CHAPTER 11:

CONCLUSIONS AND NEXT STEPS

The foregoing chapters address the core question of ProtectOhio: Does flexible use of Title IV-E funds contribute to improved outcomes for children and families? Seen through the lens of the eight sub-studies which comprise the second waiver evaluation, the waiver has had varied effects on public service systems, on child welfare agencies, and on children and families. This section summarizes the main findings to date, proceeding through each chapter in turn. We then offer some thoughts regarding the overall impact of the second waiver and suggestions for future study.

11.1 SUMMARY OF FINDINGS

Chapters 2-6 discuss implementation findings. Chapter 7 presents fiscal findings. Chapters 8-9, as well as parts of Chapters 3-5 on FTM, Supervised Visitation, and Kinship Supports, contain participant outcome findings.

11.1.1 Process Implementation Study: Supplemental Qualitative Findings (Chapter 2)

Throughout the second Waiver period, the study team gathered supplemental qualitative information from both demonstration and comparison county staff in order to gain a sense of the overall impact of the waiver. Demonstration county PCSA managers with extensive experience under the waiver state that the waiver has positively impacted ongoing, placement, and permanency case processes as well as improved agency philosophy or culture. In particular, interviews in both demonstration and comparison sites revealed that demonstration county PCSAs and juvenile courts communicate better than their counterparts in the comparison sites, and they also have a larger array of program and staffing options to serve unruly/delinquent youth, making them feel better able to serve those youth.

Despite anticipated negative impacts of the possible end of the waiver, including loss of staff and services, and reverting back to old ways of operating, most demonstration counties report they intend to sustain some of the preventive and innovative efforts established under the waiver; particularly family team meetings and financial supports for kinship caregivers and adoptive families.

11.1.2 Family Team Meetings Strategy (Chapter 3)

Through interviews, site visits, focus groups, and surveys, the study team examined three questions: how does FTM practice differ between the demonstration and comparison sites? How well do the demonstration counties adhere to the FTM model? Do children receiving ProtectOhio FTM more often experience a positive outcome than children in the comparison sites?

Implementation: To increase family involvement in child welfare cases and ultimately improve child outcomes, the 17 demonstration counties implemented the ProtectOhio FTM strategy. Specifically, these counties have hired and trained independent FTM facilitators, provided regular FTMs over the

course of each case, and served all ongoing cases with a case plan goal of reunification or maintain in home. Together, the counties have provided over 21,000 FTMs to nearly 14,000 children in nearly 7,000 families. The demonstration counties identified three key components of the FTM strategy: training & orientation for facilitators, workers, & community partners, family engagement in the FTM process, and facilitator-caseworker roles and ongoing communication.

Most children in the FTM strategy had an average of three FTMs during the strategy period. FTMs are intended to bring together a varied mix of people, sufficient to engage in a meaningful discussion of the child's situation. The FTMs included in this study had, on average, five attendees; parents and primary caregivers, considered the most important participants in the meeting, were in attendance at almost three-quarters of the meetings. In addition, findings suggest that offering meetings at flexible times and locations, combined with assisting with transportation, may increase parent attendance rates at FTMs.

Overall, PCSA managers and staff were positive about FTM and its benefits, including: families build stronger family relationships, natural supports, and feel empowered; families are linked to more appropriate and timely services; and there is an opportunity to educate the community and improve agency operations and image. However, the process for implementing the FTM initiative was loosely structured. It generally lacked strong training, supervision and monitoring components, and retention of qualified FTM facilitators was difficult. This led to wide variation in practice among the demonstration counties.

The fidelity analysis, based largely on case-level data, revealed considerable variation across the demonstration sites. Sixty-three percent of the children had their subsequent FTM within 100 days of their previous FTM. Forty-nine percent of the FTMs had a minimum grouping of attendees (at least one parent or primary caregiver, at least one PCSA staff, and at least one other person). All counties had an independent facilitator leading FTMs, and a little over half of them had medium-level training. Overall, the demonstration counties showed wide variability in meeting the target for each component; however, it seemed that if a county ranked lower in one area, it ranked higher in another, e.g. meeting frequency and range of attendees.

FTM-type services were not limited to demonstration counties; over half of comparison counties (13 of 17) provided services that were similar to the ProtectOhio FTM model. However, comparison counties were far less likely than demonstration counties to use an independent facilitator (38% versus 94%), to target all open cases for ongoing services (54% versus 100%), or to hold meetings over the entire course of the case (38% versus 100%). In FTMs observed by the study team, facilitators, parents, and kin appear to be more highly involved in the demonstration counties than in comparison sites. The similarity of the involvement of the caseworkers in the two county groups, and the primary difference in the use of independent facilitators, suggests that parent engagement is fostered by having an independent facilitator.

Outcomes: For the outcomes analysis, the study team created an intent-to-treat population of all eligible children within the demonstration counties compared to those in comparison counties, regardless of whether they were formally identified as having been served through the FTM strategy, and regardless of the fidelity with which individual demonstration counties may have implemented the

strategy.[1] Analysis focused on differences and similarities among the two county groups, with some attention to associations among demographic sub-groups and strategy effects. Primary outcomes findings included:

- Children in demonstration counties had significantly shorter case episodes than did comparison county children (an average of 329 days versus 366 days);
- Children in demonstration counties were significantly less likely to go to placement than were comparison county children (15% versus 17%).
- Compared to the comparison group, children in placement in demonstration counties were significantly more likely to be placed with kin (47% versus 40%) and less likely to be placed in foster homes (46% versus 53%).
- No significant difference was found in the length of stay in placement between demonstration and comparison counties;
- Children in placement were significantly less likely to reunify in demonstration counties than in comparison sites (51% versus 60%); and
- Children in demonstration counties were significantly less likely to have a subsequent case opening within a year of case closure than children in comparison counties, but the effect was slight (11% versus 12%).

Even with the uneven fidelity to the ProtectOhio FTM model, numerous positive outcomes emerged for children in the demonstration counties, relative to the comparison group, suggesting a definite impact of the ProtectOhio Waiver and the FTM strategy.

11.1.3 Supervised Visitation Strategy (Chapter 4)

Implementation: To increase the likelihood that children in foster care can be successfully reunited with their birth parents, 12 demonstration counties chose to implement the ProtectOhio Supervised Visitation strategy. During the strategy period, over 30,000 supervised visits were held, for over 2,000 children. These visits more often included mothers than fathers, more often occurred in special visitation facilities than in PCSA offices, and generally met the model guidelines for duration and frequency (at least one hour long, at least once per week). In addition, the role of visit supervisor was fairly evenly divided between dedicated visitation workers (48%) and other agency staff, with the former more likely to monitor longer visits than caseworkers did.

Regarding the centerpiece of the supervised visitation strategy, structured activities, nearly three-quarters of visits featured planned & completed activities, and visits monitored by dedicated visitation workers were even more likely to have a planned & completed activity. Finally, there is some evidence that the visitation strategy has matured in at least half of the participating counties: visits held late in the waiver period were somewhat more likely to include planned & completed activities than were visits conducted early in the waiver.

[1] The ITT approach examines how a change in *policy* is likely to impact children and families across a *system* rather than the degree to which change might occur as a function of model fidelity.

Other demonstration and comparison counties implemented models that resembled the Supervised Visitation strategy. When the study team examined practice differences between demonstration and comparison counties, two interesting contrasts emerged. With regard to visit supervisors, comparison counties were somewhat more likely to use caseworkers than were demonstration sites; and demonstration counties (including the visitation counties) were moderately more likely to use case aides than were comparison sites. In terms of using structured activities, analysis revealed a more dramatic difference: visitation counties were substantially more likely to help parents engage in structured activities with their children, compared to the other demonstration sites and to the comparison sites.

Outcomes: Using an intent-to-treat approach, the outcomes analyses found that case episodes were shorter for Supervised Visitation counties (a mean difference of 43 days). These findings may be a result of the structured activities component and the support from visitation monitors as they observed and interacted with families. Further, no differences were found in subsequent case episodes within six and 12 months of case closure between Supervised Visitation counties, other demonstration or comparison counties, indicating that the intervention had not compromised child safety. One unexpected finding was that children served within visitation counties were less likely than expected to be reunified but more likely to be placed with kin. This finding may merit further exploration.

11.1.4 Kinship Supports Strategy (Chapter 5)

Implementation: Six demonstration counties opted to pursue the ProtectOhio kinship strategy. All counties, demonstration and comparison alike, use kinship caregivers in varying ways to support children involved with the child welfare system. However, with a strong focus on supporting kin and with access to flexible funding through the waiver, the kinship counties were expected to differ in practice and, ultimately, in child-level outcomes, relative to comparison counties.

In supporting kinship caregivers, kinship counties do differ from other counties in a number of areas. Kinship county staff report a shift in agency culture which emphasizes the value of kinship placements; kinship counties more often have designated positions to support kinship caregivers, and these designated workers have a greater number of responsibilities than designated staff in other counties. Kinship counties also appear more able to provide needed hard goods and services to kinship families. Kinship survey results also indicate that kinship counties more often offer legal custody to kinship caregivers, giving these families the legal ability to care for their children. Finally, it appears that in kinship counties, kinship caregivers are more often involved in FTMs, allowing the caregivers to advocate for the child in their care. On the other hand, all county groups appear to be equally active in identifying and recruiting kinship caregivers.

Outcomes: Using kinship survey data and SACWIS data, the study team constructed kinship placement episodes to conduct the child-level outcomes analysis. Results indicated that:

- Children in the kinship counties were more likely to be in the legal custody of a kinship caregiver at the 'end' a kinship placement episode, but less likely to reunify with a birth parent following such an episode, relative to those in the comparison counties. Based on qualitative interviews with county staff, the lower likelihood of reunification in the kinship counties could be due to strategy county efforts to utilize kinship placements when reunification is not likely.

- Examination of the length of time spent in kinship placement indicates that children's kinship placements are longer in the kinship counties, though this could be due to the higher rate of placements ending in legal custody, a generally lengthy court process.

Overall, kinship counties show a commitment to continue their support of kinship caregivers, to the best of their ability, despite uncertainties about the future of the waiver. When surveyed in 2009, four of the six kinship county administrators reported no anticipated changes to their kinship strategy efforts, even if the waiver ends; the other two counties responded that the kinship strategy would be modified. To continue to fund the efforts, managers plan to make internal adjustments, and look within the PCSA or in the larger community for additional funding. At the same time, managers realize that loss of the waiver will impact practice, citing in particular reduced services and supports for kinship families.

11.1.5 Enhanced Mental Health/Substance Abuse Services (Chapter 6)

Four demonstration counties chose to participate in the MHSA strategy because they felt they were often unable to adequately assist their clients in addressing mental health and substance abuse issues. The participating counties believed that, by improving the availability of MHSA services, clients would receive adequate treatment services, and ultimately, cases would be closed more quickly and safely. To accomplish this shift, PCSAs realized the need to work with community providers to improve access and quality of MHSA services in their community. While the four strategy counties made special efforts to enhance MHSA services, other demonstration counties also made changes as part of their overall waiver initiatives. This study explored differences between strategy, other demonstration sites and comparison sites, at a county level, and examined changes over time in services received by children and families in the four strategy counties.

At the county level, few differences appeared between demonstration and comparison groups in terms of the availability and quality of MHSA services, suggesting that the waiver effect was not strong enough to significantly influence the broad service delivery system in the counties. By contrast, case-level findings in two strategy counties did indicate significant improvement over time, in both access to services and the timeliness of service delivery:

- Belmont County's "post-group" clients were 34% more likely to receive in-house psychological assessments than those in the "pre-group", and were 20% more likely to receive drug treatment services than the pre-group. Furthermore, for individuals in need of drug treatment, the average length of time from case opening to case closure decreased from 743 days in the pre-group to 350 days in the post-group. In addition, for cases in need of mental health services, the average number of days from case opening to case closure was reduced from 684 days for the pre-group to 334 days for the post-group.
- In Muskingum County, the proportion of post-group children receiving mental health services increased by 33% over the pre-group, while increasing by 57% for parents. In addition, the cases of post-group families in need of mental health services closed 168 days earlier on average than the cases of their pre-group counterparts.

While these findings are exploratory in nature, they offer some evidence that MHSA strategy counties used waiver flexibility to provide needed services more quickly to their clients. This sets the stage for improved outcomes: when individuals with MHSA issues receive needed services, individuals are better

positioned to complete their case plans in a timely manner and ultimately experience less involvement with child welfare agencies.

All four counties have used flexible waiver funding to strengthen relationships with key community providers to expedite access to assessments and addiction services, especially for parents. If waiver funding ends, the PCSAs report that reduced resources will directly affect their ability to maintain enhancement efforts at current levels. While these PCSAs report that they will explore multiple resources and relationships to maintain as many services as possible, they concur that the impact of losing waiver funding would be dramatic.

11.1.6 Fiscal Analysis (Chapter 7)

The fiscal analysis examined changes in spending patterns over time, using four types of data: annual placement day counts, annual expenditures for foster care board and maintenance, average daily cost of foster care placement, and foster care expenditures as a percent of all child welfare expenditures. Data for each year in the second waiver period (2005-2008) was compared to the baseline year of 2004.

The evaluation team hypothesized that in order to reduce foster care expenditures, demonstration counties would need to reduce the number of paid placement days and/or reduce the average daily cost of foster care. Although a reduction was observed in the number of paid placement days and in the average daily costs of foster care between 2004 and 2008, these declines were not statistically significant and cannot be attributed to the waiver intervention.

Between 2004 and 2008 average annual foster care expenditures as a share of total child welfare expenditures decreased in 26 of 33 counties. This change was significantly associated with demonstration status. The largest decreases were found in the demonstration counties of Belmont (11%) and Richland (11%), while the largest increases in foster care expenditures as a proportion of all child welfare expenditures were found in the comparison counties of Hancock (11%) and Hocking (6%).

All but one of the original demonstration counties received capped allocations of IV-E waiver dollars that were greater than what they would have received through regular IV-E reimbursement, given their level of placement use. Altogether, these 12 counties received an additional $27.9 million during the first four years of the waiver, of which $22 million were spent on non-foster care services.

The hypothesis of the ProtectOhio Waiver is that demonstration counties would make more changes that shifted expenditures from foster care to other child welfare expenditures, than would the comparison counties. The analysis supported this contention, finding that the presence of the waiver was associated with a reduction in the proportion of child welfare expenditures spent on foster care board and maintenance. This reduction was caused by a combination of reductions in foster care board and increases in spending on other child welfare services, such as expansion in county staff and programs and family and community-based services. These increases were funded in part by waiver revenue: of the $52 million in increased spending on non-foster care services during the second waiver, only $22 million came from the 'savings' generated by waiver participation. Given the variety of operating environments for both demonstration and comparison counties, it is an important finding that the waiver stimulus has yielded results that distinguished the groups in this way.

When asked to discuss the impacts of the waiver stimulus on the county's operations and programming, nearly all fiscal staff gave examples of the benefits of the waiver's fiscal structure. Examples of benefits included: supported a better way of choosing services for children and families, made possible investments in up-front services and other services to reduce placement; supported the use of waiver strategies, such as FTM; and made Title IV-E revenue more predictable and therefore easier to invest in a new mix of services. These comments, taken with the analytic findings, suggest that the majority of counties in the demonstration both understood and were able to take advantage of the opportunities offered by receiving Title IV-E board and maintenance revenue as flexible funding during the second waiver period.

11.1.7 Trajectory Analysis (Chapter 8)

The theory of the waiver posits that successful implementation of ProtectOhio would be evidenced by an increase in in-home service utilization and lower placement utilization, without a commensurate increase in the risk of maltreatment. Indeed, a primary question motivating this evaluation is whether child safety in the demonstration counties changed in the wake of the program changes brought about by the waiver stimulus.

Overall, the observed changes over time in the percentage of children with a subsequent maltreatment investigation do not suggest a significant relationship between the waiver and child safety. Specifically, since the beginning of the first waiver period, there has been very little change in the percentage of children with a subsequent investigation among the demonstration counties that contrasts with the changes observed in the comparison counties. It appears that safety has improved, but the same can be said of both demonstration and comparison counties.

The study separately examined children who never entered ongoing services, children served in-home, and children placed following an initial maltreatment investigation. Of particular interest is the group served in-home, since the waiver is believed to lead to more children being served in-home rather than in placement. While we did find that, by the end of 2006, demonstration counties were serving a substantially larger portion of children in-home than were comparison sites, we did not find evidence that the waiver is the cause of this difference; however, the observed trends may suggest that the waiver stimulus helped demonstration counties maintain historical levels of in-home services in the midst of pressures (felt by the comparison sites) to reduce in-home service availability.

Of particular importance is that the higher relative likelihood of in-home service utilization among demonstration counties does not appear to be associated with a relative decrease in child safety among demonstration-county children. Specifically, there is no evidence that children served in home, or children discharged from care earlier than the pre-wavier median length of stay, were more likely to be the subject of a subsequent maltreatment investigation in demonstration counties than they were in comparison counties. Thus, regardless of whether they were served in-home or in placement, children in the demonstration counties remained as safe as their counterparts in the comparison counties.

11.1.8 Placement Outcomes Analysis (Chapter 9)

The Placement Outcomes Analysis (POA) examined the effects of the second waiver on counties' resolution of foster care placements, focusing on first placements[2] and estimating waiver effects on type of exit and length of stay.[3] The study team estimated separate waiver effects for select demographic groups and for each of the original demonstration counties.[4] The team used statistical techniques similar to those used in Year 5 of the first waiver evaluation (HSRI, 2003), incorporating counterfactual imputations that estimated what would have happened in the absence of the waiver. To give a broader pattern of waiver effects, the team conducted two comparisons: second-waiver effects relative to (1) pre-waiver conditions and (2) first-waiver conditions.

To remove selection bias, the evaluation team controlled for differences over time and across county groups on characteristics of the children and placement types. Thus, any possible effects of the waiver on initial placement type (foster home, group home, institution, etc.) could not be detected in the analysis. But this was necessary in order to avoid false causal conclusions – i.e., concluding that the waiver lengthened placements when longer placements actually were because more difficult families were being served.[5]

The major findings reported in this chapter are as follows.

- A decline in reunifications happened during the first waiver. Examining second-waiver outcomes relative to pre-waiver conditions found fewer reunifications (51% under the second waiver, while the percentage under pre-waiver conditions would have been 55%). However, second-waiver outcomes relative to first-waiver conditions showed a slight but significant increase in reunifications (51.0% versus 50.5%). Thus the trend slowed and then reversed somewhat after the second waiver was implemented.
- Across both comparisons (pre-waiver and first-waiver), the second waiver led to steady increases in exits to custody to kin and third party[6] and to runaways. This continued and was consistent with the effects of the first waiver.
- Compared with the pre-waiver period, the second waiver increased exits to adoption. But that effect was not found in the first-waiver comparison. And the evaluation of the first waiver had found no impact on adoption. This suggests that exits to adoption increased very slowly, so that only the comparison covering the longest time span (pre-waiver to second waiver) was able to detect a significant change.

[2] The study team analyzed first placements because they are the majority of placements and their outcomes are not complicated by previous placement history.
[3] These estimates should not be used for projecting waiver effects statewide. The experience of implementing a waiver in only 14 counties is not sufficient for extrapolating beyond the 14 counties.
[4] Although additional Ohio counties joined the second waiver, the POA was based on the original 14 demonstration counties and 14 comparison counties studied during the first waiver period.
[5] The initial placement type was the best available information in the data that could indicate the severity of needs of the child. It is at best a very indirect proxy, so there could still be some selection bias in the estimates.
[6] In the evaluation of the first waiver, this exit category included only custody to relatives.

- In contrast to the first waiver, the second waiver had no overall impact on median duration of placements. At the county level, four counties experienced decreases in overall duration of placements and two counties experienced increases.
- From the pre-waiver comparison to the first-waiver comparison, the second waiver increasingly reduced the median duration of placements ending in adoption, indicating that the momentum to quicken adoptions increased during the second waiver. This contrasted with the first waiver, which had no effect on duration of placements ending in adoption.

In addition, this chapter contains results of an expanded analysis of re-entry into foster care, using first waiver data on children who exited their first foster care placements to the custody of either their parents or kin. Analysis found that re-entry remained at the same level as it would have been absent the waiver. Thus, children's safety was not compromised by a focus on reducing placement days.

11.1.9 Case Study of Belmont County (Chapter 10)

The case study of Belmont County Children Services (BCCS) offers a unique look into the evolution of a local child welfare system over the entire course of the ProtectOhio Waiver. The PCSA has experienced a variety of benefits from participating in the waiver – the flexible funding allowed responsiveness and creativity in staffing, service provision, and collaboration with other agencies. The FTM and mental health/substance abuse services strategies accelerated changes that BCCS had begun under the first waiver – agency staffings evolved into FTMs, and a concern about Belmont County's high needs regarding mental health led to creation of a family drug court and to major involvement with the Clinical Cluster to address multi-system families. After the mental health/substance abuse strategy was implemented, more parents received assessments and substance abuse treatment, and cases with mental health issues closed more quickly. If the ProtectOhio waiver ends, the PCSA will have to restructure the agency to eliminate positions (particularly the specialized positions that the waiver made possible) and caseloads will rise. It plans to continue its FTM strategy, collaboration with other agencies, and support of kinship caregiving, but the loss of flexible funding will make those activities more difficult.

11.2 DISCUSSION OF THE IMPACT OF THE SECOND WAIVER

The logic model of the ProtectOhio Waiver and evaluation addresses how system-level changes are expected to lead to changes in outcomes for children and families:

- Having flexible funds means PCSAs will have more choices in how to spend;
- The PCSAs will *do more* to avoid placing children;
- They will *do more* to make permanency stick, once a child exits the system;
- They will *do more* during placement to keep it short so children reach permanency sooner;
- These changes will keep children *at least as safe* as they would have been in the traditional child welfare system.

This hypothesis translates into two key research questions at the center of the evaluation:

(1) In what ways have the demonstration sites varied in their implementation of waiver activities since January 2005, compared to each other and to the group of comparison sites?

(2) In what ways do outcomes differ among the demonstration sites and between the demonstration and comparison groups?

Before synthesizing the results of the second waiver evaluation, it is important to reflect on the major findings of the prior seven years of ProtectOhio evaluation (1998-2004). The final evaluation report for the first waiver and the interim evaluation report for the second waiver offered pertinent conclusions about the progress of the waiver demonstration.

- The Final Comprehensive Report of the first waiver period (HSRI, 2003) found that the waiver "did not appear to be strong enough to alone generate fundamental reform of the state's child welfare system". It pointed to several issues – (a) program initiatives were "neither sufficiently large-scale nor sufficiently targeted", (b) reform efforts lacked "well-articulated logic models targeting specific outcomes", and (c) characteristics inherent in the Ohio child welfare system (e.g. county-administered child welfare programs that relied heavily on local levy funds) presented particular challenges to systemic reform – and argued that "with further time to address some of the barriers and limitations, the evaluation can be expected to bring to light more varied effects of waiver participation in the demonstration county group (and to) supply deeper information (about) the complex dynamics of systemic reform."
- With the advent of the second ProtectOhio waiver (authorized in early 2005, retroactive to October 2004), several basic changes were made in the waiver approach. First and foremost, as a requirement of the waiver extension, the demonstration counties decided to focus on several targeted service strategies, each with an explicitly-defined intervention approach, population focus, and logic model. Second, four new counties joined the waiver demonstration, expanding the group to 18 counties. Third, the demonstration counties began to gel as a single Consortium, sharing experiences and together making decisions about how best to not only implement the new waiver service strategies but also integrate time-limited state initiatives with their waiver activities[7]. The evaluation team became a consultant to these Consortium discussions, by offering ongoing feedback on the counties' implementation of the specific waiver strategies and the waiver overall.
- The Interim Evaluation Report, written mid-way through the second waiver period (HSRI, 2007), concluded that it was "difficult to frame an overall picture of the impact of the second ProtectOhio Waiver", because use of different data sources (a mixture of first-waiver participant outcomes data, second-waiver fiscal outcomes data, and largely qualitative second-waiver strategy data) made it "impossible" at this stage to establish any linkages "between the participant outcomes findings and the process or fiscal findings." The report highlighted early struggles in the demonstration counties to implement the service strategies in accordance with the defined models, and pointed out that "the remaining years of the Waiver afford counties a crucial opportunity to further enhance their service strategies and thereby make possible a more textured evaluation of child and family outcomes." It also noted that "the fiscal analysis shows indications that the demonstration counties are diverging from the comparison sites in ways consistent with the theory of the Waiver" and that

[7] For example, KPI and Kinship Navigator, Beyond the Numbers juvenile court reform initiative, ABC mental health improvement efforts, and Alternative Response.

the final years of the second waiver "will enable us to assess more clearly the full impact of flexible Title IV-E dollars on county spending patterns" and, in turn, the effect of expenditure shifts "on changes in service availability and, consequently, outcomes for children".

Implementation and outcomes results from the second waiver evaluation largely fulfill the hopes expressed in these earlier reports for more complete answers to the research questions. With respect to the specific service strategies, enough time has passed that the demonstration counties have served sufficiently large numbers of cases to support quantitative analysis of the strategies' impact on child-level outcomes. Even more important, after considerable effort to create analytic files that bridge the state conversion to SACWIS, the evaluation team has been able to fashion a fairly cohesive analysis of the many aspects of the waiver's impact. Without question, the SACWIS conversion process was lengthy and difficult for the PCSAs, and led to distraction from service delivery as well as to some loss of data related to case management and child-level outcomes. The discontinuity in some aspects of the state record-keeping systems induced by the changeover limited the evaluation team in carrying out several planned elements of the evaluation. Nonetheless, the evaluation team feels confident in drawing overall conclusions.

In the sections below, we first synthesize what has been learned about system-level changes – the implementation findings -- and then summarize how the waiver-induced system changes have affected child-level outcomes.

11.2.1 Implementation Findings and System Changes

The Process Implementation studies have focused on the nature of the changes occurring at the county level, in demonstration counties relative to comparison counties. The scope of the exploration included structure, practice, and management within the PCSAs as well as the relationship between the PCSA and its community partners in serving children and families. Many of the differences observed have likely contributed to systemic changes – i.e. changes that affect more than just those families and professionals directly touched by the practice or structural change. Prominent among those things that demonstration counties are doing more and/or differently:

1. Demonstration county PCSAs have better communication with juvenile courts and offer a broader array of programs for unruly/delinquent youth than do comparison PCSAs.
2. Demonstration counties apply their FTM initiative to a wider range of children/families, and engage families more than do comparison counties. They also are far more likely than comparison counties to use an independent facilitator and to hold meetings over the course of the case. At the same time, demonstration counties' adherence to the FTM model was found to be quite varied across sites, both in terms of the timing of FTMs and the range of participants.
3. Relative to the comparison sites, the 12 Supervised Visitation counties less often use caseworkers to supervise, turning more to specialized visitation staff and case aides, and much more often help parents engage in structured activities with their children. In addition, the strategy counties generally meet model expectations for frequency and duration of parental visits with children in foster care, but show more variability in how often structured activities are planned and completed.

4. The six Kinship strategy counties more often have designated kinship support staff; these workers have more responsibilities; and they more often provide hard goods and services and more often help kin caregivers obtain legal custody, relative to workers in comparison counties.
5. Changes observed in county-level mental health & substance abuse services in the demonstration counties did not markedly differ from the comparison group, likely because such changes require concentrated attention, and only four demonstration sites chose to pursue this waiver strategy. However, in the four Mental Health/Substance Abuse strategy counties, pre-post comparisons revealed that children and/or parents served during the strategy period more often received needed assessments and services, and received them more quickly, than did children served prior to implementation of the strategy.
6. Reflecting the changes documented in earlier evaluation reports, the demonstration PCSAs asserted that the waiver has positively impacted ongoing, placement, and permanency case processes as well as improved agency philosophy and culture. In addition, increased predictability of funding levels was seen as having a positive impact on PCSA service planning.
7. Lastly,the Fiscal analysis revealed a shift in PCSA spending patterns. The waiver was found to be associated with a statistically significant reduction in the proportion of child welfare expenditures spent on foster care board and maintenance relative to comparison counties, a shift achieved through both reducing foster care spending and increasing spending on other child welfare services, such as expanding county staff and programs and family/community-based services.

In short, the answer to the first research question is: relative to what has occurred in the comparison sites, the demonstration PCSAs have made a wide array of implementation changes during the waiver, affecting both their internal environment and their external relations with other agencies, the most significant being a proportional shift in expenditures away from foster care board and maintenance activities. But how has this impacted child-level outcomes?

11.2.2 Changes in Child-Level Outcomes

Five separate evaluation studies yield insight into the waiver's impact on changes in child-level outcomes, specifically related to safety and permanency. Among the key findings:

1. Complementing the fiscal finding of expenditure shifts toward non-foster care activities, the trajectory analysis suggests that, beginning in the latter part of the first waiver period, demonstration counties were able to maintain levels of serving children in-home, in contrast to the reductions observed in comparison sites.
2. The Placement Outcomes Analysis found minor improvements in placement duration. The second waiver had no overall impact on median duration of placements; at the county level, four counties experienced decreases in overall duration of placements and two counties experienced increases. However, the wait for adoption was shortened under the second waiver and suggested increased momentum since the first waiver.
3. The Placement Outcomes Analysis found a significant waiver effect on the proportion of children in placement who exited to custody of kin (more) and who exited to reunification (fewer);

however, this latter finding actually represented a lessening of the trend that developed during the first waiver period. The reunification finding was also echoed in the FTM analysis, where demonstration counties showed a lower proportion of exits to reunification than comparison counties.

4. The Placement Outcomes Analysis also showed that the second waiver increased exits to adoption relative to pre-waiver conditions, suggesting that exits to adoption increased very slowly over the two waiver periods.
5. The FTM analysis revealed that children in the demonstration sites were more likely to be served in their own home than to go to placement; and, for the children who *did* go to placement, children in the demonstration counties were more likely to be placed with kin and less likely to be placed in foster care than their comparison site counterparts. In addition, children in the FTM counties experienced a shorter case episode. The latter finding also emerged in the Supervised Visitation analysis, for children in the strategy counties.
6. Kinship caregiving was found to be a strong force in the demonstration counties, especially among children in non-metro sites which includes all six of the counties that chose to implement the Kinship Supports strategy. Paralleling the POA and FTM findings of greater kin involvement (exits to kin custody and placement with kin, respectively), the Kinship analysis revealed that children in kinship strategy counties were more likely than comparison county children to end their kinship placement in the legal custody of the kinship caregiver.
7. Findings from all of the evaluation studies show that the waiver has kept children at least as safe as they would have been without the waiver. The Trajectory analysis found that the risk of subsequent maltreatment did not increase as a result of changes in service utilization associated with the waiver. The Supervised Visitation analysis revealed that children in the strategy counties did not differ from comparison children in terms of subsequent case openings. The FTM analysis showed that children in demonstration counties had slightly fewer subsequent case openings than comparison children. And the expanded re-entry analysis, conducted during the second waiver but using first-waiver data, found no difference in re-entry rates resulting from the waiver, i.e. children were just as safe under the waiver as otherwise.

In sum, the second waiver period has offered clear evidence of systemic change at the county level, in terms of agency philosophy and culture, service options, and collaboration, especially through the Consortium. The evaluation team has observed an overall maturation in the demonstration sites, as they have learned from their experiences and have become more comfortable with the flexibility/risk proposition intrinsic to the waiver. By the end of the second waiver, the shift in PCSA spending toward non-foster care activities finally emerged as a statistically significant change. Simultaneously, at the child level, the evaluation has found very modest effects in support of the waiver hypothesis. More children served in-home, some shorter duration in placement and in case episodes, and equal safety under the waiver are positive signs, but the waiver alone does not yield large gains in child outcomes. Making such changes to complex systems is difficult; the demonstration counties have worked hard, and they are moving in the right direction.

Overall, the flexibility afforded by the waiver has clearly contributed to counties making big strides in transforming the culture, practice and expenditure patterns. This did not happen right away; during the first waiver, flexibility was still unfamiliar and risky. Leadership and line staff alike had to decide whether or not they wanted to seriously employ the waiver to pursue systemic change; at varying times, as they found themselves ready, the PCSAs began to develop the infrastructure to capitalize on the opportunities opening up. Other critical factors, observed throughout the waiver evaluation, include leadership, access to reliable and comprehensive data, use of management tools, and adoption of some concrete service strategies tied to a vision of system change. The bottom line seems to be that demonstration counties are taking advantage of the flexibility afforded by the waiver for agency-level and county-level improvements; and children are *not* at any greater risk of maltreatment.

Looking at the entire twelve years of ProtectOhio, the evaluation team can discern an evolution in demonstration counties' comfort with the waiver and their embrace of the potential it offers for systemic change in their local child welfare environments. This new energy and flexibility can potentially be channeled toward other key initiatives in the Ohio child welfare system, such as Alternative Response where a flexible response to a family crisis is essential, and to overall improvement as reflected in the federal Child and Family Service Reviews.

11.3 NEXT STEPS

After 12 years, the flexible use of Title IV-E funds is engrained in the demonstration counties. They have made internal changes, they have adopted promising service strategies, and they want to maintain this course. So what are the appropriate next steps?

From an evaluation perspective, more can still be learned from the existing data sets. Work could begin during an extension to the current bridge period, as a way to sustain the momentum in the demonstration counties. Four activities hold promise in further informing state and county policy:

- **Debriefing**: The evaluation team would host a day-long meeting for both demonstration and comparison counties, to share the detailed results from the waiver evaluation. This could be followed by a half-day meeting with the Consortium to brainstorm ideas and begin to identify changes in service strategies and/or other waiver parameters for a possible third waiver period.
- **PODS**: The evaluation team would begin to check the PODS data that has been entered since July 2009, follow up with demonstration counties around any data issues, and begin to aggregate the data for subsequent reporting.[8]
- **SACWIS exploration**: The evaluation team would enhance our understanding of SACWIS data by working closely with ODJFS and county representatives to explore some of the most problematic data elements and tables; this process would likely identify areas where SACWIS changes are needed or where further training would improve the quality of data entry. In particular, we would search for a better case start variable, particularly for historical comparisons, and revisit the "other" exits in the placement data, to identify other places in SACWIS to better define the

[8] ProtectOhio Database System (PODS) is a new web-based system for collecting FTM and Supervised Visitation data. Similar data was collected in the previous ACCESS database system.

exit type. To facilitate this process, it may be helpful to create a small working group of evaluation team, county representatives and representatives from ODJFS SACWIS staff to meet regularly for a limited time.

- **Caseload Reports**: Building on increased understanding of SACWIS, the study team would complete the original list of caseload reports, and discuss with the Data Committee the usefulness of the reports and the need for other reports in place of ones that are not viable using SACWIS data. The demonstration counties have found these reports to be particularly valuable in their ongoing management decision-making.

In addition to these efforts to enhance and share the evaluation findings, in a form of technical assistance to ODJFS and the PCSAs, the evaluation team sees several areas for future experimentation and learning. Some of the current waiver strategies have shown good effects; it is important to allow the most promising of these to further mature and reveal the full impact on child-serving systems and on child-level outcomes. Careful evaluation could even move some of these practices to the level of evidence-based practice. In particular:

- **FTM**: This is the most promising of the current waiver strategies. More study can be done with existing data to examine FTM fidelity at the case level and to explore the relationship to case-level outcomes, to yield a fuller understanding of effective FTM practice. In addition, the study team could explore whether outcomes vary based on FTM dosage, the number of attendees present at FTMs, and the inclusion of a family representative at the meeting. The current database could be expanded by adding new data from PODS. Findings would be shared with Consortium and FTM Facilitator's Group, possibly leading to refinement of the FTM model for use during a third ProtectOhio period.
- **Kinship**: The use of kin families as an alternative placement type, and exit to kin following placement, are key elements of the kinship strategy that emerge from many of the current evaluation findings. As a central interest of Ohio child welfare leaders, kinship caregiving could be studied much more systematically, through development of an explicit strategy and creation of SACWIS data elements to facilitate tracking of children in kinship settings, including formal/informal placements and custody awards to kin. This work could also shed additional light on the somewhat mixed findings of increased exits to the custody of kin and decreased reunification. Understanding the benefits of kin custody relative to other permanency options is an important policy consideration.
- **Mental Health & Substance Abuse services**: This waiver strategy proved worthwhile for the few counties which pursued it. It is a critical service sector for all PCSAs, since more and more children come to the attention of the child welfare system because of parental mental health and substance abuse issues. A more clearly defined strategy could be formulated by the Consortium with the assistance of the evaluation team, and tracked throughout any additional waiver period.

These are ideas, subject to the interests and priorities of ODJFS and the Consortium counties. Other entirely new interventions may surface in brainstorming sessions, which already exist in selected

counties or other states, and which promise to address particularly tough family problems. Whatever the focus of a new ProtectOhio activity, it must be supported in four key areas:

- ✓ Leadership for systemic change, at both state and county levels;
- ✓ Improvements in SACWIS;
- ✓ Management tools that enable PCSAs to link service investments to outcomes over time; and
- ✓ Infrastructure and technical assistance to support innovation over time.

Continuation of ProtectOhio would afford Ohio and the national audience as a whole an opportunity to examine more deeply some questions that lie at the core of child welfare system reform debates. Fundamentally, the dynamics of systemic change are complex and require long-term and multi-dimensional exploration of practice and policy, financing and participant outcomes. The Ohio waiver has already provided an unusually long and broad look at a single state system, providing a valuable foundation for further research and learning.