CHAPTER 2: PROCESS IMPLEMENTATION FINDINGS

During the third year of the ProtectOhio Evaluation, the study team continued to explore the implementation of the Title IV-E Waiver in the 14 ProtectOhio counties, as well as system reform efforts taking place in the 14 comparison counties. While the first year of the study explored a broad array of topics, in Year 2 and Year 3, the evaluation team narrowed the focus to explore the internal operations of the PCSA, and how it is affected by larger changes in the state children and family services arena. This chapter presents the findings from topics that were explored in Year 3 telephone interviews: PCSA's use of managed care strategies, the impact of various external influences on PCSA caseloads, and the overall impact of the Waiver from the perspective of PCSA administrators, and with respect to county social indicators.

2.1 SUMMARY OF FINDINGS

This section provides bulleted highlights of the findings discussed in Chapter 2:

Section 2.2 explores the various components of the managed care index and the overall use of managed care by demonstration and comparison counties.

> ➢ Both demonstration and comparison counties have made improvements in their service availability, reflected in new home-based, assessment, and support services. However, they continue to be aware of insufficiency in key areas, especially placement services and mental health services. Overall, no striking differences emerge between demonstration and comparison counties.

> ➢ Both demonstration and comparison PCSAs are tapping into flexible funding sources for staffing, prevention services, permanency initiatives, discretionary spending pot, etc. However, they still make only limited use of capitated contracts, especially the comparison counties.

> ➢ Demonstration counties have more developed utilization review processes, although comparison sites are increasingly active.

> ➢ Quality assurance is primary area of growth, with demonstration counties more focused on establishing designated staff to focus on quality assurance efforts and using outcomes to make management decisions.

Regarding the overall use of managed care strategies, demonstration counties remain more involved than comparison counties, but the gap between demonstration and comparison counties has narrowed, especially in the areas of service array and quality assurance. It is interesting to note that some counties (three demonstration and seven comparison counties) significantly increased their involvement in managed care activities since Year 2, largely in the areas of service array, competition, Utilization Review, and Quality Assurance.

Section 2.3 explores factors besides ProtectOhio that might be expected to impact the number of children in custody or the speed with which these children achieve permanency. The study team has found that HB484 and OWF have had only minimal impact so far; however, demonstration counties have been somewhat more responsive in developing proactive measures in anticipation of the new legislation and OWF sanctions, perhaps because these counties were already attentive to

Length of Stay. The relationship with juvenile courts is still a problem in some counties, with little changes evident in the past year.

Sections 2.4 and 2.5 explore how counties and communities have been affected by the Waiver and the other changes that are occurring in the state of Ohio. Findings reveal only modest impact thus far: there is evidence of improved interagency collaboration and community relations, but there has been no impact on social indicators in the broader communities.

2.2 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. For some demonstration counties, the opportunity to use managed care techniques was a principal reason that they entered the Waiver. 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, characterized by varying service arrays, financing approaches, efforts to target services, case management arrangements, provider network configurations, methods of utilization review and information management, and quality assurance techniques;

- Over time, use of these differing managed care models will lead to families receiving more varied services;

- Receipt of more appropriate and more comprehensive services will lead children and families to better outcomes;

- And, if the managed care efforts are family-oriented, families will be more satisfied with their experiences in the child welfare system and with their lives overall.

Because the focus of the Ohio Title IV-E Waiver is to encourage child welfare agencies to adopt various managed care efforts, the evaluation team has spent a significant amount of time developing a set of managed care strategies that can be used by child welfare agencies, and then exploring the extent to which the 28 evaluation counties are using these strategies. To adapt the term 'managed care' to the child welfare setting, the team broadly defined the use of managed care as a rational decision-making process to balance the competing forces of cost control, access, and quality. The study team then developed a list of eight commonly used managed care strategies that promote the balance of these competing forces. The eight primary areas of exploration include:
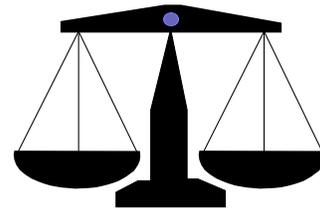
MC Strategies
➢ Service Array/Care Criteria
➢ Financing Methods/ Capitation and Risk
➢ Targeting a Particular Population/Eligibility
➢ Case Management/Care Coordination
➢ Provider Competition
➢ Utilization Review
➢ Data Management
➢ Quality Assurance

- *Service Array/Care Criteria:* In traditional managed care, care criteria refers to the standards used to determine what services can be provided, or a list of allowable services. In child welfare, the pertinent concern is making available a comprehensive array of services, to increase a PCSA's ability to appropriately serve its clientele.

- *Financing Methods/Capitation and Risk:* Capitation is a process whereby a fixed amount of money is paid in advance to cover the costs of services needed by eligible individuals or families. Associated with such a flat payment is a risk: in receiving a limited amount of money, the provider promises to provide all needed services regardless of whether the cost of those services exceeds the payment. 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.

- *Targeting a Particular Population/Eligibility:* Traditional managed care clearly defines the eligible population, and then perhaps sets more limits on access to particular services. By contrast, in child welfare, screening guidelines may change over time, as community needs shift and child welfare becomes more or less targeted to prevention. As child welfare's role redefines itself, it may become necessary to target special service initiatives to parts of the population who have particularly serious needs, or who have been overlooked in the past.

- *Case Management/Care Coordination:* Under conventional managed care, case management is a system in which a single professional ensures that a child or family obtains the mix and quality of services that they need. In child welfare, this role is most often played by a caseworker. Key to success in case management is clarification of responsibilities and assuring consistency in case management over time.

- *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.

- *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. Child welfare is beginning to more carefully scrutinize use of out-of-home placements, and starting to think about the need for placing some systematic parameters around use of other types of service.

- *Data Management:* The foundation for much managed care activity, especially utilization review, is a comprehensive management information system, containing sufficient historical data, having a strong tracking capability, and offering linkages between administrative and fiscal data sets. Child welfare agencies are beginning to pay attention to this 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 but also to fostering performance improvements over time. In child welfare, quality assurance activities are slowly overcoming their exclusive process-orientation, and beginning to focus on child and family outcomes.

The evaluation team has spend a significant amount of time exploring these eight managed care strategies with staff in the 28 evaluation counties. Throughout the course 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. The team also has met with groups of workers and supervisors, to learn about their perspective on the changes being introduced. In the third year of the evaluation, the study team gathered information through telephone interviews with only the administrative staff of each PCSA. Changes observed since Year 2 should be understood to reflect this more limited perspective.

The next section of this chapter explores how demonstration and comparison counties are using each of the managed care strategies, with a focus on what has been learned during Year 3 interviews. It should be noted that two of the managed care strategies, targeting and case management, are not discussed below because the evaluation team did not gather any new information in these areas in Year 3. Following the discussion of the individual strategies, analysis is presented using the managed care index, an indication of overall use of managed care strategies.

2.2.1 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 Year 2 and Year 3 of the evaluation, the evaluation team 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.

Summary: Overall, the both demonstration and comparison counties are improving the availability of services in their counties. In terms of sufficiency of services, little distinguishes the two groups from one another. It is not surprising that, in general, PCSAs indicate that they lack sufficient placement services, while most non-placement services are seen as adequately available. Further, whereas in Year 2 of the evaluation, the team found that more demonstration counties were creating new services than comparison counties, this year the pattern reversed, with the comparison counties surpassing the demonstration sites in developing new services. In both years of the evaluation, new services tend to be prevention services.

Sufficiency of Services

Having a wide spectrum of services available and accessible at an affordable price is critical to any child welfare system and particularly to any system attempting to implement elements of a managed care approach. The underlying theory of the IV-E Waiver, that given more flexible funds PCSAs will reduce their use of out of home placement and increase the speed at which

permanency is achieved, also presumes the existence and availability of prevention services and service alternatives to placement. In Year 2 of the evaluation, to assess the sufficiency of the service spectrum in both demonstration and comparison counties, the study team asked numerous county representatives (including workers, supervisors and administrators) which types of services (from a set list) were most sufficient and which were most insufficient. In Year 3, the study team sought even more detailed information about the sufficiency of the service array, asking the PCSA administrator whether each of 27 specific services was sufficient. Exhibit 2.1 lists the services. The responses generally reflect the perspective of only a single key administrator in each county, so the assessment of sufficiency or insufficiency may not necessarily reflect the views of other staff from that county.[1]

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[1] In a few of the counties, the PCSA administrator consulted with other staff prior to responding to the service sufficiency questions.

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Exhibit 2.1 Spectrum of Services Available in County

Placement Services
- Foster Family Care (PCSA)
- Foster Family Care (network)
- Therapeutic/Specialized Foster Care (PCSA)
- Therapeutic/Specialized Foster Care (network)
- Adoptive Homes
- Group Care
- Residential Treatment

Mental Health Services
- Child Mental Health In-patient
  - Child Mental Health Out-patient
  - Psychologist Services
- Counseling
- Adult Mental Health In-patient
- Adult Mental Health Out-patient

Substance Abuse Services
- Adolescent Substance Abuse In-patient
- Adolescent Substance Abuse Out-patient
- Adult Substance Abuse In-patient
- Adult Substance Abuse Out-patient

Other Non-Placement Services to Children and Birth Families
- Short-term intensive intervention with family
- Teaching parenting skills, family dynamics, child developmental stages
- Mentoring and/or providing home management and parenting (e.g. Homemaker/ parent aid)
- Counseling and support to family and child
- Providing information services, advice to families and facilitating family networking (e.g. family resource center)
- Non-curricular services and supports offered at school locations for students and their families (e.g. school-based)

Other Services
- Teaching teens daily living skills, financial management, college prep, etc (e.g. Independent Living)
- Assessment and intervention for children aged 0-3 (e.g. early intervention)
- Non-traditional educational options for children with special needs (e.g. alternative education)
- Services by court, law enforcement, etc. to meet needs of adolescents to prevent placement (e.g. adolescent diversion)
- Transportation

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The interviewees were instructed to judge a service sufficient if it was of adequate quality and generally available to workers when and where needed for a client. Thus, a service could be judged insufficient because it was not available (whether because of waiting lists or because of expense), it was considered to be of poor quality, or (as in many cases) it is only available out-of-county or at otherwise inconvenient locations. An assessment of "insufficient" was not necessarily a sign that a county was unhappy with a particular service; in some cases, to the contrary, county administrators might deem a service insufficient if it was seen as so beneficial that more families should receive it than current capacity allowed.

Figure 2.1 shows the general groupings of services (e.g., placement services, mental health services) and the percentage of all counties, both demonstration and comparison, judging a majority of the services within the grouping as being sufficient. Demonstration counties and their comparison counterparts responded nearly identically. Placement services were least often ranked as sufficient, with only about a quarter of the counties (four demonstration and four comparison) reporting that a majority of their placement services were sufficient. This is not surprising, given that the PCSAs need high quality and convenient placement options to be available, even if the agency is working to reduce its reliance on placement. Substance abuse (SA) services and non-placement services were most consistently rated as sufficient, with two-thirds or more of the counties judging a majority of the services in each category as being sufficient. For mental health (MH) services and the remaining category of "other" services, approximately half the counties said most of the specific services in the category are sufficiently available.

Figure 2.1: Percentage of Counties Judging Majority of Services Within A Service Group Sufficient (n=28)
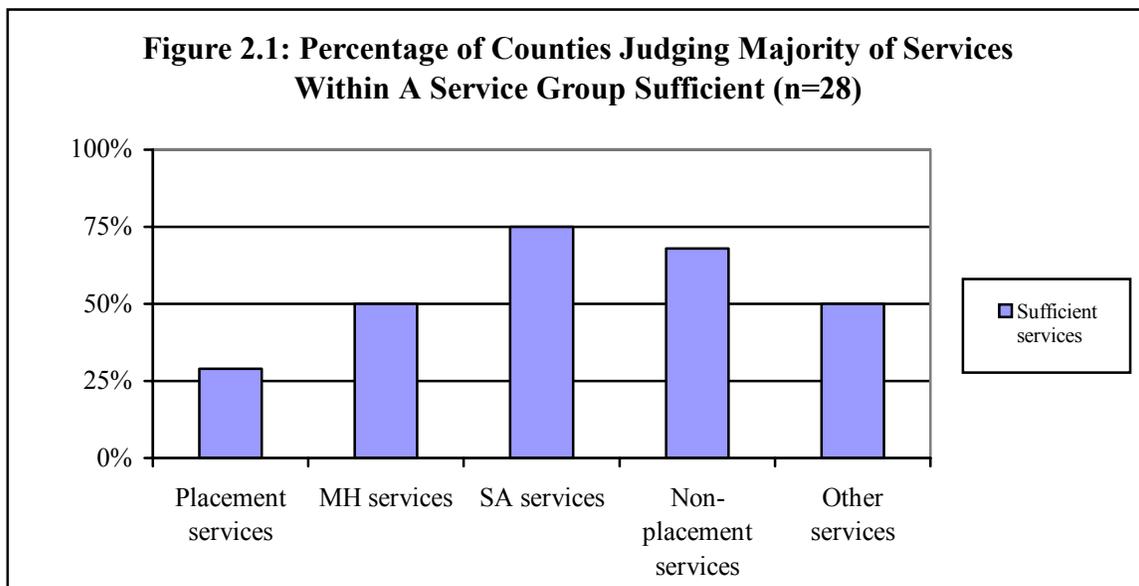
Figure 2.2 contrasts the experience of demonstration counties and comparison counties on the issue of service sufficiency as a whole. As noted above regarding the separate service categories, little differentiation is evident between the demonstration and comparison county groups, with comparison counties indicating slightly more sufficiency of services. Few counties feel their service array is largely sufficient – only one comparison county reported that they have 22 or more services that are sufficient. At the other extreme, ten demonstration and eight comparison counties judge 14 or fewer of the services to be sufficient. This composite view, however, masks some more notable contrasts between the county groups regarding specific services. The following sections discuss takes a closer look at the data by discrete service.

Figure 2.2: Total Number of Services Judged to be Sufficient
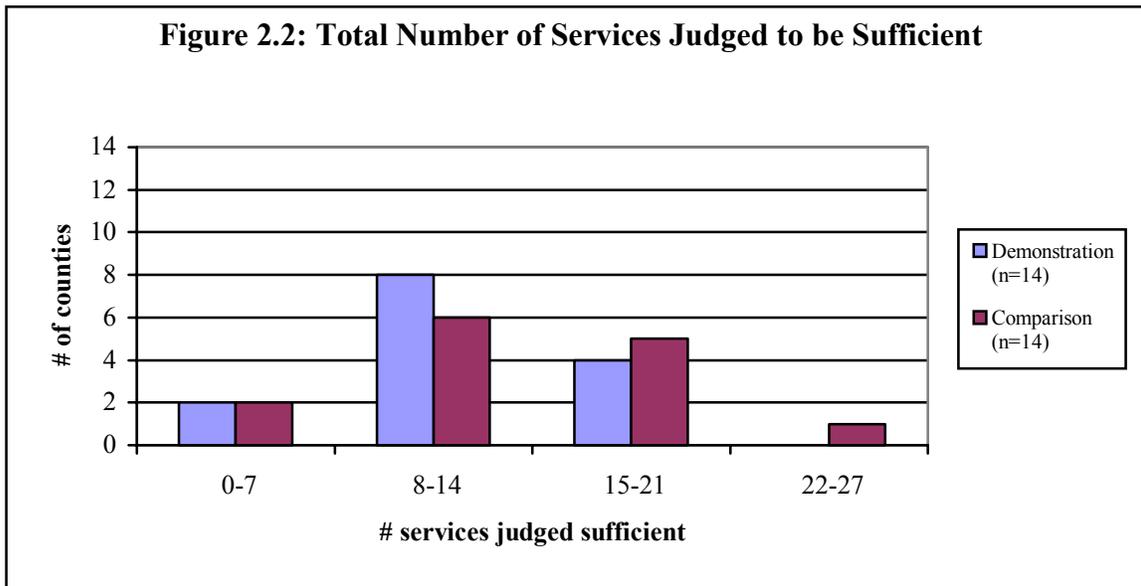
Placement Services: As Figure 2.1 indicates, placement services as a group show the least sufficiency of any of the service categories. On average, respondents overall judged five of the seven services listed under Placement Services to be insufficient in their county. This is not surprising, given that PCSAs rely heavily on out-of-home placement for children in their custody, and are perhaps most sensitive to its proximity and quality. Very little difference is evident between demonstration and comparison counties.

Among the seven placement services, availability of agency-based family foster care and therapeutic foster care were of greatest concern to the counties (Figure 2.3). Over three-fourths of each county group (eleven demonstration counties and twelve comparison counties) found agency foster family care insufficient. This data reflects not only some concern about the quality of care of current homes but also a strong desire to have more family foster care to substitute for other types of temporary placement services. In particular, PCSAs want to use their own family foster homes to replace network homes as well as develop therapeutic foster care to substitute for higher levels of out-of-home placement such as group and residential care wherever possible. Every county in the study either has already embarked on efforts to increase the availability of family foster homes or is planning to, and 10 demonstration counties and 13 comparison counties are planning to expand the PCSA's homes rather than network homes.

Figure 2.3: Insufficiency of Placement Services
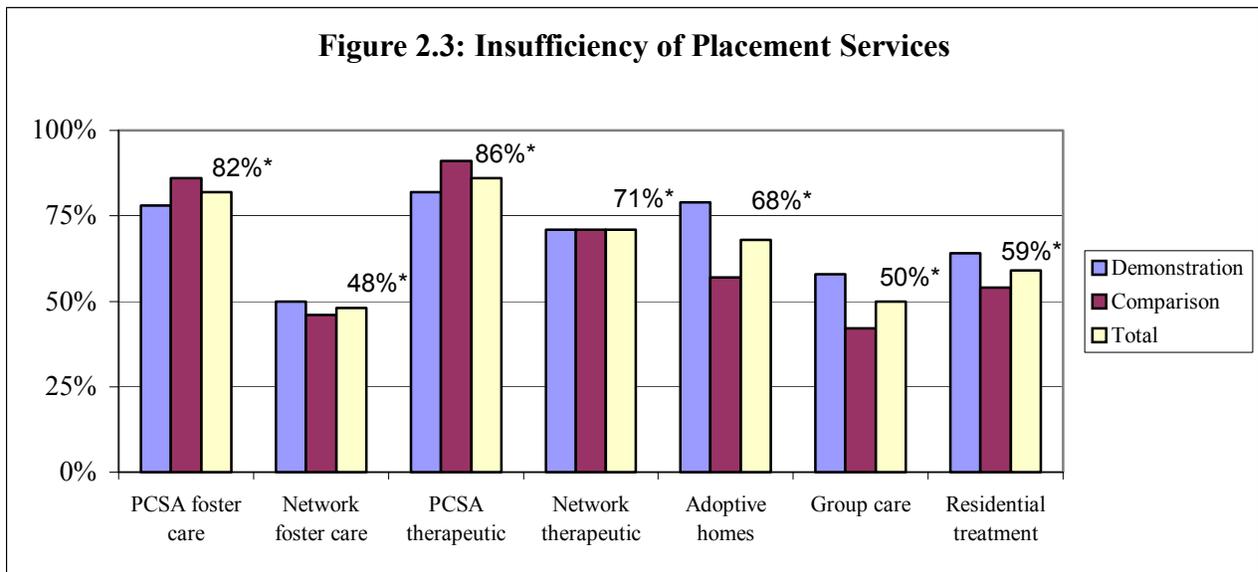
*Percentages reflect percent insufficiencies for demonstration and comparison counties combined

Another sign of the counties' commitment to build their foster care capacity is the use of flexible monies for a variety of foster care-related efforts. In the past year, seven demonstration counties used their Waiver funds and seven comparison counties used other sources of flexible funds, such as levy dollars, to increase foster care per diems, hire foster care workers, recruiters, and licensing staff, and in general to increase their ability to develop and support agency foster homes (see Section 2.2.2 Financing). Interestingly, four of the seven comparison counties in this group focused only on increasing the per diems, a relatively modest approach to increasing foster home availability, while four of the five demonstration counties hired foster care staff to recruit families and to implement a number of new foster care initiatives. Although both sets of counties are equally dissatisfied with the availability of foster care, demonstration counties appear to be taking a more aggressive tack towards solving the insufficiency.

The perceived insufficiency of family foster care, both agency and network, also reflects many counties' concerns that family foster care cannot always accommodate the special needs of many of the children coming into the system, particularly adolescents with behavior issues. That is, a county may have judged its family foster care system insufficient not because homes did not exist,

but, rather, because the available homes were not skilled to handle the particular children needing foster care. This is borne out by the fact that 86% (19/22) of all the counties also judged PCSA therapeutic foster care homes to be insufficient, and three-quarters found the same insufficiencies in network therapeutic foster care (with virtually no differentiation between demonstration and comparison counties).

Fifty percent (6/12) of demonstration counties and 46% (6/13) of comparison counties (48% (12/25) overall) expressly noted their dissatisfaction with the sufficiency of network foster care, and a majority of all counties (64%, or 9/14), demonstration and comparison alike, have already changed or plan to change the balance of foster family care in favor of agency foster care. Most often, interviewees cited the out-of-county location of many network homes and the county's consequent inability to monitor the quality of the homes as the primary reasons for the PCSAs' unhappiness with the networks.

Particularly discomforting to the counties is their experience with network therapeutic care; many respondents complained that the "therapeutic" component was not of high enough quality to merit the significantly higher rate that is paid above the rate for family care. Not surprisingly, 12 counties (six demonstration counties and eight comparison counties) have instituted or are intending to institute efforts to recruit more agency therapeutic homes to reduce reliance on network therapeutic homes. In addition, several counties, including both demonstration and comparison sites, have adopted a strategy that eliminates therapeutic homes altogether: Lorain County and Mahoning County have developed programs of support services for family foster care providers, to enable them to serve children with more serious behavioral and emotional issues, rather than creating a separate cadre of "therapeutic" homes.

This trend toward increased reliance on family foster care is reflected in the distribution of children in care by type of out-of-home placement (Table 2.1). FACSIS data for FFY 2000 compared to FFY 1999 indicates that half of the evaluation counties (eight demonstration and six comparison) increased the total number of children in care at the end of the fiscal year; among those, eight saw all of that growth occur in family foster care settings, and another three counties increased use of family foster care at the same time as they decreased the overall number of children in care. All these data suggest that both demonstration and comparison counties are becoming more focused on the least restrictive level of care, leading them to feel more sharply its insufficiency.

Table 2.1: Changes in Number of Children in Care[2]			
Number of counties with:	**Demonstration Counties**	**Comparison Counties**	**Total**
Increase in number of children in care, FFY1999 to FY2000	8	6	14
Increase in number of children in foster homes, FFY1999 to FY2000, equal to or exceeding increase in number of children in care overall	4	4	8
Increase in number of children in foster homes from FFY1999 to FY2000, where total number in care decreased	2	1	3

Despite the obvious pressure on all the counties to develop appropriate placements for difficult-to-place children, the demonstration and comparison counties alike demonstrate ambivalence when discussing the sufficiency of group care and residential treatment. Many counties stated they prefer not to use these more restrictive placements at all and only do so as a last resort, not only because of cost but also because of philosophy. Reflecting some reluctance to deem group and residential care insufficient even though it might be unavailable in the county and very expensive, only half the counties – 58% of demonstration sites and 42% of comparison sites -- found group care to be insufficient. Somewhat more counties found residential treatment to be insufficient (64% of demonstration sites and 54% of comparison sites), mirroring the reality that counties cannot avoid having to find placements for older children with emotional disturbances and specific disorders, and are having trouble doing so.

Bucking the general trend of perceived placement services insufficiency, Muskingum, a demonstration county, and Hancock, a comparison county, rated only one placement service insufficient, and Medina, a demonstration county, rated all placement services sufficient. This may be accounted for in part by these counties' control over their placement rates -- Medina reduced its total placement days last year by 16%, and Muskingum has witnessed a reduction of 30% since the Waiver began.[3]

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[2] Numbers of children in placement by county can be found in Appendix l, Table 1-5. Breakdown by type of placement is not shown.
[3] Table 5.4 (Chapter 5): Paid Placement Days as Recorded in FACSIS Demonstration and Comparison Counties

Difficulties in recruiting and maintaining foster homes of any type are an age-old problem in child welfare. It may be particularly acute in Ohio where ASFA, HB484 and the Waiver have increased the speed at which children are adopted, since many foster homes become adoptive homes and are therefore lost to the foster care system. As a result, both comparison and demonstration counties are directing some of their new staffing resources (from flexible funds) to foster care enhancement, and almost all are implementing a foster care recruitment plan already. The study team will monitor the success of these efforts in future years, as well as the effect of the move away from network care.

Mental Health Services: The biggest perceived insufficiency in mental health services (Figure 2.4) is a lack of child mental health inpatient services. A strong correlation seems to exist between reports of insufficient children's in-patient services and insufficiencies in residential treatment[4], suggesting that residential treatment may sometimes be a substitute for child placement in a mental health facility, and vice versa. One of the big issues raised by the rural counties was the location of inpatient treatment for children – even if psychiatric hospital placements can be found, they are often far away from the child's home and difficult for the worker and the family to access. In general, the counties mentioned lack of access and excessive waiting lists, rather than quality, as their reason for deeming a mental health service insufficient.

The Year 2 evaluation data suggested that demonstration counties were slightly unhappier with the sufficiency of their mental health services overall than were comparison counties. In Year 3, that

Figure 2.4: Insufficiency of Mental Health Services
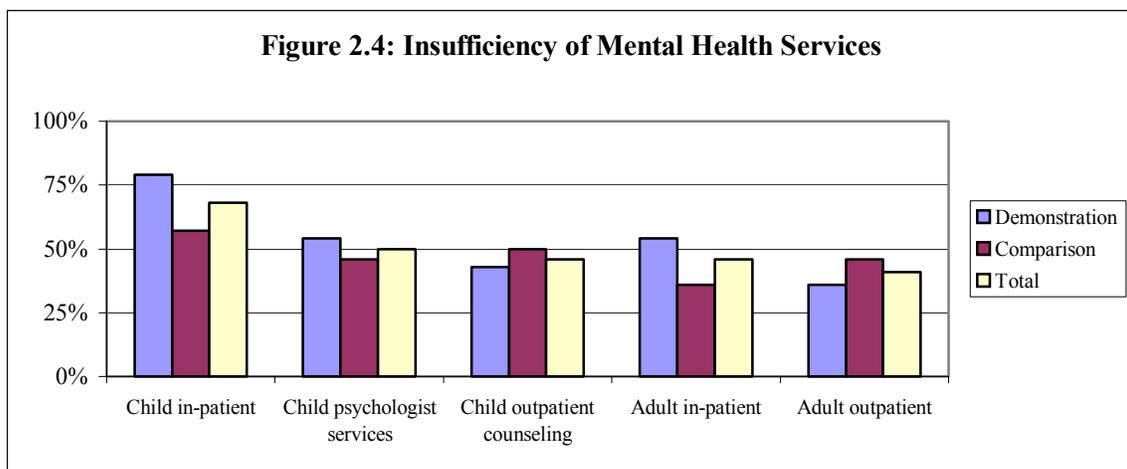
remains true for inpatient services for both children and adults, but fewer demonstration counties than comparison counties deemed outpatient services for children and adults insufficient (43% of demonstration sites versus 50% of comparison sites judged child outpatient counseling as insufficient). This change in demonstration counties may reflect the attention which some demonstration counties have given to child mental health services in the past year -- Belmont, Lorain and Medina, three demonstration counties who judge outpatient mental health services to be sufficient this year, all reported having new mental health services, ranging from in-home

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[4] Of the 9 demonstration counties that rated residential treatment insufficient, nearly all also rated inpatient mental health services for children insufficient. The reverse is true; counties rating inpatient mental health insufficient also found residential treatment to be insufficient. This trend was also found among comparison counties.

therapeutic services, wraparound services for families with mental health issues, and in-home respite, to creating an in-house mental health assessment unit.

Substance Abuse Services: In contrast to mental health services, more demonstration counties than comparison counties found substance abuse outpatient services for adults and children to be insufficient (Figure 2.5). Again, the issue is need more than quality -- the needed services are often only available out-of-county and are expensive. Even among those counties who deemed the service sufficient now, some noted that the county could afford to pay for them at the current time but might not be able to in the future. To the extent that outpatient substance abuse treatment for either adults or children may reduce the need for out of home placement, the dissatisfaction of the majority of demonstration counties with the sufficiency of these services may be another example of these counties pressing for quicker, up front preventive services with a goal of reducing placement days and achieving earlier permanency.

Figure 2.5 Insufficiency of Substance Abuse Services
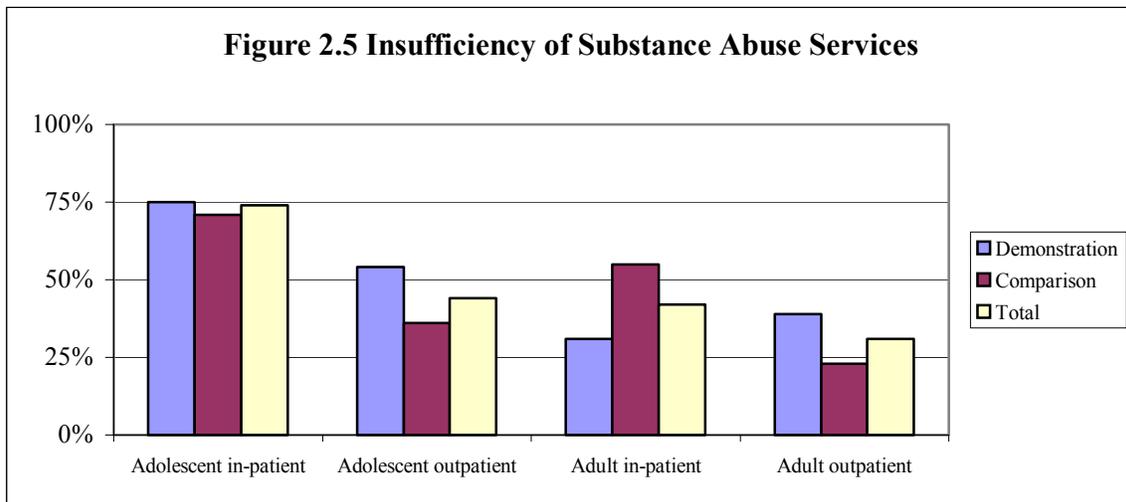
Non-Placement Services/Other Services: Child welfare agencies use a number of other types of services to supplement the above-mentioned services. The sufficiency of these services varies greatly. On average, demonstration and comparison counties found only two of the total of 11 services listed in these categories to fairly sufficient. The greatest proportion of both demonstration and comparison counties were happy with the availability and quality of their early intervention services for ages 0-3 (Head Start, Early Start, etc.), and resources for teaching parenting skills (Figure 2.6 shows early intervention with the shortest bars, signaling low rankings on insufficiency). In-home counseling, which respondents judged to be the purview of case workers, also similarly seen as being generally sufficient, with less than a quarter of demonstration counties and only slightly more of the comparison sites noting an insufficiency.

Figure 2.6: Insufficiency of Other Services
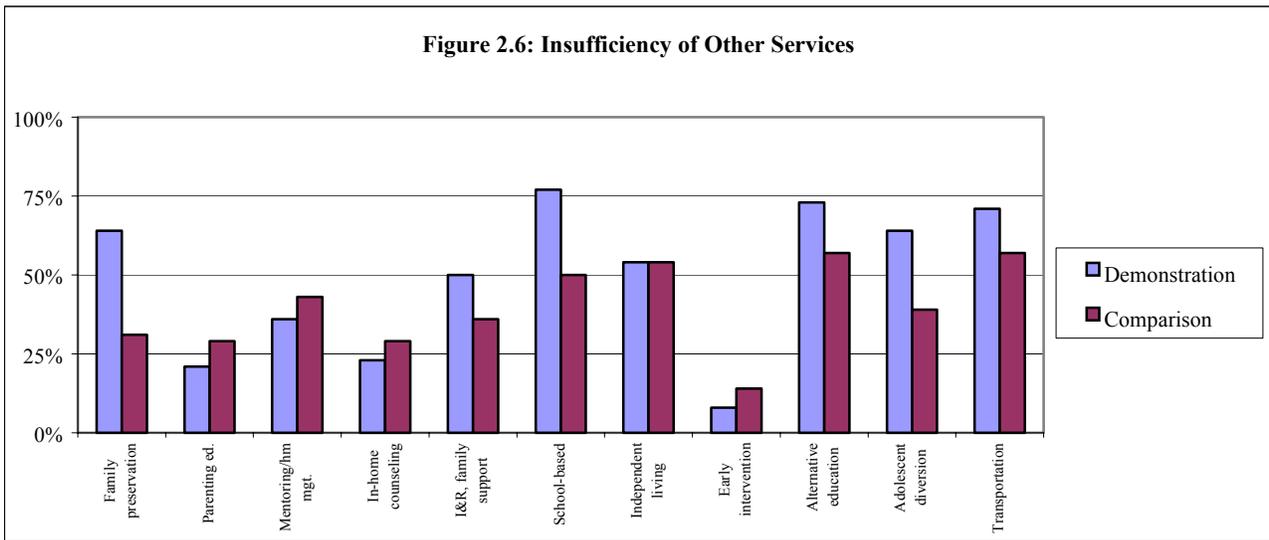
Insufficiencies were noted primarily in five areas: non-curricular services and supports at school locations (school-based services), non-traditional educational options for children with special needs (alternative education); independent living for teens; short-term intensive family intervention (family preservation); and transportation. The sense of insufficiency of the two school-related services – school-based programs and alternative education -- generally reflects the relative lack of connection between schools and PCSAs; some interviewees acknowledged that there might be such services but they were not aware of them.   In the past year, two of the counties noting insufficiency in the school-based programs have attempted to address the problem through allocation of PRC money to hire school social workers in pilot schools.   Eight demonstration counties and eight comparison counties were clearly unhappy with the availability of alternative education for children with special needs, and many pointed to the lack of any such programming in their school systems as well as the poor quality of what does exist – one comparison county noted that the alternative schools were doing nothing more than "babysitting" and another that children suspended for behavior problems do not receive any educational component at all.

For the latter three services with notable insufficiency – independent living, family preservation and transportation – respondents emphasized the crucial preventive role these services play.

Transportation is the physical link to many of the services described above; without it, services become much less available. Rural areas especially feel the absence of transportation, despite many counties' efforts to offer taxi vouchers or to directly provide van service to families. Similarly, family preservation services are seen as a service that could potentially benefit all families in the child welfare system; counties that have worked the hardest to expand this type of service are sometimes the very ones who cite its insufficiency, because they realize they still do not have enough to go around. The same is true for independent living, which all teens need as they reach majority, whether they are in foster care or reunited with their birth parents or living in an adoptive home.

Interestingly, almost two-thirds of the demonstration counties judged short-term family intervention services (such as in-home therapy) to be insufficient, while the reverse is true in the comparison counties -- almost two-thirds found such services *sufficient*. At least three comparison counties (Butler, Hancock, and Mahoning) used various flexible funds available to them in the past year to institute or expand their in-home intervention services, which may account for some of the difference. Another possible explanation for the insufficiency noted by the demonstration counties is that the push for earlier intervention and permanency decisions engendered by HB484 and the Waiver may have run into the barrier of lack of capacity. For example, when asked whether the PCSA was approaching in-home service delivery differently in light of HB484, many demonstration counties noted that they were attempting more than ever before to "front-load" services in their intervention with a family to prevent placement and to impress upon the family the urgency of the situation. As the counties have become more aggressive about placement prevention, perhaps the true gaps in non-placement services are revealed. Ultimately, it may be just this increased awareness of service insufficiency that becomes the catalyst for expansion of in-home intervention capacity.

Another distinction between demonstration and comparison counties shows up in their assessment of the sufficiency of court-based services (diversion programs, intensive probation, etc.) Nine demonstration counties, or 64%, found these programs insufficient, compared to only 5 comparison counties, or 42%.

In summary, little distinguishes demonstration counties from comparison counties in their assessment of the sufficiency of the service spectrum in their counties. Most counties generally find placement services to be insufficient, particularly when provided by outside networks. On the other hand, although the numbers are less dramatic, many counties are generally satisfied with the availability of non-placement services provided by the PCSA itself and other agencies (with some notable exceptions). Demonstration counties appear to be more dissatisfied with the availability of mental health and non-placement services that would assist them in reducing placement days and establishing permanency plans, reflecting perhaps impatience with the status quo. In Year 4 the evaluation team will conduct a comprehensive survey of caseworkers (see chapter 6) to explore in more depth the spectrum of services available and utilized.

Development of New Services

In the face of service insufficiencies and a widespread desire to increase the focus on preventive efforts, all 28 demonstration and comparison counties have developed some type of new services and programs since the Waiver began. While one might expect the flexibility of IV-E funds under ProtectOhio to result in more new services being created in demonstration counties, it is interesting to note that comparison counties have recently been experiencing an increase in the development of new services (Figure 2.7 and 2.8), bringing them in line with the demonstration group. It is also worth noting that the creation of new services is happening in counties of all sizes, from small rural counties to the large urbanized ones. The explanation may rest with the generally strong economy in recent years, and the availability of non-Waiver sources of flexible funding, that serves to temper the demonstration counties' advantage in having flexible IV-E funds (see financing section for more discussion).

Figure 2.7: Creation of New Services Demonstration Counties

Figure 2.8: Creation of New Services Comparison Counties
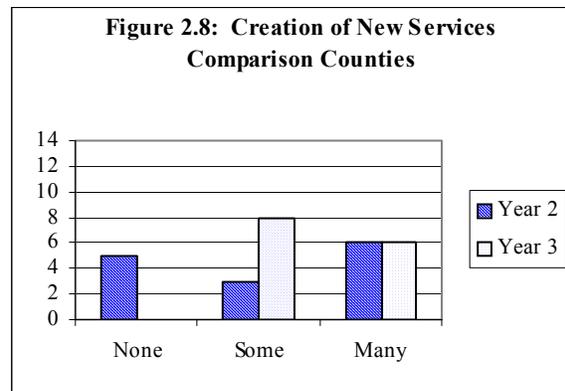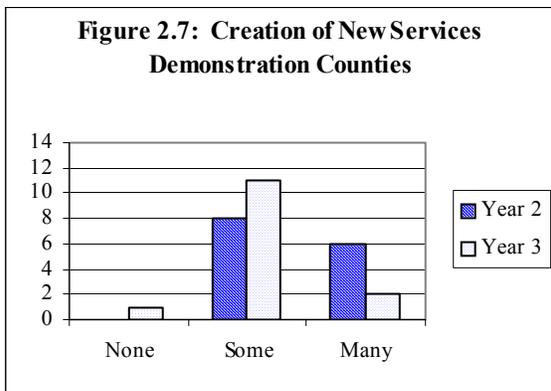
Demonstration and comparison counties described a number of different types of new services that have been developed. Some are designed specifically to serve the child welfare population, while others are geared to a larger population, but can be equally accessed by PCSA clients. Several categories of new services common to both demonstration and comparison counties include:

- *In-home services*: Counties have developed programs to provide respite, parent education, mentoring, basic life skills, homemaker services, and have opened family resource centers to more directly support families. Most of these programs are intended to provide intensive services to prevent placement or to support reunification efforts.

- *Psychological assessments:* A number of counties have created on-site 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. For example, Lorain County has instituted a mental health assessment unit within the PCSA, to more quickly and appropriately match adults and children to available mental health interventions.

- *Drug and alcohol assessments:* A number of counties, especially demonstration 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.

- *Treatment services:* Counties are also developing mental health and substance abuse treatment services, including residential, partial hospitalization, and day treatment services. Some counties have contracted with local mental health providers to assure better access to general and specialized mental health out-patient treatment services. In one county, this access has been enhanced by the development of a mental health liaison between the child welfare and treatment provider.

- *Juvenile court programs:* Several juvenile courts have developed new programs to serve children who are in the court system, such as diversion, mediation, court liaisons, drug court liaisons, and even a new detention center.

- *School-based programs:* A large number of demonstration counties have placed workers in the local schools. These workers may come from 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. They may also offer recreational and social opportunities open to all families, as a primary preventive effort. In addition, counties have developed programs that focus on the truancy issues for school age children, as well as alternative schools.

- *Kinship Navigator:* In Year 3, four demonstration and four comparison counties discussed their involvement in the new Kinship Navigator initiative. This is a "statewide network of 'kinship navigators' who will serve as the point of contact for kinship caregivers who are seeking information regarding services and benefits available at the state and local level and assist caregivers in accessing the benefits and services for which they may be eligible.

- *Other new services:* A number of other types of new services have been developed in demonstration and comparison counties in the last year, including crisis response, domestic violence services, visitation programs, child advocacy, independent living programs, transportation, and health and dental services.

In addition to explicit development of new services, five demonstration and five comparison counties have changed the focus of an existing service, so that, essentially, the county has a "new" service available in place of a similar service that was not as needed. Among the examples are a family preservation program that was expanded to serve families with drug and alcohol issues, and a short-term intensive service team that has been moved into the Intake unit to serve families who only need a little more help than Intake can provide. Other counties are trying to make better use of existing services to decrease placements: providing earlier assessments and more in-home services, making respite services more skill-based, and using mental health liaisons to make more appropriate referrals.

These data on new services suggest that vision is more pressing than practice. Prevention is the dominant theme among the examples of new service development – in-home services, school-based programs, and early intervention. Seldom are counties creating 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 crisis that require out-of-home placement. Demonstration counties appear to be making a concerted effort in this direction and the coming years will begin to reveal their degree of success.