

FOURTH ANNUAL REPORT: EXECUTIVE SUMMARY

The fourth year of the ProtectOhio evaluation has offered many important insights into the experiences of the demonstration and comparison counties. In the past year, the evaluation team has spent significant time with Public Children Services Agencies' (PCSA) administrative staff to learn about changes they have made in PCSA operations, and has discussed as a team the findings from analysis of secondary data on fiscal activities and child and family outcomes. Initial forays into overall cost effectiveness suggest possible avenues for future evaluation efforts. This executive summary provides a brief overview of the findings presented in the Fourth Annual Report of the evaluation.

CHAPTER 1: INTRODUCTION

In October 1997, the Ohio Department of Human Services (ODHS) received federal authorization for the Title IV-E Waiver demonstration. 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. The increased flexibility of the Waiver is intended to lessen the current fiscal incentives to place and keep children in out-of-home care. Ohio's Title IV-E Waiver program, ProtectOhio, adopts a managed care approach to increase the efficiency and effectiveness of its child welfare system, focusing on reducing the use of out-of-home placement, increasing reunification and permanency, and improving family functioning, while also maintaining a cost-neutral budget.

Ohio's Waiver application proposes to redesign the service delivery system, through the use of managed care technologies, to focus on participant-based outcomes consistent with the values and practice of child welfare, and demonstrate the effectiveness of public-private partnerships. The central purpose of ProtectOhio is to test whether the change in the basis of payment and in service system responsibilities improves the way counties structure and manage their child welfare systems, and as a result, improves the cost effectiveness of outcomes for children and families at risk.

Because children's services in Ohio are county-administered, much variation exists among the 88 county PCSAs. The Title IV-E Waiver provides an opportunity for PCSAs to explore innovative approaches to meeting the needs of children and families in their community. Fourteen counties chose to participate in the Title IV-E Waiver: Ashtabula, Belmont, Clark, Crawford, Fairfield, Franklin, Greene, Hamilton, Lorain, Medina, Muskingum, Portage, Richland, and Stark.

As part of its Title IV-E Waiver, Ohio committed to conduct a rigorous evaluation of the ProtectOhio demonstration. Essential to the evaluation is examination of 14 comparison counties, chosen for their similarities to demonstration counties. The selected comparison counties include: Allen, Butler, Clermont, Columbiana, Hancock, Hocking, Mahoning, Miami, Montgomery, Scioto, Summit, Trumbull, Warren, and Wood.

Evaluation Design

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)*, the study team is examining the activities that 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, telephone interviews, 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 local public child-serving agency (PCSA) define measurable outcomes for consumers. Service utilization and outcomes are compared for participants over the five-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*. 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 Fiscal Outcomes Study. The purpose of the fiscal analysis is to examine whether or not counties changed child welfare spending patterns as a result of receiving Title IV-E foster care funds as unrestricted child welfare revenue, and if so, how expenditure patterns changed. The fiscal outcome study consists of the compilation and analysis of state and county-level aggregate expenditure information for child welfare services in each demonstration and comparison county, from 1996, two years prior to the Waiver, through 2002, the last year of the Waiver.

CHAPTER 2: WHAT APPROACHES HAVE COUNTIES USED? FINDINGS FROM THE PROCESS IMPLEMENTATION STUDY

During the fourth year of the ProtectOhio evaluation, the Process Study team continued to explore changes in PCSA operations, with particular attention to use of managed care strategies, interagency collaboration, and system reform efforts.

Use of Managed Care Strategies

In Year 4, the Process Implementation Study focused on counties' use of managed care strategies, in particular, the impact of the Waiver on demonstration counties' ability to implement these types of strategies. Because the focus of Ohio's 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 list of managed care strategies that can be used by child welfare agencies, and then exploring the extent to which the 28 evaluation counties use each of the 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 (see Text Box). The following section describes some of the findings regarding counties' use of managed care strategies.

Managed Care 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

- Service Array: 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. Overall, in Year 4, demonstration and comparison counties made similar efforts to increase their array of available services, by creating new services or reconfiguring existing ones. Both groups of counties experienced service losses, most often due to reduced Prevention, Retention, and Contingency (PRC) funding, and demonstration counties' losses appear to be more concentrated in the counties that had relied on TANF-related funds in prior years.

Both demonstration and comparison counties have increased their use of relative caregivers. Kinship care may increase the likelihood that children return home, and can often reduce the administrative and casework burden of the PCSA. However, a recent federal policy change has all Ohio counties concerned about the potential loss of administrative reimbursement for children placed with unlicensed relative caregivers. Since licensure of relative caregivers is uncommon in Ohio, the more successful a county has been at developing relative caregivers, the more the county stands to lose under the new policy. Demonstration counties could be

disproportionately affected because they would also pay foster care stipends to relative caregivers out of their capped Waiver funds.

- Financing: 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. Demonstration counties are using IV-E Waiver flexibility to develop capitated contracts to a greater extent than comparison counties, but neither group is very active in this area. Only three demonstration counties have capitated or case rate contracts in place; this is down from five in Year 2 of the evaluation. Smaller counties have been reluctant to develop such arrangements primarily because they believe their caseloads are too small or too unpredictable to attract providers. In addition, few counties have sufficient historical cost information to feel comfortable projecting costs across a group of clients.

The key difficulties that have emerged from these contracting experiences include problems with clarity of goals or conflicting goals, problems with the design or structure of the model itself (targeting the deep-end population and transitioning cases in and out of the managed care contract), and problems with implementation of the model (case management responsibilities, staffing issues, and information systems).

- Case Management: 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 are needed. In child welfare, this role is most often played by a caseworker. The key to success in case management is clarifying responsibilities and ensuring consistency in case management over time. Year 4 site visits revealed that both demonstration and comparison counties continue to experiment with staffing arrangements, models of team conferencing and ways of involving families in case decisions. No significant differences exist between the two groups of counties.

Both demonstration and comparison counties have continued to fine-tune screening criteria and improve screening procedures and staff for the purpose of diverting cases from the system. Half the demonstration sites used flexible IV-E funds to raise the level of staff used to screen cases.

- 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 individual need. Year 4 evaluation data shows substantial variation across the evaluation counties in the attitude toward, importance of, and sophistication in provider competition. Even among the demonstration counties, with more flexibility in contracting possibilities, the variability is significant. First, much of the emphasis across counties was to increase competition in the substitute care arena by shifting from the current seller's market to a buyer's market. Strategies to accomplish this shift included a focus on increasing and improving agency foster care, in order to rely on private providers

less, by improving contracting and monitoring capacity for private foster and residential care. However, efforts to increase the number of agency foster homes have generally been unsuccessful. Second, demonstration counties have been more aggressive in identifying innovative ways to improve their bargaining position in a competitive market place by developing preferred provider networks, using Request for Proposals (RFPs) for services, better specifying requirements and expectations in contracts, and working on cross-county mechanisms to improve the PCSAs' competitive position. Third, a small number of demonstration counties have attempted to improve competition for mental health and substance abuse services by adding internal assessment and monitoring capacity, and by providing fiscal incentives.

- 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. In general, demonstration counties are more active in this managed care arena. They make slightly greater use of placement review mechanisms than do comparison counties, but neither group is yet engaged in utilization review for other types of services. In the area of information systems to improve agency decision-making, both demonstration and comparison counties are trying to improve their data collection capabilities, although most counties still primarily rely on FACSIS and Micro-FACSIS, the state child welfare information systems. Demonstration counties have been somewhat more conscientious about sharing program and fiscal data with managers, and have been much more active in giving case workers some sense of aggregate agency activities via data reports. Finally, demonstration counties are more committed to gathering outcome information, both internally and from providers.

The changes observed in each of the managed care areas reveal a pattern: both demonstration and comparison counties have increased their use of managed care strategies from Year 2 to Year 4. However, while demonstration counties continue to increase their involvement in these activities, comparison counties are making significant changes in the way they offer services, pushing them deeper into managed care strategies so that they now more closely resemble the demonstration counties. In fact, when examining overall managed care scores, while comparison counties continue to increase their involvement, fewer demonstration counties are making significant increases in overall managed care efforts. This suggests that (1) comparison counties may be following the lead of demonstration counties in experimenting with more rational management techniques, and (2) demonstration counties have, in fact, slowed in their advancement toward managed care. The study team will continue to monitor these trends over time.

Interagency Collaboration

The majority of demonstration and comparison counties have strong relationships with the courts. However, the issue of inappropriate court referrals has been and continues to be an issue for a few counties in both groups. That the problem is not more widespread is perhaps due to the fact that about half of both groups of counties have implemented strategies to divert inappropriate referrals from the child welfare system.

Relationships between the PCSAs and the local mental health boards are strong in most demonstration and comparison counties and have not changed significantly over the course of the Waiver. However, these strong relationships do not necessarily translate into adequate services for PCSA families and children. A number of issues have emerged over the course of the demonstration to make access to appropriate services difficult, including the requirement for cash match mandated by MACSIS implementation (Ohio's automated billing system for mental health and substance abuse services), a shortage of providers who will accept Medicaid, and turnover and vacancies at provider agencies. Because of this, many PCSAs, in both demonstration and comparison counties, are developing and purchasing their own mental health services, and/or paying some or all of the non-federal Medicaid match in order to access services.

Interagency collaborative relationships through the Family and Children First Councils continue to dominate joint programming in most counties. Shared and pooled funding for individual cases continues to be used in over half of both demonstration and comparison counties. Out stationed or shared staff and shared funds for programs continue to be used widely as well.

While some variation exists between demonstration and comparison counties in relationships with the court and mental health, and some variability in the level of interagency collaborative efforts, these differences do not appear to be significantly related to participation in the Title IV-E Waiver. Since most counties have levies or other funds that can be used flexibly, they have been able to address coordinated community services and programs without having to rely solely on flexible Waiver funds.

System Reform Efforts

Both demonstration and comparison counties engaged in reform of their child welfare systems, to varying degrees and with varied focus. In two arenas—increasing in-home services and utilization review/ quality assurance—the demonstration counties appear to have been more active. Consistent with their focus on in-home services, most demonstration counties have capitalized on their flexibility with IV-E funds to develop preventive services and to create discretionary funding pools for one-time family needs. All of this appears to relate to the strength of PCSA leadership, which in turn contributes to staff morale. Demonstration counties seem to have stronger leadership and better workplace environment than comparison sites.

Conclusion

Overall, the findings from the Process Implementation Study show little systematic difference between the demonstration and comparison county groups. The Waiver has provided opportunities for all 14 demonstration counties to modify their operations in ways that might not be possible without the Waiver. Findings indicate that only some of the demonstration counties have taken full advantage of these opportunities, while others have made less significant changes in many of the areas explored in the evaluation. Further, some comparison counties have moved in directions similar to the active demonstration counties, without the benefit of the Waiver. These insights suggest that the flexibility provided by the Waiver may facilitate reform efforts where other factors are already conducive, but may not itself be robust enough to generate consistent changes across the varied set of demonstration sites.

CHAPTER 3: WHAT HAS CHANGED FOR CHILDREN AND FAMILIES? FINDINGS FROM THE PARTICIPANT OUTCOMES STUDY

This chapter presents the findings of the Participant Outcomes Analysis (POA) through Year 4 of the Waiver. Using statewide FACSIS data, the POA component of the Waiver evaluation compares outcomes for children in the 14 demonstration counties to those in the 14 comparison counties. It also compares pre-Waiver outcomes to outcomes after the Waiver was implemented. The Year 4 results fall into four main areas:

- Changes in the caseload from the period pre-Waiver through the fourth year of the Waiver;
- Changes in the patterns of first placement into out-of-home care;
- Analysis of the changes in destination for children leaving their first placement episode;
- Changes in length of time it takes children to exit from care to different destinations.

Caseload Trends

The number of reported abuse and neglect incidents has decreased during the Waiver period for both demonstration and comparison counties. In general, the demonstration counties' caseloads have increased during this same period, while the caseloads in comparison counties have decreased.

PCSA caseloads and service choices are largely determined by community trends in abuse and neglect. While it is hoped that one feature of the Waiver will be to divert treatment dollars to prevention purposes, no signs have yet appeared that this is occurring. Year 4 analysis revealed no changes in the percentage of cases served in-home. More study is needed to determine whether the workloads would have been even larger in the demonstration counties if the Waiver had not been in effect.

First Placement of Children into Foster Care

During the first 4 years of the Waiver, the volume of children entering their first placements in the demonstration counties has steadily increased while there was a net decrease in the comparison counties. The increase in the demonstration counties was driven by an increase in the two large demonstration counties.

The case-mix in demonstration counties has changed during the Waiver. To a greater extent than the comparison counties, demonstration counties have experienced statistically significant increases in the percentages of boys and of children ages 14-17 entering placements. This coincides with an increase in the use of residential centers and group homes for first placements. The comparison counties' case-mix has changed somewhat differently; although they also experienced an increase in the percentage of boys, the age group experiencing an increase was in younger children (ages 5-13). In the comparison counties, the use of residential centers has decreased, while the use of relatives has increased for first placements. Both study groups experienced statistically significant increases in the percentage of children entering first placements in large urban counties. In addition, both groups (but particularly the demonstration counties) experienced decreases in the percentages of children in first placements who were sexually abused, had cognitive disabilities, or had physical disabilities.

Duration of First Placement

The Waiver has not caused overall changes in the length of stay of children's first placement in foster care, based on comparing the changes observed in the demonstration and comparison counties. However, the Waiver appeared to have different effects on length of stay depending on county size, type of placement, and other characteristics. Closer analysis revealed the following:

- For the two large demonstration counties, the Waiver has accelerated the discharge rate, especially for children placed in residential settings.
- The Waiver has slowed the rate of reunification in both small and large counties, but especially in the large counties.
- The Waiver accelerated the rate at which custody was transferred to a relative, especially for cases without abuse or neglect.
- There was no strong evidence for a uniform effect of the Waiver on length of placement until adoption. The only significant effect of the Waiver was to slow the adoption rate for children initially placed with nonlicensed nonrelatives.
- Conversely, the Waiver greatly accelerated the runaway rate.

Re-Entry from Reunification

Both demonstration and comparison county groups significantly increased the length of time to re-entry following a first placement that ended with reunification with parents/guardians. This improvement appeared greater in the comparison county group.

However, when taking into account case mix through the model, the Waiver had no significant effect on the rate of re-entry. Additional research is needed to know if this result is limited to re-entry from reunification. Possibly evaluating re-entry from another placement destination, such as custody to a relative, would demonstrate significant Waiver effects. It is important to note that reduction in re-entry rate is not an objective of the Waiver. Rather, the objective is to ensure that the re-entry rate does not worsen as an effect of the Waiver, and that objective appears to have been met thus far.

Conclusion

Overall, children entering foster care with comparable characteristics are staying differing lengths of time in foster care as a result of the Waiver. Is this the result of a deliberate systemic change or a byproduct of altered resources or operational changes in either group of counties? To more fully understand the patterns uncovered here, further research and data collection are needed. Chapter 5 provides some initial speculation about the underlying dynamics that might account for some of these patterns.

CHAPTER 4: HOW HAVE SPENDING PATTERNS CHANGED? FINDINGS FROM THE FISCAL OUTCOMES STUDY

The purpose of the Fiscal Outcomes Study is to judge whether or not demonstration county PCSAs changed child welfare expenditure patterns as a result of receiving Title IV-E foster care funds as unrestricted child welfare revenue, and if so, how expenditure patterns changed. As with the other studies that comprise the ProtectOhio evaluation, the fiscal study used the group of comparison county PCSAs to represent what would have happened with the group of demonstration counties in the absence of the Waiver. Using the data available to date, the team examined whether or not the group of thirteen demonstration counties showed evidence of different child welfare spending patterns than the thirteen comparison counties¹. If a significantly different range of expenditure patterns existed among demonstration counties compared to comparison counties, the team concluded that it was possible that the differences between the two groups arose as a result of receiving Title IV-E foster care funds as unrestricted child welfare revenue. However, the likelihood of finding a significant difference between the two groups was reduced by the small number of counties studied, the variability in the size of county child welfare programs, the variability of expenditures from year to year within counties, and issues in data accuracy.

Changes in Foster Care Expenditures

Patterns of change in foster care expenditures, paid placement days, unit costs of foster care, or residential care usage for the years 1996 to 2001 did not differ significantly

¹ Crawford and Hancock have been excluded from this year's analysis. Crawford was excluded because data has not yet been finalized. Hancock was excluded because accurate expenditure information is not available.

among demonstration and comparison counties. Foster care expenditures and unit costs grew faster than the rate of inflation in most counties in most years from 1998 - 2001. Trends towards increasing foster care expenditures and increasing paid placement days occurred among some comparison counties, but the number of counties was not large enough to support a definitive conclusion of a differing trend between the demonstration and comparison county groups.

Changes in all other Child Welfare Expenditures

Most demonstration counties received more revenue through the Waiver than they would have received through normal Title IV-E reimbursement for foster care board and maintenance reimbursement. All but two of the demonstration counties spent additional Waiver revenue on child welfare services *other than* board and maintenance payments. As a result, spending on all other child welfare services increased significantly more among the group of demonstration counties than among the group of comparison counties.

The study team analyzed three components of non-board and maintenance expenditures: county staff and related costs, foster care case management costs, and family and community based services (predominantly cash and material support for families and relatives and contracts for family support and mental health services). Foster care case management costs did increase significantly more among demonstration counties. It is possible that significant differences in expenditures for other types of services occurred, but the fiscal study was not able to analyze all service types of interest.

Conclusion

The findings presented in this chapter suggest that when additional sources of revenue were available, the officials and staff that operate child welfare programs in Ohio chose to increase expenditures on services other than foster care board and maintenance, with a notable increase in the cost of managing foster care placements. Counties also increased expenditures on family preservation and community-based services, but the amount of expenditures in these areas was smaller. The findings presented in this chapter also show that the Waiver stimulus and associated increases in spending on foster care case management and other support services did not have a detectable effect on foster care expenditures in a majority of demonstration counties. However, these findings do not eliminate the possibility that more subtle reductions in foster care expenditures occurred, or that significant reductions occurred in a minority of counties, or the possibility of future differentiation between demonstration and comparison counties.

CHAPTER 5: WHAT HAVE COUNTIES ACHIEVED? INSIGHTS ON WAIVER EFFECTIVENESS

The evaluation team selected two counties, Lorain and Muskingum, to highlight the interconnections among some of the major study findings. The two county profiles offer

insight into the dynamics of change in each county, which contributed to some of the most positive results among the study counties. However, because these are case studies, the conclusions drawn cannot be extrapolated to the full set of ProtectOhio counties.

The two profiled counties are not notably divergent from the other demonstration sites. Both are non-metropolitan counties, Lorain a suburb of Cleveland and Muskingum on the outskirts of Columbus but much smaller. The two counties are close to average in terms of demographic characteristics. Nonetheless, their child welfare systems are quite different, both before and since the Waiver began. These differences arise from a variety of political and philosophical factors – the relative influence of the child welfare agency in county government, the belief structure and experiences of individual leaders, etc.— that cannot be easily identified and enumerated. Only after studying many different counties in this fashion can the study team discern the most important threads in the story of the Waiver.

The Lorain and Muskingum PCSAs were deliberately selected for the initial profiles because their story was clearer than that of other demonstration counties. They have a stronger vision of their goal for child welfare reform and have identified more specific strategies to achieve the desired systemic changes. Among their successes are the following points:

- On several indices of system reform, Lorain County emerges as among the highest performers. It has one of the three highest scores on the use of managed care overall, reflective of its particularly strong efforts in the areas of service array, competition, utilization review, and quality assurance. It also scored in the highest group on the leadership index, as shown by the systematic attention given to organizational development and collaborative management activities in the PCSA.
- Since the Waiver began, Lorain children whose first placement was in residential care tended to exit out-of-home care more quickly than similar children in the comparison sites.
- In each of the first three years of the Waiver, Lorain PCSA has had a faster growth (+63%) in all other child welfare services (excluding foster care board and maintenance) compared to comparison sites and most demonstration sites. This primarily reflects Lorain's increased spending on county staff and programs.
- Between 1997 and 2000, Lorain PCSA experienced significantly greater than average growth in the number of children eligible for adoption subsidy (55%, compared to 40% for all demonstration sites and 32% for all comparison sites), perhaps reflecting concerted efforts find more adoptive homes, especially for older children. This trend is reinforced by length of stay findings that show Lorain County children who are adopted spend less time in their first out-of-home care stay than do adopted children in the comparison sites.

- On indices of system reform, Muskingum PCSA ranks among the highest on leadership and interagency collaboration, but has made only moderate use of managed care strategies in its internal reform activities.
- Muskingum PCSA has dramatically decreased its paid placement days and increased its spending on non-foster care services relative to foster care board and maintenance costs. However, Muskingum's foster care costs have risen 34% in the last four years, to the highest per diem foster care cost of any demonstration or comparison county (\$110.68). This increase was probably due to the increasing number of placements in residential care. It may also reflect the growing cost of the county group care facility.
- The notable decrease in children in custody (-30%), in contrast to their growth in the demonstration and comparison counties, may reflect Muskingum's arrangements for providing resources for children to avoid taking custody and its efforts to increase adoptions, thereby reducing time in temporary custody. Findings on length of stay in foster care more fully illuminate this pattern. Since the Waiver began, Muskingum children exiting out-of-home care (other than residential) have spent less time in care than similar children in the comparison counties.

Overall, during the course of the Waiver, both Lorain and Muskingum Counties appear to have made considerable progress toward desired fiscal outcomes and participant outcomes; these positive changes appear to be related to systemic changes made in the provision of child welfare services. However, both counties have also been at the top of the charts in the growth of their total expenditures. They have spent more than most comparison counties, and as much as or more than most demonstration counties. Their total spending has grown well beyond the rate of inflation. In other words, it seems that their improvements have come at quite a cost. Whether that cost is worth the results achieved remains to be seen—due to the systemic changes that have been instituted, benefits may continue to accrue without additional investment, or benefits may fall off despite the infrastructure that has been put in place. Additional years of analysis may answer these questions more fully.

FUTURE PLANS

Year 5 of the evaluation will focus on bringing together the wealth of information to formulate a comprehensive answer to the question “has the Waiver improved outcomes for children and families?” To maximize the usefulness of the study findings, the evaluation team recognizes that subsequent work will need to somewhat shift in focus. Rather than capturing dramatic effects on fiscal and participant outcomes, the evaluation will be more nuanced, involving a refinement of the original hypotheses to reflect the richness of the evaluation data at the county level. This more detailed evaluation approach would greatly benefit from a longer study period, as would occur under a federal Waiver extension.

The evaluation team will meet in September 2002 to discuss the specific direction of evaluation activities in Year 5. During this meeting, the team will review the information and data that has been gathered in the first four years of the evaluation and prioritize topics to explore in Year 5. In particular, the team will develop a plan for integrating the findings from the three evaluation studies into the Final Evaluation Report.

The evaluation team will also maintain open and ongoing communication with staff at ODJFS and the Consortium counties. Evaluation team members will participate in monthly Consortium meetings and the Consortium retreat, sharing specific evaluation plans, progress made and challenges encountered, and reporting on interim findings from the evaluation. A representative of the evaluation team will also present the study findings at the Public Children Services Association of Ohio (PCSAO) conference in September 2002.

Among the major activities for Year 5 will be:

- Debriefing sessions to share study results with the evaluation counties;
- Continued collection and analysis of county expenditure information;
- Enhanced analyses of foster care duration;
- Analysis of the Caseworker Survey data;
- In-depth examination of key policy issues using quantitative and qualitative data from the Process Implementation study; and
- Preparation of a comprehensive final report covering the five years of the Waiver demonstration project.