had in place processes to promptly move children through to permanent living situations, the impact of ASFA will be less; in contrast, in counties where practice has had to change dramatically, and PCSA-court relationships are tense, ASFA is likely to heighten the problems. Site visits surfaced a varied array of experiences with ASFA implementation, as many of the PCSAs begin to come up against the time limits on temporary custody.

Impact of ASFA/ HB484

Despite the obvious pressures that HB484 places on child welfare agencies, nearly half of the PCSAs in the ProtectOhio evaluation reported that HB484 has had little significant effect on practice, primarily because these counties were already pushing for permanent custody as soon as possible (Figure 5.1). Among the remaining counties, where ASFA/ HB484 has made a noticeable difference, demonstration PCSAs were much more likely to be pursuing a distinct strategy to increase movement of cases to permanency:

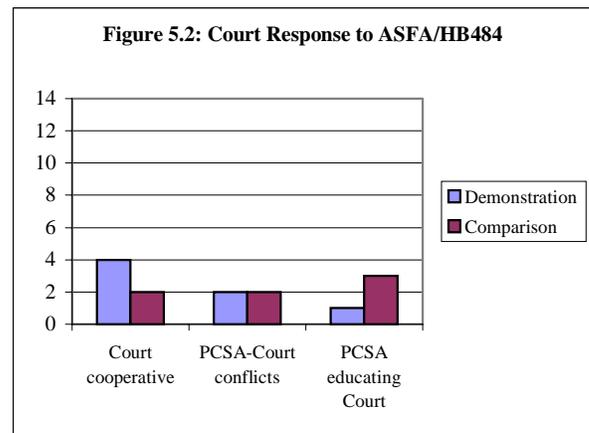
- Three demonstration counties and one comparison county have begun new service initiatives, including a new contract with substance abuse provider to assure that children's services families receive prompt assessments; a mediation project by the court for children slated for a permanent custody filing; increased availability of family preservation services and family group counseling; and therapeutic foster homes as a step-down from residential treatment.

- Two demonstration counties and one comparison county have instituted special planning or review procedures to assure swifter movement to permanency, either a formal Permanency Planning Team or unit or an internal review process to identify children before they reach the “12 months out of 22” threshold.



For all the PCSAs, a major challenge in ASFA implementation appears to be the posture of the Juvenile Court. Four demonstration counties and two comparison counties report that their Juvenile Court is well “on board” with HB484, enabling them to focus on service or planning strategies internal to their agency (Figure 5.2).

However, in some other counties, especially the comparison counties (5 sites compared to 3 demonstration sites) the PCSA is engaged in a struggle with the court, reflecting long-standing conflicts. As Figure 5.2 indicates, two demonstration and two comparison counties have not been able to move beyond the conflict, but the other counties are making a concerted effort to educate the court around the need for expedited decisions, appropriate exemptions, and other practice issues, and are generally seeking to develop a better working relationship with the court. In the meantime, these PCSAs struggle to meet the HB484 timelines, especially because of permanent custody appeals.

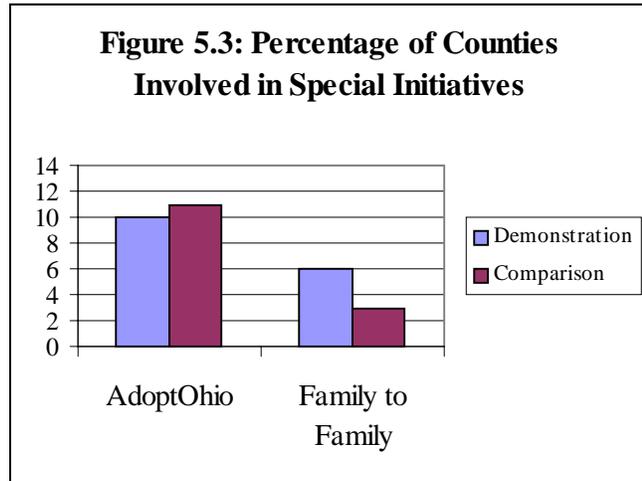


The general tone of PCSA comments about ASFA implementation is moderated. Several demonstration counties noted the positive effects on HB484 on internal practice: forcing them to improve their documentation, prepare better for court hearings, and pay more attention to permanency at the beginning of their involvement with a case. Counties facing barriers at their

Juvenile Court or in their own large caseloads recognize that these problems have been with them for some time; HB484 has simply brought them to the forefront. In a sense, the legislation is forcing attention to issues that needed to be addressed, and in the end will benefit children.

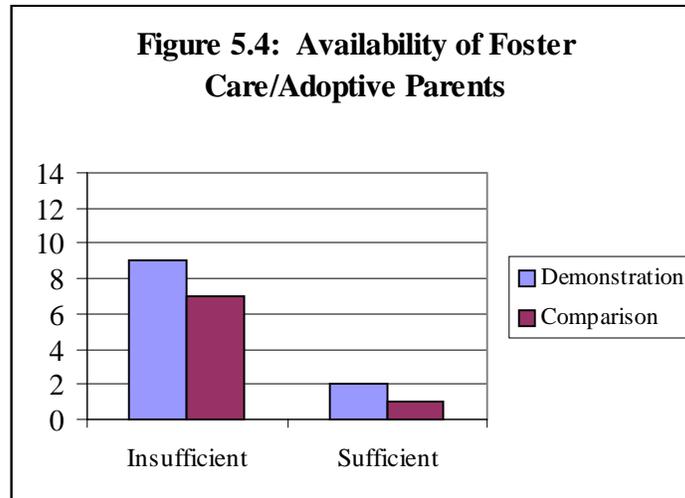
Adoption

Finding an adoptive home for a child in PCSA custody is the most desirable permanency option. However, finding a home that fits the needs of a particular child can be a difficult task. In an effort to develop better access to adoptive homes, several counties joined the AdoptOhio initiative. They believe it will reduce the amount of time that children remain in PCSA custody while awaiting adoptive homes. This year, three demonstration and four comparison counties have high involvement in AdoptOhio, and seven demonstration and seven comparison counties have minor involvement in this initiative (Figure 5.3), marking a slight decrease in involvement in AdoptOhio compared to last year.



Family to Family is another initiative that leads to adoption, focusing on helping communities create family-centered, neighborhood-based child protective services and neighborhood foster and adoptive families, in order to avoid out-of-community care. This year, five demonstration counties and two comparison counties have minor involvement in Family to Family, while two counties (one demonstration and one comparison) are highly involved in this initiative (Figure 5.3). Funding from the Annie E. Casey Foundation, the primary support for this initiative, is gradually phasing out, but many of the counties are seeking (or have found) some amount of replacement funding to enable them to continue with key elements of the initiative.

One of the priority outcomes for the ProtectOhio evaluation is to increase the number of foster and adoptive parents recruited. Recruitment of new foster care and adoptive homes may become a primary focus in counties where the availability of these types of homes is insufficient. Currently, many counties in the evaluation feel that they lack an adequate supply of foster care and adoptive homes (Figure 5.4).



While numerous counties indicate difficulty finding both these types of homes (especially for sibling groups, children with special needs, and older children), some counties are making concentrated efforts to increase the availability of these types of placement options. Several counties have created positions to recruit and train foster and adoptive parents. Two demonstration counties, in particular, are focusing on increasing the availability of these types of services: one county has developed a significant foster care recruitment campaign using a variety of advertising techniques, while the other county has hired a professional staff person specifically to develop their therapeutic foster care homes, as a step-down option for children leaving other residential settings. In the following years of the evaluation, the team will explore whether demonstration counties continue to make targeted efforts to increase the availability of adoption and foster care homes.

Relative Care

In an effort to find permanent settings quickly for children in PCSA custody, both demonstration and comparison counties are also pushing workers to explore opportunities to place children with relatives. Finding a relative home for a child is viewed as supporting the best interest of the child, as well as enabling the county to become less involved in the case and ultimately reducing placement days.

Two factors related to relative care were explored in this year's site visits. First is the issue of custody. When a child is placed with a relative, custody can be held by the PCSA, the relative, or the birth parent. Counties vary in the types of arrangements that they use for relative placements:

- ✓ *Custody with parent:* Almost all counties (81%) will allow birth parents to keep custody of their child if the parent signs a voluntary agreement. A safety plan is also usually developed for these cases.
- ✓ *Custody with relative:* The relative is able to have custody in all 28 counties, although counties vary in when they will transfer custody to the relative. Some PCSAs prefer to hold custody until the relative needs custody in order to receive some sort of service (i.e. enrolling

a child in school), while other counties prefer to transfer custody as soon as it is clear that the relative's home is safe.

- ✓ *Custody with PCSA:* In all but two demonstration and four comparison counties, the PCSA can hold custody in a relative placement. Most PCSAs that take custody in relative placements tend to hold custody only during transition to a relative's home or if there is a chance of reunification. If reunification is not likely within a few months, the PCSA usually tries to quickly transfer the custody to the relative.

There are no real differences between demonstration and comparison counties in the area of custody for relative placements. However, any variation that is found among counties on this item is important because it may affect a county's statistics on placement days.

The second issue related to relative placements is how PCSAs provide support to relatives who agree to care for a child. First, there is the issue of licensure of a relative home. Licensing a relative's home enables a county to pay a per diem to the relative, which encourages relatives to take responsibility for a child. Also, by licensing relative homes, the PCSA is able to stay more involved in the case and be present in the home. More than half of the counties (8 demonstration and 8 comparison) will, under certain conditions, license a relative's home: in 13 of these counties, the relative can be paid a per diem. It is interesting to note that only five of these 13 counties are demonstration counties; we will continue to explore possible reasons behind this pattern, including access to other means of support for relatives.

Another common method to encourage relatives to take responsibility for a PCSA child is through the use of kinship or other funds to provide financial support to relatives. This support usually comes in the form of goods and services purchased for the relative or a monthly rate for a limited amount of time. The money that is used to provide these services is derived from a number of sources, including kinship, PRC funds, ESSA, the state child protection allocation, Family Stability, even Title IV-B.

- | |
|--|
| <p>Types of Purchases with Kinship Funds:</p> <ul style="list-style-type: none">✓ Food vouchers✓ Clothing✓ Rent and utilities✓ Respite✓ Legal assistance✓ School fees✓ Medical services✓ Furniture✓ Whatever is needed... |
|--|

All but two demonstration counties have some type of kinship funds available, indicating that PCSAs are serious about trying to support relatives and increasing their use of relative placements. It is interesting that two demonstration counties do not offer kinship funds to relatives, nor do they offer a per diem to relatives. In looking at FACSIS data, we see that one of these counties uses relatives less than the average county, perhaps indicating that they have decided not to focus on finding relative placements. However, the other county actually has a higher than average percentage of children in relative placements. In this county, they refer relatives to DHS programs to receive supportive services, which may be how they provide support to relatives.

Overall, by providing a range of supports to relatives, either per diems or funds for more limited purchases, PCSAs are able to promote the stability of child in a familiar home. At the same time, they are able to decrease placement days by encouraging the transfer of custody away from

the PCSA for children placed with relatives. Both demonstration counties and comparison counties appear to be trying to find ways to support these relatives.

Assisted Guardianship

One option for permanency that is available only in demonstration counties is the establishment of assisted guardianship arrangements. In these arrangements, a person who may or may not be related to the child, can get custody of the child and be provided with financial incentives (lump sum or periodic payments) to care for that child. Three demonstration counties are currently exploring this option, while four counties have already used assisted guardianship arrangements. While this arrangement is not used with a large number of cases in these counties, it is viewed as beneficial for a child in certain situations when reunification, adoption, or other permanency efforts are not an option. Assisted guardianship is most often used for teens that are willing to live with relatives or with another person involved in the teen's life, such as a foster parent, coach, or a minister.

It is interesting that several other counties have tried to use assisted guardianship arrangements and they have not worked out. One PCSA found it difficult to get families to try this arrangement. Another county found that when an assisted guardianship arrangement was made, the family fell apart shortly thereafter. Further, in two counties, the court has discouraged these arrangements because the judge did not agree with the idea of placing a child with someone other than a family member: to get around this, one PCSA is now simply calling the arrangement by a different name.

Despite these drawbacks, demonstration counties are trying to use assisted guardianship arrangements in a limited fashion to find permanent settings for children who would otherwise linger in the PCSA system. This option is now available specifically because of the IV-E Waiver.

Planned Permanent Living Arrangements (PPLA)

While long-term foster care (LTFC) used to be viewed as a permanent and stable setting for children who linger in the PCSA system, recently many PCSAs have made efforts to reduce the number of children in these arrangements. Within the last couple of years, many counties have been able to decrease the number of cases classified as LTFC, now called planned permanent living arrangements (PPLA). The children who remain in PPLA are usually teen-aged, typically 16 and older, for whom adoption and other permanent options are not appropriate. Five demonstration and four comparison counties are currently making a conscious effort to reduce the number of children in PPLA, either due to HB484 or because they feel that PPLA is no longer an appropriate placement option. These efforts include focusing on concurrent planning, offering a lump sum payment as an incentive to foster parents to adopt, developing a review process for all PPLA cases, and other efforts to find alternative arrangements.

The use of PPLA is now receiving new attention with the implementation of HB484. While HB484 is affecting a county's ability to use PPLA, it is having different and sometimes opposite effect in different counties. In several counties, the number of PPLA cases is increasing due to

HB484, which is seen as a way of extending the time in care as a case reaches the two-year timelimit. Several counties report receiving cases with PPLA dispositions from the court, perhaps an indication of the court’s reluctance to relinquish custody of these cases. On the other hand, in several other counties, PPLA is not considered to be a method to extend the time to provide treatment. In these counties, there are more conscious efforts to monitor and reduce the number of children in PPLA, due to HB484. These variations on the interpretation of HB484 are important to understand when looking at how counties change in their use of PPLA dispositions.

Independent Living

Lastly, in an effort to find permanent settings for children, many counties have developed services to help teens ‘age out’ of the system and move into independent living arrangements. Availability of independent living programs varies in the evaluation counties: two counties report a lack of independent living services, while four other counties report a sufficient availability of these programs. This is related to the types of programs available to PCSA clients: six counties have informal independent living services for PCSA children, where a staff member who has other responsibilities provides these services. Twenty counties have formalized programs to provide these services. In more formalized programs, there may be a dedicated PCSA staff or unit that provides these services (sometimes working directly in a placement setting), or the services could be provided through a contract with a private provider. There is no difference between demonstration and comparison counties in the availability of independent living services.

In most independent living programs, the teens are assessed for current skill level and then taught a number of different skills. Independent living staff may have access to flexible funds to assist the teens and may be able to help them get settled into an apartment setting. Because of the IV-E Waiver, demonstration counties do have the ability to use the IV-E funds to pay for apartment settings in independent living programs for teens; currently, five demonstration counties are using this option, and two more counties have plans to use it.

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|---|
| <p>Skills Taught in Independent Living Programs:</p> <ul style="list-style-type: none">✓ Personal budgeting✓ Job search✓ Nutrition✓ Home care✓ Problem solving✓ Anger management |
|---|

Summary: In Year 2, the site visit team specifically explored efforts targeted towards developing adoptive homes, use of relative care, Planned Permanent Living Arrangements, and independent living services. In all of these areas, demonstration counties are only slightly more involved in these efforts than comparison counties. Even the use of assisted guardianship arrangements, which is available only to demonstration counties, is very limited, with many counties still planning for or experimenting with this arrangement.

The preceding discussion set the context for preliminary examination of the impact of ProtectOhio on children and families. The following sections report results of Westat’s analysis of FACSIS data on child and family outcomes, in the context of the permanency activities and preferences revealed in the PCSA site visits.

5.1.2 Increase Permanency of Children in Foster Care

Permanency is most often measured by finding a child in foster care a permanent family or living situation that is conducive for the child's well being and development. For this report, we look at the reasons for custody termination and more specifically at the number of adoption subsidies and new adoption subsidies during each period.

Reason for Custody Termination

Definition:

We first looked at the reasons why children left foster care. The population used for the analysis of permanency outcomes is the number of children in the state’s custody during the baseline or Waiver periods who left foster care placement and who had their state custody status terminated during the baseline or Waiver periods. The data file incorporates placement and custody histories for all children in placement or custody on or after October 1, 1995. Appendix I, Tables 1-21a and 1-21b present these data by county for all children who left custody during the baseline and Waiver periods. The analysis below presents data on the four major reasons delineated: reunification, custody to other relative, court termination, and adoption finalization.

Overall Finding:

During the baseline, counties in the demonstration group had a higher percentage of reunifications of children (44% versus 36% in the comparison group) (see Table 5.1). The comparison counties showed a higher percentage of “custody to other relative,” 24 percent to 18 percent in the demonstration counties. Other categories were similar between the two groups. This might be a true difference in reunification success. Alternatively, it might reflect results of earlier entry pattern or data entry definitions, i.e., county variation of whether a relative’s home is considered a return to home.

Table 5-1. Selected Data on Reason for Custody Termination

	Reunification	Custody to Other Relative	Court Termination	Adoption Finalization
Baseline Period:				
Demonstration Counties	44%	18%	12%	10%
Comparison Counties	36%	24%	11%	11%
Waiver Period:				
Demonstration Counties	41%	17%	18%	9%
Comparison Counties	39%	23%	11%	11%

Percentages did not change significantly during the Waiver period. The demonstration counties continued to have a higher percentage of reunifications than the comparison counties, but the two groups have become more similar since the baseline. The percentage of reunifications decreased

by 3 percent in the demonstration counties and increased by 3 percent in the comparison counties (resulting in 41% for the demonstration counties and 39% for the comparison counties).

Group Finding:

No significant changes within county size groups occurred between the baseline and Waiver periods for the percentages of “custody to other relative” or “adoption finalized.” Few differences were observed among county size groups for the demonstration and comparison counties during the baseline and Waiver periods.

Changes in the percent of reunifications appear to be due to changes in county group 4. Only slight differences were observed in the other county groups.

Summary:

It is important to note that interviews with the 28 counties revealed that many counties use the “court termination” category as a “catch-all” to describe different types of reasons for court termination. This category will be examined more closely to learn the different ways it is being used to record data. The increase in reunification in the demonstration group does reflect a shift toward a greater number (and percentage) of children returning home. However, further data collection this year will allow analysis which incorporates the impact of the characteristics of the children at entry in foster care.

Number of Adoption Subsidies and New Adoption Subsidies by Quarter

Definition:

Appendix I, Tables 1-22a and 1-22b give the number of children eligible and receiving adoption subsidies by quarters in the 2-year baseline period (Table 1-22a) and by quarters in the first 2-years of the Waiver period (Table 1-22b). Subsidies for hard-to-place or special needs children enable families to adopt who might otherwise not be able to afford to adopt a child. In Appendix I, Tables 1-23a and 1-23b, the number of new eligible children receiving adoption subsidies is reported by quarters in the baseline (Table 1-23a) and by quarters in the Waiver period (Table 1-23b). Tracking the number of new adoption subsidies will provide an analysis of how the subsidy program is changing over time and between the periods being analyzed, and also give insight into how subsidies are being used to provide incentives for achieving permanency for some children. (See discussion in Chapter 5, Section 1.1.)

Overall Findings:

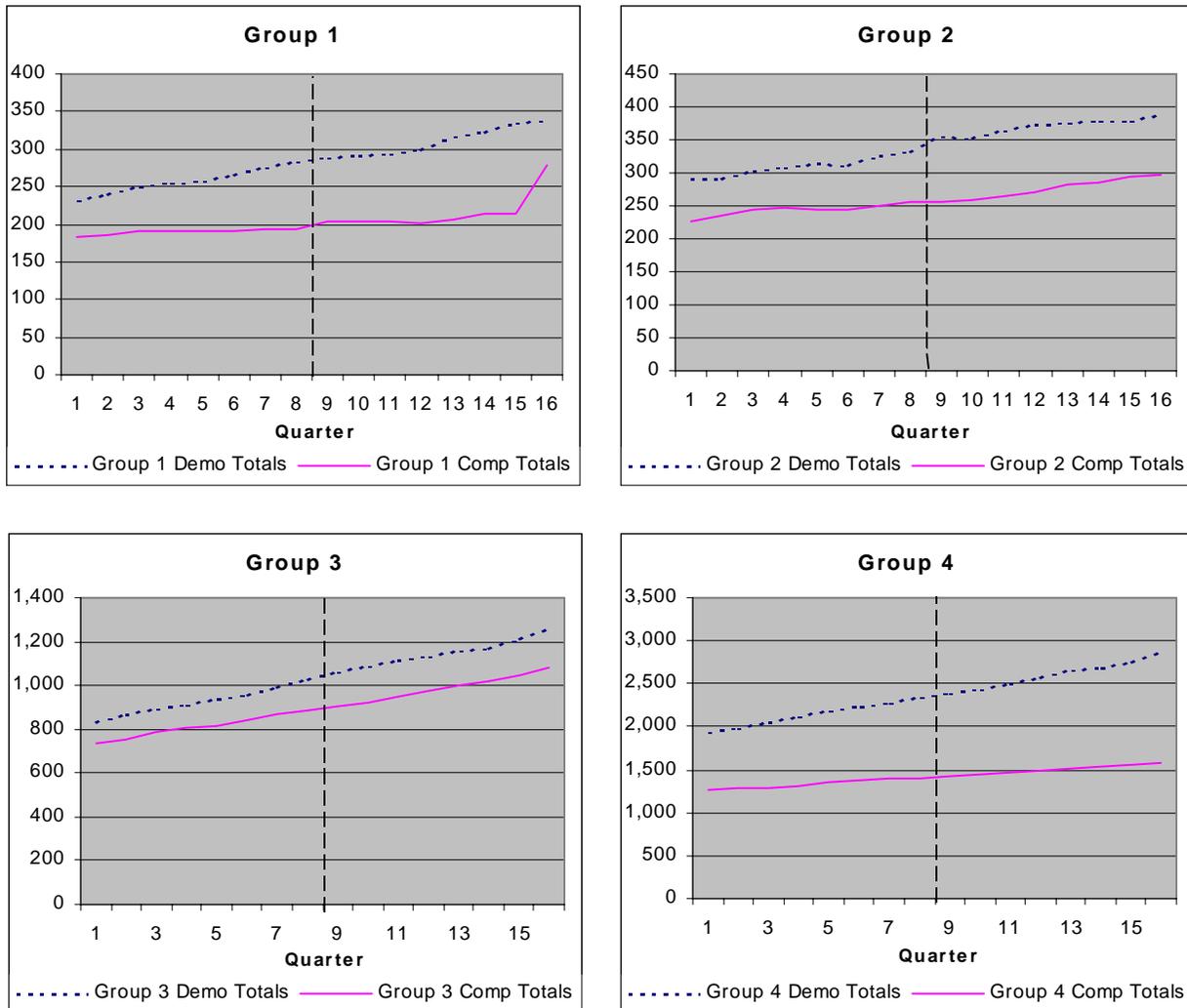
The number of children eligible for adoption subsidies has risen for both demonstration and comparison counties between the baseline and Waiver periods. Within each of the county groups, the numbers have continued to increase.

Group Findings:

Figure 5-5 shows that in county group 1, the number of children eligible for adoption subsidies in the demonstration counties increased by 19 percent from 283 in the final quarter of the baseline period to 337 in the final quarter of the Waiver period. The comparison counties in

group 1 experienced a large jump between the baseline and Waiver periods from 193 to 280 children—a 45 percent increase, but most of this occurred in the most recent quarter. Both demonstration and comparison counties in group 2 increased by 17 percent. The demonstration and comparison counties in group 3 also increased by a similar amount—by 23 percent in the demonstration counties and by 22 percent in the comparison counties. For county group 4, the demonstration counties increased the number of children eligible for adoption subsidies by 22 percent (from 2,349 at the end of the baseline to 2,860 at the end of the Waiver period). The comparison counties in group 4 experienced a smaller increase of 13 percent (from 1,407 to 1,591 children).

Figure 5-5. Number of Children Eligible for Adoption Subsidies by Quarter



Within all 4 county size groups the number of children eligible has also increased for new children who entered during the baseline or Waiver periods (Appendix I, Tables 1-23a and 1-23b). Comparing new eligible cases in the last quarter of baseline to the last quarter in the

Waiver period, significant increases occurred in all county groups for both demonstration and comparison counties, with the exception of the group 1 demonstration counties:

- For group 1, the number of new children eligible for adoption subsidies decreased between the last quarter of the baseline period and the last quarter of the Waiver period, from 11 to 10 children. The number in the group 1 comparison counties, however, increased from 1 to 6 children.
- In county group 2, the number of children increased from 8 to 13 children in the demonstration counties and from 7 to 9 children in the comparison counties.
- The demonstration counties in group 3 increased by 15 children (from 42 to 57 children), and the comparison counties increased from 27 to 40 children—an increase of 13 children.
- Lastly, county group 4 also experienced a notable increase. The demonstration counties increased the number of new children eligible for adoption subsidies from 94 to 136, and the comparison counties had an increased from 36 to 49 children.

Summary:

All county groups have increased the number of children eligible for adoption subsidy. It is likely that ASFA and AdoptOhio emphasis is equally pressuring all counties in the state.

5.1.3 Reduction in Duration of Open Cases in Child Welfare System

Reducing a child's involvement with the child welfare system often involves first shifting attention from foster care services to less intensive in-home services. In this section we look at the balance of children served in each county: in-home vs. placement, the duration of children's cases, the percent of child abuse victims that are placed in foster care, and the length of stay, specifically for children in new cases.

Clients Served in Placement vs. In-home

Definition:

To measure the project's objective of reducing out-of-home placements and improving permanency for children, the study team has monitored the number of cases with children in placement versus the number of cases served through in-home services. A decrease in the number of children entering foster care is a major objective of the project, and, correspondingly, increases should be realized in the number of cases receiving in-home services. This trend appears to be occurring.

The population used for the data in Appendix I, Tables 1-24a and 1-24b includes clients in all six of the case types (see Chapter 4, Section 1.2). A client is classified as a placement client if a child in the case was in an out-of-home placement during the baseline or Waiver periods. Clients classified as receiving in-home services had no placement records during the baseline or Waiver periods. Non-abuse and neglect clients were identified as those whose case number did not match a victim's case number.

Overall Findings:

During the baseline, both demonstration and comparison counties used in-home services more frequently (59% and 63%, respectively) than they did placement services. During the Waiver period, most counties continued to use in-home services more frequently than placement services (64% for demonstration counties and 68% for comparison counties). The percentages of children served in-home increased by 5 percent for both the demonstration and comparison counties.

Group Findings:

The largest increases in the use of in-home services were in the comparison counties of group 3 and the demonstration counties of group 4 (both increased by 7%).

Tables 5-2 and 5-3 show the distribution of children served in placement vs. in-home during the baseline and Waiver periods.

Table 5-2. Distribution of Children Served in Placement vs. In-Home Services, during Baseline Period, by Abuse and Neglect or Non-Abuse and Neglect, by County Group

County	Abuse/ Neglect Clients Served In- Home (%)	Non Abuse/ Neglect Clients Served In- Home (%)	Abuse/ Neglect Clients in Placement (%)	Non- Abuse/ Neglect Client in Placement (%)	Total In- Home (%)	Total Placement (%)	N
Group 1 Demo Totals	45	16	32	8	61	39	2,825
Group 1 Comp Totals	38	14	40	8	51	49	1,587
Group 2 Demo Totals	49	16	30	5	66	34	4,270
Group 2 Comp Totals	45	17	32	7	61	39	2,188
Group 3 Demo Totals	40	14	40	6	54	46	8,024
Group 3 Comp Totals	44	25	23	9	68	32	9,444
Group 4 Demo Totals	45	14	35	5	59	41	29,010
Group 4 Comp Totals	46	16	32	6	62	38	15,945
Demonstration Totals							
Demonstration Totals	44	15	35	6	59	41	44,129
Comparison Totals							
Comparison Totals	45	19	30	7	63	37	29,164

Table 5-3. Distribution of Children Served in Placement vs. In-Home Services, during Waiver Period, by Abuse and Neglect or Non-Abuse and Neglect, by County Group

County	Abuse/ Neglect Clients Served In- Home (%)	Non Abuse/ Neglect Clients Served In- Home (%)	Abuse/ Neglect Clients in Placement (%)	Non- Abuse/ Neglect Client in Placement (%)	Total In- Home (%)	Total Placement (%)	N
Group 1 Demo Totals	45	16	30	9	61	39	2,912
Group 1 Comp Totals	36	13	41	10	49	51	1,679
Group 2 Demo Totals	48	17	28	6	65	35	4,034
Group 2 Comp Totals	50	15	29	7	65	35	2,370
Group 3 Demo Totals	42	15	37	5	57	43	8,375
Group 3 Comp Totals	43	32	18	8	75	25	10,946
Group 4 Demo Totals	48	18	29	6	66	34	35,796
Group 4 Comp Totals	48	18	28	6	66	34	17,930
<hr/>							
Demonstration Totals	47	17	30	6	64	36	51,117
Comparison Totals	46	22	25	7	68	32	32,925

Summary:

Although the demonstration and comparison counties have experienced an increase in caseloads (see Chapter 4, Section 3 above), they appear to be providing more children with in-home services during the Waiver period than they did during the baseline period. Most counties tend to be relying more on in-home services to assist children and families than placement services.

Case Duration

Comparison in the length of service for placement cases and in-home service cases is important to measure when change in service delivery is being effected. If a reduction in the number of children placed is obtained, it is important to monitor the effect of that reduction on other service alternatives such as services provided to a child remaining at home and support services to other family members required to maintain the child’s safety. From a cost-effectiveness standpoint, reducing the duration of foster care placement may extend the duration of in-home services and produce an unexpected increase from one service option to another. If cost is reduced in one service option the expectation can be that the cost of another service option will increase. The measurement of duration of service options can provide some indication about the extent such substitution occurs.

Definition:

The population for data on the duration of a case is the number of cases active, reopened, or opened for the first time each period, and which then had a closure date during the same period. The duration of cases is calculated by adding the length of each case episode. A case episode is defined as the period of time from an opening date for services to the closure date for the same service delivery period for all members of the case. The number of months a case remained open is calculated as the number of months from the opening date of the case to the closing date of the case for each episode.

Overall Findings:

During the baseline, the distribution by months for placement cases was very similar for both the demonstration and comparison groups. As expected, placement cases tended to remain open longer than in-home cases. In the demonstration and comparison counties during the baseline, twice the proportion of placement cases as in-home cases remained open longer than 24 months.

For in-home cases, notable differences between the demonstration and comparison counties were observed during the Waiver period (see Table 5-5). In comparison counties, the percentage of in-home cases closed in less than 1 month doubled between the baseline and Waiver periods (increasing from 7 to 15%), while for demonstration counties the percentage remained the same at 5 percent. In addition, the demonstration counties experienced an increase in the percentage of in-home cases that closed between 3 and 6 months (from 22% to 27%), but the comparison counties saw the reverse, a decline from 24% to 21%.

Group Findings:

During the Waiver period, moderate differences were observed between the demonstration and comparison counties for placement cases. Overall, 42 percent of the demonstration counties and 35 percent of comparison counties closed cases within 6 months. Within each county group, however, percentage differences varied. In groups 1, 2, and 3, the demonstration counties had lower percentages of cases being closed in less than 6 months than did the comparison counties—an opposite pattern from the overall observed differences. Group 4 followed the same pattern as the total percentages with 46 percent of the cases in the demonstration counties and 35 percent of the cases in the comparison counties closing in less than 6 months. The largest difference between demonstration and comparison counties occurred in group 1, where 39 percent of cases in the demonstration counties and 51 percent of cases in the comparison counties were closed in less than 6 months.

Table 5-4 provides the percentage of placement cases that closed by the duration of the case in months. Table 5-5 provides the percentage of in-home cases that closed by the duration of the case in months.

Table 5-4. Duration in Months for Cases with Placement Episodes by Period and Group

County Group	Baseline							
	<1 Month (%)	1 to <3 Months (%)	3 to <6 Months (%)	6 to <9 Months (%)	9 to <12 Months (%)	12 to <18 Months (%)	18 to 24 Months (%)	>24 Months (%)
Group 1 Demo	15	12	12	9	9	13	8	22
Group 1 Comp	18	12	15	12	12	14	5	13
Group 2 Demo	9	11	11	12	10	17	9	22
Group 2 Comp	7	12	9	6	9	13	7	37
Group 3 Demo	10	8	9	6	11	13	12	31
Group 3 Comp	14	9	11	10	8	11	8	29
Group 4 Demo	16	13	11	9	7	12	8	23
Group 4 Comp	18	10	11	9	7	12	9	24
Demonstration Totals	14	12	11	9	8	13	9	24
Comparison Totals	16	10	11	9	8	12	8	25
County Group	Waiver							
	<1 Month (%)	1 to <3 Months (%)	3 to <6 Months (%)	6 to <9 Months (%)	9 to <12 Months (%)	12 to <18 Months (%)	18 to 24 Months (%)	>24 Months (%)
Group 1 Demo	13	13	39	9	8	15	8	22
Group 1 Comp	21	14	51	10	7	12	6	14
Group 2 Demo	9	11	11	9	11	17	12	20
Group 2 Comp	15	9	13	8	7	11	8	27
Group 3 Demo	7	10	9	8	11	14	9	31
Group 3 Comp	13	10	10	9	6	14	10	28
Group 4 Demo	21	12	46	9	7	11	8	20
Group 4 Comp	16	8	35	10	10	17	8	19
Demonstration Totals	18	12	12	9	8	12	8	22
Comparison Totals	15	9	11	10	9	15	8	22

Table 5-5. Duration in Months for Cases with No Placement Episodes by Period and Group

County Group	Baseline							
	<1 Month (%)	1 to <3 Months (%)	3 to <6 Months (%)	6 to <9 Months (%)	9 to <12 Months (%)	12 to <18 Months (%)	18 to 24 Months (%)	>24 Months (%)
Group 1 Demo	3	7	16	14	16	15	10	20
Group 1 Comp	9	12	20	17	17	12	5	8
Group 2 Demo	4	10	23	19	13	15	6	9
Group 2 Comp	3	10	18	16	9	15	8	21
Group 3 Demo	1	6	13	15	14	16	11	24
Group 3 Comp	2	7	17	18	14	18	10	14
Group 4 Demo	6	15	25	18	10	11	6	10
Group 4 Comp	9	10	29	17	11	10	5	8
Demonstration Totals	5	13	40	18	11	13	7	13
Comparison Totals	7	9	40	18	12	13	7	11
County Group	Waiver							
	<1 Month (%)	1 to <3 Months (%)	3 to <6 Months (%)	6 to <9 Months (%)	9 to <12 Months (%)	12 to <18 Months (%)	18 to 24 Months (%)	>24 Months (%)
Group 1 Demo	4	10	25	14	13	13	7	14
Group 1 Comp	2	9	22	22	15	16	6	8
Group 2 Demo	4	9	16	17	15	14	8	16
Group 2 Comp	3	6	18	18	16	13	9	16
Group 3 Demo	2	10	18	15	13	14	9	18
Group 3 Comp	11	12	21	14	10	12	6	13
Group 4 Demo	5	14	30	17	10	11	5	8
Group 4 Comp	20	9	21	15	10	12	5	8
Demonstration Totals	5	13	45	16	11	12	6	10
Comparison Totals	15	10	46	15	10	12	6	10

For placement cases, few differences were observed between the baseline and Waiver periods. Most changes in the distribution of percentages resulted in a percentage change of only 2 percent. In general, among all county groups, no significant changes were observed in the distribution of percentages between the two time periods.

The largest change between the baseline and Waiver periods for in-home cases occurred in county group 3, where a higher percentage of cases were closed in less than 6 months and a lower percentage were closed in 12 months or more. County-specific data are presented in Appendix I, Tables 1-25a, 1-25b, 1-26a, and 1-26b.

Summary:

The “urgency” in closing cases faster, expected to result from ASFA and managed care strategies, is not discernible in the data.¹ In future reports, with more time having passed in many county initiatives, data will be re-examined using an entry cohort approach.²

Victims in Incidents Placed into Foster Care

Definitions:

Appendix I, Tables 1-29a and 1-29b give the number and percentage of victims who had their first incident occur during the baseline or the Waiver period and were later placed in foster care within particular time periods after that first incident. The specifications were to find all victims in the baseline or in the Waiver period that had their first incident in the respective period and check to see if the child was placed. The length of time to placement was calculated by subtracting the date of the first incident from the first placement start date. This measure will allow evaluation of risk assessment and the expediency of service provision.

Overall Findings:

During the baseline period, the percentage of victims placed did not differ significantly between the demonstration and comparison counties.

Group Findings:

Selected data are presented in Table 5-6. In county group 1, 7 percent of victims in the demonstration counties and 8 percent of victims in the comparison counties were placed during the baseline period. For group 2, 9 percent of victims in the demonstration counties and 6 percent of victims in the comparison counties were placed. In county group 3, the percentage difference between the demonstration and comparison counties was also moderate with 10 percent in the demonstration counties and 8 percent in the comparison counties. Both the demonstration and comparison counties had 13 percent of their victims placed during the baseline period in county group 4.

¹ The length of service for new cases opening both in placement services and opening to receive in-home services is shown additionally in Appendix I, Tables 1-27 and 1-28. To be counted in the baseline as a new case, the case must have had its first case open date in the data file history occur in the baseline period. To be counted as a new case in the Waiver period, the case must have had its first case open date sometime in the Waiver period. This analysis only includes cases closed (by March 2000), in order to determine if a placement occurred during the episode. Since baseline cases have had much more time for a placement to occur, comparisons between baseline and Waiver periods cannot yet be made from this analysis.

² During the Waiver period, the demonstration and comparison counties showed similar distributions by months of new placement cases. During the baseline period, 40 percent of new placement cases in the demonstration counties and 35 percent in the comparison counties closed within 6 months. For new in-home cases, during the baseline, less than half of cases closed within 6 months (44% in demonstration group, 42 in comparison group).

Table 5-6. Length of Time From First Incident to Placement

	Baseline Period		Waiver Period	
	Victims Placed (%)	Victims Placed w/in 180 Days of First Incident (%)	Victims Placed (%)	Victims Placed w/in 180 Days of First Incident (%)
Group 1				
Demonstration	7	2	9	4
Comparison	8	2	7	2
Group 2				
Demonstration	9	2	8	3
Comparison	6	1	4	1
Group 3				
Demonstration	10	3	9	4
Comparison	8	2	6	2
Group 4				
Demonstration	13	3	10	3
Comparison	13	2	10	2
Demonstration Total	11	3	9	3
Comparison Total	10	2	8	2

During the Waiver period, the demonstration and comparison counties remained relatively the same in the percentage of victims placed. Group 1 demonstration and comparison counties had 9 and 7 percent of their victims placed during the Waiver period. County group 2 had the largest difference between demonstration and comparison counties with 8 percent in the demonstration counties and 4 percent in the comparison counties placed—a difference of 4 percentage points. In group 3, 9 percent of the demonstration counties and 6 percent of the comparison counties placed their victims during the Waiver period. In group 4, the percentages for the demonstration and comparison counties remained the same at 10 percent.

In examining the percentage of victims placed within 180 days of their first incident, we found few differences between the baseline and Waiver periods. In county group 1, the percentage of victims placed within 180 days increased between the baseline and Waiver periods by 2 percent for the demonstration counties (from 2% to 4%) and remained the same for the comparison counties at 2 percent. Similar to county group 1, the demonstration counties in group 2 increased slightly (from 2% to 3%) and the comparison counties remained the same at 1 percent. For county group 3, once again, the demonstration counties increased by 1 percent (from 3% to 4%) and the comparison counties remained the same at 2 percent. Both the demonstration and comparison counties remained the same between the baseline and Waiver periods at 3 and 2 percent respectively. County level data is shown in Appendix I, Tables 1-29a and 1-29b.

Summary:

Children who are victims in incidents are not being placed in foster care more frequently or faster in the demonstration group as a result of the Waiver implementation to date.

5.1.4 Decrease Time Between Foster Care and Final Outcomes

Do counties have a new urgency to help children more quickly through the foster care system? ASFA legislation, state HB484 legislation, and ProtectOhio objectives identify this priority. For this report, we have used FACSIS data to measure this outcome from several perspectives. First, for those children who have completed their foster care stay, we look at the duration—how long it took to reach the exit. The comparison between baseline and Waiver periods was done for children reunified with their families, adopted, custody given to third party or relatives, and teens who aged out of the system. This analysis is presented immediately below. Second, for a sense of how quickly all children in foster care are moving through the foster care system, we also look at the overall duration for all children who started their first foster care episode during each period (new placement group). Third, we look at the population of children in care at the beginning of each period (the active population) and look at how quickly they were discharged during each 2-year period. Lastly, we look at the use of relative care during each period.

Duration by Discharge Reason

Definition:

Adoption Stage Duration. Adoption is a permanency outcome, with many decisions for families and caseworkers that often take a long while to complete. It is important to shorten the amount of time it takes to finalize an adoption when adoption has been determined to be the appropriate permanency alternative for a child. At the same time, it is important to honor the rights of parents and the safety and well being of the child being placed in an adoptive home. For these reasons, the duration of the adoption stages is important to monitor. If change can eliminate undue delays in this process, then permanency can be achieved earlier for a child.

The population used to calculate the duration of adoption stages is the number of children who had finalized adoptions in the baseline or Waiver timeframes. The placement and custody histories of the children who met this criterion were brought into one custody and placement history file. The custody and placement records were sorted by dates and sequenced with a counter for each placement and custody by child.

The first stage of adoption is the first date of placement in out-of-home care to the custody start date of TPR or a removal from placement to an adoptive home. The latter date is used in those very few cases when children are placed in an adoptive home prior to TPR. Note that the PCSA may still be trying to stabilize the birth home for reunification during this stage. It is not just children who had adoption as the goal at the beginning of placement.

The second stage of adoption in this analysis is the time between TPR to the finalization of the adoption, calculated from the custody start date of TPR to the custody end date of adoption finalized. It is recognized that there are other pertinent stages in the adoption process for which

duration is calculated and analyzed. The intermediate stages are the number of months from the date the permanency plan for the child becomes adoption to the date of TPR and from TPR to the placement in an adoptive home. In this report, the data are limited to only two duration stages. Tables 1-30a and 1-30b show the mean and median number of months from first placement to TPR and from TPR to adoption finalization.

Duration by Other Discharge Reasons. We divided children into four categories by discharge reason. The four different discharge reasons examined were:

- reunification with parents;
- custody to a relative;
- custody to a guardian or third party; and
- aging out of care.

Appendix I, Tables 1-31a, 1-31b, 1-31c, and 1-31d show the mean and median length of time in placement for the specified permanent outcomes. The lengths of stay in care are calculated from the child's first placement start date to the date of termination from custody. The population of children for whom the mean and median length of stay in care was calculated were all children who had been in care at anytime during the baseline or Waiver period who also left care during the baseline or who left care during the Waiver period. These population analyses are based on exit cohorts, meaning all children who left care for these reasons regardless of the year of entry into care.

Overall Findings:

We examined the median number of months that children were in care for those children who were discharged and reunited with their original families. Little change occurred between the baseline and Waiver period in the median number of months for each of the county groups.

Group Findings:

Group data is presented in Table 5-7. Overall, few changes occurred between the baseline and Waiver periods. During the baseline period, the demonstration and comparison counties were relatively close in the median number of months from first placement to TPR and from TPR to adoption finalized. During the Waiver period, the largest changes occurred in county group 3 where the median number of months from first placement to TPR increased by 3 percentage points for the demonstration counties and by 4 percentage points for the comparison counties. In addition in group 1, the median number of months from TPR to adoption finalization increased 2 percentage points for the demonstration counties but decreased by 8 percentage points for the comparison counties. Changes between the two time periods were minimal for the other county size groups.

Table 5-7. Number of Months to Complete Adoptions by Group and County

County	Baseline		Waiver		Amount of Change in Months from First Placement to TPR	Amount of Change in Months from TPR to Adoption Finalized
	Median Number of Months from First Placement to TPR	Median Number of Months from TPR to Adoption Finalized	Median Number of Months from First Placement to TPR	Median Number of Months from TPR to Adoption Finalized		
Group 1 Demo	24	19	23	21	-1	2
Group 1 Comp	24	19	21	11	-3	-8
Group 2 Demo	20	10	18	11	-2	1
Group 2 Comp	22	18	20	18	-2	0
Group 3 Demo	20	19	23	18	3	-1
Group 3 Comp	18	17	22	18	4	1
Group 4 Demo	23	16	22	16	-1	0
Group 4 Comp	23	18	20	17	-3	-1
					0	0
Demonstration Totals	21	16	22	17	1	1
Comparison Totals	22	18	21	16	-1	-2

In county group 1, the median number of months decreased by 2 for the demonstration counties (from 6 to 4 months) and increased by 2 for the comparison counties (from 4 to 6 months). For group 2, the opposite result was observed. The demonstration counties experienced a moderate increase between the baseline and Waiver periods from 8 to 10 months and the comparison counties had a decrease from 11 to 8 months. In group 3, the demonstration counties only decreased by 1 month (from 10 to 9 months) and the comparison counties only increased by 1 month (from 7 to 8 months) between the baseline and Waiver periods. Also, in county group 4, only modest fluctuations occurred between the two time periods with the demonstration counties increasing by 1 month (from 8 to 9 months) and the comparison counties decreasing by 1 month (from 7 to 6 months).

When examining the children who were discharged from care and awarded to a relative, we only see modest changes between the baseline and Waiver periods in the length of stay for all 4 county groups.

For children who were discharged to a guardian or third party, the median number of months in care shows a more significant change among the county size groups between the baseline and Waiver periods. In group 1, the median number of months increased by 5 months for the demonstration counties (from 7 to 12 months), while the median number of months for the comparison counties fell by 15 months (from 22 to 7 months). In county group 2, the median number of months decreased moderately from 9 to 5 months, but increased significantly for the

comparison counties—from 3 to 19 months—an increase of 16 months. Next, in group 3, the median number of months for the demonstration counties increased by 7 months (from 7 to 14 months) and decreased by 8 months (from 11 to 3 months). County group 4 experienced the opposite change, with the demonstration counties decreasing by 5 months (from 13 to 8 months) and the comparison counties increasing by 8 months (from 5 to 13 months).

The largest changes in the median number of months in care occurred for children who were discharged because they reached the age of majority. However, it is important to note that we had very small numbers of children in some counties, which could be responsible for the large fluctuations in results by county group.

Summary:

Using an exit cohort of children ending their foster care stay, we found little change in median months in care for demonstration and comparison counties. This descriptive approach was used to illuminate any variation between baseline and Waiver periods. However, this methodology is easily influenced by the characteristics of the children at the time they entered. For example, a higher median number of months to adoption might indicate a county that had a larger number of infants abandoned to PCSA 6 years ago and they are departing this year. Analysis with an additional year of data will be done next year using an entry cohort approach.

Length of Stay in Care for New Entries

Definition:

In Appendix I, Table 1-32 the length of time in care is given for those children who entered care for the first time during the baseline and Waiver periods and who have since left placement or still remain in care. The length of stay is calculated from the date of first placement to the date the child left care or, if the child is still in care, through March, 2000. This table represents the first step in the analysis of children’s tenure in foster care using entry cohort analysis. In this case, the entry cohort is a 2-year period.

The cohort captures only those children who entered foster care placement for the very first time in that period. Entry cohort analysis then tracks these children throughout their foster care tenure until they achieve permanency through reunification, adoption, custody to relative or guardian, age out of the foster care system, live independently, or a decision is made for permanent foster care.

“Still in care” refers to children still in placement as of March, 2000. These data will change in updated files as will the percentages of children exiting 6 to 12 months, 12 to 18 months, and 18 months and higher. For this reason, our comparisons between baseline and waiver periods are made only between discharges of 6 months and less and those still in care.³

³ As expected, the percent of children still in care who entered during the waiver period was higher than those who entered during the baseline period. The baseline entry population has had up to 29 more months to exit care than the waiver entry population. As a result, the number of children still in care is higher for the Waiver population when compared with the baseline population.

Overall Findings:

Overall, children in demonstration counties are leaving foster care faster than the comparison counties during the Waiver period. New entries into foster care have increased for both groups from baseline to Waiver period. See Table 5-8 for group and total data.

Group Findings:

During the baseline in county group 1, 54 percent of the children in the demonstration counties were in foster care for less than 6 months compared with 68 percent for the comparison counties. During the waiver period, however, the percentage of children in the demonstration counties rose to 60 percent, equal to the comparison counties which showed an 8% decrease to 60 percent. Few differences were found between the demonstration and comparison counties in the percentages of children still in care for both the baseline and waiver periods.

Both the demonstration and comparison counties in group 2 had 49 percent of their children entering care during the baseline exit foster care within 6 months. For children entering care during the waiver period, however, the percentage of children in the demonstration counties that exited within 6 months fell to 42 percent and the percentage of children in the comparison counties remained about the same at 47 percent. As of March, 2000, however, more children in the demonstration counties were still in care (32%) than in the comparison counties (29%) for those who entered during the waiver period.

In county group 3, the percentage of children who left foster care within 6 months was lower in the demonstration counties than in the comparison counties (41% compared to 50%) for children entering during the baseline period. The percentage in the comparison counties rose slightly during the waiver period to 52 percent but the demonstration counties experienced a moderate decrease of 3 percent to 38 percent. The percentages of children still in care were similar with 9 and 10 percent in the comparison and demonstration counties, respectively. The difference between the two increased during the waiver period, though, with 26 percent in the comparison counties and 34 percent in the demonstration counties still in care.

Table 5-8. Length of Time in Care for Children Who Left Care by FFY of Entry and Group

County Name		Total Children Entering Care	Total Children Left Care (%)	Children Still in Care (%)	Left Care < 6 mos. (%)	Left Care 6 to <18 mos.*	Left Care 18 to < 24 mos.*	Left Care in >24 mos.*
Group 1 Demo	Baseline	536	95%	5%	54%	26%	5%	9%
	Waiver	529	78%	22%	60%	17%	1%	0%
Group 1 Comp	Baseline	477	95%	5%	68%	19%	3%	6%
	Waiver	448	79%	21%	60%	17%	2%	0%
Group 2 Demo	Baseline	714	95%	5%	49%	32%	7%	7%
	Waiver	677	68%	32%	42%	24%	1%	0%
Group 2 Comp	Baseline	334	92%	8%	49%	26%	8%	8%
	Waiver	419	71%	29%	47%	21%	3%	0%
Group 3 Demo	Baseline	1,564	90%	10%	41%	31%	8%	10%
	Waiver	1,541	66%	34%	38%	25%	2%	1%
Group 3 Comp	Baseline	1,397	91%	9%	50%	24%	7%	10%
	Waiver	1,277	74%	26%	52%	19%	2%	0%
Group 4 Demo	Baseline	5,129	93%	7%	60%	19%	5%	8%
	Waiver	5,820	79%	21%	63%	14%	2%	0%
Group 4 Comp	Baseline	2,689	87%	13%	53%	24%	3%	6%
	Waiver	2,958	71%	29%	47%	22%	2%	0%
Group Total Demo	Baseline	7,943	92%	8%	55%	23%	6%	8%
	Waiver	8,567	76%	24%	56%	17%	2%	0%
Group Total Comp	Baseline	4,897	89%	11%	53%	24%	5%	7%
	Waiver	5,102	72%	28%	49%	21%	2%	0%

* Data will be incomplete for children entering care during waiver period. Data is shown as exits on file as of March, 2000.

County group 4 had the largest differences between the demonstration and comparison counties in regards to the percentage of children leaving foster care within 6 months. During the baseline period, 60 percent of the children in the demonstration counties left care within 6 months compared with 53 percent in the comparison counties. During the waiver period, this trend continued with 63 percent of children in the demonstration counties and 47 percent in the comparison counties leaving care within 6 months. Differences between the demonstration and

comparison counties were less prevalent for the children still in care. Seven percent of children in the demonstration counties and 13 percent in the comparison counties were still in care for children who entered in the baseline period. For children entering during the waiver period, this difference remained about the same with 21 percent of children in the demonstration counties and 29 percent of children in the comparison counties still in care.

Summary:

This type of analysis requires several years to transpire in order to provide an accurate picture of permanency outcomes for the children entering care since October 1, 1995. In future reports, further analysis of these populations by year of entry into care should provide a description of the characteristics of children achieving permanency, what characteristics distinguish the types of permanency achieved, and a survival analysis of the length of stay for various types of permanency.

Having looked at new children in foster care during the Waiver period, we next look at the PCSA's success in discharging children already in care on the first day of the Waiver period.

Discharge of Active Population

Definition:

Appendix I, Tables 1-33a and 1-33b show the length of stay for children in the demonstration and comparison counties who were already in care at the start of each period. From that first day, the length of stay is measured by when children are discharged from that episode during each of the 2-year periods. We then counted how long from the start of the period they stayed in care or were still in placement after 2 years. This analysis does not account for how long they were in care prior to the start of the period.

Overall Findings:

The comparison counties had higher percentages of children still in placement after 2 years (36% for comparison counties compared with 31% for demonstration counties). When examining the data for statistically significant differences, we found that the comparison and demonstration counties have significantly different percentages of children that are still in placement after 2 years during the Waiver period. On the other hand, there were no significant changes between the demonstration and comparison groups between the baseline and Waiver periods.

Group Findings:

When we compared the percentages for statistically significant differences for the percentage of children in care after 2 years, we found that groups 1, 2, and 3 were not significantly different. However, in county group 4 the difference between demonstration and comparison counties is statistically significant. In fact, the largest difference was found in county group 4 where 41 percent of children in the demonstration counties were still in care after 2 years of Waiver period in comparison to 32 percent of children in the comparison counties.

We also examined the data using statistical methods to discover if the demonstration has had an effect on the discharge rate.

- For county groups 1 and 2, we found no simultaneous period and test group effects in regards to discharge rates.
- For group 3, however, a simultaneous effect was discovered for the short (90 days or less) and intermediate (270 to 540 days) periods. Group membership in the demonstration counties did not appear to have an influence on the length of longer periods. In group 3, the data shows an increase in the percentages of children being discharged after shorter lengths of days between the baseline and Waiver periods in both the demonstration and comparison counties.
- In contrast, there appears to be a group membership effect on the longer periods in county group 4, but the shorter periods do not appear to be affected. The data shows a drop in the percentage of cases being discharged 450 or more days after the beginning of the Waiver period when compared with the baseline period.

Summary:

Overall, the demonstration counties made improvements from baseline to Waiver period in reducing their “active” populations. This active population includes the longstayers. Much external pressure on PCSAs, such as ASFA, AdoptOhio, and media coverage about children languishing in care, pushes all counties to expedite discharge and permanency for these children.

Use of Relative Care

Definition:

To determine the percentage change in children placed with relatives, we looked at the total number of placements in relative care at the start of the Waiver period (10/1/97) and at the end of the last quarter of the Waiver period (9/30/99) compared to the total number of placements recorded for the corresponding date, and then compared the two percentages.⁴

In addition, the first placement type of each child who entered care was identified. These are grouped by placement categories and age groups defined in Chapter 4. Data on first placement settings by age group is shown in Tables 1-34a, 1-34b, 1-34c, and 1-34d in Appendix I.

Overall Findings:

The percentage of children in relative care increased in most groups for both demonstration and comparison counties. In addition, most groups are frequently using relative care as a first placement choice for children in all age groups.

⁴ It is important to note, however, that these data represent only a portion of the children placed with relatives, since counties typically do not keep track of relative placements for children not in PCSA custody.

Group Findings:

Point-in-Time Changes. Table 5-9 shows that the most significant changes occurred in the comparison counties of groups 2 and 4, where the percentages increased by 11 percent. However, it is interesting to note that, even with the significant growth in comparison counties use of relative placements, the group 2 and group 4 comparison counties still had smaller percentages of children in relative homes than did their demonstration county counterparts (14% vs. 20% in group 2, 13% vs. 18% in group 4). County-specific data are presented in Appendix I, Tables 1-35a and 1-35b.

Table 5-9. Children in Non-Licensed Relative Homes

County Group	% at Start of Waiver (10/1/97)	% after 2 Years in Waiver (9/30/99)	Percentage Difference
Group 1 Demo	14	11	-3
Group 1 Comp	7	8	+1
Group 2 Demo	21	20	-1
Group 2 Comp	3	14	+11
Group 3 Demo	12	15	+3
Group 3 Comp	3	4	+1
Group 4 Demo	16	18	+2
Group 4 Comp	2	13	+11
Demonstration Totals	15	17	-2
Comparison Totals	8	11	+3

Change in First Placement. The demonstration counties in group 1 experienced an increase in the number of children first placed in relative homes over both the baseline and waiver period for age groups 0-2, 6-12, and 13 and older. Ages 3-5 remained relatively the same between the baseline and waiver periods. The comparison counties, however, varied by age group. Ages 0-2 experienced a steady increase over the four-year period, leveling off slightly at the end of the waiver period (from 4 children in FFY 1996 to 8 children in FFY 1999). Ages 3-5 had a strong decrease in the percentage of children first placed in relative homes (from 12 children in FFY 1996 to 3 children in FFY 1999). Age group 6-12 also experienced a sharp decline during both the baseline and waiver periods with a small recovery in 1999 at the end of the waiver period. In contrast, the percentage of children age 13 and over first placed with relatives increased during the baseline and then leveled off during the waiver period (from 5 children in FFY 1996 to 19 children in FFY 1997 and then leveling off at 17 children in FFY 1999)

In county group 2, the number of children placed in relative homes in the demonstration counties dropped from the beginning of the baseline period to the end of the waiver period in age groups 3-5, 6-12, and 13 and older. Age category 0-2, however, showed a large increase (from 25 children in FFY 1996 to 38 children in FFY 1999). The comparison counties experienced

increases over the four years of the study in the number of children placed with non-licensed relatives for age groups 0-2, 3-5, and 6-12. Ages 13 and older remained relatively the same with only moderate fluctuations between each year of the study.

For county group 3, the number of children in relative care in the demonstration counties decreased across all age groups. Age 0-2 decreased from 65 children in FFY 1996 to 54 children in FFY 1999. Age groups 3-5 and 6-12 experienced steady declines in the first 3 years (from FFY 1996 through FFY 1998), but then had significant increases in the number of children in relative care between FFY 1998 and 1999. The age group 13 and older declined sharply during the baseline and increased during the waiver period, but still had fewer children in relative care (28 children in FFY 1999) at the end of the waiver period than it did at the beginning of the baseline period (45 children in FFY 1996).

The comparison counties in group 3 experienced strong declines in the number of children placed in relative care for age groups 0-2 and 3-5 for the two years of the baseline period, but rebounded during the waiver period. The age group 6-12 had a large increase in the number of children in relative care in the first year of the waiver period (6 children in FFY 1997 and 15 children in 1998), but then decreased again to 6 children in the final year of the demonstration, FFY 1999. The children placed in relative care for ages 13 and older dropped in the second year of the baseline (5 children in FFY 1996 and 2 children in FFY 1997), but rebounded to 5 children in FFY 1999.

The number of children first placed in relative care increased for all age groups in county group 4 in both the demonstration and comparison counties from the beginning of the baseline period to the end of the waiver period. The largest increase occurred in the 13 years and older group in the comparison counties where the number of children placed in relative homes increased by 68 percent (from 37 children in FFY 1996 to 62 children in FFY 1999). In addition, the age group 0-2 in the comparison counties increased by over half during the four-year period (from 71 children in FFY 1996 to 112 children in FFY 1999). More moderate changes occurred in the demonstration counties. The only significant increase occurred in age group 6-12, where the number of children in relative care increased by more than one-third (from 208 children in FFY 1996 to 280 children in FFY 1999).

Summary:

The increased use of relative care will continue to be monitored. The ability to place in relative care requires an available and willing relative, as well as a PCSA with policy and practice of using relative care. Some PCSAs use relatives, but not as a foster care setting.

5.2 Placement Stability

Placement stability is presented here in two outcome measures: reduction in number of placements and increased use of less restrictive placements.

5.2.1 Reduction in Number of Placements

Definition:

We performed statistical analysis to learn if membership in the demonstration or comparison counties is related to the distribution of moves for children who had their first episodes during the baseline or Waiver periods. If a child had their first episode during the baseline period, then we examined the number of moves that the child experienced until the end of the baseline period. We also examined children who had their first episode during the Waiver period and recorded the number of moves they experienced during the Waiver period. We then compared the results for the two time periods. Each change to a new foster home or facility is counted until the child exited from care. If the child remained in care, the number of moves until the end of the period were counted. The distribution of the number of moves per child is presented.

Overall Findings:

When examining the data, we observed that the majority of children in both the demonstration and comparison counties were never moved from their first placement during the Waiver period.

Group Findings:

Results differed by county group (see Appendix Table 1-36). In county groups 1 and 2, no simultaneous effects were found between period and test group on the distribution of moves. Therefore, the ProtectOhio demonstration does not appear to be having an effect on the number of moves. County groups 3 and 4, however, did result in simultaneous effects, so it is possible to conclude that the number of moves a child experiences is dependent upon their membership in a demonstration or a comparison county.

In each county group, more than 40 percent of children experienced no moves during the baseline period. During the Waiver period, these percentages increased for the demonstration and comparison counties in all county groups. In county group 1, the percentage of children with no moves increased from 52 to 59 percent in the demonstration counties and from 44 to 52 percent in the comparison counties. Group 2 also experienced increases in both the demonstration and the comparison counties, with the percentage of children with no moves increasing from 49 to 62 percent for the demonstration counties and from 41 to 58 percent for the comparison counties. The demonstration counties in group 3 also experienced an increase from 41 to 53 percent and the comparison counties increased from 44 to 62 percent between the baseline and Waiver periods. Finally, in county group 4, the demonstration counties increased considerably from 46 to 60 percent, while the comparison counties experienced a similar increase from 45 to 59 percent.

Close to 25 percent of children in each county group experienced only 1 move while in placement. Similar to the children who experienced no moves, this percentage increased between the baseline and Waiver periods in most county groups. In contrast, the percentages of children who experienced 5 or more moves fell between the baseline and Waiver periods, again in all county size groups. The largest drops occurred in group 1 comparison counties (6%), in group 3 demonstration counties (5%), and in group 4 demonstration counties (5%).

Summary:

The larger (group 3 and group 4) demonstration counties appear to be having success in reducing the number of moves for children.

5.2.2 Increased Use of Less Restrictive Placements

ProtectOhio counties, consistent with Federal and state policy, are attempting to minimize the use of expensive institutional and group placements for children, especially for teens. In this section, we look at two measures—the frequency of use of group and CRC settings as a first placement for teens and PCSA’s success at moving children out of group care to more family-like settings.

First Placement Setting for New Teens

Definition:

To examine differences in first placement settings by age, we divided children who entered during the baseline or Waiver periods into two groups: under age 13 and age 13 and over. For the children age 13 and over, we performed statistical analysis to learn if membership in the demonstration or comparison counties is related to where these children were first being placed. All teens, including children in court custody, placed for the first time during the baseline or Waiver periods are included. Data is aggregated by Federal fiscal year.

Overall Findings:

Overall, ProtectOhio does not appear to be influencing where teens are placed in their first placement setting. County group 4 is an exception, especially for use of group homes and CRCs.

Group Findings:

Results differed by county group. In county groups 1, 2, and 3, no simultaneous effects were found between period and test group for children age 13 and over. The ProtectOhio demonstration does not appear to be having an effect on first placement settings for new teens. County group 4, however, did result in simultaneous effects, so it is possible to conclude that where teens are placed in their first placement setting is dependent upon their membership in a demonstration or a comparison county. Results were especially strong for membership in a group home or CRC.

During all four years, demonstration counties in group 4 placed more teenagers coming into foster care into group homes and CRCs than the comparison counterparts. In addition, as shown in Table 5-10, the number of teens being placed in group 4 increased from the baseline to Waiver period, while the comparison groups stay flat over the four years.

Data by group and county is displayed in Appendix I, Tables 1-34a through 1-34d.

Table 5-10. Number and Percentage of Teens Placed into Group Homes and CRCs by Federal Fiscal Year (Group 4 counties only)

Federal Fiscal Year	Demonstration		Comparison	
	Number of Teens Placed	% into Group Home or CRC	Number of Teens Placed	% into Group Home or CRC
1996	782	83%	178	47%
1997	1,108	67%	284	48%
1998	1,214	74%	309	41%
1999	1,117	65%	287	40%

Summary:

Changes in the use of less restrictive settings are not yet showing after two years of ProtectOhio. It is likely that the increases in teen placements and the corresponding increased use of group care in group 4 reflects the increased use of court custody. While it is tempting to remove the children in court custody from the analysis, they are important to count, because they utilize resource space. The analysis next looks at PCSA’s success at moving this group of children out of group care to less restrictive settings.

Success at Moving New Children Out of Group Care

Definition:

Flexible funding, especially under managed care financing arrangements, promotes the clinical and financial goal of moving children out of expensive and institutional-like settings into more family-like foster care or home settings. For our analysis, we identified all new children that entered a group or institutional setting during the baseline or Waiver periods.⁵ We then looked at what placement changes occurred for that child from the time of placement into that particular group setting until he/she exited care at the end of the study period (baseline or Waiver period). If children stayed in care until the end of the period, we identified the highest level of care to which they transferred. For example, if a child entered a group home and stayed in a group home, we counted that as a lateral move or “same level placement.” A child who entered a group home and then went into a foster home, where he remained, would be counted as a move to a foster home. Children were counted as moving to a “more restrictive” placement if they moved from a group home to a CRC; conversely, if they moved from a CRC to a group home, they were counted as moving to a “less restrictive” placement. Data by group is listed in Appendix I, Table 1-37.

Overall Findings:

Overall and within each county group, the demonstration counties identified higher numbers of children as ever being in group care than did the comparison counties. Between the baseline and Waiver period, the demonstration counties experienced a jump in the number of children in

⁵ This includes level 3, 4, and 5 as defined in CPOE indicators.

group care , which is entirely due to an increase in the Group 4 demonstration counties. The comparison counties remained relatively the same between periods (Table 5.11).

Table 5-11. Number of Children Ever in Group Care by Group and Period

Group		Baseline Period	Waiver Period
Group 1	Demonstration	181	184
Group 1	Comparison	82	72
Group 2	Demonstration	153	123
Group 2	Comparison	102	92
Group 3	Demonstration	380	334
Group 3	Comparison	360	279
Group 4	Demonstration	1,974	2,336
Group 4	Comparison	562	579
Total	Demonstration	2,688	2,977
Total	Comparison	1,106	1,022

Group Findings:

Figure 5-6 shows the percentage of new children in placement in each group, by period, who had a group care placement and exited care or moved down (and stayed down) to a foster home, relative home, independent living, or adoptive home. We define this as a success rate at moving children from group care to least restrictive settings.

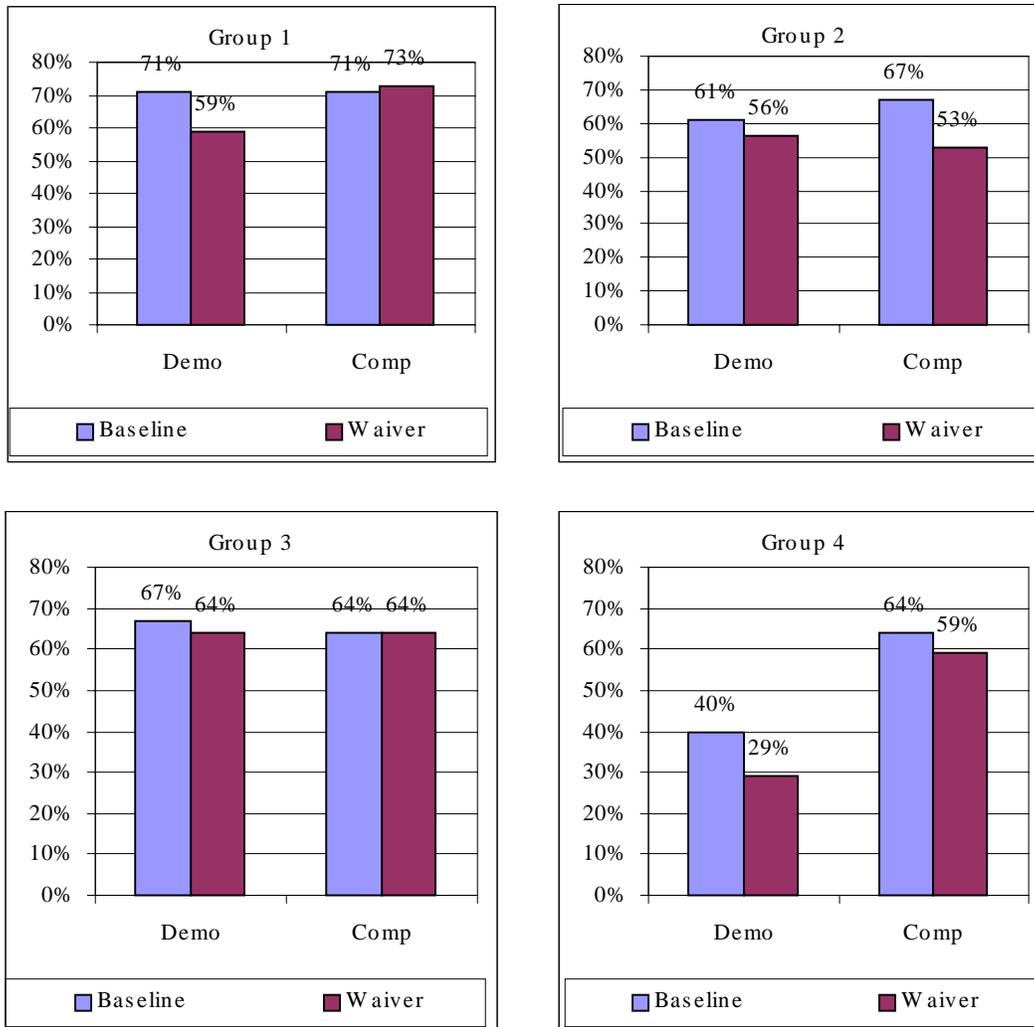
For both demonstration and comparison counties in group 1, there was little variation in the number of children identified from baseline to Waiver period (from 181 to 184 children and from 82 to 71 children, respectively). The success rate in the demonstration group dropped from 71 percent to 59 percent in the Waiver period compared to a small increase in the comparison group (from 71% to 73%).

In group 2, the number of children dropped in both demonstration and comparison groups from baseline to Waiver periods and both had similar drops in success rates (from 61% to 56% for the demonstration group and from 67% to 53% for the comparison group).

Group 3 had some changes in the number of children for both groups, but little change in their success rate. However, in group 4 demonstration counties, the number of children jumped 18 percent from baseline to Waiver period (from 1,974 to 2,336 children) but experienced a drop in

success rate from 40 to 29 percent.⁶ The comparison group had minimal change in number or success rate from baseline to Waiver period.

Figure 5-6. Percentage of Children Ever in Group Care that Achieved Home-Like Setting or Exit, by Period and Group



Summary:

Neither demonstration counties nor comparison counties have been successful in moving new children from group care into family settings or exiting the system.

⁶ This jump parallels Group 4's increased use of court custody stays, where it is possible that least restrictive settings are more difficult to achieve if county PCSA staff are not involved.

Distribution of Placement Days by Placement Type

Definition:

For this section, we concentrated on placement days used by all children in care for group homes and CRCs. Group 1 typified the use of these days, so we focused our analysis on this one county group. Appendix Table 1-38 shows the distribution of placement days by placement type for all groups.

Overall Findings:

The number of placement days used for group homes and CRC's tended to decrease in most counties and groups for both demonstration and comparison counties.

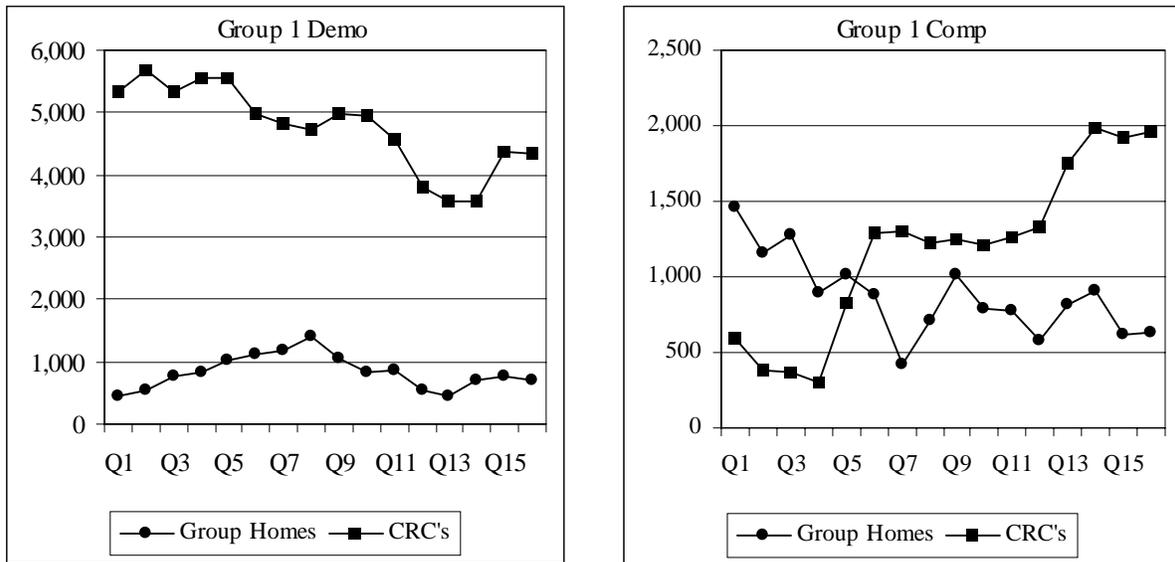
Group Findings:

Within each county group, the use of placement days shifted between the baseline and Waiver periods for both demonstration and comparison counties:

- In the group 1 demonstration counties, the use of placement days decreased for both group homes and CRCs between the baseline and Waiver periods. Less placement days were also used by the group 1 comparison counties for group homes (falling from 7,821 to 6,129), but the number used for CRC's doubled from 6,295 to 12,664 days.
- A similar pattern occurred in group 2 demonstration counties: the number of placement days used for group homes decreased (from 33,149 to 28,177 days) while the number used for CRCs increased (from 22,652 to 26,424 days).
- By contrast, the group 3 demonstration counties experienced a drop in the use of placement days for both group homes and CRCs. The comparison counties, however, had an increase in the number of placement days used for group homes (from 66,656 to 68,189 days) and a decrease in the number used for CRCs (from 53,225 to 52,346 days).
- In group 4, both demonstration and comparison counties had a large increase in the number of days used for group homes and for CRCs. The number of days used in the demonstration counties increased from 126,771 to 158,841 for group homes and from 258,147 to 287,282 for CRCs. Similar increases were observed in the comparison counties with the number of days increasing from 31,074 to 49,600 for group homes and from 137,138 to 163,627 for CRCs.

Figure 5-7 below shows the pattern of change that occurred in county group 1 across the baseline and Waiver periods for placement days used in group homes and CRCs. This graph highlights the greater consistency that the demonstration counties have demonstrated over the four-year period, suggesting that, at least for these small counties, placement days are more controllable than they are for the small comparison sites.

Figure 5-7. Number of Placement Days Used by Group Homes and CRCs for Group 1



Summary:

The use of placement days by type of bed is difficult to interpret in aggregate. In regard to the group home and CRC use, several PCSAs describe their target as an appropriate level and use of high end placements. They want children who can be maintained in lower levels of care to be moved, but expect a consistent level of placements to require high end beds. In fact, with court placements increasing in several counties, this core of high end children could grow (appropriately).

5.3 Child Safety

5.3.1 Reduce Recurrence of Child Abuse and/or Neglect

Activities to reduce placement costs cannot be at the risk of safety to children. Representatives of all ProtectOhio counties agreed that Waiver initiatives could not result in an increase of recidivism of child abuse or neglect for children. Children in custody should not be returned home too quickly or supervision removed too quickly from families receiving ongoing services. In this section, we look at recidivism of all cases and secondly, recidivism of closed cases.

Recidivism of Victim in Abuse Neglect Incident

Definition:

The recidivism rate is calculated using our definition of targeted cases. As defined in Chapter 4, Section 2, children targeted for service are those children in indicated or substantiated incidents or children in cases identified with moderate to high risk. The recidivism rate is a county system outcome. As the Waiver counties continue to integrate new ProtectOhio services and organizational/cultural changes, are they able to maintain the same level of success at helping children and families and preventing them from returning in a new targeted incident?

The base for recidivism rate includes all targeted children in incidents for the first time. We then looked to see if these children returned in a second incident targeted for services within 6 months or within 12 months. For this analysis, the 12-month percentage is not cumulative.⁷ The data is discussed below for the demonstration and comparison groups by fiscal year. The baseline period is FFY 1996 and 1997; the Waiver period to date is FFY 1998 and 1999. The 12-month rate is excluded from FFY 1999, since our FACSIS data was current only though 6 months past the end of the year. All cases are included, regardless of the place of abuse or neglect and includes cases both open and closed at the time of the new and subsequent incidents.

Statistics for groups and each individual county are provided in Appendix Table 1-39.

Overall Findings:

Recidivism rates are similar for the demonstration and comparison counties, with 9% and 10% of the cases, respectively, having a subsequent incident of abuse or neglect in FFY 1996; and the numbers remain comparable for the other FFY periods.

Group Findings:

In group 1, the recidivism rate within 6 months dropped for the demonstration counties during each fiscal year (5%, 5%, 2%, and 3%), but not as much for the comparison counties (3%, 2%, 4%, and 1%) during the 4 years from baseline to Waiver period.

For group 2, 6-month recidivism rates stayed somewhat stable for the comparison counties over the 4 years (5%, 5%, 6%, and 5%), while there was a decline in the rate for the demonstration counties during the 4 years (6%, 4%, 3%, and 3%). For recidivism within 12 months, both groups stayed level over the 3 years for which we had data. (3%, 2%, 2% for the demonstration counties and 3%, 2%, 3% for the comparison counties.)

For group 3, the demonstration counties decreased over the 4 fiscal years for recidivism within 6 months (5%, 4%, 3%, and 3%). The comparison group showed a similar pattern (4%, 4%, 3%, and 2%). For 12-month recidivism, both groups also had similar patterns (3%, 2%, and 2% for the demonstration counties and 3%, 2%, and 1% for the comparison counties).

In group 4, recidivism within 6 months was relatively steady during all 4 years for both the demonstration and comparison groups, with the exception of a jump for comparison counties in FFY 1997, to 10%. Recidivism within 12 months declined slightly for the demonstration counties in group 4 from FFY 1996 to FFY 1998 (4%, 3%, and 3%). For the comparison counties in group 4, the rate decreases from FFY 1996 to FFY 1998 through the first year of the Waiver period (7%, 4%, and 3%).

⁷ It is possible that the recidivism rate within six months is confounded by different counties' practices in recording separate referrals as separate incidents. If the county includes two incidents for two referral is about the same occurrence, in our calculations, the second referral, even within a few days, will count as a recidivistic victim. Recidivism within six to twelve months is likely to be less influenced by these differences in practice.

Summary:

Recidivism rates are steady over time, and comparable among demonstration and comparison counties.

Determining an acceptable level of recidivism is ultimately a PCSA, state, and community responsibility. Frequently, states gauge themselves against other similar states, using national statistics. Our new outcome measure, recidivism of targeted cases, is unique to Ohio. In fact, since it relies on PCSA's application of FRAM, it is arguable that this rate is county-specific.

Refinement of this statistic will continue. Many county staff spoke of the major impact on practices related to screening and court activity resulting from the new FRAM system in Ohio. This confounding effect might not be filtered out by our comparison group matching, which did not include that characteristic when developed. In addition, for counties that are making dramatic efforts to screen out cases prior to investigation, it is likely that only families with severe and chronic problems might enter the system (see discussion in Chapter 3, Section 2.1).

Recidivism of Closed Cases Within 6 and 12 Months.

Are cases being closed too quickly putting children at risk? A second measure looks at the percentage of cases that close where children become victims at a later date.

Definition:

Appendix I, Tables 1-40a and 1-40b show the recidivism rates of closed cases within 6 and 12 months. In FACSIS, children in all closed cases during each period were identified. We then looked to see if the child appeared in a new targeted incident.

Overall Findings:

We examined the patterns of recidivism of cases and found that only modest changes have occurred between the baseline and Waiver periods. It is still too early to be able to detect significant changes in recidivism, but we will continue to monitor the data through the rest of the evaluation.

Group Findings:

When we examined closed cases with recidivism within 6 and 12 months, we found that in county groups 1, 2, and 3, group membership in the demonstration or comparison counties does not seem to have an effect on the rates of recidivism for closed cases in these county groups. In group 4, however, membership in a demonstration or comparison county appears to have an effect on recidivism rates. However, the pattern is not clear. For recidivism within 6 months of closing, the demonstration counties have remained somewhat flat (12%, 10%, 10%, 10%), while the comparison counties in group 4 have bounced slightly (11%, 12%, 11%, 8%). A summary of recidivism of closed cases by group is shown below in Table 5-12.

Summary:

Using the two definitions of recidivism (all cases and closed cases), ProtectOhio does not yet appear to affect children's safety in the initiative. FFY '99 data is incomplete and will be updated in the next report.

Table 5-12. Distribution of Recidivism of Closed Cases within 6 and 12 months of First Incident by Fiscal Year and County Group

	FFY '96				FFY '97				FFY '98				FFY '99			
County Groups	No Recidivism in 1 Year (%)	Recidivism in 6 Months (%)	Recidivism in 1 Year (%)	N	No Recidivism in 1 Year (%)	Recidivism in 6 Months (%)	Recidivism in 1 Year (%)	N	No Recidivism in 1 Year (%)	Recidivism in 6 Months (%)	Recidivism in 1 Year (%)	N	No Recidivism in 1 Year (%)	Recidivism in 6 Months (%)	Recidivism in 1 Year (%)	N
Group 1 Demo	85	10	5	843	84	10	7	855	80	12	8	873	NA	10	NA	805
Group 1 Comp	86	10	4	531	84	11	6	495	85	10	5	466	NA	8	NA	432
Group 2 Demo	82	10	9	1,462	87	7	6	1,235	86	7	6	1,209	NA	7	NA	727
Group 2 Comp	89	7	5	649	88	5	7	618	82	10	7	506	NA	7	NA	578
Group 3 Demo	85	9	7	1,859	88	7	6	2,337	84	7	9	1,870	NA	7	NA	1,837
Group 3 Comp	88	6	6	2,739	90	6	4	2,590	93	3	3	2,900	NA	6	NA	3,663
Group 4 Demo	80	12	9	8,912	81	10	9	9,215	81	10	9	9,712	NA	10	NA	9,910
Group 4 Comp	82	11	8	4,132	78	12	9	4,929	81	11	8	5,073	NA	8	NA	5,317
Demonstration	81	11	8	13,076	83	9	8	13,642	82	9	9	13,664	NA	9	NA	13,279
Comparison	85	9	7	8,051	83	10	8	8,632	86	8	6	8,945	NA	8	NA	9,990

CHAPTER 6: PRELIMINARY SYSTEMS OUTCOMES

This chapter addresses nine of the priority outcomes, including four outcomes related to service array, two related to utilization review, two related to case management, and one related to Caseload Analysis. These outcomes represent the central types of impact that ProtectOhio is expected to have on participating PCSAs. The discussion below highlights changes that counties have made since the beginning of the Waiver, as well as the current status of certain child welfare practices.

System Outcomes:

Service Array

- Improved availability and quality of services
- Development of new services
- Increased service capacity relative to need
- Timely access to services

Utilization Review/ Quality Assurance

- Increased activity to control/rationalize use of out-of-home care
- Increased attention to outcomes

Case Management

- Increase in family involvement in case management
- Use of team conferencing

Caseload Analysis

- Implementation of CLA model

6.1 Service Array

The array of services that are available in a given county plays a role in how quickly PCSA clients are able to receive the assistance they need. This, in turn, will affect the amount of time that a child or family continues to be involved with the PCSA system. With fewer services available, families may have trouble taking the steps that are needed that enable the PCSA to close the case. Of the top priority outcomes that the demonstration counties believe will be affected by the Waiver, four measures are related to service array (see box above).

The site visits explored how the availability of services is changing in the 28 evaluation counties. This information offers some insight into counties' performance on the first two outcome measures related to service array. The remaining measures cannot yet be addressed, because no information is available on aggregate levels of service need nor on timeliness of service provision. The study team expects to explore these questions in

later stages of the Process study, through site visit interviews with a variety of stakeholders, family focus groups, and interviews with case workers.

6.1.1 Improved Availability and Quality of Services

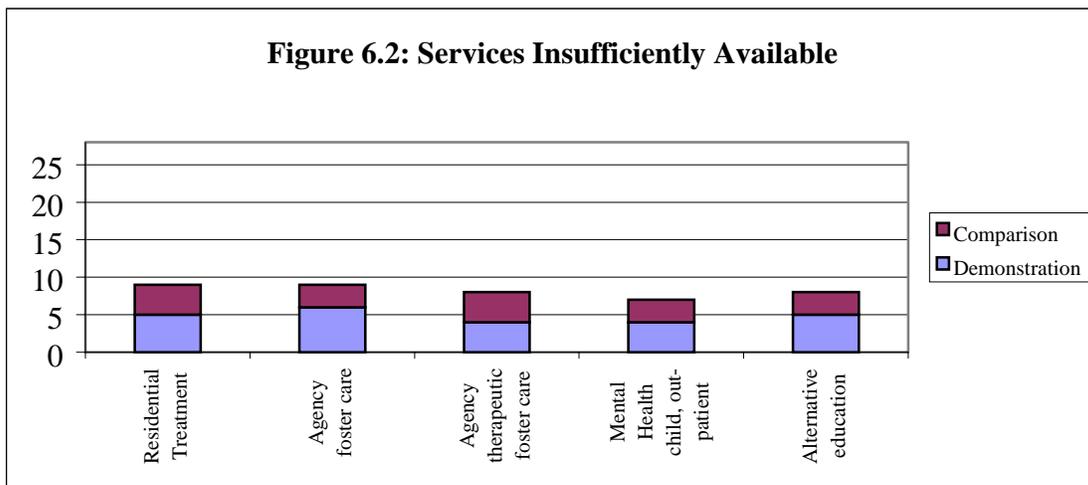
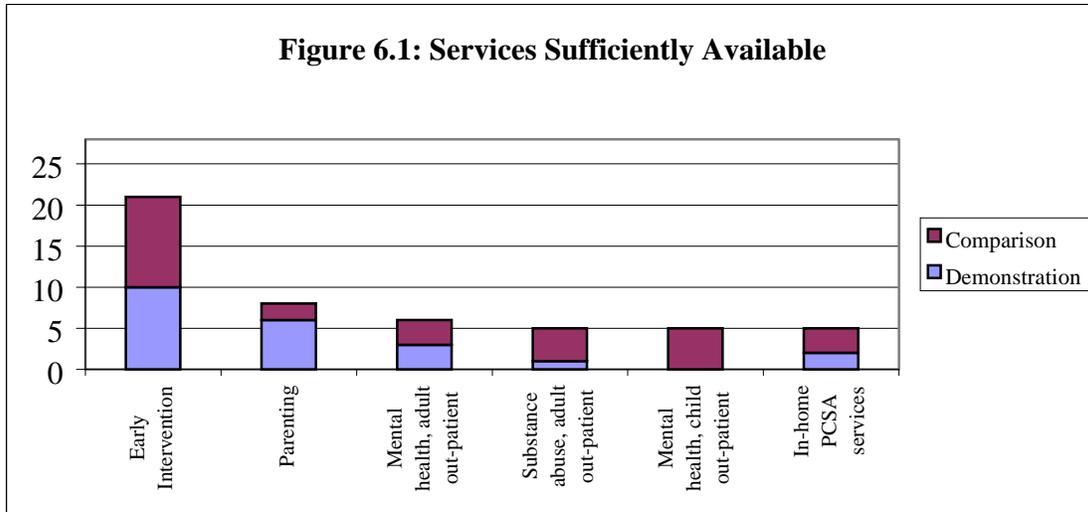
During the first round of site visits, the site visit team explored the availability of 25 types of services that are often utilized by PCSA clients. The site visit team documented which services were available in the county. The findings were not surprising: larger counties had more services available, while smaller counties had many fewer types of services available. It became clear that more detailed information was needed -- not just whether a service was available, but also whether *enough* of it was available. In the second round of site visits, therefore, the team explored the same list of services (Exhibit 6.1), asking this time: which types of services are most sufficient and which are least sufficient?

Exhibit 6.1: Spectrum of Services Available in County

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

PCSA workers and supervisors judged a service to be sufficient if it was easy to get a client into a program to receive the service, and the provider was considered competent and effective. As Figure 6.1 shows, demonstration and comparison counties are fairly similar in the types of services which they identify as being sufficiently available: early intervention services were mentioned by ten demonstration and eleven comparison counties; adult mental health outpatient services were highlighted by three demonstration and three comparison counties; and in-home PCSA services were noted by two demonstration and three comparison sites. Small differences appear in other prioritized areas: Parenting services ranked second in sufficiency by demonstration counties, while child mental health out-patient services were second among comparison counties.

The high ranking given to early intervention services is not surprising; all counties have access to state and federal funds for early intervention, including the Welcome Home and other state and federal grant programs. Further, many of the PCSAs talked about how they are giving increasing attention to the front end of the system, offering preventive services (often by the PCSA) or early assessment services to families prior to a crisis situation.



By contrast, the types of services that were most often viewed as insufficient were nearly identical for demonstration and comparison counties (Figure 6.2). These tended to be out-of-home placement settings used by the PCSAs. In particular, residential treatment settings, agency foster care homes, and agency therapeutic foster care homes were seen as insufficient by eight or more counties. This is not surprising, because all counties face similar pressures to find appropriate placements for children, even as they seek to build a stronger prevention element to their child welfare program.

It is interesting to note that child mental health outpatient services were simultaneously noted as both sufficient and insufficient. The category encompassed a wide range of services, including both mental health counseling, usually available in sufficient quantities, and the more clinical psychological testing and therapy service, which tended to be problematic to access in many counties. This area of service appears to be less problematic for the comparison counties, but it is not yet clear why.

Not apparent in the figures above is the fact that all demonstration counties and eleven of the comparison counties emphasized that transportation is a problem, making available

services inaccessible for many people and thus aggravating service insufficiency measures. PCSAs have tried various methods to address the transportation issue – covering taxi fares, having social workers or case aides provide transportation, regionalizing some services, etc. – but no clear solution has emerged.

When looking at larger groupings of types of services, a clearer picture develops about the availability of services often accessed by PCSA clients (Table 6.1).

- ◇ *Mental health services* are more often viewed by demonstration counties as being insufficient than sufficient, suggesting that the problem is greater for the demonstration counties.
- ◇ *Substance abuse services* seem to vary in availability. Comparison counties more often report insufficiencies in these services, while demonstration counties more often see them as sufficient, although the majority of demonstration counties did not comment either way.
- ◇ *Foster care services* are the most dramatically viewed as insufficient, with nine demonstration counties and seven comparison counties indicating an insufficiency in at least one type of foster care service.
- ◇ *Group home and residential services* were not mentioned at all in 19 counties, suggesting that PCSAs are beginning to find alternative placement options. Nonetheless, five demonstration counties and three comparison counties reported insufficiencies in at least one of these services.
- ◇ *In-home services* were the type most often viewed as sufficient. The contrast is greatest for demonstration counties, with eight of them finding at least one in-home service to be sufficient and only two of them noting an insufficiency of in-home services.

Table 6.1: Availability by Category of Services		
Category of services	Number of Counties Noting Sufficiency	Number of Counties Noting Insufficiency
	Demo / Comp	Demo / Comp
<i>Mental Health Services</i>	2 / 5	6 / 5
<i>Substance Abuse Services</i>	3 / 4	2 / 5
<i>Foster Care Services</i>	2 / 1	9 / 7
<i>Group/Residential Services</i>	0 / 0	5 / 3
<i>In-Home Services</i>	8 / 5	2 / 5

* Not all counties judged each service to be sufficient or insufficient; counties were simply asked to identify the 3 most sufficient or insufficient services.

Although the contrasts are far from startling, it is clear that demonstration counties are more satisfied with their array of in-home services than are comparison counties. On the other hand, comparison counties are more dissatisfied with the limited availability of their foster care services. Whether these findings point to a significant difference

between demonstration and comparison sites is not yet known. Examination of shifts in service focus by PCSAs does not differentiate between demonstration and comparison counties, with the vast majority of both groups (ten demonstration and nine comparison counties) reporting a conscious shift toward prevention. Fifteen of those 19 counties have underscored their intent by taking specific steps in staffing and/or in contracting, to expand their prevention emphasis.

In future years, the site visit team will explore in more detail the volume of available services of different types, and whether the particular service insufficiencies have been addressed in the creation of new services.

6.1.2 Development of New Services

The second priority outcome that relates to services is the development of new services. As insufficiencies become apparent in a county, the PCSA or other county agencies may decide to develop a new service to meet the need. Given the flexibility of IV-E funds under ProtectOhio, one would expect to see more service development occurring in the demonstration counties. In fact, this hypothesis is supported: of the 21 counties with new services created within the last year, a higher portion of these counties were demonstration counties (Figure 6.3). This creation of new services is happening in counties of all sizes, from the small rural counties to the large urbanized ones.

Counties described a number of different types of new services being developed. Many counties have developed services specifically to serve the child welfare population.

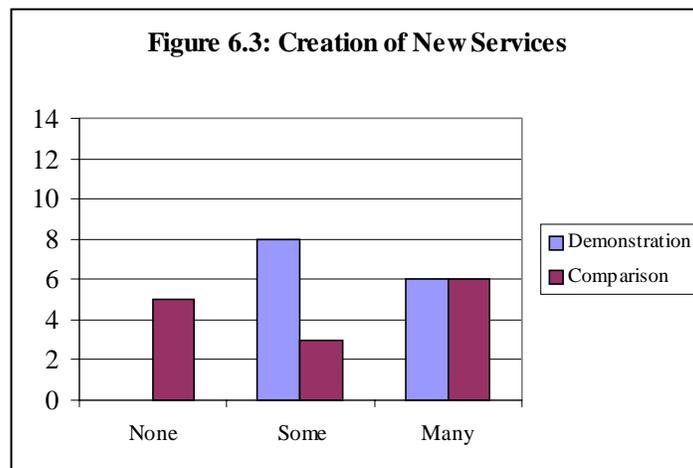
- *Therapeutic services:* A number of counties have created or enhanced the availability of therapeutic services for their clients.
- *In-home service:* Counties have developed programs to provide respite, parent education, basic life skills, and other in-home services. Most of these programs are intended to provide intensive services to prevent placement or to support reunification efforts.
- *Specialized PCSA units* to serve specific populations such as families with infants, young parents, and unruly and delinquent cases.
- *Psychological assessments:* A number of counties have created access to clinical staff who are able to conduct psychological assessments for children and other family members. These services often come through contract with an individual professional, after counties have had difficulty accessing such services through the local mental health provider.

New services have also been created that are not specially geared toward child welfare clients, but are often accessed by PCSA clients. These include the following:

- ◆ *Drug and alcohol assessments:* A number of counties are creating convenient linkages to drug and alcohol assessments, by having drug and alcohol staff placed in a PCSA office, or in the DHS office. This is in an effort to gain quicker and

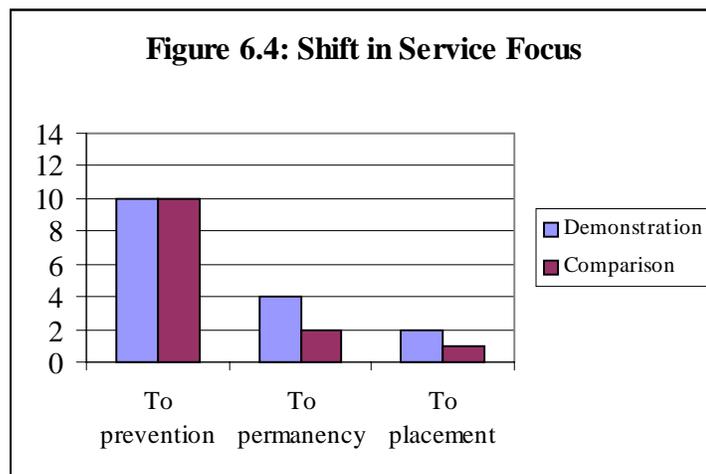
better access to these assessment services. One county has developed a similar arrangement for mental health assessments, but it is not as common as the substance abuse assessments.

- ◆ *Juvenile court program:* There continue to be several counties where the juvenile court has developed new programs to serve children who are in the court system: diversion, mediation, court liaisons, a new detention center.
- ◆ *School-based programs:* A large number of counties have placed workers in the local schools. These workers come from various agencies, including children’s services, mental health, substance abuse, health, etc. These workers identify and work with children who are having problems and who, without intervention, might reach a crisis and enter one of the county service systems.
- ◆ *Early intervention:* Although early intervention programs are viewed as sufficient in many counties, these efforts continue to expand in a number of counties. In particular, counties are continuing to create and develop Early Start, Early Intervention, Head Start, and other programs to reach children in their early years.
- ◆ *Prevention, Retention, and Contingency grants:* In the second year site visits, numerous PCSAs stated that PRC grants have enabled their county to create many services that are appropriate for the child welfare population. Examples of these PRC grants include funding for in-home therapists, visitation programs, transportation resources, school-based programs, job services, and even the creation of a PCSA unit to work with unruly/delinquent children.



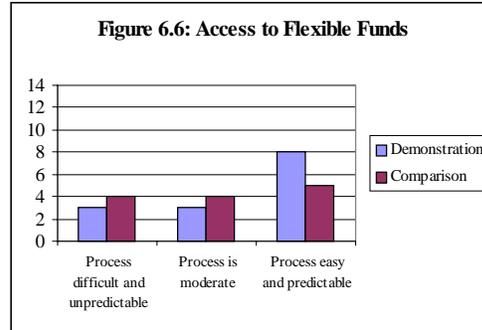
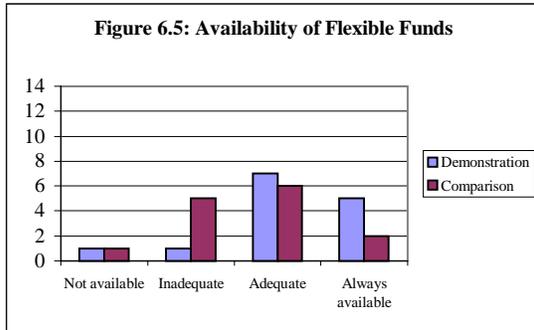
Clearly, many of the new programs that have been developed over the last year are promoting preventive efforts with family and children, both from within the PCSA and also in the community at large. In developing new services, PCSAs are trying to consciously shift their services focus, creating more preventives services, more placement setting options, and more permanency options for children. Almost all of the counties (24 counties) stated that they were in fact trying to shift their service focus. When asked

in what direction, most stated that they are moving toward prevention in the development of new services— in-home services, school-based programs, early intervention (Figure 6.4). Noticeably absent are new placement services, even though workers and supervisors reported insufficiencies in those areas. PCSA policy makers clearly are pushing their vision of more preventive efforts, and simultaneously trying to stabilize the current service population by bolstering mental health and substance abuse assessment and treatment services. The theory seems to be that making good assessment and prevention services available will start to stem the tide of crises that require out-of-home placement. Demonstration counties appear to be making a concerted effort in this direction; the coming years will begin to reveal their degree of success.



6.1.3 Availability of Flexible Funds

While the development of new services in a county makes it easier for social workers to find the services that a child or family may need, even more helpful to case workers is access to flexible funds with which to purchase particular items or supports for a child or family. Such non-discretionary monies allow the service system to meet the specific, individualized needs of each case, thus helping the PCSA serve the client more efficiently and effectively. In all but two PCSAs (1 demonstration and 1 comparison), staff have access to flexible funds which are allocated specifically to cover one-time needs of families, or to fill in until categorical funding sources can be obtained. These funds can generally be used to purchase beds, pay utility bills that are dangerously in arrears, remodel a room to fit a child’s special needs, cover security deposits and rent, car repair, or even to pay for special activities such as music lessons. In general, the funds are used to purchase goods or services that will prevent a removal or enable reunification or other permanent placement to occur.



A worker’s ability to access these funds dependent upon how much money the PCSA has set aside for this purpose, and the process by which the worker accesses the funds. Figure 6.5 and Figure 6.6 show that in demonstration counties, workers find the availability of these funds slightly more adequate and accessible, compared to comparison counties. This may be related to ProtectOhio, in its emphasis on allowing creativity and flexibility in serving clients.

Flexible funds may come from a number of different sources, not just the Title IV-E Waiver. Table 6.2 shows the variety of sources of flexible funds that may be tapped into by a county. From this table, the variation among counties is apparent; only in access to flexible Title IV-E funds do demonstration counties uniformly differ from comparison counties. Interestingly, even though demonstration counties have flexible IV-E monies, they still tap a wide array of other sources of flexible funds, perhaps because they particularly value the freedom that comes with non-categorical funds.

Source of Flexible Funds	% of Demonstration Counties Accessing Sources	% of Comparison Counties Accessing Sources
ESSA	100%	79%
PRC	50%	50%
State Child Welfare Subsidy	43%	57%
IV-E Funds	71%	0%
Title XX	0%	14%
Local Funds	79%	57%
Other Funds	36%	57%

Summary: In the area of service array, the demonstration counties do stand apart from the comparison counties in several ways. New services are more often being created in demonstration counties. Further, demonstration counties have greater access to more generous pots of flexible funds, allowing workers to individualize services to best meet the needs of the clients. Finally, involvement in the Waiver allows counties to use IV-E dollars to supplement other flexible funding resources. In these ways, the service array

available to families and children in demonstration counties has the potential to surpass that of comparison counties. In future years of the evaluation, through focus groups and interviews with workers, the evaluation team will continue to explore how service availability, sufficiency, and access change over time.

6.2 Utilization Review and Quality Assurance

Among the priority outcomes identified by demonstration PCSAs are two outcomes related to utilization review and quality assurance: increased activity related to controlling and rationalizing the use of out-of-home care; and increased attention to outcomes.

PCSAs use a variety of strategies to constrain the use of placement services, sometimes placing explicit limits on access but more often subjecting placement cases to more stringent review processes than non-placement cases. For any of these strategies to succeed, a PCSA must have the automated capacity to keep ahead of case movement. Usually, a computerized data management system keeps track of cases headed for placement; more adept systems may alert supervisors when individual cases need to be reviewed, and may alert managers when aggregate placement caseloads have reached a critical point.

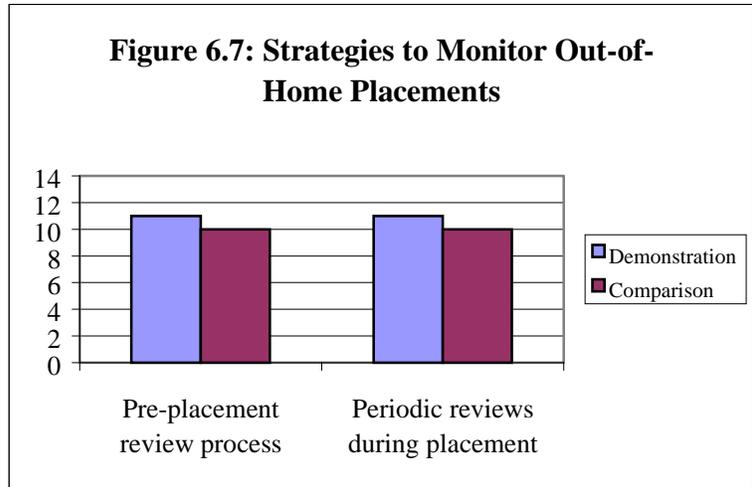
In addition, the “bottom line” in utilization review and quality assurance is to assure that appropriate outcomes are achieved, given the services provided. Some PCSAs are beginning to attend to outcomes, and only a very few have gotten to the point of making decisions based on outcome experiences.

PCSAs’ current status on these topics is examined below.

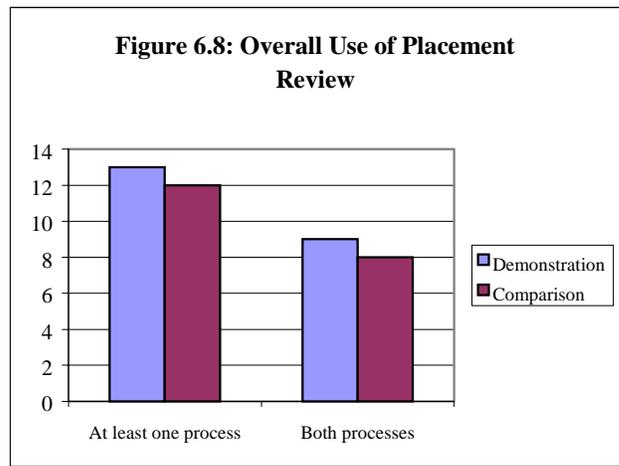
6.2.1 Methods to Limit Service Use

In the site visits, the study team explored the ways PCSA managers limit access to particular services, through formal criteria determining an individual’s eligibility, aggregate ceilings on amount of a service that is available, or other decision-making guidelines. In general, demonstration counties make more use of such utilization review mechanisms than do comparison counties, yet even the demonstration counties are at best only modestly active in this managed care arena.

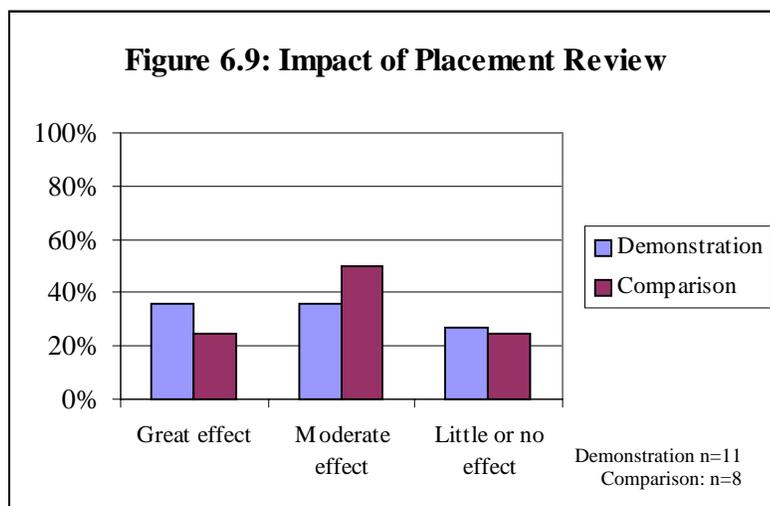
The most common avenues to controlling service utilization are pre-placement review processes and periodic reviews after placement has occurred. More than three-fourths of the study counties engage in each of these processes, with demonstration counties showing more tendency than comparison sites to pursue such activity (Figure 6.7). Eleven demonstration counties conduct pre-placement reviews and 11 demonstration counties conduct periodic reviews during placement, compared to 10 comparison counties doing each of these activities.



Overall, demonstration counties are somewhat more active in placement review (Figure 6.8), with 13 counties using at least one of these mechanisms and 9 counties using both. This contrasts with comparison counties, where 12 use at least one and only 8 use both approaches to controlling placement use. This discrepancy is not surprising, since demonstration counties self-selected into the Waiver, often because of a strong desire for more flexible ways to control placements. Indeed, the data suggest that, prior to the Waiver, the demonstration counties were already focused on the need to limit access to placement services. More than $\frac{3}{4}$ of the demonstration counties with a pre-placement review process had had it in place prior to the Waiver, and 80% had already established their periodic placement review process.



Demonstration and comparison PCSAs are equally sanguine about the impact of these review processes on placement utilization (Figure 6.9). Roughly $\frac{3}{4}$ of demonstration counties and comparison counties judge that these mechanisms have moderately or greatly reduced placements.



Beyond these fairly traditional utilization review methods, PCSAs report very little activity to contain use of particular services. Only one comparison county has formal limitations on the number of placements that can be made, and only one demonstration county and two comparison counties limit access to particular services via rational decision rules built on outcomes, best practice, or provider capacity information. However, it is important to emphasize that counties *do carefully consider* the need for residential, therapeutic, and other special placement services, on a case-by-case basis.

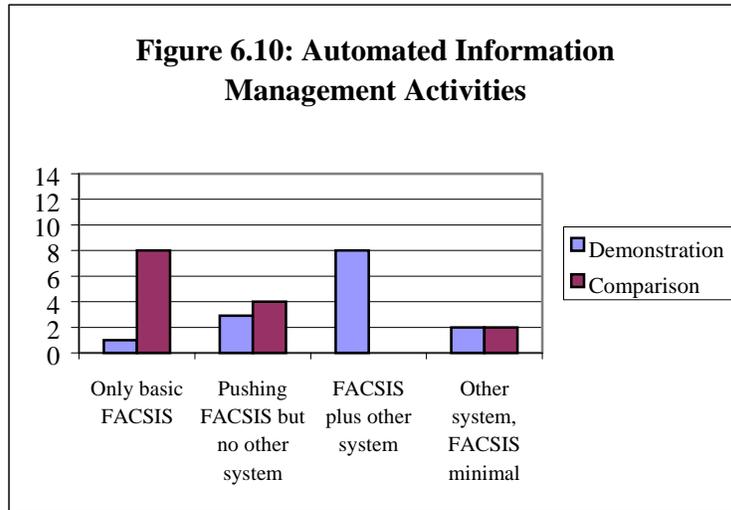
6.2.2 Management Information Systems

Key to managing service utilization is having automated systems that track aggregate usage patterns and even project long-term costs and capacity needs. The site visits examined the current capability of each PCSA to:

1. Track cases using FACSIS;
2. Track cases beyond regular FACSIS reporting;
3. Link programmatic and fiscal data; and
4. Do computer modeling of resource needs.

In talking with data management staff as well as program administrators, the Process Implementation Study team explored the extent to which each PCSA focuses on its automated data, from simply using basic FACSIS fields and reports, to committing significant resources to develop independent management information systems. Not surprisingly, PCSAs run the full gamut, with demonstration counties showing somewhat greater activity around data collection, management and analysis. As Figure 6.10 indicates, more than half of the comparison counties pay limited attention to automated data, simply doing the required minimums with the FACSIS system; one demonstration county is in a similar situation. By contrast, the counties making the most effort to

manage their child welfare system using automated data tend to be demonstration counties: 10 of the 14 have invested in MIS beyond FACSIS, in some cases relegating FACSIS to a minimal role. Not surprisingly, the two demonstration and two comparison counties in this last category are the largest counties in the study.

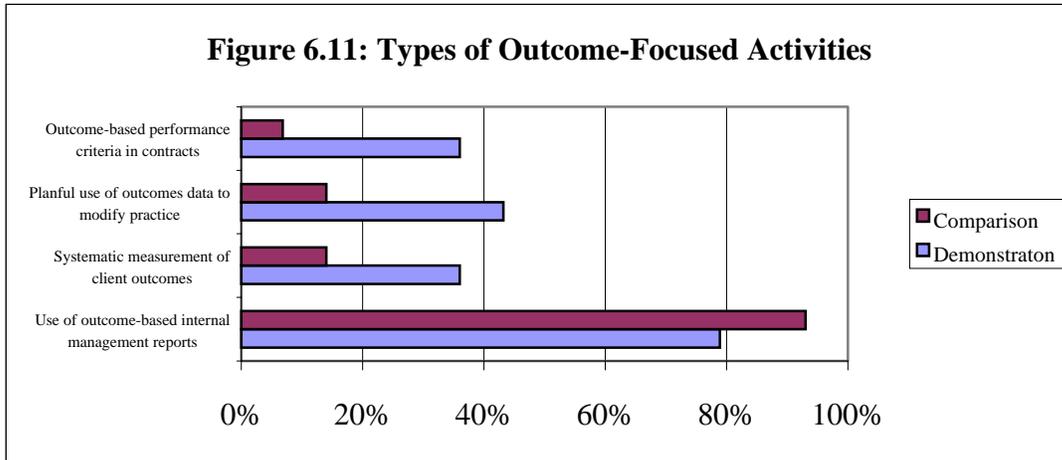


A few of the counties using other data management systems are exploring ways to link programmatic and fiscal data, and some are beginning to use computer modeling to project service needs and costs. Six demonstration counties report using the system designed by Pareto, and five others have implemented Pro IV, the caseload analysis software, to some degree.

In between these two groups of inactive and very active data users is a mixed group of three demonstration and four comparison counties, where administrators are interested in expanding what they can learn from FACSIS data but have not yet been able to invest in any supplementary management information system.

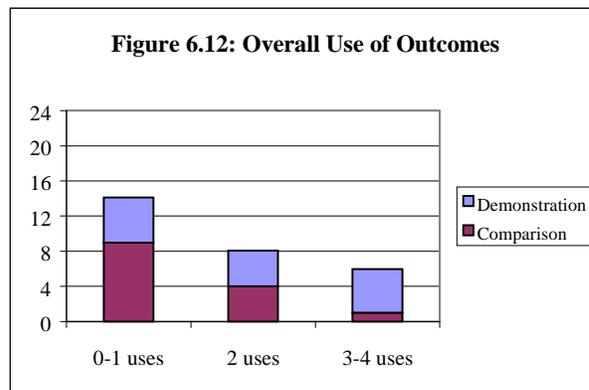
6.2.3 Attention to Outcomes

The site visits explored how PCSAs attend to outcomes, explicitly as part of their quality assurance activities but also more broadly, as an important component of management. Figure 6.11 illustrates the range of outcome-based activities being used in the evaluation counties. Most common is use of some type of internal management report based on outcomes, ranging from the ODHS District-generated CPOE reports to the extensive monthly outcomes reports prepared in a few of the larger counties. The vast majority of the demonstration and the comparison counties (10 and 13 counties, respectively) regularly examine such outcome reports.



While most of the demonstration and comparison counties study outcome-based reports, few of them go much further with outcomes. Only about a quarter of the evaluation counties systematically measure client outcomes of their own (apart from the standard CPOE measures), make any planful use of outcomes to modify practice, or use outcome-based performance criteria in their service contracts. However, as Figure 6.11 shows, demonstration counties take more initiative than comparison counties in all these areas, suggesting that the greater attention to service utilization (discussed above) may carry over into heightened interest in the results of those services for children and families.

In the aggregate, demonstration PCSAs make noticeably more use of outcomes than do comparison sites (Figure 6.12). Among the 6 counties using outcomes in 3 or 4 of the specified ways, five are demonstration counties; and, at the other extreme, nine of the 14 PCSAs making minimal use of outcomes (0-1 types) are comparison counties.



Summary: Overall, demonstration counties are substantially more active in the area of utilization review and quality assurance, showing more use of placement review processes, more involvement in automated data systems, and greater efforts to measure outcomes and use them to improve the service delivery systems.

6.3 Internal Case Management

One of the original “core strategies” that the ProtectOhio Consortium has pursued since the Waiver began is modifications to the way case management is performed.

Demonstration counties have experimented with different models of team conferencing, family-driven assessments, and family-based case management teams, in an effort to improve child and family outcomes.

Case management is also a primary aspect of managed care, and as such becomes a prime target for improved efficiency and expanded control over service utilization. In managed care lingo, it is often referred to as “gatekeeping”, and raises the aura of denying services to families in need. However, Ohio’s PCSAs regard case management in a very different light -- as the first line of contact with children and families, the point at which a bond is formed or frayed. To the extent that the social worker/ case manager communicates well with a family, and actively engages the family in the assessment and planning process, the outcomes for that child and family are likely to be more positive. Equally critical to the success of the case management function is the involvement of a team of professionals and other key players in a child’s life. Indeed, two of the high priority outcomes identified by the demonstration counties are:

- ◇ Use of team conferencing
- ◇ Increase in family involvement in case management

The following section explores how counties are pursuing these two efforts.

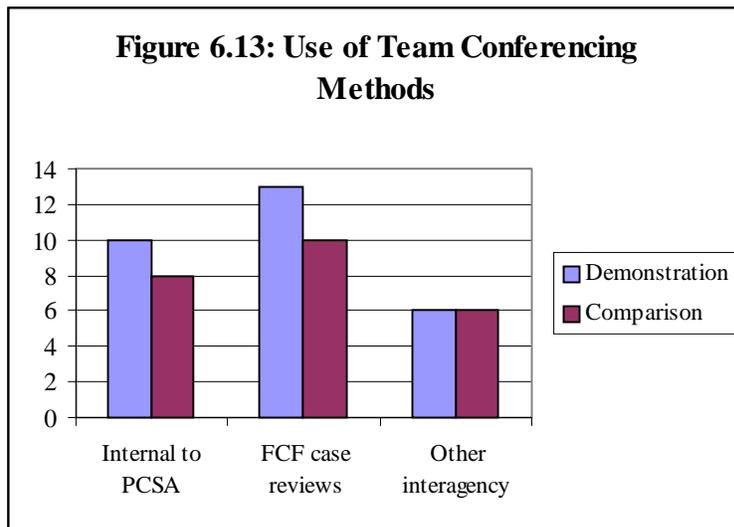
6.3.1 Team Conferencing

Reflected in the priority given to team conferencing as a key outcome of ProtectOhio, is demonstration counties’ belief that pulling together all parties involved in a case to develop a case plan will lead to better outcomes for the child and family. When professionals and families come together, opportunities are created to review what is currently being done for a family and to explore alternative options. These team conferencing meetings are often conducted to explore whether options other than placement or removal are possible. Team conferencing can occur at several levels: within the PCSA, in Family and Children First case review meetings (e.g. Cluster), and through other interagency efforts. County activity in each of these areas is discussed below.

Intra Agency Team Conferencing

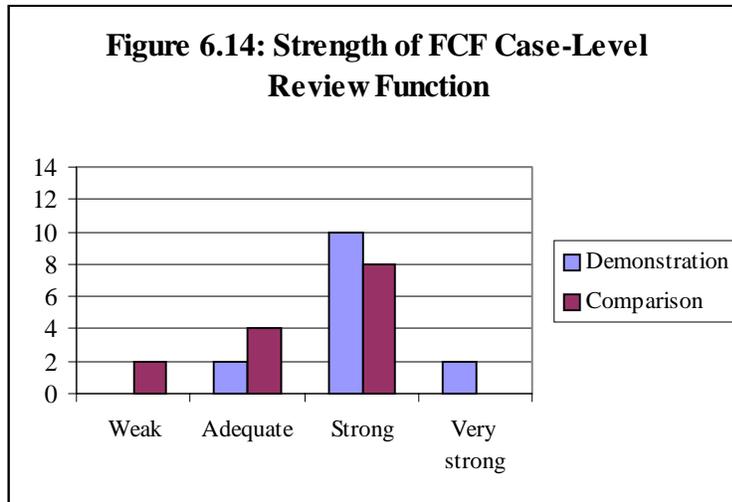
Of all the team conferencing methods, most common is conferencing among PCSA staff. Ten demonstration counties and eight comparison counties have developed an internal team conferencing process (Figure 6.13). It often takes the form of an agency staffing, where the lead worker presents the case and the rest of the staff helps brainstorm new case options. Staffings are considered by workers to be very helpful in enabling them to get feedback on case progress and explore alternatives. These case staffings may be held at various junctures, sometimes on a quarterly basis, but also prior to placement or

whenever custody changes, thus simultaneously serving as a utilization review function (see Section 2 above). Several counties have a clinical professional play a role in the meetings when family members are involved, helping to facilitate the decision making process. This person is often able to help the family through the process by serving as an impartial facilitator who is able to lead the group to consensus on the future direction of the case. Seventy-five percent of smaller counties are using an internal team conferencing model, compared to only half of the larger counties: this may reflect the fact that small counties tend to have fewer key players and it is easier to draw the people together.



Interagency FCF Team Conferencing

One of the primary goals of the case review function of Family and Children First (FCF), in some counties called “Cluster”, is to draw county agencies together, especially for more difficult individual cases that need services from several agencies. Nearly all demonstration counties (13) and the majority of comparison counties (10) have an individual FCF case-level review that allows for team conferencing. Eighty-six percent of the demonstration counties report that the FCF case review function is strong to very strong, compared to 57% of comparison counties (Figure 6.14).



Team conferencing at this level tends to focus on the children who are hardest to serve, who tend to need multiple services from multiple agencies. These children are often at the point of needing to be placed in some sort of out-of-home setting. Cases come to this group after individual agencies have tried to work together to develop solutions, but the options are limited and usually involve expensive placement settings. Some counties complain that the financial burden of bringing children to this group tends to fall on the PCSA, although other counties feel the burden is shared appropriately.

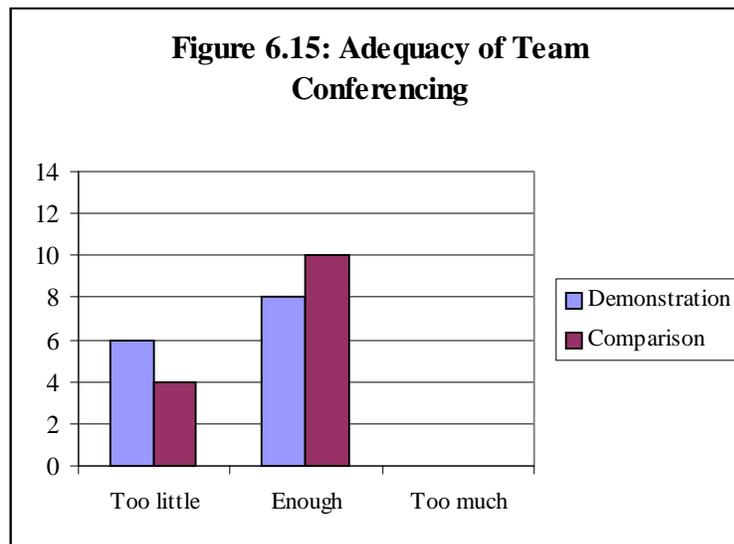
Other Inter-Agency Team Conferencing

In between the internal PCSA staffings and FCF team conferencing, 12 counties (6 demonstration, 6 comparison) have developed a team conferencing mechanism that involves multiple community agencies but is not under the FCF auspices (Figure 6.13 above). These efforts are often created through Family Stability grants, and may have funding available for wrap-around services to support reunification or prevent removal. In some counties, the Juvenile Court system also has processes established to coordinate services of multiple agencies at the front end. In many counties, these intra-agency efforts were created as a “pre-Cluster” meeting, so that another review process was accessed before the case goes to the FCF case review. This emerged as a response to the FCF entity getting overloaded with cases to review, preventing FCF from being able to promptly respond to the most serious cases.

Another type of inter-agency conferencing is the multi-system review teams that have been developed in several counties to examine cases which involve more severe abuse or neglect, that will likely result in prosecution. These counties have developed groups that include staff from children’s services, law enforcement, the prosecutor’s office, health, and other involved agencies. These groups are seen as valuable in making sure that all aspects of the case are covered and coordinated, in order to prepare for bringing a case to court.

Team conferencing is viewed by many as a very important method for facilitating the provision of effective, comprehensive, and coordinated services to families. Many

workers expressed the view that by pulling people together on a case, better and more successful alternatives are often developed. However, workers also voiced concerns about the time-consuming nature of team conferencing, both to set up the meetings and to actually attend them. This reality makes staff sometimes hesitant to expand the use of team conferencing, even if they believe it is valuable. Nonetheless, staff in six demonstration counties and four comparison counties believe that there are too few formalized opportunities for team conferencing, and no counties indicated that there was too much team conferencing (Figure 6.15). The other eight demonstration and ten comparison counties reported that the opportunities to hold team conference meetings are adequate.



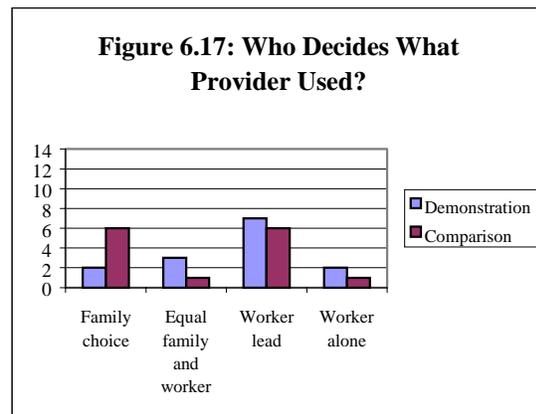
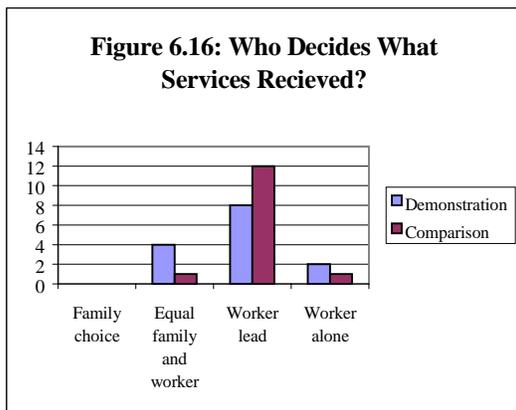
Overall, despite the labor-intensity of the model, team conferencing appears to be viewed as a crucial tool in improving communication between all involved parties and in achieving better outcomes for children and families, with demonstration counties making somewhat more use of these opportunities.

6.3.2 Family Involvement

Although case managers work with families throughout the life of the case, several points during a case offer a particular opportunity for the family to become involved in the actual decision-making processes around the case. First, families are sometimes involved in the team conferencing efforts that have just been described. However, this level of family involvement in team conferencing varies among counties. In more than half the counties, families are not a primary participant in these meetings. Case workers report that families are often asked to attend but rarely come. Staff in these counties are often dealing with high caseloads and many meetings, leaving little time to really try to draw in the family (i.e. by personally informing them of the meeting, arranging transportation for them, etc).

However, in over half of the demonstration counties and a third of the comparison counties, concerted efforts are made to hold meetings where the primary focus is on the family. These meetings are designed to develop a plan with the involvement of family members, and gather support for this plan from both the family and other providers involved in the case, leading to overall agreement about what will happen next. In other demonstration counties, CLA, accreditation, and Family Stability grants have been the impetus for creating more focus on involving families in decisions about their cases. One demonstration county has hired a consultant specifically to help the agency become more family-centered and family-based. Lastly, several demonstration counties are exploring the possibility of adopting a Family Group Decision Making Model, where the family is responsible for creating a plan of action, with the PCSA leaving the decision making to the family. These efforts are still in the planning phases.

In the PCSA system, families can also be involved in decisions concerning what types of services they receive. This year, the site visit team asked case workers where the authority lies for decisions about what services and providers are used, trying to understand how much families are involved in these processes. In most demonstration and comparison counties, workers expressed that they like to try to get families involved in making these decisions, but circumstances often dictate otherwise: issues such as the level of cooperation/trust of family and insurance coverage. In these cases, most workers state that they ultimately lead in making decisions about what services are needed for a family. However, the situations where this decision was made by workers and families together tended to occur in demonstration counties more often than in comparison counties (4 demonstration, 1 comparison) (Figure 6.16).



On the other hand, families are reportedly more involved in making the decision about which provider to use. In this category, several counties (5 demonstration, 6 comparison) stated that the family are involved in the decision about which provider to use, with the worker less often taking the lead or making this decision alone (Figure 6.17). In general, counties try to leave this decision to the family, although lack of options often limited their choices.

Summary: Both groups of counties view team conferencing as a vital tool in improving communication and in achieving better outcomes for children and families. However, PCSA staff still seem to guide case-level decision making, with workers keeping families informed of these decision, but families not playing an active role in decision-making.

6.4 Caseload Analysis

Caseload analysis (CLA) can be viewed as one particular form of utilization review, although it has elements of other managed care strategies embedded within it. 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. Beginning in 1995 ODHS provided limited financial support and consultation services to interested counties to explore use of these methods. With the flexibility offered by IV-E Waiver funds, half of the ProtectOhio demonstration counties decided to commit themselves to the effort.

One of the high priority outcome measures relates to CLA: implementation of the caseload analysis model is a high priority in seven demonstration counties. Although it received a priority vote from only half of the demonstration counties, it is a high priority in all seven of the counties who are participating in CLA. This section first introduces the seven CLA counties in terms of their level of implementation of the model. It then examines the client outcomes of these counties, compared to the performance of the non-CLA demonstration counties, offering a preliminary insight into whether CLA participation correlates with more positive child and family outcomes.

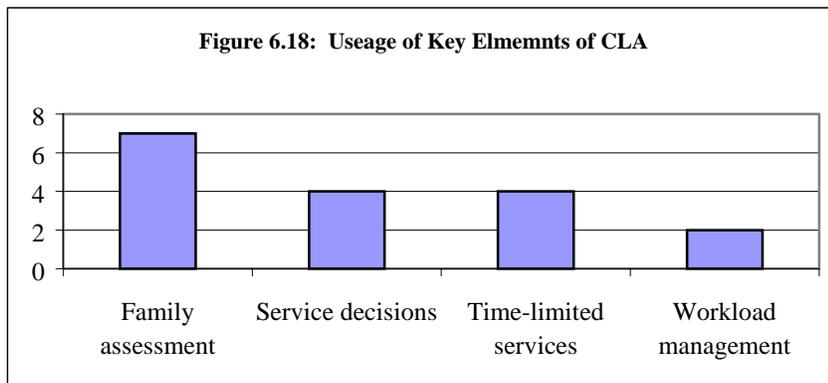
6.4.1 Implementation of the CLA Model

Implementation of the CLA model requires a PCSA to make significant changes to all aspects of its service delivery system — assessment, planning, staff deployment, permanency decisions. The seven demonstration counties that are using CLA have encountered various obstacles to smooth implementation of CLA, not the least of which has been delays in installation of the Pro IV system that will enable the counties to compile information about the types of cases they have and use the computerized workload management algorithms. Among the seven counties, one is not currently using

the Pro IV software, while four are using it and another one is planning on doing so. The seventh county is using an alternative software application.

With respect to the extent the counties are using the main elements of the CLA methodology, there is again substantial variation. Only 2 of the counties are currently using CLA for all of the cases in certain units (typically intake). The other counties are using CLA on only a sample of the cases coming to a particular unit, both because they want to work out any “kinks” in the process before going unit-wide, and because the software to facilitate the process is not yet in place.

CLA is typically implemented in stages, beginning, logically, with cases entering the system and needing assessment. Figure 6.18 illustrates the sequential nature of the key elements. All seven counties have implemented the family assessment elements, including use of risk assessment, genograms and ecomaps. Five counties have progressed to the next levels, utilizing service decision-making processes and/or providing time-limited services. Only two counties report that they have begun to use the workload management part of the model; these two counties have Pro IV installed in their offices.



6.4.2 Initial Outcome Findings For CLA Counties

Since seven of the 14 demonstration counties are participating in CLA, the Westat team divided counties into two groups: CLA and non-CLA counties. The team analyzed certain data of interest to find if any differences existed between the CLA and non-CLA counties and between the baseline and Waiver periods; in practice we looked at abuse/neglect and placement measures discussed above in Chapter 4 and 5.

In comparing CLA and non-CLA counties, only limited differences emerged from the data:

- First we examined the number of CAN incidents reported and the quarterly rate of change, and found no differences between the CLA and non-CLA counties during the baseline and Waiver periods.

- We also examined the number of children in incidents [victims] and the frequency of appearances in incidents during the Waiver period for differences. We collapsed our data into two categories: children who experienced one incident during the period and children who experienced two or more incidents. We found no differences between the percentages of recidivistic children for CLA and non-CLA counties.¹ In addition, when we examined changes in 6-month recidivism rates from 1998 to 1999, we found no differences between the CLA and non-CLA counties.
- We also studied the change in the number of placement days used between the baseline and Waiver periods for each CLA and non-CLA counties. Looking at the percentage change by county, there is no significant difference between the two groups.
- In analyzing the percentages of targeted children in CLA versus non-CLA counties during the Waiver period, we found significant differences. Approximately 40% of the children in CLA counties are categorized as targeted children, while 45% of children in non-CLA counties are targeted. As discussed in Chapter 4, targeting differences among counties likely just reflects practice differences. As the nomenclature suggests, targeting defines the safety net of children under the watchful eye of CPS in each county. Whether the differences in targeting will affect outcomes to children needs to be watched over the next few years.
- Finally, the number of children placed in non-licensed relative homes was examined for differences between CLA and non-CLA counties. When comparing the number of children in relative care from the beginning of the waiver (9/30/97) to 9/30/99, significant differences were found between the CLA and non-CLA counties. Despite large amounts of variation among the counties in each group, the between-group differences remained significant. The seven non-CLA counties increased the number of children in relative care, while only two CLA counties showed an increase. This is probably understated, since several counties do not take custody when placing with a relative and, therefore, do not enter the placement into FACSIS.

In time, as all seven participating counties fully use the CLA methods, the differences may become apparent. It is important to keep in mind that some of the CLA outcomes concerning use of relatives and use of community are not easily discernible in FACSIS data.

Summary:

Because CLA has been fully implemented in only two of the seven participating demonstration counties, it is not surprising to find little difference in outcomes between

¹ This measure counts the number of incidents (targeted or not) during the Waiver period for each child. Further detail about the variables used can be found in Section 4.2.1.

CLA and non-CLA counties at this point in the waiver. Selected child abuse and neglect measures showed no significant differences between the two groups. Similarly, selected placement outcomes did not differentiate between CLA and non-CLA counties, except for the finding of greater increase in the use of relative placements in non-CLA counties than in CLA counties. It will be important to continue to examine the outcomes of CLA counties during the remaining years of the evaluation, as CLA becomes more fully operational and thus able to impact child and family outcomes

CHAPTER 7: CONCLUSIONS AND NEXT STEPS IN THE EVALUATION

The second year of the ProtectOhio evaluation has offered many important insights into the experiences of the demonstration and comparison counties. Evaluation team members have spent significant amounts of time on site in the counties, and in conversation with individual PCSA managers, learning about changes they have made in PCSA operations and clarifying the meaning behind secondary data on fiscal activities and child and family outcomes.

Overall, the second year analysis of process, outcome, and fiscal data highlights three major contrasts between the demonstration counties and the comparison counties:

- ☞ *First*, the demonstration counties are experimenting substantially more than the comparison counties, in restructuring PCSA operations and, specifically, in adopting managed care strategies.
- ☞ *Second*, demonstration counties have begun to contain placement days since the Waiver began, while comparison counties have continued to experience modest growth.
- ☞ *Third*, the Waiver has thus far had little impact on child and family outcomes, although there are indications that the demonstration PCSAs are moving children more quickly out of foster care, and are reunifying a larger proportion of children with custody terminations, than are their comparison counterparts.

Data limitations continue to be a serious issue for the evaluation team. Insufficient reliable data at the state level has forced the evaluation team to turn to the PCSAs themselves for considerable fiscal information, as well as service delivery data which will be used to supplement FACSIS files. We will continue to work closely with ODHS (now ODJFS) and the participating counties, to assure that as complete data as possible are included in the evaluation.

7.1 Major Findings and Implications

Findings from the Fiscal Analysis

The primary fiscal data which has been available for analysis thus far comes from the SS-RMS. The data on direct county expenditures shows that both groups are increasing direct county costs, and neither group appears to be changing the proportion of county budgets spent on foster care case management, non-foster care services, or any other category of expenditures. However, the data also suggests that demonstration counties may be beginning to spend more of their total direct county budget on non-foster care services. Additional years of data will reveal if this is a developing trend.

Of predominant interest in the evaluation is whether a shift is occurring in county expenditures from out-of-home care to in-home services. Since accurate cost data have

not yet been obtained, data on paid placement days is examined as a proxy for actual foster care expenditures. The placement day figures indicate that most demonstration counties experienced growth in placement days immediately prior to the Waiver, while comparison counties as a group experienced no growth in placement days. During the first year of the Waiver, most demonstration counties reversed the pattern, while comparison county placement days grew. During the second year of the Waiver, about half of the demonstration counties continued to experience a decline in placement days, while comparison county growth continued.

Although any Ohio county could adopt innovative strategies to try to control or decrease their number of placement days, the demonstration counties appear to have capitalized on their flexibility under the Waiver to invest in practice reforms that are paying off. The evaluation team will continue to probe for more detailed fiscal information, to begin to understand how Waiver participation affects overall child welfare spending and spending on out-of-home placement relative to other services.

Changes in PCSA Operations

The Process Implementation study examines changes in the structure and operations of the demonstration and comparison PCSAs. The most notable finding is that demonstration counties are making significantly more use of managed care strategies. In all eight areas of managed care – service array, financing, targeting, case management, competition, utilization review, quality assurance, and MIS – on average demonstration counties are experimenting more than are comparison counties. Using a managed care index to summarize each county's level of managed care activity, we see that the group of highest users is composed of eight demonstration counties, while the lowest users include seven comparison counties and one demonstration county.

A critical issue for both demonstration and comparison counties is controlling the type of cases that are opened to PCSA services. PCSAs are using several approaches: modifying the screening process, using different types of risk assessment tools, and creating processes to limit the cases coming from the court. Two findings stand out:

- * While demonstration counties are somewhat more involved in altering screening processes, this does not appear to be directly related to Waiver participation.
- * Comparison counties more often feel unable to control the flow of cases coming from the juvenile court, than do demonstration counties. This is not surprising, since it likely was a contributing factor in their decision not to enter the Waiver.

Findings Concerning Caseload Trends

Using FACSIS data obtained from ODHS, the Participant Outcomes study team extensively analyzed caseload trends in the demonstration and comparison counties, comparing the baseline period of two years prior to Waiver implementation (October 1, 1995 through September 30, 1997) with the first two years of the Waiver (October 1, 1997 through September 30, 1999). Many variables that were examined did not reveal

any significant differences between groups or between time periods. Among those that did show interesting patterns of differences, four findings are notable:

- * The number of reports of child abuse and neglect declined in the demonstration counties during the course of the Waiver, while comparison figures remained steady. This is perhaps a result of changes in screening processes.
- * Demonstration and comparison counties showed substantial variation in the percent of reported children who were targeted as being at risk, during both the baseline and the Waiver periods. This is likely a reflection of differing local definitions of the threshold for risk.
- * Comparison counties tend to have a higher proportion of their custody awards made to relatives. Consistent with this finding, demonstration counties make greater use of non-licensed relative homes than do comparison counties, because their higher use of relative custody has removed those children from placement counts. These data appear to reflect different county practices in use of relatives, and are perhaps also influenced by the Caseload Analysis counties (seven of the demonstration sites) where non-relative placements are encouraged.
- * Demonstration counties had more children entering placement than did comparison counties, in each of the four fiscal years, a reflection of a dynamic that motivated many counties to enter the Waiver. But altering entry patterns takes time, as they are a result of external factors as well as PCSA internal policy and practice decisions.

It is important that the evaluation team continue to monitor these and other caseload dynamics, as they have a major influence on PCSA ability to improve child and family outcomes.

Findings on Participant Outcomes

Using FACSIS data for the baseline and Waiver periods, the Participant Outcomes study team examined selected child and family outcomes in the demonstration and comparison counties. Although a number of the key outcome variables did not show significant change over time nor contrasts between groups, this is not surprising; since many PCSAs are only now beginning to implement managed care strategies and to make structural changes, it is too early to expect established outcome trends to have responded. Among the more interesting contrasts are the following six findings:

- * Since the Waiver began, children in demonstration counties are leaving foster care faster than children in the comparison counties, at the same time as new entries into foster care are increasing for both groups.
- * Among children with custody terminations, a larger proportion of demonstration children have been reunified, compared to comparison children with custody terminations. This increase in reunification in the demonstration group is

reflective of practice differences, but may also be due to inconsistent definitions of “return home”.

- * For both demonstration and comparison PCSAs, the number of children eligible for adoption subsidies increased from the baseline period to the Waiver period.
- * Over time, both demonstration and comparison PCSAs increased the proportion of children they serve in-home, compared to those served in placement. This pattern occurs in the face of overall growth in caseloads.
- * Over time, neither the demonstration counties nor the comparison counties experienced improvement in moving children to less restrictive placement settings, although both groups did show a decrease in the proportion of total placement days that were used in group homes and CRCs.
- * Child abuse and neglect recidivism rates are steady over time, and are comparable among demonstration and comparison counties. Since we employ a new measure for recidivism, which relies on the PCSA’s application of the state-mandated Risk Assessment methodology, it will be important to refine the statistic and carefully examine future changes in child safety.

We will continue to study these and other outcome factors, as they begin to play out in the latter years of the Waiver.

Findings on System Outcomes

The evaluation study team addressed nine priority systemic outcomes, related to service array, utilization review, and Caseload Analysis.

- * In the area of service array, the demonstration PCSAs stand apart from the comparison counties in several ways. They more often create new services; their workers have greater access to more generous pots of flexible funds; and, due to their involvement in the Waiver, they make use of IV-E dollars to supplement other flexible funding resources. In these ways, the service array available to families and children in demonstration counties has the potential to surpass that of comparison counties.
- * Demonstration counties are substantially more active in utilization review and quality assurance, showing more use of placement review processes, more involvement in automated data systems, and greater efforts to measure outcomes and use them to improve the service delivery systems.
- * In examining selected child abuse and neglect measures in the CLA demonstration counties versus the non-CLA demonstration counties, we find few differences. This is not surprising since CLA has been fully implemented in only two of the seven counties. Similarly, selected placement outcomes did not differentiate between CLA and non-CLA counties, except for a greater increase over time in the use of relative placements in non-CLA counties compared to CLA counties.

In future years of the evaluation, through focus groups and interviews with workers, the site visit team will continue to explore how service availability, sufficiency, and access changes over time. It will also be important for us to continue to examine the outcomes of CLA counties during the remaining years of the evaluation, as CLA becomes more fully operational and thus able to impact child and family outcomes.

7.2 Next Steps in the Evaluation

In the third year of the ProtectOhio evaluation, the staff of HSRI, Westat, Chapin Hall, and MCG will continue to explore how Ohio’s Title IV-E Waiver is being implemented in the 14 demonstration counties, analyzing how system reform efforts are impacting outcomes and expenditures for families and children. In Year 2 of the evaluation, the study team was able to develop a list of outcome measures (see Chapter 1, Section 4) hypothesized to be most directly related to the Waiver. For this report, the team examined only a prioritized list of these outcome measures. Many of the other outcome measure still need to be explored (see Table 7.1), in addition to a need for further examination of the outcomes explored this year. In the remaining years of the evaluation, the study team will use this outcomes framework as a basis for analyzing county activities. The following section describes the specific activities which will take place in Year 3 of the evaluation.

Table 7.1: Complete List of Outcome Domains *Outcome Measures Considered a High Priority		Number of Waiver Counties
Permanency		
▪ Increase permanency of children in foster care (ACF)		12
▪ Reduction in duration of open cases in child welfare system (placement or in-home services) (reduce time in foster care to reunification without increasing re-entry (ACF), reduce time in foster care to adoption (ACF)		11
▪ Increase in foster or adoptive parents recruited (ratio of homes to children)		8
▪ Increase in subsidized adoptions		1
▪ Reduction in disrupted adoptions		1
▪ Decreased time from removal to permanency (reduce time in foster care to reunification without increasing re-entry (ACF) reduce time in foster care to adoption (ACF))		11
Child and Family Well-Being		
▪ Improved family functioning		2
▪ Increased family satisfaction		2
Placement Stability		
▪ Reduction in number of times a child changes placements		11
▪ Increased use of less restrictive placements (moving children to lower level of care)		10
▪ Decreased number in group homes (e.g. reduce placement of young children in group homes or institutions (ACF))		5
▪ Decreased number placed out of state		3
Relative/Kinship Care, Assisted Guardianship		
▪ Change in percentage of placements with relatives		7
▪ Change in way relative placements are used (e.g. non-custody, custody, paid/unpaid)		1
▪ Change in use of guardianships (including disruption rates)		3
LTFC-PPLA (Planned Permanent Living Arrangement)		
▪ Decrease in long-term foster care/planned permanent living arrangements		6
Child Safety		
▪ Reduce recurrence of child abuse and/or neglect		9
▪ Reduce incidence of CAN in foster care		3
▪ Increase in families who remain safely together within 6 and 12 months of case closure (CLA)		6
▪ Increase in families where risk is adequately reduced to safely return children home and custody to family within 14 days to 30 days of initial removal (CLA)		4
Front Door Diversion Efforts		
▪ Change in number of phone calls/referrals that become investigations and/or open cases		5

Table 7.1: Complete List of Outcome Domains *Outcome Measures Considered a High Priority		Number of Waiver Counties
Court Involvement with PCSA Cases		
▪ Increase/decrease in cases entering PCSA through court		4
▪ Dumping: Increase/decrease in cases passed to PCSA from court		3
▪ Increase/decrease in use of voluntary services, voluntary placements, and/or protective supervision		2
▪ Recidivism of cases receiving voluntary services		0
Internal Case Management (H: case transition affects family satisfaction)		
▪ Increased innovation in how case management units are structured/type of workers assigned		6
▪ Increase in family decision-making involvement in case management, as well as in system policy and planning structures (CLA)		9
▪ Decrease in number of case workers assigned to a case		3
▪ Use of team conferencing (increase in cases with cross-system decision-making regarding non-emergency out-of-home placement and TPRs) (CLA)		8
Managed Care: CLA (selected counties)		
▪ Greater implementation of CLA model		7
▪ Increase in families who remain together with monitoring of extended family (no custody) within 14 days and 30 days of contact		6
▪ Increase in families where extended family assure placement (no custody) while parents' needs are being met within 45, 60, 75 and 90 days		5
▪ Increase number of families using cross-system decision-making regarding placement or TPR		4
Interagency Collaboration		
▪ Increase in FCF pooled/shared funding		6
▪ Increase in quality of PCSA interactions with other county services		7
▪ Improved relationship between PCSA and court		6
▪ Improved relationship between PCSA and mental health organizations		7
Community Well-Being		
▪ Increase PCSA's impact on community		5
▪ Improve community wide child well-being		4
Managed Care: External Case Management (Altering the way cases flow, community diversion, co-location)		
▪ Increased delegation of case management responsibility to external parties		3
▪ Increased innovation in how cases are managed (transfers, shared roles)		2
▪ Changes in how case management is funded		2
Managed Care: Service Array		
▪ Improved availability and quality of services		9
▪ Changes in mix of services provided by PCSA versus by contract		4
▪ Development of new services, especially prevention and early intervention services		10
▪ Increased service capacity relative to need		9
▪ Timely access to services		9
▪ Improve geographic and cultural service availability		2
▪ Change in number and variety of providers		5
▪ Increase family choice		3
▪ Shifting service focus to prevention		2
Managed Care: Targeting a Particular Population/Eligibility (e.g. hi-end Managed Care contracts)		
▪ Increased use of targeted contracts, program initiatives		6
▪ Reduce over-representation of age/cultural subgroups in cases, placements		2
Managed Care: Provider Competition/Network Configuration		
▪ Changes in provider array/network configuration		4
▪ Changes in competitiveness		2
Managed Care: Financing Methods: Capitation and Risk		
▪ Increased use of alternative financing arrangements		4
Managed Care: Capacity to Manage Cases in PCSA System: Utilization Review and Quality Assurance		
▪ Increased activity related to controlling/rationalizing the use of out-of-home care		9
▪ Increase use of data to make program/administrative decisions about service use		6
▪ Increased development of county-specific data systems/reports		7
▪ Increased QA attention to quality enhancement (not just quality control)		6
▪ Increased visibility of QA		5
▪ Increase attention to outcomes		11
Managed Care: Overall		
▪ Overall degree to which moving toward Managed Care		2
Revenues		
▪ Increased diversity of funding sources		7
▪ Changes in federal, state and local share of expenditures		5
▪ Change in Medicaid, mental health, and court IV-E claims		2

Table 7.1: Complete List of Outcome Domains *Outcome Measures Considered a High Priority		Number of Waiver Counties
▪ Increased variation in use of IV-E funds (What is being bought with waiver dollars?)		8
Expenditures		
▪ Shift in expenditures from out-of-home care to family support services (in-home services)		14
▪ Change in claims to Title IV-E administration, training, and eligibility		4
▪ Change in percentage spending on contracts with providers, versus internal services		4
▪ Change in overall level of child welfare expenditures		3
▪ Change in per child expenditures on out-of-home placements		5
Cost Effectiveness		
▪ For a given level of expenditure, better outcomes achieved?		10
▪ For a given level of expenditure, more client satisfaction?		2

7.2.1 Process Implementation Study

In the third year of the evaluation, the process implementation study will continue to collect information from the 28 evaluation counties, building on information collected in the first two rounds of site visits. The team will also use several methods to share evaluation findings with those interested at the local, state, and national level. Specifically, efforts include:

Implementation Report: In August 2000, the evaluation team submitted the Interim Implementation report to ODJFS. This report describes efforts being made by demonstration and comparison counties to change their systems, based on findings from the first two process implementation site visits. It addresses both short-term and long-term implementation issues. Building on information from this annual report, the Interim Implementation report provides both quantitative and qualitative findings about demonstration and comparison counties.

Community Impact Study: The next year of the evaluation will focus on expanding efforts on the Community Impact Study. In Year 2, the team developed an SPSS database of county-level statistics that may affect, or be affected by, the IV-E Waiver in Ohio. This year, additional data will be compiled into this database. The team will also conduct telephone interviews with county and state staff to gain a better understanding of how the Waiver is affecting other entities in the community. Initial findings from this study have been reported in the Interim Implementation Study.

County debriefings: Given the interest in the “county debriefings” offered to all evaluation counties this year during the site visits (see Chapter 1, Section 2.2), the Process Study team will conduct a similar forum to share evaluation findings from Year 2. These debriefings will provide the team with an opportunity to share evaluation findings and receive feedback from county staff; it will also enable PCSA staff of various levels to hear about Waiver efforts in other counties. HSRI staff will conduct four regional debriefings for the demonstration counties, scattered around the state to make these meetings convenient for PCSA staff to attend. A single debriefing will also be offered to comparison counties.

Telephone interviews: In Year 3, the Process Study team will conduct a series of telephone interviews to collect information about changes in the county since the last site visit. These interviews will be conducted with the administrator of the PCSA. Additional interviews may be conducted with other county staff, depending on the size and structure of each particular county. The information collected from these interviews will be used in the Third Annual Evaluation Report, due in June 2001.

Presenting evaluation findings: In addition to sharing the evaluation findings with county and state staff at the regional debriefings, the team will also be involved in presenting findings to a wider audience. There are plans to present evaluation findings on ProtectOhio at the Child Welfare League of America conference in New Orleans in the fall of 2000, at the National IV-E Waiver meeting in Washington, D.C. in February 2001, as well as responding to other invitations to share Ohio's experiences with interested audiences, at other national forums.

7.2.2 Participant Outcomes Study

The next year will include expanded analyses of FACSIS data, development of new FACSIS outcome measures using local micro-FACSIS data, and refinement of data collection plans.

Expanded Analyses of FACSIS Data. An update of FACSIS information will be requested from ODHS in February, 2001. This will expand the data to a full 3 years of the Waiver. Children new to the system in the first 2 years will have completed much of their case and foster care episodes, allowing use of survival analysis techniques to compare the effects over time of the Waiver on each group and county.

Development of New FACSIS Outcome Measures. We will work with 28 counties to obtain local data on the original reason for case registration (case category in FACSIS). We will review the data for variation in definitions among counties and completeness of the data. In addition, we will collect local data on race/ethnicity of children, including historical data on children served during the baseline period. With both case category and better race/ethnicity data, new analysis will be considered, including better understanding of court referral and further understanding of overrepresentation of minority populations in the child welfare system.

Refinement of Additional Data Collection Plan. The evaluation team has had preliminary discussions with ODHS leadership about changing the primary data collection plan for activities scheduled in 2001-2002. ProtectOhio, including the managed care and other flexible funding methods being used by counties, raises new questions about the "black box" of services offered and provided by the child welfare system to children and families. We are proposing to explore this area with a paper and pencil survey with caseworkers in selected counties. Next steps are to discuss possible options with ODHS staff and the ProtectOhio Consortium. A draft plan will be developed and presented to ODHS by early 2001.

7.2.3 Fiscal Outcomes Study

During the remaining years of the evaluation, the Fiscal Outcomes team will continue to pursue two data collection strategies to address the fiscal questions posed by the ProtectOhio demonstration. First, recognizing the dearth of child-specific expenditure data, the team will continue to assemble a reliable set of aggregate expenditure data for as many counties as evaluation resources allow. Second, to answer questions about fiscal impacts at the child and family level, the team will continue to conduct child-specific expenditure case studies for two demonstration counties, Clark and Portage.

Analysis of Aggregate Child Welfare Expenditures. The goal of the aggregate expenditure case studies is to develop, in at least three demonstration and at least one comparison county, records of child welfare expenditures from county fiscal year 1996 through the end of the evaluation, in categories that are relevant to the ProtectOhio evaluation, with accompanying explanations of increases and decreases in expenditures. These categories are, at a minimum:

- direct county expenditures, which can be broken into categories of foster care, non-foster care and training by the SS-RMS
- non-direct/contract foster care expenditures
- non-direct/contract family support expenditures
- non-direct/contract adoption expenditures
- non-direct/contract training expenditures

Given the difficulties encountered so far with fiscal data collection, it is important to emphasize that at this point that it is not clear how well this data collection plan can in fact be carried out in any particular county. Thus far, a majority of counties have been unable to provide us with accurate expenditure reports. We do know that even in counties with claims level detail (Clark and Portage), the data cannot be easily used to produce accurate reports without a great deal of manipulation. The Fiscal Study team will work with the participating counties one by one, to translate the county's data into the study categories and to establish an individualized data collection process for the remainder of the evaluation. This will initially involve clarifying the extent to which the needed data can be obtained and with what degree of effort. It may be necessary to exclude a particular county from the aggregate analysis if it becomes clear that the requisite data cannot be reliably obtained for the specified time period.

Case Studies of Child-Specific Expenditures. Two case studies of child-specific expenditure patterns are being conducted to detect the fiscal consequences of ProtectOhio at the child and family level. During the third year of the evaluation, the Fiscal study team will continue to work with these two counties to develop an accurate database of child-specific expenditures. The team will also work to link these databases to FACSIS in order to include demographic and child abuse and neglect data in the analysis of expenditures.