

ProtectOHIO
Final Evaluation Report
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ProtectOHIO Final Evaluation Report: Ohio's Title IV-E Waiver Demonstration Project

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Contents

Executive Summary	1
Chapter 1 Introduction and Overview	5
1.1 History of Ohio’s Title IV-E Waiver Demonstration	5
1.1.1 First IV-E Waiver Period: 1997-2002	6
1.1.2 Second IV-E Waiver Period: 2004-2009	8
1.1.3 Third IV-E Waiver Period: 2010-2015	9
1.2 Evaluation Design	12
1.3 Organization of the Report	14
Chapter 2 Contextual Factors	16
2.1 Overview and Introduction	16
2.2 Data Collection and Methods	16
2.3 Social, Economic, and PCSA Context in Demonstration and Comparison Counties	17
2.3.1 Economic Environment	17
2.3.2 Substance Use	18
2.3.3 Funding and Fiscal State of PCSAs.....	20
2.3.4 Changes in PCSA Leadership, Structure, & Staffing	21
2.3.5 Cultural Responsiveness	22
2.3.6 Community Collaborations	23
2.4 National Context	24
2.4.1 Family First Prevention Services Act	24
2.5 Next Steps	27
Chapter 3 Family Team Meetings	29
3.1 Introduction and Overview	29
3.1.1 Background	29
3.1.2 Intervention Model	31
3.1.3 Training	32
3.2 Evaluation Design.....	32
3.2.1 Research Questions.....	34
3.2.2 Data Collection.....	34
3.3 Process Study	34
3.3.1 Analytic Methods	34

3.3.2 Findings	35
3.4 Outcome Study	42
3.4.1 Analytic Methods	43
3.4.2 Data Sources	45
3.4.3 Study Population	45
3.4.4 Findings	45
3.5 Summary and Conclusions	49
Chapter 4 Kinship Supports	51
4.1 Introduction and Overview	51
4.1.1 Background	51
4.1.2 Intervention Model	52
4.2 Evaluation Design	53
4.2.1 Research Questions	54
4.2.2 Data Collection	54
4.3 Process Study	55
4.3.1 Analytic Approach	55
4.3.2 Process Study Findings	55
4.4 Outcome Study	64
4.4.1 Analytic Approach	64
4.4.2 Data Sources	65
4.4.3 Study Population	65
4.4.4 Findings	66
4.4.5 Limitations	67
4.5 Summary & Conclusions	67
Chapter 5 Cost Study	70
5.1 Introduction and Background	70
5.2 Evaluation Design	72
5.2.1 Overarching Research Questions	72
5.2.2 Methods	72
5.3 Estimation of Hourly Rates for PCSA Staff	76
5.4 Time Spent on Intervention-Related Activities Compared with Services as Usual	78
5.4.1 Demonstration County Family Team Meetings Compared with Comparison County 90-Day and Semi-Annual Reviews	79

5.4.2 Demonstration County Kinship Supports Intervention Compared with Kinship Services in Comparison Counties.....	80
5.4.3 Demonstration County Kinship Supports Intervention Compared with Foster Care in Comparison Counties.....	82
5.5 Time Spent on Activities Related to Outcomes of Interest.....	82
5.6 Estimated Average Daily Foster Care Rates.....	84
5.7 Application of Cost Estimates to Administrative Data.....	84
5.7.1 Demonstration County FTMs.....	84
5.7.2 Comparison County 90-day and Semi-Annual Reviews.....	84
5.7.3 Demonstration County Kinship Supports Intervention Costs Compared with Kinship Services in Comparison Counties Costs.....	85
5.7.4 Demonstration County Kinship Supports Intervention Costs Compared with Foster Care in Comparison Counties Costs.....	86
5.7.5 Outcomes Unit Costs.....	86
5.8 Findings: Financial Impact.....	87
5.8.1 FTMs Compared with Comparison County 90-day and Semi-Annual Reviews.....	87
5.8.2 Demonstration Kinship Supports Cases Compared with Kinship Cases Experiencing Business as Usual in Comparison Counties.....	88
5.8.3 Demonstration Kinship Supports Cases Compared with Foster Care Cases in Comparison Counties.....	89
5.9 Study Limitations.....	89
5.9.1 Methodology.....	89
5.9.2 Response rates.....	90
5.9.3 County Variation and “Average” Cases.....	90
5.10 Summary and Conclusions.....	90
5.10.1. Methods.....	91
5.10.2 Financial Impact.....	91
Chapter 6 Flexible Funding Outcome Study.....	93
6.1 Introduction and Overview.....	93
6.2 Evaluation Questions and Hypotheses.....	94
6.3 Methods.....	96
6.3.1 Evaluation Design.....	96
6.3.2 Study Populations (Samples).....	96
6.3.3 Variables and Measurement.....	101
6.3.4 Development of Propensity Weights.....	103
6.3.5 Analytic Approach.....	104

6.4. Waiver Impact: Findings	106
6.4.1 Child Maltreatment Trajectory Outcomes.....	106
6.4.2 Placement Outcomes for Children in Out-of-Home Care	109
6.4.3 Post-Permanency Safety and Reentry Outcomes	114
6.5 Discussion.....	117
6.5.1 Summary of Results	117
6.5.2 Strengths and Limitations	118
6.5.3 Implications.....	119
Chapter 7 Discussion and Conclusions.....	120
7.1 Evolution of Ohio’s Title IV-E Waiver Demonstration.....	120
7.2 ProtectOHIO Family Team Meeting Intervention	122
7.3 ProtectOHIO Kinship Supports Intervention.....	125
7.4 Impact of Ohio’s Title IV-E Waiver Demonstration.....	127
References.....	129

List of Figures

Figure 1.1: Map of ProtectOHIO Demonstration and Comparison Counties	13
Figure 6.1 Study Populations and Flow Through Child Welfare	98
Figure 6.2. Child Maltreatment Population Characteristics (Weighted %), January 2011 thru May 201999	
Figure 6.3. Placement Entry Cohort Characteristics (Weighted %), January 2011 thru May 2019	100
Figure 6.4. Kaplan-Meier Plot: Time from Exit to Re-abuse in Demonstration and Comparison Counties	109
Figure 6.5 Exit Status as of May 2019, for Children Placed in Demonstration and Comparison Counties (Weighted %)	110
Figure 6.6. Kaplan-Meier Plot: Time From Entry to Reunification in Demonstration and Comparison Counties (N=52,287)	111
Figure 6.7. Kaplan-Meier Plot: Time From Entry to Guardianship or Custody of a Relative or Third Party in Demonstration and Comparison Counties (N=52,287).....	112
Figure 6.8. Kaplan-Meier Plot: Time From Entry to Finalized Adoption in Demonstration and Comparison Counties (N=52,287)	113
Figure 6.9. Descriptive Results: Percent Re-abused Within 12 Months After Exiting to Permanency.....	115
Figure 6.10. Descriptive Results: Percent Reentered Within 12 Months After Exiting to Permanency ...	116
Figure 6.11. Kaplan-Meier: Time From Exit to Reentry Within 12 Months After Exiting to Custody/Guardianship	116

List of Tables

Table 1.1 Selection of First Waiver Period Focus Areas.....	6
Table 1.2 Variables Used in Choosing Comparison Counties.....	13
Table 1.3 ProtectOHIO Logic Model.....	14
Table 3.1 ProtectOHIO Family Team Meetings Logic Model	33
Table 3.2 Percentage of Family Team Meetings Held in the Demonstration Counties During the Fourth Waiver Period That Each Participant Type Attended	39
Table 3.3 Critical Event Family Team Meetings During the Fourth Waiver Period	41
Table 3.4 Family-Centered Meetings in the Comparison Counties ¹	42
Table 3.5 FTM Outcome Study Groups.....	44
Table 3.6 Exit Types Among Children Who Exited Out-of-Home Care – Full FTM Group.....	47
Table 4.1 ProtectOHIO Kinship Supports Intervention Logic Model	54
Table 4.2 Reentry Into Out-of-Home Care After Initial Exit From Care	67
Table 5.1: Number of staff completing usable surveys: Each respondent was asked to complete questions for two recent cases.	76
Table 5.2: FTM Full Cohort.....	87
Table 5.3: High Fidelity Cohort.....	88
Table 5.4: Kinship Supports Compared with Business as Usual Kinship.....	88
Table 5.5: Kinship Supports Compared with Business as Usual Foster Care	89
Table 6.1 Summary of Findings for the Waiver Flexible Funding Hypotheses	94
Table 6.2 Evaluation Questions and Hypotheses.....	95
Table 6.3 Study Population Inclusion Criteria.....	97
Table 6.4 Outcome Variables for the WFFOS	102
Table 6.5 Analysis Methods	104
Table 6.6 Descriptive Statistics and Weighted Rao-Scott Chi-square Test: Placement Within 90 Days (N=84,570)	107
Table 6.7 Logistic Regression: Placement Within 90 Days, After Control for Other Factors (N=84,570) .	107
Table 6.8 Descriptive Statistics and Weighted Rao-Scott Chi-square Test: Re-abuse Within 12 Months (N=69,661)	108
Table 6.9. Permanence Within 12 Months and 24 Months (N=52,287).....	110
Table 6.10 Descriptive Statistics and Weighted Rao-Scott Chi-square Test: Number of Placement Settings Within 12 Months After Entry (N=52,287).....	114
Table 7.1 Family Meeting Models: A Research Review	124

Executive Summary

In October of 1997, Ohio became one of the first states in the nation to implement a Title IV-E Waiver Demonstration project, which allowed Public Children Services Agencies (PCSAs) to spend Title IV-E dollars (traditionally allocated for foster care) flexibly, with the goal of improving safety, permanency, and well-being outcomes for children and families. Over the course of a 22-year period – from 1997 to 2019 – Ohio continued operating this demonstration, and the participating PCSAs experimented with a wide range of family-centered practices – most prominently, their Title IV-E Waiver “ProtectOHIO” Family Team Meeting (FTM) and Kinship Supports interventions.

Throughout this time the benefits of the interventions, specifically, and waiver flexibility, generally, have appeared to precipitate positive outcomes for children and families. While the waiver activities and study findings have shifted over the course of Ohio’s four waiver periods, the cumulative findings suggest that both flexible funding and each of the interventions (FTM and Kinship Supports) are beneficial for child welfare involved families.

Key Findings: 1997-2019

When the Ohio Department of Job and Family Services (ODJFS) first opted to implement a Title IV-E Waiver Demonstration, county PCSAs could join, or decline to join the demonstration project. Fourteen PCSAs opted to join, and named the demonstration “ProtectOHIO,” in alignment with their shared belief that using flexible IV-E dollars to provide upfront, prevention services would increase the safety and well-being of children and families across the state.

In their first waiver period (1997-2002), the participating PCSAs had maximum flexibility in how to implement the waiver, and each took a somewhat different approach to reform, varying in nature and intensity of effort. The PCSAs implemented a wide variety of initiatives, ranging from IV-E court agreements to school-based services, family group conferencing, and others. However, although PCSA administrators spoke favorably of the demonstration, citing their ability to spend IV-E funds flexibly as “spurring the spirit of innovation,” the evaluation, for the most part, failed to detect significant differences in child and family outcomes as a result of the waiver demonstration.

Recognizing the need to adopt clearly defined and common strategies, Ohio’s second waiver period (2004 to 2009) involved a major shift in focus: each demonstration PCSA agreed to implement a Family Team Meeting (FTM) intervention, along with at least one other model, choosing from Supervised Visitation, Kinship Supports, Enhanced Mental Health and Substance Abuse Treatment, and Managed Care. At this same time, four additional county PCSAs opted to join the demonstration, and in an effort to implement these practices systematically, representatives from all 18 demonstration PCSAs came together to define core components of each intervention model.

The outcome study for Ohio’s second waiver period yielded dramatically different results than the first waiver period outcome study. This time around, substantial differences were found between children and families served by the demonstration and comparison PCSAs. Ultimately, compared to children and families served by comparison PCSAs:

- Demonstration children were significantly more likely to be served in home and significantly less likely to be placed into out-of-home care
- Demonstration children who were served in-home were at no greater risk (i.e., they were no more likely to experience further abuse or neglect)
- If placed, demonstration children were significantly more likely to be placed with kin
- Demonstration families experienced significantly shorter case episodes
- Demonstration families were significantly less likely to have a subsequent case opening.

In addition, the second waiver period's cost study found that demonstration PCSAs were successfully increasing the proportion of IV-E dollars spent on prevention and reunification services rather than foster care – a key objective of IV-E Waiver Demonstration projects. This dramatic shift in findings between the first and second period – when the participating PCSAs shifted from implementing a wide variety of initiatives to shared set of interventions – strongly suggested that implementing common interventions generated the positive outcome findings. In fact, the IV-E Waiver Demonstration cross-site evaluators had come to similar conclusions after reviewing study findings across the country. The 2011 *Synthesis of Findings: Title IV-E Flexible Funding Child Welfare Demonstrations* report noted that the mere availability of flexible funds was not enough to improve child and family outcomes, and suggested that IV-E Waiver Demonstrations should focus more closely on the impact of specific family-centered interventions (U.S. Department of Health and Human Services, 2011). And, when the U.S. Department of Health and Human Services invited states and tribes to apply for a new round of waiver demonstrations in 2012, they required applicants to place a greater emphasis on established or emerging evidence-based practices (U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2012).

Going into Ohio's third waiver period (2010-2015), waiver administrators agreed to further consolidate their demonstration approach, narrowing their focus to just two core interventions: FTM and Kinship Supports. Administrators again joined together to further manualize each of these interventions, developing in-depth practice manuals, intervention tools, and fidelity measures, and creating statewide training opportunities which all demonstration PCSAs participated in.

Findings from Ohio's third waiver period furthered the assumption that the interventions, specifically, were the key to generating positive outcomes for children and families. The FTM and Kinship Support outcome studies found that, in comparison to matched children in comparison counties not receiving these interventions, children and families that received either or both of the FTM and Kinship Supports interventions experienced more favorable outcomes. At the same time, the third waiver period Flexible Funding Outcome study, which examined outcomes for all children and families served under the waiver regardless of receipt of the interventions, largely failed to detect differences between county groups. Similarly, the third waiver period cost study, which focused on overall foster care expenditures, failed to detect significant differences between county groups.

However, findings presented in this report – which span Ohio's third and fourth waiver period (due to the relatively short timeframe of Ohio's fourth waiver period) – suggest that flexible funding, does in fact, have a positive effect on child and family outcomes. While findings from the FTM and Kinship Support outcome studies again suggested the interventions, specifically, had favorable effects on child and family outcomes (see sidebar), the Flexible Funding Outcome study found that, overall, children served under the demonstration were significantly less likely to be placed into out of home care than

matched children in comparison counties – while maintaining similar safety rates. This finding is particularly critical, given the widespread belief among child welfare administrators that keeping families together, while keeping children safe, is best for children and families. And, because this finding was not limited to children and families that received either FTM or Kinship Supports, it appears that the ability for waiver PCSAs to spend IV-E funds flexibly may have played a role in this favorable outcome finding.

Ultimately, PCSA administrators believe that both the interventions and their ability to spend IV-E funds flexibly have been central to their success. And, while administrators have expressed concern about the expiration of Title IV-E Waiver authority and their ability to continue implementing FTM and Kinship Supports, findings from the cost study presented in this report are encouraging in that demonstration staff appear to be expending resources at similar rates as comparison PCSAs (i.e., the costs of implementing FTM and Kinship Supports appear to be similar to the costs of services as usual).

The success of Ohio’s waiver demonstration, as demonstrated by the positive outcome findings reported in Ohio’s second, third, and fourth waiver period evaluation reports, is particularly notable given the context in which the demonstration occurred. The nationwide recession that began in the middle of Ohio’s second waiver period deeply affected state and local budgets, unemployment, and poverty rates. And, as other support systems were limited by funding constraints, more families were coming to the attention of PCSAs. The effects of the recession continued into Ohio’s third and fourth waiver periods, and a lack of affordable housing and homelessness continued to cause concerns. Further, opiate use began to rise dramatically, placing an even greater strain on PCSAs across Ohio. Taken together, it would be entirely understandable if these contextual factors dwarfed any positive effects of Ohio’s waiver demonstration. However, under the waiver and with access to flexible funds, PCSAs were more easily able to navigate these issues. The FTM and Kinship Supports intervention helped parents and extended family members to stay engaged in the process of working through their case plans, and the flexible waiver environment enabled PCSAs to respond to community and family-specific needs.

Overall, the evolution of Ohio’s demonstration and associated study findings captures the essence of one of the clearest messages that emerged from waiver evaluation findings over the

Final Waiver Period: Key Study Findings

FTM Outcome Findings

Compared to matched children in comparison counties, children who received the FTM intervention experienced:

- Shorter case episodes
- Lower likelihood of placement
- Higher likelihood of reunification

“FTMs helped me through a lot of things that I couldn’t have done by myself” - Parent

Kinship Supports Outcome Findings

Compared to matched children in comparison counties, children who received Kinship Supports experienced:

- Fewer days in out-of-home care
- Greater placement stability

“I could not have survived without the kinship program. They are there to help you help the kids. I felt 100% supported.” – Kinship Caregiver

Flexible Funding Outcome Findings

Compared to matched children in comparison counties, children served under the waiver demonstration were:

- Significantly less likely to be placed into out-of-home care

“ProtectOHIO is a way to revolutionize child welfare. It gets the state out of the way so we can work with families to meet their needs and goals. – PCSA Director

past 22 years – that flexible funds are necessary to achieve significant improvements in child and family outcomes, and that a clear focus on using those funds for specific prevention and reunification efforts is also required. PCSA directors have described cultural shifts as a result of each intervention, and have long maintained that the ability to spend IV-E funds flexibly has been critical to their success. Ultimately, the participating PCSAs have transformed their child welfare systems as a direct result of the waiver demonstration, perhaps best articulated by a PCSA administrator who described the shift he'd experienced, "Before the waiver, with traditional IV-E, the agency was heavy backdoor – group homes, placements, foster homes – and it's just been flipped. Now it's more service oriented... You keep the kids in the home which reduces the number of kids you have in placement. The waiver flexibility allows new things today that we wouldn't be able to do through traditional IV-E reimbursement." While waiver PCSA administrators have expressed concern over the conclusion of Ohio's IV-E Waiver Demonstration, the lessons learned through implementation of the waiver demonstration will greatly benefit the state, as ODJFS and the local PCSAs transition to operating under the new Family First Prevention Services framework.

Chapter 1 Introduction and Overview

In October of 1997, Ohio became one of the first states in the nation to implement a Title IV-E Waiver Demonstration Project. At the time, the majority of federal child welfare funds were IV-E, designated for foster care services, and only a fraction of federal dollars was available for prevention and reunification services. Under a Title IV-E Waiver Demonstration, however, states could use IV-E funds flexibly, with the goal of improving safety, permanency, and well-being outcomes for children and families involved in the child welfare system.

Ohio maintains a unique position among the more than 30 states that have had Title IV-E Waiver Demonstration Projects. It is the only state whose waiver demonstration has operated continuously since 1997 and has not altered in design – serving the entire child welfare population in a limited number of counties (that nonetheless represent a substantial portion of the state’s child welfare population). However, while its overarching design has remained unchanged, its practice focus has become increasingly targeted and well-defined, corresponding with improvements in child and family outcomes.

While IV-E waiver authority expired in October 2019, Ohio implemented the longest running demonstration project in the nation, yielding rich and dynamic findings over the past 22 years, and contributing to the national understanding of child welfare best practice. This report describes the evolution of Ohio’s waiver over time and its impact on child welfare-involved children and families through three interrelated studies: a process study, a cost study, and an outcome study.

Below, we describe the history of Ohio’s Title IV-E Waiver Demonstration, providing context for its more recent waiver environment, which has remained relatively stable since Ohio entered its third waiver period in 2010. The following chapters present the process, outcome, and cost study findings, illustrating how the participating IV-E waiver counties implemented the Waiver Demonstration and the resulting person-, agency-, and community-level outcomes.

1.1 History of Ohio’s Title IV-E Waiver Demonstration

When the Ohio Department of Job and Family Services (ODJFS) first opted to implement a IV-E waiver demonstration, county Public Children Services Agencies (PCSAs) could join or decline to join the demonstration project. Because Ohio has a county-administered child welfare system, participation in the demonstration involved risk; while it would provide PCSAs with upfront funds to experiment with (i.e., “waiver funds”), they would also lose guaranteed federal reimbursement for foster care administrative and maintenance costs for IV-E eligible children (i.e., “traditional IV-E funds”). As a result, the demonstration was most attractive to PCSAs interested in experimenting with innovative initiatives. After much information sharing and dissemination around ODJFS’s waiver demonstration goals, 14 PCSAs volunteered to participate, and, because of their shared belief that this shift in practice would increase the safety and well-being of families in Ohio, the demonstration was named “ProtectOHIO.”

1.1.1 First IV-E Waiver Period: 1997-2002

In the first waiver period, which lasted from 1997-2002, each county had maximum flexibility in how to implement the waiver within their local PCSA, and each took a somewhat different approach to reform, varying in nature and intensity of effort. At the time, the focus of the waiver was to encourage child welfare agencies to adopt what was referred to as “managed care efforts,” defined broadly as “rational decision-making processes to balance the competing forces of cost control, access, and quality” (Human Services Research Institute, 2003). As such, each of the 14 PCSAs pursued a variety of initiatives, some of which occurred systematically across many sites, and some of which were unique to just one or a few sites, ranging from IV-E court agreements to school-based services, family group conferencing, and others (Table 1.1).

Table 1.1 Selection of First Waiver Period Focus Areas

Focus Area	# of Counties
Frontloading of home & community-based services	10
PCSA offering assessments at intake	10
Paying for placement of children not in PCSA custody	10
Family group conferencing	9
Supplementing adoption subsidies and/or using subsidized guardianship	8
Intensive services, provided early	7
Caseload analysis	7
IV-E court agreement	4
Services to special populations	4
School social workers and other school-based services	4
Case rate contracting/risk-sharing	2

First Waiver Period Process Study

The process study for this first waiver period focused on examining changes in each demonstration PCSA that affected the larger community’s service infrastructure and dynamics, including changes over time, and differences between demonstration and comparison counties (14 comparison counties were selected for the study, based on their similarities to the participating demonstration counties). By the end of the first waiver period, some systematic differences between demonstration and comparison counties emerged: demonstration PCSAs appeared to be more focused on prevention activities; they more often targeted services to areas of insufficiency or to particular populations; they more often gave specialized attention to outcomes data and used it in case management decisions; and they were more likely to adopt joint funding mechanisms with other community partners. However, during this same time period, comparison counties also pursued programmatic changes, some of which were very similar to changes the demonstration sites were making – both groups increased family involvement, altered screening procedures, used quality assurance methods, and had similarly strong relationships with local juvenile courts, mental health boards, and Family and Children First Councils.

First Waiver Period Cost Study

The first waiver period's cost study focused on understanding differences in trends among individual counties and between county groups (i.e., demonstration vs. comparison PCSAs), comparing data from 1998-2002 (the waiver period) to the average of the two years prior to the waiver (the baseline period) using both state and county-level data. It was expected that demonstration counties would use their flexible IV-E dollars for initiatives that would reduce foster care expenditures, either through reducing placement days, reducing the average daily cost of foster care (by favoring less expensive and restrictive settings), or some combination of the two.

However, among all the fiscal analyses conducted, no statistically significant difference emerged between the two county groups. In fact, foster care spending increased substantially among both groups – although 8 of the 10 counties that grew the fastest (with at least a 50% growth rate) were comparison counties, suggesting that demonstration counties, to some extent, were able to contain foster care growth more than comparison counties.

First Waiver Period Outcome Study

The outcome study for this same time period used counterfactual modeling to estimate what would have happened to children in demonstration counties had the waiver not been in place, focusing primarily on placement length, exit types, and recurrence (i.e., safety), with mixed findings emerging. The study found that demonstration county children remained in initial placements for significantly fewer days than they were projected to without the waiver, but also that they reunified less often than they were projected to – exiting more often to kin instead. However, each of these effects were driven by data in one large county. Perhaps more important, though, were the recurrence (safety) findings. When IV-E waiver demonstrations were first authorized, policymakers had feared that the waiver incentive to reduce placement days might cause child welfare agencies to reunify children before it was safe to do so. Yet, the counterfactual safety analysis found no significant waiver effect on rates of reentry after reunification, either in specific counties or for the demonstration counties overall. Meaning, while waiver PCSAs failed to significantly decrease re-entry rates, they appeared to be achieving their objective of keeping children safe.

Despite limited outcome data to suggest that the waiver itself made a significant impact, most demonstration county administrators were enthusiastic about the waiver, noting that it had spurred the spirit of innovation and that flexible funds were being used for creative prevention and intervention services, to expand staff, and in cost-sharing agreements with other agencies. And, in some individual counties, the waiver did, in fact, appear to be associated with improved outcome findings. In addition to the overarching process, cost, and outcome studies, the evaluation team conducted case studies on six demonstration counties, highlighting interconnections among the process, cost, and outcome findings. Two of these counties – Lorain and Muskingum – stood out from the other four in terms of positive waiver effects. Notably, both of these counties focused on clearly defined programmatic reform efforts supported by fiscal shifts, which then translated into improved outcomes for children and families.

1.1.2 Second IV-E Waiver Period: 2004-2009

Recognizing the need to adopt clearly defined and common strategies, Ohio's second waiver period (2004 to 2009)¹ involved a major shift in focus: each demonstration PCSA agreed to implement a Family Team Meeting (FTM) model, along with at least one other initiative, choosing from Supervised Visitation, Kinship Supports, Enhanced Mental Health and Substance Abuse Treatment, and Managed Care. At this same time, four additional county PCSAs opted to join the waiver demonstration, and, in an effort to implement these practices systematically, representatives from all 18 demonstration county PCSAs came together to define core components of each intervention model.²

Second Waiver Period Process Study

The process study for Ohio's second waiver period found more substantial differences between demonstration and comparison sites than it did for the first waiver period. For instance, although many comparison PCSAs were implementing programs that were similar to the waiver initiatives, demonstration county practice was more targeted, and practice varied among comparison counties considerably more. It also found that demonstration PCSAs and juvenile courts communicated better than their counterparts in the comparison sites, and that demonstration sites had a larger array of program and staffing options to serve youth who are unruly or delinquent, making the sites feel better able to serve that particular population. Ultimately, demonstration county administrators reported that waiver flexibility had a significant positive impact on case management, placements, and permanency.

Second Waiver Period Cost Study

The second waiver period's cost study replicated the first waiver period's study, and – to some extent – similar findings emerged. While findings related to the number of days children spent in placement, unit costs, and overall foster care expenditures were all in the hypothesized direction, and in many counties dropped dramatically, they were not statistically significant when comparing differences between the two county groups overall. However, an additional analysis did result in a statistically significant finding: demonstration status had a significant association with a decrease in the proportion of child welfare expenditures spent on foster care board and maintenance. This suggests that demonstration PCSAs were successfully increasing the proportion of IV-E dollars spent on prevention and reunification services rather than foster care – a key objective of a waiver demonstration project.

¹ A bridge period of two years followed the initial waiver period, in which the Ohio Department of Job and Family Services negotiated with the U.S. Children's Bureau to obtain a five-year extension. The extension was granted in January 2005, retroactive to October 1, 2004.

² Four additional comparison counties were also selected for the second waiver period study, bringing the total number of study sites to 18 demonstration and 18 comparison counties.

Second Waiver Period Outcome Study

The outcome study for this same time period used a quasi-experimental design to compare outcomes for children served under the waiver in demonstration counties to children receiving services as usual in comparison counties. This time around, the study found substantial differences between county groups.

Compared to children in comparison counties, children in demonstration counties:

- Experienced significantly shorter case episodes (an average of 329 days vs. 366 days)
- Were significantly less likely to be placed into out-of-home care (15% vs. 17%)
- For those who were placed, were significantly more likely to be placed with kin (47% vs. 40%)
- Were significantly less likely to have a subsequent case opening within a year of case closure (11% vs. 12%)

In addition, the safety analyses found that by 2006, demonstration PCSAs were serving a substantially larger proportion of children in-home than comparison PCSAs (19% vs. 11%), and of those children served in-home, the proportion experiencing a subsequent substantiated report of abuse or neglect declined in both demonstration and comparison PCSAs.

These results were a considerable improvement from the first waiver period where few significant differences between county groups emerged. County administrators attributed these improvements to the more targeted and systematic practices that were implemented across the demonstration sites in the second waiver period. Ultimately, compared to children and families served by comparison PCSAs:

- Demonstration children were significantly more likely to be served in home and significantly less likely to be placed into out-of-home care
- Demonstration children who were served in-home were at no greater risk (i.e., they were no more likely to experience further abuse or neglect)
- If placed, demonstration children were significantly more likely to be placed with kin
- Demonstration families experienced significantly shorter case episodes
- Demonstration families were significantly less likely to have a subsequent case opening.

Overall, county, state, and federal administrators were encouraged by Ohio's second waiver period findings, particularly when considering the context in which these findings emerged: the nationwide recession that began in the middle of Ohio's second waiver period had a deep impact on unemployment and poverty rates as well as state and local budgets. And, as other support systems were limited by funding constraints, more families were coming to the attention of PCSAs. Despite these challenges, the waiver effect, and, more significantly, the targeted use of flexible funds for clearly defined strategies, appeared to be working and improving outcomes for children and families involved in Ohio's child welfare system.

1.1.3 Third IV-E Waiver Period: 2010-2015

Based on the improvements seen in Ohio's second waiver period, county administrators agreed to further consolidate their third waiver period approach, narrowing their focus to just two core

interventions: FTM and Kinship Supports. Administrators again joined together to further manualize each of these interventions, developing in-depth practice guides, intervention tools, and fidelity measures, and creating statewide training opportunities which all demonstration PCSAs participated in.

Third Waiver Period Process Study

These practice changes appeared to directly translate into both system- and person-level improvements. The process study found clear differentiation between demonstration and comparison county practices related to family engagement and kinship supports, and families interviewed described a wide range of benefits of each of the intervention models. For instance, one parent who participated in the FTM intervention described how she believed the process enabled her to quickly reunify with her children, noting, “Because FTM was held before the court hearing, everyone was in agreement and could present a single recommendation to the court. The court then gave me more visitation and we reunified sooner. The judge was influenced by all the people in recommending it. And FTM enabled me to express what I wanted from the hearing – I asked them to push for more visits.”

Third Waiver Period Cost Study

Conversely, the cost study found no significant differences between county groups in the number of placement days, unit costs, overall foster care expenditures, or the proportion of foster care versus other child welfare expenditures in the third waiver period. However, when all 17 study years were analyzed, foster care expenditures were below adjusted baseline expenditures (i.e., estimated expenditures, accounting for inflation) in at least 12 of 17 years in five demonstration counties compared to only three comparison counties – a modest but notable difference between county groups.

Third Waiver Period Outcome Study

The outcome analysis for Ohio’s third waiver period focused on three separate target populations – an analysis of all children in demonstration versus comparison counties (to understand the “waiver” effect) and additional sets of analyses focusing only on children and families that received the FTM and Kinship Supports interventions, specifically (to understand the effects of each of the interventions).³ The waiver effect analyses were primarily insignificant, showing no major differences in outcomes for children and families in demonstration and comparison PCSAs, overall. However, the intervention-specific analyses found substantial differences between county groups.

Using propensity score matching to control for potential differences between families in demonstration and comparison counties, the FTM analyses found that, compared to matched children in comparison counties, children in families that received FTM:

³ Although the FTM model specifies that all families that transfer to ongoing services should be eligible for FTM, several large counties sampled families into the intervention due to staffing constraints. Similarly, while the Kinship Supports intervention model specifies that all kinship placements are eligible for Kinship Supports services, one of the largest counties only offered it to families in one of their two regions during the third waiver period.

- Were significantly more likely to be placed with kin if out-of-home care was necessary (40% vs. 22%)
- Were significantly less likely to reenter out-of-home care, once permanency had been reached (1% vs. 7% at 6 months, 3% vs. 11% at 12 months, and 4% vs. 13% at 18 months)
- Experienced significantly shorter case episodes – if the family received FTM with high fidelity to the model (median case length: 140 days vs. 290 days)

Similarly, promising findings emerged for the Kinship Supports intervention. When compared to matched children placed in foster care in comparison counties, children placed with kin who received the Kinship Supports intervention:

- Experienced significantly greater placement stability (85% of children in completed placements experienced no placement move compared to 73% in comparison counties)
- Reached permanency in significantly fewer days (adjusted median: 280 days vs. 350 days)
- Were significantly less likely to experience a subsequent substantiated or indicated report of abuse or neglect within 6, 12, and 18 months of reaching permanency (1.8% vs. 3.4%, 3.4% vs. 5.3%, and 4.2% vs. 6.3%, respectively)
- Were significantly less likely to reenter out-of-home care within 6 and 12 months of reaching permanency (the odds of reentry were nearly three times greater for comparison children at both 6 and 12 months)

And, when compared to matched children also placed with kin in comparison counties, children placed with kin who received the Kinship Supports intervention:

- Experienced greater placement stability (85% of children in completed placements experienced no placement move compared to 78% in comparison counties)
- Reached permanency in significantly fewer days (adjusted median: 290⁴ days vs. 325 days)

Once again, federal, state, and county administrators were encouraged by the evaluation findings, which were especially notable when considering the context in which the third waiver period took place. The effects of the nationwide recession had continued, and a lack of affordable housing and homelessness continued to cause concerns. At the same time, statewide and local budget constraints forced PCSAs to cut back services, and in some cases merge with one another; in many counties funding from local levies decreased as well. Further, opiate use began to rise dramatically, and PCSAs experienced increasing numbers of babies born opiate addicted; in turn, placement rates rose and PCSAs experienced difficulties reunifying children with families.

However, under the waiver and with access to flexible funds, PCSAs were more easily able to navigate these issues. The FTM and Kinship Supports intervention helped parents and extended family members to stay engaged in the process of working through their case plans, and the flexible waiver environment

⁴ Although the demonstration population for this set of analyses is equivalent to the population used in the kinship versus foster care analyses, the reported medians differ due to the use of propensity scores that were generated separately for each population.

enabled PCSAs to respond to community and family-specific needs. In fact, while the outcome findings appear to suggest that the interventions specifically – rather than waiver flexibility as a whole – had the most direct impact on child and family outcomes, waiver administrators have strongly maintained that waiver flexibility is a critical piece of the puzzle. By the end of Ohio’s third waiver period, demonstration county administrators reported that flexible funds were critical to meeting local needs, and enabling them to:

- Implement prevention and intervention services to address local crises
- Make staffing changes, lower caseloads, and improve client-caseworker relationships
- Implement new or continued cost-sharing agreements
- Improve community perception of PCSAs – which in turn, increases the likelihood of local levies being renewed

Upon completion of Ohio’s third waiver period, the US Department of Health and Human Services’ Administration for Children and Families approved an extension for Ohio’s waiver demonstration, allowing participating PCSAs to continue operating under the waiver until Title IV-E Waiver authority expired in October 2019. Fifteen county PCSAs opted to extend their waiver operations and continued implementing FTM and Kinship Supports as their two primary waiver interventions.

1.2 Evaluation Design

Because Ohio’s fourth waiver period was relatively short (2016-2019), due to the expiration of IV-E waiver authority in 2019, this final report primarily focuses on findings related to Ohio’s third and fourth waiver period. As described in the preceding sections, by Ohio’s third waiver period, participating PCSAs had consolidated their waiver activities to two primary interventions, FTM and Kinship Supports, which they continued implementing throughout the fourth waiver period. While preliminary outcomes for these interventions were reported in the third waiver final report, the greater timeframe included in this study allows us to expound more thoroughly on the impact of these waiver activities.

The core hypothesis of Ohio’s Title IV-E Waiver Demonstration evaluation is that the flexible use of title IV-E funds to provide individualized and targeted services to children and families will result in improved safety, permanency, and well-being outcomes for children and families. The evaluation uses a quasi-experimental design, comparing practice and outcomes in 15 demonstration counties and 16 comparison counties. These counties each participated in Ohio’s third waiver period.⁵ Figure 1.1 illustrates county involvement in Ohio’s fourth waiver period. As explained in prior evaluation reports and as illustrated in Table 1.2, the comparison sites were chosen to maximize comparability with demonstration counties.

⁵ During the third waiver, two demonstration counties and one comparison county exited the waiver, and one remaining demonstration county exited at the conclusion of phase 3, for reasons elucidated in the Third Waiver Final Evaluation Report.

Figure 1.1: Map of ProtectOHIO Demonstration and Comparison Counties

■ Demonstration Counties (dark green) ■ Comparison Counties (light yellow)

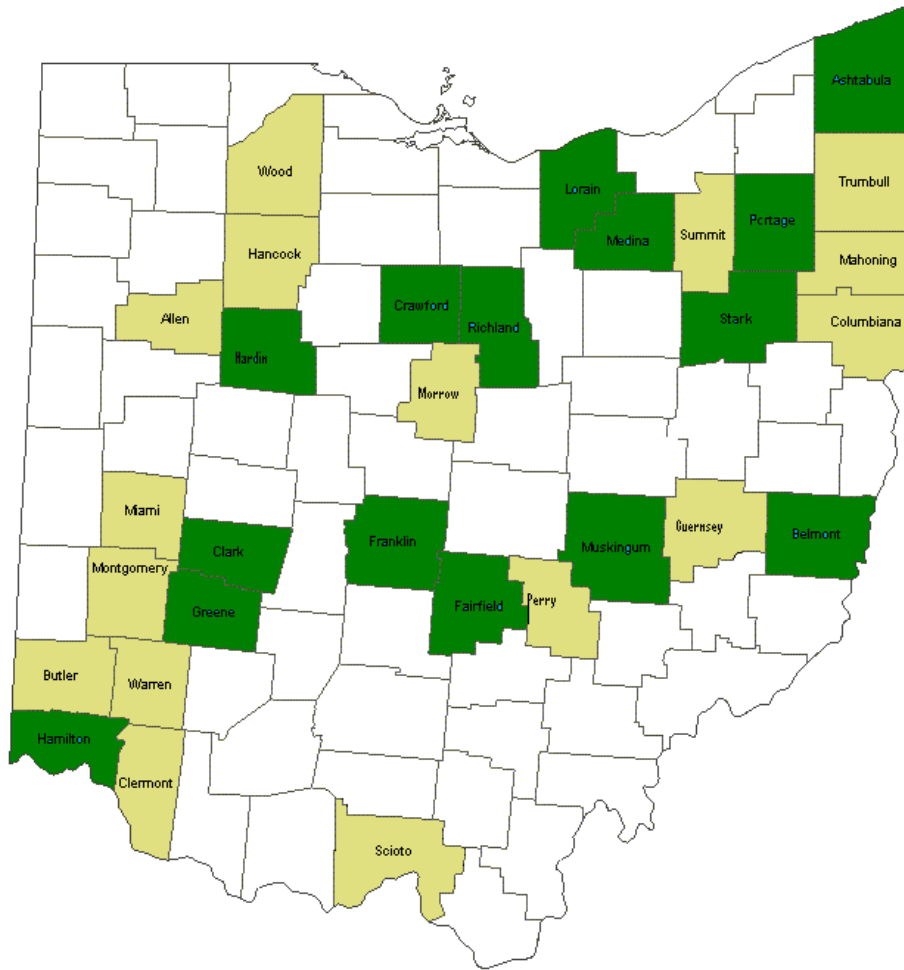


Table 1.2 Variables Used in Choosing Comparison Counties

- County population
- Percent of county considered rural
- Percent of children in population on Aid to Dependent Children (ADC)
- Percent of child welfare spending coming from local government
- Child abuse and neglect reports per 1,000 children in county population
- Out-of-home placements per 1,000 children in the county
- Median placement days

The overall waiver Logic Model (Table 1.3) illustrates the basic premises of ProtectOHIO, establishing expected relationships between waiver inputs, county activities, and desired outcomes for children and families served under the waiver demonstration.

Table 1.3 ProtectOHIO Logic Model

INPUTS	PROCESS (SYSTEM & CASE LEVEL)	OUTPUTS	CHILD & FAMILY OUTCOMES
Funding for any services, any clients	Internal organization	Families more engaged	Decreased placement days
	Services availability	Kinship caregivers more supported	Increased permanency
Funds upfront, and ability to redirect savings	Financing patterns	More services provided, and services completed in a timelier manner	Decreased re-abuse
	Waiver interventions: FTM and Kinship Supports		Decreased reentry to care
PCSA experience with waiver since 1997	Interagency relationships	Staff more supported	Greater placement stability
Existing partners in the community			

The core evaluation questions are:

1. How have demonstration counties made organizational and practice changes, compared to the comparison counties?
2. In what ways have the demonstration counties varied in their implementation of waiver activities, compared to each other?
3. To what extent do the two primary interventions, FTM and Kinship Supports, lead to cost savings for demonstration counties?
4. In what ways do the interventions specifically, and waiver flexibility overall, impact outcomes for children and families involved in Ohio’s waiver compared to similar children and families in comparison counties?

This study’s evaluation plan and data collection tools were reviewed and approved by the Human Services Research Institute (HSRI) Institutional Review Board.

1.3 Organization of the Report

The following six chapters of this Final Evaluation Report present the activities and findings for each major study within the evaluation, offering an overview of each, a description of the research methodology and findings, and an interpretation of the results:

- Chapter 2 provides an overview of the overarching context in which the demonstration and comparison PCSAs have been operating, detailing the social, economic, and political

environment, together with county, state, and federal contextual factors influencing service delivery.

- Chapters 3 and 4 offer implementation findings specific to the FTM and Kinship Supports interventions, respectively, together with outcome findings for children and families that received the interventions.
- Chapter 5 presents the cost study, which describes county-level costs and savings associated with the FTM and Kinship Supports interventions, as compared to service as usual in comparison PCSAs.
- Chapter 6 presents the Waiver Flexible Funding Outcome Study (WFFOS) study, which describes the impact of the waiver demonstration, as a whole, on safety and permanency outcomes.
- Chapter 7 briefly recaps the findings presented in the preceding chapters and offers a discussion synthesis of the impact of Ohio's Title IV-E Waiver Demonstration over the past 22 years.

Chapter 2 Contextual Factors

2.1 Overview and Introduction

ProtectOHIO has functioned as one part of Ohio’s overarching child welfare system for more than two decades. Throughout this time, the context in which PCSAs have been operating – as well as the specific ProtectOHIO activities and interventions – have shifted and evolved. Consequently, this chapter focuses on the evolving social, economic, and political environment, together with county, state, and federal contextual factors impacting the waiver PCSAs’ service delivery system. Where applicable, it also provides concurrent and comparable information from comparison counties; these data help illuminate the underlying statewide child welfare environment.

This chapter also details recent shifts in the federal child welfare funding system, such as the passage of the Family First Prevention Services Act (FFPSA), the conclusion of IV-E waiver authority, and the impact of these changes on Ohio. Organizational and contextual factors related to the FTM and Kinship Supports interventions, specifically, are primarily highlighted in Chapters 3 and 4, respectively.

2.2 Data Collection and Methods

To conduct analyses necessary for this portion of the process study – contextual factors not directly related to FTM or Kinship Supports – the evaluation team relied primarily on information collected via site visits and telephone interviews, in addition to independent research:

- **Site Visits:** In the fall through winter of 2018, site visits were conducted in each of the 15 demonstration PCSAs and in 5 of the comparison PCSAs. Comparison PCSAs were selected to be visited in person if they had been implementing practices similar to either FTM or Kinship Supports in Ohio’s third waiver period. These site visits consisted of interviews with PCSA directors and upper management, FTM staff and supervisors (and comparable staff in comparison counties), Kinship Supports staff and supervisors (and comparable staff in comparison counties), and caseworkers. Directors, managers, and supervisors were the primary source of information for this portion of the report.
- **Telephone Interviews:** In winter 2018-2019, telephone interviews were conducted with the remaining comparison county PCSAs; interviews were primarily conducted with PCSA directors and upper management. In addition, one additional telephone interview was conducted with two members of ODJFS, to collect state-level perspectives on federal, state, and local contextual factors occurring throughout Ohio’s third and fourth waiver periods.
- **Independent Research:** Additional independent research was conducted by the evaluation team to supplement and further elucidate the contextual factors described by PCSA staff throughout our in-person and telephone interviews.

In addition to the sources described above, data collected as a part of Ohio’s third waiver period was reviewed, including information collected via site visits and telephone interviews with demonstration and comparison PCSAs in 2014.

For both demonstration and comparison county data presented in this chapter, the evaluation team used Dedoose, a web-based qualitative analysis software, to code interviews for themes or units of meaning and subthemes. Coding was done primarily by one evaluator; however, it was systematically and thoroughly discussed with the evaluation team. The evaluation team assigned categorical thematic codes for all inputs, processes, and activities that were examined and searched for correlations among the different variables and for differences between demonstration and comparison counties, indicating practice differences and nuances resulting from participation in the Title IV-E Waiver Demonstration.

2.3 Social, Economic, and PCSA Context in Demonstration and Comparison Counties

2.3.1 Economic Environment

In the past 22 years of Ohio's Title IV-E waiver demonstration, both the national and state economic environment have changed considerably. Currently, Ohio has the seventh largest state economy in the United States with over \$600 billion in gross domestic product in 2018. With unemployment around 4% supported by the manufacturing industry, the health and education sector, and transportation and trade, Ohio's economy has – by many measures – recovered well from the 2008 recession when unemployment reached a high of over 11% (Ohio Development Services Agency, 2019; U.S. Bureau of Labor Statistics, 2019). Yet many families across the state continue to struggle with underemployment and economic hardship. In fact, while the state's unemployment rate is roughly on par with the national average, labor participation rates (the percentage of Ohioans who are in the labor force either with a job or actively seeking) is currently the lowest it's been in all but one of the past 40 years. Median wages are lower than they were in 1979, and the poverty rate in Ohio is roughly 15%. The situation is worse for minorities, as the poverty rate is 26% for Hispanics and 33% for African American Ohioans, more than double the general population poverty rate (Hanauer & McGowan, 2019; U.S. Census Bureau, 2019b).

While Ohio's manufacturing sector ranks fourth in the United States in manufacturing gross domestic product, and the state has one of the largest manufacturing workforces in the country, Ohio's labor market has been steadily moving away from blue collar jobs for the past few decades (Ohio Development Services Agency, 2019). Only 20 years ago, General Motors (GM) employed over 60,000 people in Ohio, making it by far the largest employer in the state (the next closest was Kroger with approximately 25,000 employees). By 2019, however, GM was only the 72nd largest employer in the state, dwarfed by companies mainly in retail and health care (Exner, 2019). Reflecting larger demographic shifts in the United States, Ohio's urban population is growing while the rural counties are seeing net outmigration. Currently, nearly 30% of Ohio's population lives in only three of the state's 88 counties. While urban counties such as Franklin County have seen drastic population growth over the past decade, others – including both demonstration and comparison counties such as Ashtabula, Columbiana, Trumbull, and Mahoning – have experienced population declines as high as 5% (U.S. Census Bureau, 2019a).

In addition to unemployment, underemployment, and stagnant wages, access to affordable housing is a major economic issue for many Ohioans. According to the Ohio Housing Finance Authority, roughly one

in four renter households in Ohio – over 390,000 households – spend at least half of their income on rent and utilities, while 47% of Ohio renters spend above 30% (Ohio Housing Finance Agency). The lack of affordable housing impacts both urban and rural residents, as all 88 of Ohio’s counties have a shortage of rental housing for extremely low-income renters, with an average of 42 units available for every 100 households (Ohio Housing Finance Agency, 2019). With affordable housing unavailable to many, homelessness continues to be a problem in many of Ohio’s counties; an estimated 10,000 people are homeless across the state, and, according to the Ohio Department of Education, more than 23,000 students were considered housing insecure in 2017 (Dodd, 2018; Ohio Housing Finance Agency, 2017).

Interviews with PCSAs reflect this reality, citing both housing and transportation as major issues faced by many families. In 2018 site visit interviews, nine demonstration PCSAs referenced homelessness or a shortage of stable, affordable housing as significant issues in their counties. One county director noted that the county is fortunate to have options for affordable housing, but they are located on the far end of the town, making transportation an issue for many low-income residents. Across many PCSAs, staff describe families on wait lists of up to two years for subsidized housing; substandard housing conditions with “slumlord” owners; a dearth of public transportation making accessing public services prohibitively difficult for many; and a general lack of available, affordable housing. As one demonstration PCSA director explained, “Affordable housing is a huge problem here. Even if you’re working, you may not be able to afford housing, and then you get some evictions, and then nobody’s going to rent to you. And now you lost your job because you’re not able to find a stable place to stay.”

Another interviewee noted the housing situation in their area is so competitive that one needs to be the “perfect applicant” in order to even qualify for housing, making it difficult for child welfare-involved families. Often, parents seeking to reunify with their children are unable to obtain stable housing, delaying reunification, increasing placement costs for the agency, and causing further trauma for the family. A PCSA director in a comparison county described the housing crisis in their community as a “close second” only to the county’s substance use crisis.

2.3.2 Substance Use

Ohio has been at the epicenter of America’s opioid epidemic since 2013. In 2017, Ohio had the second highest rate of drug overdose deaths involving opioids in the country. With over 39 deaths per 100,000 persons, Ohio’s overdose rate was more than double the national average of 14.6 deaths per 100,000, according to the National Institute on Drug Abuse (National Institute on Drug Abuse, 2019). The national opioid epidemic, and Ohio’s role within it, have captured national media attention and garnered responses from local, state, and federal government agencies. However, while PCSA staff do not deny the prevalence of opioid use or the negative impact that the drugs have on individuals, families, and communities, they are quick to stress that opioids are only one of many drugs that they commonly encounter. Agency staff were more likely to refer to the problem as general substance use, rather than an “opioid epidemic,” pointing to the fact that they deal as much with methamphetamine, cocaine, heroin, and alcohol abuse as they do opioid abuse. One interviewee suggested that opioids were “over publicized” in comparison to what they see with other drugs, while others stated that their biggest problem was methamphetamines, not opioids. According to the Ohio Department of Health, illicit

fentanyl or other synthetic opioids were involved in over 70% of 2017 overdose deaths, but most often in combination with other drugs (Ohio Department of Health, 2017).

It is also important to note that when PCSA staff were asked about what is happening at the community level that is impacting their work with families, substance use is not seen in isolation from other issues, particularly poverty and mental illness. Caseworkers describe instances of substance use and mental illness spanning generations, complex mental health issues in young children, and “drug babies” born with addiction issues. “It used to be a few referrals would have heroin in them,” one county director noted “and now a decent percent of them do. I couldn’t give you a percent right off the top of my head but it’s not only a drug problem, it’s also domestic violence, truancy from school, neglect. It’s issues kind of compacting each other more than I can remember.” A caseworker in another county noted, “Everything trickles down from drugs... It seems like every domestic violence case now is also related to substance abuse.” For many agencies, substance use is inseparable from discussions around Ohio’s economy, affordable housing, the labor market, homelessness, poverty, mental health, and the criminal justice system. Estimates by PCSA staff placed the percentage of cases which are in some way drug related between 60% and 90%.

Substance use issues place even greater strain on PCSAs across Ohio, and agency directors and caseworkers report much greater difficulty with placements when drugs are involved. In some cases, substance use is prevalent throughout an extended family, making identifying an adequate relative or kinship placement even more challenging. One county reported changing its policy to drug screen kinship providers and foster providers as part of their homestudy process after they recently discovered a relative was using drugs. For opioid cases, health experts in Ohio have shared with PCSA staff that it can take years of sobriety to be relatively certain that someone will not relapse, causing agencies to be cautious in reunifying families with young children and extending the amount of time the family is separated. For some PCSAs, the opioid crisis specifically, and substance use more broadly, has led to substantial increases in placement rates. Once again, extracting substance use as the determining factor for placement rates, when agencies see the issue as part of a broader socioeconomic issue, is impractical. Some agencies cite dramatic increases in placement rates, some as high as double in the previous 12 months before the interview, that they believe were in some way impacted by opioid and other substance use.

However, in light of these concerns, Ohio’s child welfare system – both at the state and local PCSA levels – has begun to shift strategies for assisting families impacted by substance use. Several PCSA directors noted local judges have begun allowing children to remain in their homes, even if a parent is struggling with substance use, as long as robust safety plans are in place to protect the involved children. By allowing children to remain in the home, while simultaneously wrapping extensive supports around a family, parents are often more motivated to address their substance issues, and the family avoids the trauma of unnecessarily removing a child from their home. In an effort to keep children home – while also keeping children safe – many county PCSAs cited the use of peer supports. While PCSAs are using peer supports through a variety of avenues, the most commonly cited program was the Ohio START (Sobriety, Treatment, and Reducing Trauma), an evidence-based model which brings together caseworkers, behavioral health providers, and family peer mentors into teams dedicated to helping families struggling with co-occurring child maltreatment and substance use disorders. The ODJFS

administered intervention began in 16 PCSAs, and has expanded to 32, including eight demonstration and five comparison counties.

2.3.3 Funding and Fiscal State of PCSAs

Much of the burden for these demographic shifts, stagnant wages, substance use, and changing labor markets eventually falls on Ohio's PCSAs. As one agency director explained, "People don't realize that child welfare has become the safety net for every other system. If you're not successful in mental health, you can't get access to treatment, you can't care for your kids. We're there. If you're homeless and have gotten to the point where you can't meet your child's needs, it's us." Since 2013, the number of children in foster care in Ohio on any given day has increased by 28%, with 65% of those children under the age of 12 and 27% under the age of 3 (Public Children Services Association of Ohio, 2019).

Despite this increasingly outsized role, Ohio's PCSAs struggle to stay adequately funded. Agency staff in multiple interviews noted that Ohio, at the time of the interview, ranked 50th in the nation in state funding to PCSAs, meaning many PCSAs rely on local levies – if they are fortunate enough to have one (Hausfeld, 2018). One waiver county noted that they lost nearly 50% of their funding after the 2008 recession, which has yet to return to prerecession levels. According to Policy Matters Ohio, state and federal funding for childcare programs in Ohio dropped by \$83.1 million, a decline of more than 10% (Policy Matters Ohio, 2019).⁶ In non-waiver counties, restrictions on Title IV-E funds—which make up roughly half of all federal funding for child welfare—limit agencies' ability to flexibly fund child welfare programs and services, with little supplemental state funding to fill the gaps (Child Trends, 2018).

Multiple interviewees were cautiously optimistic that funding at the state level would improve. At the time of many of the interviews, then Attorney General Mike DeWine was running for governor on a platform of investing in Ohio's families and increasing state funding for child welfare services. Upon his election, Governor DeWine oversaw a \$74 million increase, a roughly 50% increase, in state funding for abused and neglected children, including for Ohio START and 30 Days to Family programs.

In order to supplement federal Title IV-E funds and state funding, many counties rely on local levies to fund services and programs. Of the 15 waiver counties, 13 were supported by local levies while 12 out of 16 in the comparison counties reported levy funding. Despite this, PCSAs report that a lack of funding is a major issue for their agencies even with local levy funding. One comparison county reported having to make emergency requests for funding from other human services levies due to increased placement costs, even as the county had seen reductions in the number of cases. Other counties, however, face different, but similar, issues: another comparison county with levy funding noted that its placement rates have increased in the past two or three years, necessitating the hiring of additional staff and making levy funding insufficient. Some counties report turning to grant funding for filling funding gaps where possible, while others use Medicaid with other funding sources such as substance abuse intervention grants from the Ohio Attorney General's Office. Multiple counties reported having fiscally conservative constituencies and county commissioners, making funding uncertain, and they expressed anxiety about the continuation of voter-imposed levies.

⁶ Ibid.

2.3.4 Changes in PCSA Leadership, Structure, & Staffing

Internally, PCSAs in both demonstration and comparison counties have experienced organizational changes in recent years, including turnover at both the leadership and caseworker level. Demonstration counties were evenly split between those with high turnover at the leadership level (eight PCSAs) and those that reported low turnover (seven PCSAs). Comparison counties, however, were more likely to have high leadership turnover than demonstration counties with 12 PCSAs reporting high turnover at the leadership level and only 4 reporting greater leadership stability.⁷

Some of those PCSAs with lower leadership turnover specifically noted the benefit to the agency of their consistency and longevity. It is important to note, however, that PCSAs did not necessarily view upper-level turnover as unwanted. For some, significant rearrangement of the leadership structure was needed, and interviewees were happy with the result, describing a “total transformation” of their PCSAs. In other counties, retirements brought existing staff into leadership positions, and, with them, new ideas to the agency. While interviewees were often supportive of the changes implemented by leadership – improving the image of the agency, implementing trauma-informed practices, improving organizational efficiency – staff acknowledged that changes in leadership ultimately impact case staff, as they must shift courses to implement a new director’s vision.

According to PCSA staff, turnover at the case level varies among counties from “extremely high” and “outrageous” to “roughly on par” with the national average. One demonstration county estimated that half of the case staff had been with the agency for less than one year, some less than six months, while others estimated that around half had been with the agency for less than two or three years. Another demonstration county noted that out of the 25 caseworkers they hired between 2012 and 2017, 24 had resigned. In all, 10 of the 15 demonstration counties reported high turnover at the case level compared to 9 of the 16 comparison counties.

Several PCSAs described an ebb and flow of turnover for case-carrying staff where periods of stability are followed by high turnover. This is, according to those PCSAs, in part due to external economic factors. As one agency employee in a leadership position explained, “Caseloads are high, wages are low, so it's hard to keep people. The economy is improving so there are other jobs out there. They’re not necessarily higher paid but are less stressful. So that means we have to shift people around to balance teams and caseloads.” Two waiver counties reported partnering with universities to discuss career opportunities with students in psychology and sociology departments to recruit upon graduation.

Where there is complete unanimity among all PCSAs is regarding the difficult and stressful nature of case-carrying positions within their agencies. Agencies describe heavy caseloads, low wages, and the secondary trauma that staff can develop in the emotionally taxing role:

“[Turnover is] high, very high. We are getting some good applicants that have a passion for the work and they get out and actually get in the nitty gritty of it and they see... this is a dangerous job and they’re just not willing to continue and that’s their decision. But that does kind of complicate matters as well. It’s something that when we talk about

⁷ This information was not available for one comparison PCSA.

with our peers in other counties... it's clear that it's an issue that's much bigger than [our] county."

Agencies are cognizant of this stress and the need to support frontline workers, not only for organizational morale but also to ensure quality work and staff retention. However, PCSAs varied in their approaches to address the issue. For a select few, there were no official policies or practices in place to retain staff, yet PCSA staff were able to speak of more informal organizational efforts to support case staff. For most counties, both waiver and non-waiver, staff pointed to specific initiatives, programs, and supports the agency provides. One PCSA hired a consulting agency to complete a wage study to better understand the job market and offer competitive salaries. Labor unions in another county successfully restructured their collective bargaining agreements and put an end to pay freezes. Other counties describe changing hiring, interviewing, and onboarding practices to give candidates a better understanding of what the role entails and ease them into the position slowly. Two counties provide an Employee Assistance Program (EAP) to troubleshoot various problems and seek counseling if needed. And one county has even started a Wellness Committee that is tasked with establishing social outings, offering yoga classes, and organizing kickball games.

2.3.5 Cultural Responsiveness

With different demographic makeups across the state of Ohio, most PCSAs work, at least to some extent, with ethnically, racially, and culturally unique populations. PCSAs recognized the need for cultural responsiveness and reported a commitment to incorporating inclusive practices into their daily practice. "Cultural sensitivity and diversity awareness are very important to everything that we do and it's part of our daily practice," explained one PCSA administrator. "We respect other cultures and make sure that we are complying with the child and the family and their beliefs." However, several administrators noted barriers to providing culturally specific services.

One challenge repeated in multiple interviews is the language barrier that may arise between families and staff. Translation services are most commonly needed for Spanish-speaking families, which are readily available for many PCSAs across the state. For other languages, however, such as Burmese, Nepalese, and K'iche', translation services are much more difficult to procure. One county noted that there is only one known interpreter in the state of Ohio who speaks K'iche', an indigenous Guatemalan language, and he works a 9 a.m. to 5 p.m. job outside of translation services. Some agencies contract with local interpreter service providers, but these providers often also work with a range of other county and community agencies, creating competition for their services.

There are also specific challenges that PCSAs deal with when working with immigrant communities in addition to language barriers. One county noted the difficulty of conveying to certain populations that, while they are a government organization, they are not affiliated with immigration enforcement, which can inhibit trusting relationships between caseworkers and families. Another PCSA noted the difficulty in placing children with family members without Social Security numbers. This same PCSA held trainings to educate staff on challenges that immigrants encounter when coming to America and how to address these specific needs.

Several PCSAs expressed a deep engagement with developing diversity, equity, and inclusion, including one agency that had developed a Cultural Equity Response Team. These counties were interested in addressing diversity and inclusion in hiring practices and internal processes; one PCSA administrator explained that cultural competency training was necessary since some new workers may have never dealt with diverse populations. However, some other PCSAs recognized the importance of cultural competency, but seemingly lacked a cohesive framework for implementing initiatives on an organizational level. One comparison PCSA director explained that perhaps the best thing they can do to incorporate cultural competency into their practice is to support and empower families: “[We try] our hardest to keep kids within their communities—limiting child removals and helping them to either stay at home with their parents or with someone they trust.”

2.3.6 Community Collaborations

Meeting the needs of families through PCSA programs and services requires significant collaboration with local community partners – including both other public agencies as well as nongovernmental organizations. As part of the evaluation’s site visit and telephone interviews, PCSA administrators in both demonstration and comparison counties were asked to rate their relationship with other child-serving agencies in the community, specifically, the juvenile court, Mental Health Board, Alcohol and Other Drug Board (which in many counties is combined with the local Mental Health Board), Developmental Disabilities Board, and the local Family and Children First Council. Interviewees were given the options of rating their relationship on a scale from one (“weak”) to five (“very strong”).

No substantial differences were identified between waiver and non-waiver counties in their overall relationships with local community partners. Generally, ratings were positive – averaging between three (“neither weak nor strong”) and four (“strong”) for both waiver and non-waiver counties, with a few lower outliers for some counties where those relationships were proving to be more challenging. PCSA staff were most vocal regarding their relationships with juvenile courts, and how those relationships depend on the specific judges and magistrates. PCSAs with positive experiences with the juvenile court systems described judges building partnerships with the agency, working collaboratively with youth coming into the juvenile system, and coordination between PCSAs and courts to identify strategies that allow children to safely remain in their homes. Several PCSAs described holding ongoing meetings with county judges or referenced ongoing casual interactions with judges and magistrates, which helps to align the PCSAs’ objectives and courts’ rulings.

For some counties, however, the relationship with specific judges and magistrates causes tension and organizational inefficiency between the court system and the PCSAs. According to one county, judges can be too lenient, giving multiple chances to youth – sometimes with violent tendencies – instead of placing them in residential centers, effectively putting PCSA staff in physical danger and playing the role of probation officers. For other counties that rated their relationship with juvenile courts as low, however, the concern was that courts tended to be too strict or were not aligned with the PCSA’s evolution toward family-centered practice. One waiver county reported that while the PCSA takes a harm reduction approach to substance use, their court system views it as a moral failure and adjudicates as such. That same county described a “tug of war at the administrative level,” while a non-waiver

county reported that staff feel a lack of respect and support from the court system; they feel that they are micromanaged and do not feel empowered to use their own professional judgement.

There are, of course, many other public and nongovernmental partners that collaborate with PCSAs across Ohio. PCSA staff report working directly with law enforcement, school districts, guardians ad litem (GALs), hospitals and medical providers, drug and alcohol treatment facilities, and mental health agencies, among many others – entities that are crucial for PCSAs to work closely with and refer families to. However, staff in both demonstration and comparison counties noted one or more of these services were lacking in their local areas. Principally, PCSA staff cited a need for more detox facilities for both teenagers and parents, homeless shelters, affordable housing supports, mental health and developmental disabilities services, and domestic violence intervention programs.

2.4 National Context

While the state and local contextual factors described above greatly influence Ohio PCSAs' ability to effectively serve families, so, too, do national factors, particularly shifts in federal child welfare funding streams. When Ohio first implemented its Title IV-E Waiver Demonstration in 1997, the ability to use IV-E funds flexibly was seen as a dramatic shift that allowed local PCSAs to better serve children and families. However, given that the 15 participating PCSAs – which represent a substantial portion of Ohio's child welfare cases – have been operating under the demonstration for the past 22 years, what once was seen as a novel shift in their approach to serving families has effectively become services as usual, and both county and state-level stakeholders have long expressed concern about the conclusion of IV-E waiver authority and a return to the traditional child welfare funding system.

However, on February 9, 2018, Congress passed the Bipartisan Budget Act of 2018, which, after years of stagnancy in federal child welfare reform, significantly overhauled the regulations for how states can use Title IV-E child welfare dollars. The following sections describe Ohio administrators' response to this new legislation, and their strategies for moving forward outside of the waiver demonstration and under a new federal funding approach.

2.4.1 Family First Prevention Services Act

The Family First Prevention Services Act (FFPSA) expanded the use of Title IV-E funds, allowing states to receive federal reimbursement for certain prevention and treatment services for children at imminent risk of entering foster care, pregnant youth in foster care, and their parents. While significantly more restrictive than Title IV-E Waiver authority (which expired October 1, 2019), the FFPSA represents an advancement in the federal child welfare reimbursement process, as IV-E funds will finally be reimbursable for certain time-limited, evidence-based prevention and treatment services, including:

1. Mental health prevention and treatment services
2. Substance abuse prevention and treatment services
3. In-home parent skills-based programs.

In addition, the FFPSA allows for states to receive reimbursement for eligible Kinship Navigator programs, which assist relatives and fictive kin raising children other than their own. These four core

services are designed to achieve the FFPSA's objective of using federal dollars to provide enhanced support to children and families and reduce entry into foster care. The bill pays for these prevention services by restricting reimbursement for out-of-home placements that are not foster family homes or "specified settings" (i.e., Qualified Residential Treatment Programs) after two weeks; relinking adoption assistance to AFDC for children under age two until 2025; increasing child support enforcement fees; and limiting incentive payments to prisons for certain data reporting. However, while many child welfare administrators view the passage of the FFPSA as a step in the right direction for the field of child welfare, it will require significant work on the part of states to prepare for implementation of FFPSA programs and associated requirements under this new federal funding approach.

Ohio Implementation of FFPSA

FFPSA officially took effect on October 1, 2019; however, the legislation allowed for states to request either a one-year or two-year delay. Wanting to give county and community agencies sufficient time to prepare for the changes associated with FFPSA, Ohio was one of 32 states that applied for and received the two-year delay.⁸ To plan for this two-year transition process, ODJFS developed a Leadership Advisory Committee, composed of public and private organizations, advocacy groups, foster parents, former foster youth, and families with lived experiences to inform and plan for Ohio's implementation of FFPSA. From this overarching Leadership Advisory Committee, several subcommittees emerged:

- The Qualified Residential Treatment Programs (QRTS) subcommittee, dedicated to planning for how Ohio's residential facilities will comply with FFPSA requirements
- The Prevention Services subcommittee, dedicated to designing a prevention services plan that aligns with the needs of Ohio's families and FFPSA requirements
- The Kinship and Adoption Navigator subcommittee, tasked with developing a statewide Kinship and Adoption Navigator program

Within each of these subcommittees, members have been conducting research – often dividing into even smaller workgroups to analyze particular components of each overarching content area. For instance, the QRTS subcommittee has been focused on developing a statewide plan for licensing residential placement facilities as QRTSs. Under FFPSA, QRTSs must use trauma-informed models, have registered or licensed nursing staff available 24 hours a day seven days a week, and offer at least six months of support after discharge – among many other requirements. Unsurprisingly, fewer than five residential facilities in Ohio currently meet those standards, a factor which heavily influenced the state's decision to delay implementation of FFPSA. To plan for the massive changes that will need to occur, the QRTS subcommittee developed six individual workgroups, each tasked with specific deliverables and goals related to treatment model considerations, levels of care, licensing and contracting, court oversight, and other related topics.

Similarly, the Prevention Services subcommittee developed three individual workgroups to focus on planning for the three prevention services areas that will be eligible for reimbursement under FFPSA: in-home parent skills-based programs, substance use prevention and treatment programs, and mental

⁸ Seven states opted for a one-year delay and 11 states and the District of Columbia began implementation in 2019.

health prevention and treatment programs. Under FFPSA, there are a wide variety of requirements that need to be met in order to be eligible for the funding of these programs. Specifically, Title IV-E funds can only be used in this capacity for 12 months; they can only be used for children who are “candidates for foster care” or for pregnant or parenting foster youth; the service must be described as part of a state’s prevention services plan; there must be a manual outlining the components of the service; and the service must be reviewed and approved by the newly established Title IV-E Prevention Services Clearinghouse.

To plan for these stipulations, the Prevention Services subcommittee, and the associated individual workgroups, have been examining programs already in use in Ohio in terms of their alignment with FFPSA standards (and the extent to which they are meeting the needs of Ohio families), as well as those programs not currently being implemented within Ohio but that are already under consideration by the Clearinghouse. Out of this process, a total of 41 programs were identified for consideration to be implemented under FFPSA, which, according to the ODJFS interviewees, will require further culling as the process continues.

ODJFS’s planning for a Kinship Navigator program is perhaps where it differs most from other states in the transition to operating child welfare systems under the FFPSA. Ohio has maintained a longstanding commitment to supporting kinship caregivers, as evidenced by implementation of the Kinship Supports intervention under Ohio’s Title IV-E Waiver Demonstration, as well as implementation of various Kinship Navigator and other kinship support programs and funding mechanisms over the past several decades. As such, ODJFS quickly determined it would develop a robust, statewide Kinship Navigator program, supported not only by federal FFPSA dollars but also by other federal and state funding mechanisms.

Leading up to this decision, however, there had been growing attention – both within and outside of Ohio – to the illegal practice of “rehomeing,” or the unregulated custody transfer of children from their adoptive parents to others without government oversight. A 2015 report published by the U.S. Government Accountability Office noted that adoptive parents resort to unregulated transfers mainly because they face difficulties in accessing the post-adoption services they need to cope with or avoid reaching a crisis point post-adoption (U.S. Government Accountability Office, 2015). To address this issue, ODJFS had created a workgroup in 2016 to review post-adoption services in Ohio, which ultimately recommended the development of a regional Adoption Navigator type of program that would link adoptive families to needed services and supports. Because ODJFS was interested in developing a similar navigator program for kinship families, ODJFS opted to develop a singular program: the Ohio Kinship and Adoption Navigator Program (OhioKAN). It’s worth noting, however, that ODJFS is cognizant of the fact that the Adoption Navigator components of the OhioKAN program will not be eligible for funding under FFPSA, and they are funding the planning, implementation, and ongoing Adoption Navigator service components through separate funding structures.

Despite the separate funding mechanisms, ODJFS – and the Kinship and Adoption Navigator subcommittee – are streamlining efforts to plan for this program as much as possible, particularly given the similar sets of needs often held by kinship and adoptive families. To move forward with this process, ODJFS contracted with Kinnect, a 501(c)(3) Ohio-based nonprofit, to support the work of the Ohio Kinship and Adoption Navigator Subcommittee, which focused on soliciting input from caregivers and professionals throughout the state and conducting research on existing kinship and post-adoption

programs both within and outside of Ohio. After a six-month information-gathering period (ending in September 2019), Kinnect, in collaboration with the Kinship and Adoption Navigator subcommittee and other Ohio stakeholders, recommended the development of a large-scale, regional, tiered model in which kinship and adoptive caregivers can access services and supports based on their level of need. Since then, Kinnect and other Ohio stakeholders have focused on more detailed planning efforts in preparation for implementation of the OhioKAN program by fall of 2020.

2.5 Next Steps

Outside of the activities described above, members of ODJFS and additional standalone workgroups have been actively engaged in a wide variety of other planning efforts in preparation for implementation of FFPSA, including work centered around the Chafee Independent Living Program, Prevention of Child Maltreatment Fatalities, and Tiered Treatment Foster Care – focused on bridging the gap between the QRTP and prevention services continuum. In addition, because implementation of FFPSA will affect providers outside of child welfare, ODJFS has been engaging cabinet-level directors of related sister agencies in their planning efforts.

However, significant work remains to be done before FFPSA can be fully implemented. And, despite the general positive feedback among Ohio administrators related to FFPSA, both state and county-level stakeholders have expressed concern about the new law moving forward. Many of the issues outlined by interviewees consist of internal issues such as training staff to manage budgets under the new funding mechanism and making changes to staffing levels and organizational capacity. However, both ODJFS and PCSA administrators are also concerned about factors beyond their control, primarily the specific prevention and Kinship Navigator programs that will be approved by the Clearinghouse and the pace at which they are being reviewed. To date, only 25 programs have been reviewed, 11 of which were rated as “does not currently meet criteria.” As a result, many ODJFS and PCSA administrators remain apprehensive about the array of interventions that will be eligible for reimbursement when PCSAs must begin complying with FFPSA regulations.

In addition, states – and counties within states – that have been operating Title IV-E Waiver Demonstrations have long expressed concern about the conclusion of IV-E waiver authority, despite the passage of FFPSA. Because most states, including Ohio, have requested delayed implementation of FFPSA, there remains a significant gap between the expiration of Title IV-E waiver authority and when states can begin using Title IV-E flexibility under FFPSA. To address this gap, the Family First Transition Act was passed in January 2020, which authorized transition grants that waiver states could use to assist in this transition period; however, these funds are not expected to be distributed until the third or fourth quarter of federal fiscal year 2020, which leaves a sizeable funding gap for the 15 Ohio waiver counties that had been receiving upfront, flexible IV-E funds for the past 22 years – up until October 2019. According to ODJFS administrators interviewed, waiver PCSAs are already reporting that they have begun reducing their family-centered practices implemented under Ohio’s waiver demonstration as a result of this gap in flexible funding.

Despite these challenges and concerns, many Ohio administrators remain optimistic about FFPSA, and ODJFS has led a rigorous and collaborative effort in planning for this new law. Following the conceptual work that has recently been completed, ODJFS is now tasked with preparing for implementation itself. In

the coming months, ODJFS administrators and the FFPSA Leadership Committee will continue their efforts in building a framework for cohesive implementation and developing a robust communication plan to inform local stakeholders of the changes ahead.

Chapter 3 Family Team Meetings

3.1 Introduction and Overview

Family Team Meetings (FTMs) are a method of engaging family members and people who can support child welfare-involved families in a process of collaborative case decision-making. The intervention is rooted in the belief that the most advantageous place for children to grow up is in their own family with a strong community support system. Under this philosophy, the aim is for PCSAs to preserve and empower families through respect for the dignity, culture, and strengths of the familial unit. Designed to increase the likelihood of creating a realistic and achievable case plan that will lead to lasting safety and permanency for children, FTMs provide an opportunity for parents, extended family, service providers, and members of the family's natural support system to build partnerships. The approach includes holding regularly scheduled meetings, facilitated by a trained, neutral professional, in order to devise creative and effective solutions to case challenges; link families to appropriate and timely services; and keep children safe while planning for their ongoing stability, care, and protection.

3.1.1 Background

Family Team Meetings were officially adopted as a ProtectOHIO model during Ohio's second waiver period, but the intervention's origins trace back to the first waiver period when nine demonstration counties experimented with various team conferencing models. These models included strategies for involving families in case decision-making with the goal of keeping children in their own homes. Because practice varied extensively across demonstration sites – and comparison counties were implementing a range of similar practices – the outcome study failed to detect short- or long-term effects of the family team conferencing models. However, demonstration PCSA administrators believed the practice was vital to promoting positive communication and improving safety and permanency outcomes for children and families.

By Ohio's second waiver period, all waiver PCSAs agreed to implement a common practice and joined together to define an FTM model that would target all cases that transferred to ongoing services and, at a minimum, include the following key elements:

- Meetings would occur within 30 days of case opening and regularly (at least every 90 days) throughout the life of the case.
- Trained, neutral facilitators without line responsibility for the case would lead each meeting.
- Facilitators would arrange meetings, ensure participants attend and know what to expect, and support the family within the meeting.
- Meeting participants would include birth parents, primary caregivers and other family members, foster parents, family supports, and professionals.
- The FTM process would include an agenda, introduction, information sharing, planning, and shared decision-making processes.

All demonstration county PCSAs began implementing this common model and instituted an FTM workgroup, where frontline staff from each PCSA met regularly to share best practices around family engagement, facilitator-caseworker FTM roles, and overcoming barriers to successfully implementing the model. The process study found that staff were positive in their views about FTM and its benefits, including its ability to empower families and build support networks, link families to more appropriate and timely services, and improve agency operations and image as a family-centered service provider. However, the process for implementing the intervention at the time lacked strong training, supervision, and monitoring components, which hindered PCSA's ability to fully implement the model. Relative to practice in comparison county PCSAs, though, the approach of demonstration county PCSAs was more targeted: they more often used neutral facilitators, held meetings for a broader population, and invited a wider variety of attendees to participate in meetings. Despite limitations around training and monitoring of the model, the outcome study found encouraging results. Specifically, compared to children in comparison counties, children in demonstration counties:

- Were significantly less likely to be placed
- Were significantly more likely to be placed with kin, when out-of-home care was necessary
- Experienced significantly shorter case episodes
- Were significantly less likely to be re-involved with child welfare within a year of case closure

Based on the positive findings that emerged in Ohio's second waiver period, county administrators opted to further refine the FTM model for the third waiver period, and began by developing a detailed practice manual, fidelity measures, and data collection tools. ODJFS then contracted with the Ohio Child Welfare Training Program (OCWTP) to develop a two-day in person training, which was held several times throughout the state and attended by staff in all demonstration county PCSAs. In addition, the FTM workgroup continued to meet on a quarterly basis to strategize around how to best serve families, including general practices such as encouraging family engagement, and more specific topics, such as how to consistently and safely hold FTMs in cases of domestic violence. A high-fidelity subcommittee group was also convened to identify promising practices for increasing fidelity to the FTM model.

The third waiver period outcome study again found encouraging results. Compared to matched children and families in comparison county PCSAs, the evaluation found that:

- When out-of-home care was necessary, children whose families received FTM were significantly more likely to be placed with kin.
- Children whose families received FTM were significantly less likely to reenter out-of-home care.
- Families that received FTM with high fidelity to the model experienced significantly shorter case episodes.

Although the outcome findings were somewhat less robust than what was seen in the second waiver period, contextual factors likely factored into the few differences that emerged between groups. By Ohio's third waiver period the majority of comparison counties were implementing some variation of a family-centered meeting model, and two comparison counties were identified as having a practice very similar to ProtectOHIO FTM. However, practice among demonstration counties was much more

consolidated, and demonstration PCSA administrators were decidedly positive when speaking about the FTM model and its benefits, noting that the process gives families a voice and provides accountability for everyone involved, including PCSA staff. According to one staff member, “FTMs are a way to hold everyone accountable. Not just the families but the caseworkers, to make sure we’re following through on services and offering any assistance we can.” Going into Ohio’s fourth waiver period, all demonstration PCSAs agreed to continue implementing FTM according to the practice manual. Findings presented in this report cover process and outcome findings across the third and fourth waiver periods.

3.1.2 Intervention Model

The core components of the intervention are described in detail in the Practice Manual for ProtectOHIO Family Team Meetings located at <http://www.ocwtp.net/PDFs/ProtectOHIO/ProtectOHIOFTMPracticeManualFINAL3-15-11.pdf>.

In summary, these components include:

- *Eligibility:* All children in cases that transfer to ongoing services are eligible for FTMs, but PCSAs without enough facilitator capacity to serve the entire eligible population may systematically sample cases for the intervention using a set ratio (e.g., every fourth case that transfers to ongoing).
- *Staff Duties:* PCSA staff are responsible for arranging FTM meetings, orienting potential participants to meeting processes, helping to assure that participants attend, and supporting the family during the meetings.
- *Facilitators:* All FTMs are led by a trained and independent facilitator (i.e., someone who does not have direct line responsibility for the case).
- *Meeting Components:* Meetings include at least an agenda, introduction, information sharing, planning, and decision-making process.
- *Initial Meeting:* The initial FTM is held at the point of transfer to ongoing services (i.e., within 30 days of the transfer of a case from assessment/investigation to ongoing status), for the purpose of initial planning.
- *Ongoing Meetings:* FTMs are held at least quarterly (every 90 days) throughout the life of the case in order to share information, discuss status, review progress, and make any necessary joint decisions.
- *Critical Events:* Additional FTMs are considered at any critical points or combination of critical events in the life of the case, in an effort to keep the case moving forward and to have the most beneficial impact on the long-term resolution of the case. These meetings are not mandatory but are an opportunity to address issues and engage families at pivotal points. Examples of appropriate times for a critical event FTM include family request for a meeting; an emergency removal; the child is being considered for removal; a placement change or a legal status change; or an upcoming court hearing.
- *Meeting Participants:* For an effective FTM, participants at the table should include:
 - Parents
 - Relatives
 - Substitute caregivers and other service providers

- PCSA staff members (caseworker, supervisor)
- Additional supportive parties
- An independent trained facilitator
- The model requires that at least one parent or primary caregiver, at least one caseworker or other PCSA staff, and at least one other involved person (not including the facilitator) attend the meeting
- *Engagement and Collaboration:* Fostering family engagement and ensuring facilitator-caseworker collaboration are important aspects of the FTM process.
- *Data Collection:* Data are gathered on FTMs, including meeting dates and participants, and entered in Ohio's Statewide Automated Child Welfare Information System (SACWIS).

3.1.3 Training

The FTM training that OCWTP developed early on in Ohio's third waiver period continued to be offered regionally throughout the state throughout the remainder of the demonstration. However, the training could not keep pace with staff turnover and was often difficult for staff to attend in person over a two-day period. As a result, OCWTP developed a web-based training in July 2017 that participants can log into and complete on their own time. The module guides FTM facilitators and caseworkers through the FTM process; identifies common elements of FTMs; and elaborates on the benefits, roles, and responsibilities of facilitators and caseworkers. The training also provides practice scenarios that facilitators and caseworkers may encounter, along with recommendations from experienced FTM facilitators for addressing those scenarios.

3.2 Evaluation Design

The evaluation of the FTM intervention is designed to examine the expected inputs, activities, outputs, and outcomes included in the intervention logic model in Table 3.1. The basic thesis under examination is that families that participate in FTMs will be linked to more appropriate and timely services, and, in turn, will have better child outcomes in terms of reduced foster care placements and increased permanency and safety.

Table 3.1 ProtectOHIO Family Team Meetings Logic Model

INPUTS/BACKGROUND VARIABLES	ACTIVITIES	OUTPUTS	OUTCOMES
<ul style="list-style-type: none"> • The facilitator’s training, whether the facilitator is independent (does not have direct line responsibility for the case), and whether the facilitator facilitates full time or has other responsibilities • Caseworker training and preparation • Demographics such as the age of children, previous history with CPS, custody and living arrangement at time of initial FTM, etc. <p style="text-align: center;">OTHER CONSIDERATIONS</p> <ul style="list-style-type: none"> • Purposes of meetings held • # of FTMs that result in recommendations for changes to services, placement, or custody • The facilitator’s role in the FTM and how they address their administrative responsibilities • Facilitator-caseworker preparation for doing FTM together 	<p>For cases with case plan goal of reunification or maintain in-home:</p> <ul style="list-style-type: none"> • Families have FTMs over the entire period of ongoing services,⁹ including at a minimum: <ul style="list-style-type: none"> ○ within 30 days of case opening to ongoing services ○ at other critical events in the case ○ at least quarterly • FTMs are attended by a variety of people: Participants may include the birth parents, primary caregiver and other family members, foster parent (if child goes to placement), support people, and professionals • Facilitator responsibilities include arrange meetings, help ensure that participants attend and know what to expect (provide some orientation for potential participants), and support the family in the meetings and in preparing for them • FTM process includes agenda, introduction, information sharing, planning, and decision-making process 	<ul style="list-style-type: none"> • Families are linked to more appropriate and timely services • Families build stronger family relationships; are empowered and motivated • Greater use of natural supports • Better case decision-making; more clarity in case plans • More consistent agency practice in deciding whether to place 	<ul style="list-style-type: none"> • Shorter time case is open (to ongoing): <ul style="list-style-type: none"> ○ # of days sampled cases are open to PCSA, between family assessment approval date and case closure • Avoiding initial placements: <ul style="list-style-type: none"> ○ % of sampled children that have any placement after family assessment approval date • Shorter time in placement: <ul style="list-style-type: none"> ○ # of days in placement • Of children who are placed, more children are placed with kin: <ul style="list-style-type: none"> ○ For sampled children with placement, the % that experience kin as their primary placement type • Less time to permanency: <ul style="list-style-type: none"> ○ The average time between initial placement and reunification, guardianship, adoption, or legal custody to kin • Increase in exits to permanency: <ul style="list-style-type: none"> ○ Of children who are exiting out-of-home care, # who end up in guardianship, adoption, legal custody of kin, or are reunified • Less reentry to substitute care: <ul style="list-style-type: none"> ○ # of children exiting placement who re-enter placement within a year of case closure • Less maltreatment subsequent to family assessment: <ul style="list-style-type: none"> ○ % of cases with additional indicated/substantiated child abuse or neglect (CAN) reports any time after the sampled case’s family assessment

⁹ Counties may stop offering FTM when a family’s case plan goal changes from reunification or maintain in-home to something else, or when child moves to permanent custody, Planned Permanent Living Arrangement (PPLA), or legal custody to kin.

3.2.1 Research Questions

There are four overarching research questions guiding the FTM process and outcome studies, including:

1. How is FTM implemented across the demonstration counties?
2. How does practice in demonstration counties compare to practice in comparison counties?
3. What occurred across demonstration counties regarding the volume and nature of FTM activity?
4. Do children and families receiving FTM in demonstration county PCSAs experience different outcomes than children and families with similar characteristics in comparison county PCSAs?

3.2.2 Data Collection

Data collection for the FTM process and outcome studies was multifaceted. Some of the data were collected at the county level and some at the individual and family levels; that is, the information either reflected county policy and procedure or was specific to a single child or family. The specific data collection activities and sources included:

- *PCSA site visit interviews* in 2018 with FTM facilitators in all demonstration counties and five comparison counties (PCSA site visit information collected in 2014 for the third waiver period evaluation was also reviewed).
- *Telephone interviews* in 2018 and 2019 with PCSA staff in the 11 comparison counties that did not receive a site visit in 2018 (responses to the third waiver period comparison county telephone interviews conducted in 2014 were also reviewed).
- *Focus groups* in 2017 with FTM facilitators and supervisors in demonstration county PCSAs who attended a quarterly FTM workgroup meeting in Columbus, Ohio.
- *Web-Based Survey* with FTM facilitators and supervisors, distributed in 2019.
- *ProtectOHIO Consortium* meetings with demonstration county administrators occurring every other month.
- *Family Team Meeting workgroup* meetings with FTM facilitators occurring quarterly.
- *Ohio SACWIS* case- and client-level administrative data collected from ODJFS for each of the demonstration and comparison counties, including case opening and closing dates, reports of abuse and neglect, the purpose and date of each FTM, meeting attendees and meeting outcomes, placement information, placement exit or permanency information, risk and family assessments information, and demographics.

3.3 Process Study

3.3.1 Analytic Methods

The process study uses qualitative data collected during site visits, interviews, focus groups, surveys, and meetings, as well as quantitative SACWIS data on cases that opened during the study period. The

analytic approach for the qualitative data focused on FTM implementation in demonstration counties and implementation of comparable practices in comparison counties. All interview and focus group data were cleaned and uploaded to the Dedoose online qualitative software package to facilitate qualitative axial and thematic coding. Grounded theory and content analysis methodologies guided examination of the data, identifying, coding, and comparing themes that emerged within demonstration and comparison county groups. Coding was conducted primarily by one evaluator but was systematically cross-checked by the evaluation director for ongoing quality assurance. Following coding, the evaluation team searched for primary themes and connections among the themes within the demonstration counties and, separately, within the comparison counties, indicating similarities and differences in family meetings between the county groups. The analytic approach for the quantitative data focused on determining the percentage of the eligible population that received FTMs, the percentage of meetings that occurred on time, and the percentage of meetings that had the required participants in attendance.

3.3.2 Findings

Demonstration Counties

During the third and fourth waiver periods, from April 15, 2014 to January 15, 2019, a total of 11,680 families and 24,217 children received 50,001 FTMs across the demonstration counties. Each of the primary themes related to FTM implementation generally fit within one of six overarching thematic categories, including:

1. Contextual factors impacting implementation
2. Intervention reach into the eligible population
3. Facilitator responsibilities
4. Meeting participants and timeliness
5. Family engagement
6. Critical event FTMs

The primary themes within each of these overarching thematic categories are described in this section, followed by a description of family-centered meeting practices in comparison counties.

Contextual Factors

During the fourth waiver period, contextual factors both external and internal to demonstration county PCSAs impacted FTM implementation. Externally, PCSA staff pointed to increasingly complex cases that made conducting FTMs and group decision-making more difficult. Staff described families with members dealing with mental illness and comorbid substance use problems (i.e., dual diagnosis), newborns testing positive for substances, and intergenerational substance use. According to facilitators, opioids created especially challenging dynamics when approaching FTMs, as one or both parents may have been deceased, incarcerated, or absent. PCSA staff in other counties indicated that increases in the number of incoming cases left less time for FTMs and made scheduling meetings difficult. Other external contextual challenges included a lack of transportation for families to travel to FTMs and transient or homeless families with no address or reliable phone number for the agency to contact.

Internally, PCSA staff turnover in demonstration counties was cited as an internal factor impacting agency operations and FTM implementation. Seven counties reported shifts in leadership structure, and eight counties described periods of increased turnover among caseworkers due to high caseloads, low wages, and the stressful demands that are placed on them. Staff turnover was often accompanied by internal restructuring in these counties, leading to increased organizational instability and an inability to consistently hold FTMs as dictated by the practice manual.

For some ProtectOHIO demonstration counties, it can be difficult to achieve FTM objectives when the intervention is combined with other agency-specific meetings or initiatives. To illustrate, one county merges initial FTMs with primary care team meetings led by a foster care specialist to manage the handoff of a child from biological to foster parents. Another county holds Family Group Decision Making (FGDM) meetings along with FTMs, and three counties require holding FTMs for families and permanency roundtables for youth separately, making it difficult to schedule and hold FTMs both on time and with the required participants in attendance. Another four counties are involved with Helping Ohio Parent Effectively (HOPE), a program that uses parent partners to engage and advocate for parents currently involved in the child welfare system. Facilitators in these counties find that it can be difficult to schedule meetings at times when parent partners can attend along with the other required participants.

Three demonstration counties also cited poor relationships with the courts as factors influencing their ability to conduct FTMs. One county noted that the courts encourage cases to close in an unrealistically short span of time, making it difficult for the full FTM intervention to unfold as intended. Another county reported that court standards for less restrictive placements are too high, even when a suitable kinship care placement has been identified in an FTM. The third county reported that the relationship between the court and their PCSA's administration is adversarial, making recommendations stemming from FTMs less likely to be accepted by the court.

Facilitators

Each of the 15 demonstration counties had at least one neutral facilitator to provide FTMs throughout the fourth waiver period. Nine of the counties maintained one facilitator at all times. In six of these nine counties, the facilitators worked full time on FTM duties, while in the remaining three counties the facilitators divided their time between FTMs and other agency duties. In the other six demonstration counties that maintained multiple facilitators, the number of facilitators ranged from two to fourteen, with facilitators in half of the six counties working full time on FTM duties and part-time in the other half of the counties.

Facilitators in 13 of the 15 demonstration counties are PCSA employees, and the remaining two counties contract individuals as FTM facilitators. Agency staff in the 13 counties with PCSA-employed facilitators reported that having facilitators based within their agencies allows them to collaborate closely with caseworkers and other agency staff, which helps the facilitators understand family challenges and strengths and build on their strengths and address challenges during FTMs. These facilitators have a thorough understanding of family dynamics through more intense collaboration with caseworkers, which is optimal for effectively addressing specific family issues during FTMs. Alternatively, PCSA staff in the other two counties indicated that contracted facilitators are truly neutral when they are not

employed by the agency, and, as such, that families more easily accept the facilitator as an unbiased third party.

Regardless of whether or not they were employed directly by a demonstration PCSA, FTM facilitators almost universally stressed the importance of their neutrality and maintaining the perception of neutrality to families. They emphasized that, if anything, their allegiances during FTMs lay not with the agency or any other FTM participant, but with the children themselves. To illustrate further, one FTM facilitator said, "I remind myself that regardless of how I feel about a situation that I am a neutral party and my role is simply to facilitate. And again, it's redundant, but I remind them several times during the course of the meeting why we're here, and that it's certainly in the best interest of the child, and that's what we're all trying to work toward. So, in a sense, we're all on the same page, even though at different times, it may not look like it. But we all have the same goal, and I make sure that everyone has a voice in the meeting."

Facilitators generally reported that their specific responsibilities vary widely, from more concrete administrative and organizational tasks that require hard skills to communication and engagement tasks that require softer skills. Prior to meetings, they coordinate scheduling and extend meeting invitations, explain the FTM process to families, plan meeting activities and topics of discussion, send out meeting reminders and make reminder phone calls, and review the proceedings from the previous meeting, if applicable. During meetings, they explain meeting parameters and expectations, review case plan goals, take notes for the action plan, empathize with families, read and adjust to the body language and mood of participants, and ensure that all parties understand and agree to next steps. Following meetings, facilitators often enter data into SACWIS, review notes and case plans, update action plans, coordinate with caseworkers to get families referred to services identified during the meeting, and develop the initial agenda for the next FTM.

Intervention Reach

As noted previously, cases that transfer to ongoing services are eligible for FTMs, but PCSAs without capacity to serve the entire eligible population may choose to systematically sample cases. When demonstration PCSAs first began implementing FTM as a common meeting model in Ohio's second waiver period, five counties chose to sample cases. Between those counties, the percentage of all eligible cases sampled ranged from 25% in one county to 50% in another county. By the third waiver period, one county that had initially offered FTMs to the entire eligible population began limiting the number of families to receive the full intervention. In this county, all families were offered an initial FTM, but only one out of every seven families received ongoing FTMs. Alternatively, another county that previously sampled cases to receive FTM hired an additional facilitator and began offering FTM to all eligible families.

In the fourth waiver period, four counties continued to sample cases due to limited facilitator capacity, with the percentage of all eligible cases sampled ranging from 14% in one of these counties to 50% in another county.¹⁰ Overall, a total of 11,680 families and 24,217 children received at least one FTM during the study waiver period between April 15, 2014, and January 15, 2019, representing 44% of all

¹⁰ Additional counties at times stopped offering FTM to eligible families when the PCSA reached capacity for providing the FTM intervention.

cases that transferred to ongoing services across all demonstration counties. Between the demonstration counties, the percentage of eligible cases that received at least one FTM ranged widely, from a low of 14% in one county to a high of 95% in another county.

Participants & Timeliness

An integral part of the FTM model is the concept of engaging the family, natural supports, and community partners in case planning and case decision making. FTMs may include a wide variety of participants – including anyone the family or the caseworker determines would be helpful in making decisions about the child’s future. As the demonstration PCSAs have stipulated in the FTM Practice Manual, the goal is to have a good mix of participants and enough people in the room to engage in meaningful discussion – at a minimum, in addition to a neutral facilitator, at least one caseworker or other PCSA staff member, at least one parent or primary caregiver, and at least one other involved person (e.g., an additional parent support or service provider) should attend each FTM.

While having a caseworker or other PCSA staff member and a parent or primary caregiver at FTMs is fundamental to the intervention, facilitators stressed that the importance of having other involved people at FTMs should not be overlooked, as they often encourage transparency; motivate parents or caregivers to take ownership; and bring a trusted, non-PCSA perspective that helps to identify and contextualize parent strengths and challenges. Facilitators reported that they work with parents and primary caregivers directly, as well as indirectly through caseworkers, to convey the purpose, importance, and benefits of having other involved people attend meetings, and to assist them in identifying those people who can potentially attend. Parents and primary caregivers are encouraged to think broadly in terms of who may be able to attend and lend support, such as relatives, friends, significant others, religious leaders, therapists, counselors, AA sponsors, and teachers (among others). Facilitators also work directly with identified support persons and service providers, if needed, to schedule meetings at times that fit their availability and to problem solve attendance barriers.

Table 3.2 shows the percentage of all FTMs, as well as a breakdown of the percentage of initial, 90-day, and critical event FTMs, held during the fourth waiver period that included each required participant type. Overall, nearly half (49.9%) of the 50,001 FTMs that were held had all three required participant types in attendance. Because almost all (99.8%) FTMs had a caseworker or other PCSA staff member (i.e., not including the facilitator) in attendance, the extent to which all three required participant types attended meetings primarily varied by whether or not both a parent or primary caregiver and an other-involved person also attended. About 66% of meetings had a parent or primary caregiver and 70% had an other-involved person in attendance, but only about half (50.1%) included both participant types. In addition, most (35,724) of the 50,001 meetings were 90-day follow-up meetings, and less than half (47.4%) of these meetings included all three required participant types. Taken together, these findings indicate that parents or primary caregivers and other involved people attended meetings inconsistently, especially when it came to 90-day follow-up meetings.

Table 3.2 Percentage of Family Team Meetings Held in the Demonstration Counties During the Fourth Waiver Period That Each Participant Type Attended

Participant Type(s)	Attendance Rate			
	% of All Meetings (n=50,001)	% of Initial Meetings (n=11,155)	% of 90-Day Meetings (n=35,724)	% of Critical Event Meetings (n=3,122)
At least one caseworker or other PCSA staff member attended ¹	99.8% (n=49,890)	99.8% (n=11,138)	99.8% (n=35,639)	99.7% (n=3,113)
At least one parent or primary caregiver attended ¹	65.7% (n=32,862)	76.9% (n=8,576)	61.2% (n=21,850)	78.0% (n=2,436)
At least one other involved person attended ¹	70.2% (n=35,095)	64.0% (n=7,136)	70.9% (n=25,339)	83.9% (n=2,620)
At least one parent or primary caregiver <i>and</i> at least one other involved person attended ²	50.1% (n=25,033)	53.1% (n=5,920)	47.5% (n=16,983)	68.2% (n=2,130)
At least one of every required participant type attended	49.9% (n=24,973)	53.0% (n=5,912)	47.4% (n=16,936)	68.1% (n=2,125)

¹Regardless of whether or not one or more of the other two required participant types attended.

²Regardless of whether or not a caseworker or other PCSA staff member attended.

According to facilitators, the primary challenge in satisfying FTM attendee requirements is balancing the need to hold meetings on time, as specified by the intervention model, and accommodating the schedules of all required participants. Facilitators must at times choose between holding meetings on time, but without all required participants in attendance or holding meetings late, but with all required participants. Accommodating the schedules of both parents or primary caregivers and other involved people, particularly service providers, is difficult, and both participant types sometimes cancel unexpectedly immediately prior to scheduled meetings or simply do not show up. As a result, facilitators indicated that they usually choose to hold meetings on time even if all required participants cannot attend in order to ensure that meeting timeliness is at least met. Indeed, 81.5% of initial meetings and 90.5% of subsequent meetings held during the study waiver period were held time, compared to the 49.9% of meetings that had the required participants in attendance. However, those figures only account for meetings that were held – and do not take into account meetings that should have been held, based on the length of the case. When examining the timeliness of meetings at the case-level (i.e., accounting for meetings that should have been held), 63.9% of cases had more than two-thirds of all meetings that were required during the life of the case held on time, compared to 33.9% of cases that had more than two-thirds of held meetings with the required participants.

Facilitators also reported that satisfying attendee requirements is especially challenging for 90-day meetings because parents and other involved people may view them as less important than initial and critical event meetings. Other secondary challenges cited by facilitators include transportation issues, parent or primary caregiver work schedules, and parent or primary caregiver incarceration.

Family Engagement

Throughout interviews, PCSA staff in demonstration counties frequently discussed the importance of family engagement in FTMs. When asked what was most challenging about FTMs, staff frequently spoke of the difficulty of conducting meetings when the family was not engaged; conversely, when asked what makes for successful meetings, engagement with families was most often cited. Facilitators and caseworkers reported that engaged families are more willing to attend 90-day meetings after the initial meeting, to have open discussions about safety concerns, to state their own needs, to provide input into and take ownership of case plans, and to work toward case plan goals.

Facilitators cited a number of strategies for increasing the likelihood that families and other FTM participants are engaged in the process, such as:

- Reminding families prior to the first meeting that it is a collaborative, solution-focused process
- Openly discussing both the strengths and the needs of the family in meetings
- Reading the body language of participants
- Providing everyone with an opportunity to speak
- Translating “agency speak” into concepts that families can understand
- Reminding caseworkers and professionals that families are not necessarily familiar with acronyms commonly used among child welfare staff
- Acknowledging that parents are the experts in their own lives
- Empowering parents to define and take action toward goals

In addition, facilitators across the demonstration counties discussed the importance of encouraging parents and other attendees to actively participate in FTMs. As a facilitator in one county noted, “We try to make sure folks aren’t here as a spectator. You’re here as a participant, and anyone who comes into the room should be getting a chance to participate in the meeting.” Agencies also provide families with various options that can help make FTMs more accessible, such as offering childcare, covering transportation costs, or even holding offsite FTMs in an environment that is more comfortable and familiar for the family.

Critical Events

Beyond requiring initial and 90-day FTMs, the FTM manual specifies that additional FTMs should be considered at any critical point or combination of critical events during the case in order to keep the case moving forward and to reach case goals. These meetings are not mandatory; rather, they are an optional opportunity to address issues and engage families at pivotal points. In this final waiver period, 10 of the 15 demonstration PCSAs were actively holding critical event FTMs, with most agencies inviting the same types of participants that are required for the initial and 90-day meetings. Table 3.3. provides the percentage and number of FTM meetings held for each type of critical event during the study period.

Table 3.3 Critical Event Family Team Meetings During the Fourth Waiver Period

Critical Event (CE)	Percentage of CE FTMs (n=3,122)
Safety planning	21.6% (n=674)
Case closure	20.8% (n=650)
Placement change under consideration	19.8% (n=619)
Custody change under consideration	16.6% (n=518)
Family requests	7.4% (n=232)
Prior to court hearing	3.8% (n=120)
Case plan amendment/goal change	3.2% (n=100)
Emergency removal	2.5% (n=77)
Move to kinship home under consideration	2.2% (n=69)
New CAN report on existing case or traumatic family event	2.0% (n=63)

Comparison Counties

Although there is some variation between counties, most ProtectOHIO comparison counties offer family-centered meetings that are structured similarly to FTMs. All PCSAs in the state, regardless of whether or not they are in a ProtectOHIO demonstration or comparison county, are mandated to hold quarterly 90-day and semi-annual reviews (SARs) with caseworkers and other PCSA staff (e.g., supervisors). Although parents or primary caregivers and other involved people are not required to participate in 90-day reviews, and independent facilitators are not required to lead either meetings, several comparison counties do use independent facilitators, and many invite parents or primary caregivers and other involved people, including family supports and service providers.

In addition to mandated review meetings, all but one of the comparison counties hold family-centered meetings at other times during the case. Some of these counties hold critical event or crisis meetings when it is necessary to address a disruption, safety concern, or other special challenge that the family is facing. The meetings are generally open to caseworkers and supervisors, family supports, and service providers; and, in some counties, are conducted upon request from a parent or primary caregiver. A number of the comparison counties also conduct one-time meetings at intake or when it is determined that a case will be open for a substantial amount of time. Although the models for these meetings vary somewhat between counties, the overarching purpose is to engage families, PCSA staff, and other

involved people in decision-making early on in the case process. Another common point for family meetings or conferences in comparison counties is at out-of-home placement entry.

Table 3.4 includes the number of comparison counties with family-centered meetings that include each required FTM model component (these meetings may be 90-day reviews, SARs or other family meetings). As shown, one comparison county implements all required FTM components; five implement all but one required component, and nine implement all but two required components. In the five counties that implement all but one component, meetings occur every at least every six months, but not necessarily every 90 days; in four of the nine counties that implement all but two components, only certain subpopulations of cases (e.g., cases with removals) are eligible for meetings, and meetings do not occur regularly throughout the case; and in the remaining five counties, meetings are not led by a neutral facilitator and meetings only occur as needed (e.g., for certain critical events or if requested by a parent or PCSA staff). Only one county was not implementing any type of family-centered meetings during the study period. Taken together, these findings indicate that family-centered meetings in comparison counties are largely similar to FTMs in demonstration counties.

Table 3.4 Family-Centered Meetings in the Comparison Counties¹

# of Comparison Counties Implementing Component	Required FTM Model Component					
	Eligibility	Participants				Timing
	All Open Cases	Neutral Facilitator	PCSA Staff	Parent or Primary Caregiver	Other Involved Person(s)	Every 90 days
One	✓	✓	✓	✓	✓	✓
Five	✓	✓	✓	✓	✓	
Four		✓	✓	✓	✓	
Five	✓		✓	✓	✓	

¹Includes the 15 comparison counties that implemented some form of family-centered meetings during the fourth waiver period.

3.4 Outcome Study

The primary goal of the FTM outcome study is to understand the impact of the FTM model on outcomes for children and families receiving the intervention. However, because many of the comparison county PCSAs were implementing practices very similar to FTM – and families within the demonstration county PCSAs varied in the extent to which they received FTM with fidelity to the model – families in both groups likely experienced similar practices. To increase the likelihood that families experienced different practices and that differences in outcomes can be attributed to FTM, the evaluation team chose to compare outcomes for children and families in demonstration counties who received FTM with high fidelity to the model with children in families in comparison counties that were *not* implementing practices very similar to ProtectOHIO FTM. “Very similar to ProtectOHIO FTM” was defined as county PCSAs that were implementing at least five of the six core FTM components (i.e., the six counties shown in the first two rows of Table 3.4 were excluded), and “high fidelity FTM” was defined as: cases that received at least 75% of their FTMs on time (taking into account the total number of FTMs a case should

have had, depending on the length of the case), and at least 75% of their FTMs that were held included the minimum grouping of attendees.

For these two groups, the following research questions were assessed:

Compared to matched children in comparison counties:

- Do families that received the FTM intervention experience shorter case episodes?
- Are children whose families received the FTM intervention less likely to be placed into out-of-home care?
- For children who are placed into out-of-home care, do children whose families received the FTM intervention reach permanency in fewer days?
- For children who are placed into out-of-home care, do children whose families received the FTM intervention experience greater placement stability?
- For children who are placed into out-of-home care, are children whose families received the FTM intervention more likely to reunify with their parents?
- Are children whose families received the FTM intervention less likely to experience subsequent abuse or neglect (i.e., be victims of substantiated or indicated reports of abuse or neglect after case closure)?
- Are children whose families received the FTM intervention less likely to reenter out-of-home care after reaching permanency?

3.4.1 Analytic Methods

Because the FTM outcome study is an observational rather than a randomized controlled trial, we cannot assume that the demonstration and comparison county groups are directly comparable. To overcome this problem, propensity scores are often used as a method to statistically eliminate or reduce selection bias between groups. This is often cited as the next best approach when a randomized controlled trial is infeasible or unethical (Rosenbaum & Rubin, 1983). Using this approach, differences in outcomes between groups can be causally attributed with more confidence to the intervention being studied rather than confounding differences such as backgrounds or circumstances between families. The study team therefore made the decision to use propensity score matching methodology to examine differences in outcomes between demonstration and comparison counties resulting from the FTM intervention implemented by demonstration counties.

The study team first identified as many relevant background characteristics as possible from which to compute the scores. Covariates included demographic characteristics such as race, ethnicity, age, and family financial information; type and severity of abuse or neglect; and other family assessment and risk assessment information. The full list of covariates is displayed in Appendix B.

Using the propensity score matching module in IBM SPSS Statistics 25, a logistic regression was used to first estimate propensity scores (the probability of the case being assigned to the intervention based on the covariates selected). These scores were then used to make comparable matches between demonstration and comparison cases. Due to a relatively small comparison pool from which to draw

matches, and to retain consistency across all propensity score comparisons, we chose to match with replacement using a caliper of .2 of the standard deviation of the propensity score. By using a match with replacement, all demonstration cases were retained, but to keep the precision of each match, some comparison cases were matched to more than one demonstration case, and some comparison cases were discarded; no comparison case was matched with more than two demonstration cases.

Following the match, effect sizes in differences between groups were computed for each of the variables entered into the propensity score; Hedges g was used for continuous variables, and Cox’s d for dichotomous variables. Where the post-match effect size between demonstration and comparison cases for a covariate entered into the propensity match was equal to, or greater than, a .05 threshold, the variable was additionally entered into the outcome analysis as a covariate as a further adjustment. These covariates are highlighted in Appendix B.

Separate matches were completed for each of the study groups that were used, depending on the analysis being conducted: all cases that had opened, cases that had closed with at least a two-year follow up period (i.e., closed by May 31, 2017), as well as for children who went to placement, who exited placement during the study period, and who exited placement with at least a two-year follow-up period (i.e., exited care by May 31, 2017). Table 3.5 below presents information on the study groups chosen for each outcome of interest, the analysis (or analyses) conducted, and the number of families/children included in each group.

Table 3.5 FTM Outcome Study Groups

Outcome	Study Groups	Analysis	Number of Children/Families	
			High Fidelity FTM	Matched Comp
Case Length	All Cases	Logistic Regression	2,620	1,990
Likelihood of Entering Placement	All Cases	Logistic Regression	2,620	1,990
Placement Length	Closed Placements	ANCOVA	402	318
Placement Stability	Closed Placements	ANCOVA & Logistic Regression	402	318
Exit Type	Closed Placements	Logistic Regression	402	318
Recurrence	Closed Cases With 2 Year Follow-Up Period	Logistic Regression	1,373	1,045
Reentry into Out-of-Home Care	Closed Placements With 2 Year Follow-Up Period	Logistic Regression	258	210

3.4.2 Data Sources

This study uses data entered into Ohio's SACWIS by caseworkers, FTM facilitators, and clerical staff on information related to demographics, intakes, family and risk assessments, placements, and other case- and person-level information, as well as FTMs that occurred. Data for these analyses were downloaded in July 2019.

3.4.3 Study Population

The study population includes cases in demonstration and comparison counties that opened and transferred to ongoing services between April 15, 2013, and January 15, 2019. The analyses focus on each family's/child's first case episode that occurred within this timeframe (similarly, for analyses focused on placements, the first placement episode that occurred within a child's associated case episode). All child-level analyses are limited to the youngest child within each case. The demonstration county population is further limited to families that were categorized as having received FTM with high fidelity to the model.

3.4.4 Findings

Length of Time Case Is in Ongoing Services

For families, often their immediate concern is the length of time they may be expected to be involved with the child welfare system. The length of time a case remains open is equally of concern to the child welfare agency, both in terms of resource utilization and, more important, in terms of the disruption and uncertainty that agency involvement brings to family life. As illustrated in the FTM logic model (Table 3.1), the demonstration counties believe that FTMs will decrease the length of time the case is open because FTMs will ensure better case decision-making, make greater use of natural supports, motivate families, identify more appropriate services, and hold everyone accountable for getting those services into place. For these analyses, case length was conceptualized as the time from when the case officially transferred to ongoing services to the time the case officially closed.¹¹

High Fidelity FTM Group vs. Matched Comparison Group – All Cases (n = 2,620 FTM cases, n = 1,990 comp cases)

Logistic regression analyses, controlling for characteristics that were unbalanced between groups after the propensity score match had been completed, suggested that high fidelity FTM cases were significantly more likely to close within 12 months of case opening ($p = .001$, $\text{Exp}(B) = 1.44$) and within 24 months of case opening ($p = .01$, $\text{Exp}(B) = 1.36$) than their matched comparison cases. Descriptively, 57% of high fidelity FTM cases vs. 50% of matched comparison cases closed within 12 months of case open, and 82% of high fidelity FTM cases vs. 78% of matched comparison cases closed within 24 months of case open.

¹¹ Transfer to ongoing services is defined as the date of the family assessment approval, case closure is defined as the case end date.

Proportion/Likelihood of Children Entering Placement

A further indicator of child safety and a primary goal of FTM is a reduction in the number of children who are removed from their homes and placed into foster care. If a family can be supported to keep the child safely within the home, the trauma of removal for both child and parent is avoided and secure attachment between parent and child may be more easily maintained or improved.

High Fidelity FTM Group vs. Matched Comparison Group – All Cases (n = 2,620 FTM cases, n = 1,990 comp cases)

A logistic regression analysis, controlling for characteristics that were unbalanced between groups after the propensity score match had been completed, was used to determine the likelihood of placement into foster care.¹² The results suggested that children that received FTM with high fidelity to the model were significantly less likely to be placed into foster care than their matched comparisons ($p = .014$, $\text{Exp}(B) = .831$). Descriptively, 19% of children who received high-fidelity FTM were placed into foster care versus 22% of matched comparison children.

Length of Time in Care

When there is a need to place children into foster care, the FTM intervention is used as an opportunity for parents and their broader support systems to build realistic and achievable case plans that will lead to more timely permanence for their children. The following analyses examine, for children placed into foster care and whose placements ended¹³, lengths of time in placement prior to reaching a permanency decision.

High Fidelity FTM Group vs. Matched Comparison Group – Closed Placements Only (n = 402 FTM cases, n = 318 comp cases)

Differences in time spent in foster care were examined using ANCOVA. Overall children whose families received FTM with high fidelity to the model spent slightly fewer days in foster care than their matched comparisons; however, differences between groups were not statistically significant. The adjusted mean number of days in foster care for high-fidelity FTM children was 280 days compared to 315 days for matched comparison children ($p = .081$).¹⁴

Placement Stability

In addition to achieving more timely permanency, the FTM intervention is intended to keep children who enter out-of-home care more stable. The following analyses examine, for children who both

¹² Placement into foster care is defined as cases for which the agency took custody and placed a child into a foster care, group home, or residential setting as their initial and predominant placement.

¹³ When examining all children who entered foster care during the study period, a logistic regression analysis, controlling for characteristics that were unbalanced after the propensity score match, found that children who received the FTM intervention were no more or less likely to have ended their placement episode ($p = .08$) than their matched comparisons. Therefore, analyses focusing on the length of time spent in foster care were conducted on closed placement episodes only.

¹⁴ Reported means are adjusted for covariates included in the analysis (i.e., variables that were unbalanced after the propensity score match).

entered and exited care during the study period, the average number of placement moves experienced by children whose families received high fidelity FTM and their matched comparisons, as well as the likelihood of moving placements at least one time.

High Fidelity FTM Group vs. Matched Comparison Group – Closed Placements Only (n = 402 FTM cases, n = 318 comp cases)

Both groups of children experienced relatively stable placement episodes. An ANCOVA analysis found that the adjusted mean number of placement moves was .718 for high-fidelity FTM children compared to .775 for children in the matched comparison group, however, the differences between groups were not statistically significant ($p = .081$).¹⁵ Because the average number of placement moves was so low for both groups, a logistic regression analysis was also conducted to examine the likelihood of children moving placements at least one time. Descriptively, 45% of children who received high fidelity FTM moved placements at least one time compared to 47% of matched comparison children. However, results for the logistic regression analysis were also not statistically significant ($p = .997$).

Exit Types

The FTM intervention is intended to facilitate greater use of natural supports and better case decision-making, which, in turn, is expected to increase the likelihood of reunification if out-of-home care is necessary. Below, we examine where children exited to once a permanency decision had been made.

High Fidelity FTM Group vs. Matched Comparison Group– Closed Placements Only (n = 402 FTM cases, n = 318 comp cases)

Table 3.6 displays exit types among children who exited out-of-home care. Overall, among both study groups, reunification and kinship care were the most common exit types. However, a logistic regression analysis, controlling for characteristics that were unbalanced after the propensity score match, found that children whose families received high fidelity FTM were significantly more likely to reunify than their counterparts in comparison counties ($p < .001$, $\text{Exp}(B) = 1.96$).

Table 3.6 Exit Types Among Children Who Exited Out-of-Home Care – Full FTM Group

	Reunification	Kinship Care ¹⁶	Adoption	Emancipation	Other ¹⁷
FTM Children	291 (72%)	90 (22%)	6 (2%)	11 (3%)	4 (1%)
Comparison Children	182 (57%)	94 (30%)	4 (1%)	36 (11%)	2 (1%)
Total	473 (66%)	184 (26%)	10 (1%)	47 (7%)	6 (1%)

¹⁵ Reported means are adjusted for covariates included in the analysis (i.e., variables that were unbalanced after the propensity score match).

¹⁶ Kinship Care includes both custody and guardianship to kin.

¹⁷ “Other” exit types include: AWOL, child died, child exited to other agency, and not available.

Substantiated or Indicated Reports of Abuse or Neglect Within 6, 12, and 24 Months of Case Closure

One of the major concerns for child welfare agencies is threat to child safety. When families become involved with the child welfare system, caseworkers regularly monitor children's safety and work with parents to create long-term plans for the future safety of their children once the child welfare case is closed; FTMs are a vehicle for creating these plans. The following analyses examine, for children whose cases closed, the likelihood of subsequent abuse or neglect – as measured by a substantiated or indicated report of abuse or neglect within 6, 12, and 24 months of initial case closure.

High Fidelity FTM Group vs. Matched Comparison Group – Closed Cases with Two-Year Follow Up Period (n = 1,373 FTM cases, n = 1,045 comp cases)

The rates of substantiated or indicated reports of abuse or neglect following a case closure were very low among both groups. Descriptively, children whose families received high fidelity FTM experienced similar rates of substantiated/indicated reports of abuse or neglect within 6, 12, and 24 months of initial case closure as compared to matched children in comparison counties (4.1% vs. 3.2%, 6.8% vs. 6.5%, and 10.7% vs. 10.7%, respectively). Logistic regression analyses, controlling for characteristics that were unbalanced between groups after the propensity score match had been completed, found that differences between groups were not statistically significant ($p = .255$, $p = .887$, and $p = .818$, respectively).

Reentry Into Out-of-Home Care

Beyond recurrence (i.e., re-abuse or neglect), the FTM intervention is intended to reduce the number of children who must reenter foster care after reaching permanency initially. The analyses below examine, for children who exited foster care during the study period, the proportion who reentered foster care within 12 and 24 months of their initial exit from care.

High Fidelity FTM Group vs. Matched Comparison Group – Closed Placements with Two-Year Follow Up Period (n = 258 FTM cases, n = 210 comp cases)

The proportion of children reentering out-of-home care at 12 and 24 months post-permanency was relatively small among children whose families received high fidelity FTM and their matched comparisons: 12% of high fidelity FTM children reentered out-of-home care within 12 months of initial exit compared to 14% of matched comparison children, and 16% of both high fidelity FTM children and their matched comparisons reentered care within 24 months of initial exit. Logistic regression analyses, controlling for characteristics that were unbalanced after the propensity score match had been completed, found that children whose families received FTM were no more or less likely to reenter care – there were no statistically significant differences when comparing reentry at 12 months ($p = .492$) or at 24 months ($p = .944$).

3.5 Summary and Conclusions

The FTM intervention has evolved throughout the ProtectOHIO waiver demonstration. The most substantial changes to the intervention took place during the second and third waiver periods when the intervention was formalized by waiver counties, the ProtectOHIO FTM Practice Manual was developed, and two-day in person trainings were rolled out across the state. In both waiver periods, children and youth whose families received the intervention experienced better safety and permanency outcomes than similar children and youth who did not receive the intervention. During the fourth waiver period, FTMs continued to be implemented according to the practice manual, with the addition of a web-based training that could be provided more frequently than in-person trainings and does not require staff to be physically together over a two-day period.

Contextual factors both external and internal to demonstration county PCSAs challenged FTM implementation in the third and fourth waiver periods. Externally, PCSA staff pointed to both increases in caseloads and case complexity due to comorbid mental illnesses and substance use among family members that made conducting FTMs more difficult. According to facilitators, opioids created especially challenging dynamics for FTMs, as one or both parents may have been deceased, incarcerated, or absent. Internally, and perhaps related to the external factors, PCSA staff turnover in demonstration counties was cited as a major factor impacting agency operations and FTM implementation.

Nine of the fifteen demonstration counties had one neutral facilitator to provide FTMs throughout the fourth waiver period, and six of the counties had multiple facilitators, the number of which depended on the size of the child welfare population being served at any given time in those counties. Most facilitators were employed directly by demonstration county PCSA agencies, whereas some were PCSA contractors. Regardless of whether or not they were employed directly by a demonstration county PCSA, facilitators almost universally stressed the importance of their neutrality and maintaining the perception of neutrality to families in FTMs. Facilitators reported a wide range of responsibilities, from concrete administrative and organizational tasks that require hard skills to communication and engagement tasks that require soft skills.

During the fourth waiver period, 11 demonstration counties targeted all open cases for FTMs and four systematically sampled cases to serve according to facilitator and staff capacity. A total of 11,680 families with 24,217 children received at least one FTM during the fourth waiver period between April 15, 2014, and January 15, 2019, representing 44% of all cases that transferred to ongoing services across the demonstration counties. Overall, nearly half of the 50,001 FTMs that were held had all three required participant types in attendance. Because almost all FTMs had a caseworker or other PCSA staff member (i.e., not including facilitators, who were present for all meetings) in attendance, the extent to which all three required participant types attended meetings primarily varied by whether or not both a parent or primary caregiver and an other-involved person also attended. According to facilitators, the primary challenge in getting all required participants to meetings is balancing the need to hold meetings on time, as specified by the intervention model, and accommodating the schedules of required participants. Facilitators must sometimes choose between holding meetings on time but without all required participants, or holding meetings late but with all required participants. In most cases when

faced with this decision, they opt to hold meetings on time with the participants who can attend, as last-minute cancellations and no-shows may mean that participant fidelity is ultimately not met anyway.

When families are engaged, facilitators and caseworkers reported that they are more willing to attend FTMs, have open discussions about safety concerns, state their own needs, provide input into and take ownership of case plans, and work toward case plan goals. Facilitators across the demonstration counties employ a range of strategies for increasing the likelihood that families and other FTM participants are engaged in the process. Commonly reported strategies include reminding families prior to the first meeting that it is a collaborative, solution-focused process; openly discussing both the strengths and the needs of the family in meetings; providing everyone with an equal opportunity to speak; translating “agency speak” into concepts that families can understand; acknowledging that parents are the experts in their own lives; and empowering parents to define and take action toward goals.

It is important to note that most ProtectOHIO comparison counties offer family-centered meetings that are largely similar to FTMs. All PCSAs in the state, regardless of whether or not they are in a ProtectOHIO demonstration or comparison county, are mandated to hold quarterly 90-day and semi-annual reviews (SARs) with caseworkers and other PCSA staff (e.g., supervisors). In addition to mandated SARs, all but one of the comparison counties hold family-centered meetings at other times during the case, with one county implementing meetings that fulfill all FTM requirements, five counties that fulfill all but one required component, and nine counties that fulfill all but two requirements. The primary difference between FTMs in demonstration counties and family-centered meetings in most comparison counties is that in most comparison counties meetings are either held every six months or as needed instead of every 90 days, as specified in the FTM Practice Manual.

The FTM model appears to be associated with improved child outcomes. The outcome study found that children and families that received FTMs with high fidelity to the model experienced more favorable permanency outcomes than matched children in comparison counties not implementing practices very similar to FTM: families that received FTM with high fidelity to the model experienced shorter case episodes (i.e., were more likely to have their cases closed within 12 and 24 months of it opening), children whose families received FTM with high fidelity to the model were significantly less likely to enter foster care, and if they did enter foster care were significantly more likely to experience reunification as the permanency decision. While limitations to the outcome study exist, the large sample size, extended analysis timeframe, and relative strength of the study design appear to indicate that FTMs are an effective intervention for children and families involved in the child welfare system.

Chapter 4 Kinship Supports

4.1 Introduction and Overview

The ProtectOHIO Kinship Supports intervention (KSI) is a Kinship Navigator program geared toward children and families involved in the child welfare system. It promotes kinship placement as best practice, increasing attention to and support for kinship placements, caregivers, and families. It is designed to ensure that kinship caregivers have the support they need to meet children’s social, emotional, and physical needs. The intervention is composed of specially trained staff who use assessment tools to ensure that kinship caregivers can support the children in their care and that services and supports are aligned with their needs. Caregiver support plans are developed in accordance with the initial home and needs assessments, and home visits are conducted monthly to reassess family needs and provide material and emotional support.

4.1.1 Background

As discussed in Chapter 1, the 14 PCSAs that participated in Ohio’s first waiver period experimented with a variety of methods to increase positive child and family outcomes under the waiver demonstration, some of which occurred systematically; however, no single intervention was implemented across all waiver PCSAs at that time. In fact, most PCSAs experimented with a wide variety of activities designed to support children and families, many of which were not interventions per se, but instead strategies designed to improve practice, such as performing caseload analyses and increasing the use of data-driven decision-making. However, when asked to identify target outcomes the PCSAs expected to impact, seven counties cited “increasing placement with relatives” and eight cited “increasing the use of less restrictive placements.” Further, eight counties chose to use their flexible IV-E funds to supplement adoption subsidies and/or subsidized guardianships, both of which were likely to impact at least some kinship families.

While the activities to support kinship families during this first waiver period were neither systematic nor, for the most part, substantial, the outcome study did find a few differences between demonstration and comparison counties relating to kinship care. For instance, during the first three years of the waiver, most demonstration counties experienced an increase in the number of children placed with relatives, compared to less than half of the comparison counties. And, a counterfactual analysis found that the proportion of children exiting to relatives’ custody was significantly higher than it would have been without the waiver in six of the demonstration counties (Human Services Research Institute, 2003).

However, Kinship Supports as a model was not implemented until the second waiver period when six of eighteen demonstration counties chose to use their waiver flexibility to enhance services and supports for kinship caregivers. During this second waiver period, the six participating counties met to develop a kinship supports model which relied on four core components for kinship caregivers, including: (1) specific, well-defined identification and recruitment efforts; (2) an array of supportive services; (3) the provision of subsidies; and (4) frequent communication with kin.

The second waiver process evaluation revealed some prominent differences in kinship activities and outcomes between the six demonstration counties implementing the Kinship Supports model and

comparison counties. Specifically, demonstration counties had more staff providing ongoing services to kinship caregivers, provided more hard goods and services to kinship caregivers, had kinship caregivers participating in family-centered child welfare meetings more often, and had kinship caregivers who reported feeling better supported by caseworkers. In terms of child-level outcomes, children in the six demonstration counties implementing the Waiver 2 Kinship Supports model were significantly more likely to be in the legal custody of a kinship caregiver at the end of an initial kinship placement, relative to those in comparison counties.

At the beginning of Ohio's third waiver period, all 16 demonstration county PCSAs agreed to participate in the development and formalization of a more robust Kinship Supports model (i.e., what would become the Kinship Supports intervention), and to implement it as a core third waiver period ProtectOHIO model. To do so, PCSA directors, frontline staff, and evaluation team members volunteered to participate in a workgroup to develop a replicable model with measurable fidelity components.¹⁸ Over the course of a six-month period, this group developed a detailed practice manual outlining KSI model components and associated data collection tools. A subset of volunteers subsequently worked with the Ohio Child Welfare Training Program (OCWTP) to develop a two-part in-person training for KSI staff, which was held in various regions throughout the state and later converted into a web-based training module for KSI staff and supervisors.

Upon completion of the third waiver period, the evaluation found substantial differences in outcomes between KSI demonstration and comparison sites. Specifically, kinship care was used as a placement option significantly more often in demonstration county PCSAs, and, compared to matched children in comparison county PCSAs, children whose kinship families received KSI experienced greater placement stability, reached permanency in significantly fewer days, and were significantly less likely to experience abuse or neglect after exiting care and to reenter out-of-home care. Because the intervention remained unchanged in Ohio's fourth waiver period, this report focuses on process and outcome findings related to KSI over both the third and fourth waiver period.

4.1.2 Intervention Model

Of the 16 demonstration counties that participated in the third waiver period, 15 participated in the fourth waiver period, with all 15 continuing to implement the KSI model. The core components of the intervention are described in detail in the Kinship Supports Practice Manual.¹⁹ In summary, these components include:

- *Eligibility Criteria:* The eligible population includes all children with PCSA cases open to ongoing services, regardless of custody status or supervision orders.
- *Kinship Staff:* Within the PCSAs, kinship staff (sometimes referred to as kinship coordinators) with knowledge regarding best practices in supporting kinship families serve as experts on kinship support practice. These staff need not be solely dedicated to kinship work and kinship functions may be assigned to other PCSA staff as needed.

¹⁸ Input from kinship caregivers, kinship youth, and community providers including 211 representatives were gathered by the evaluation team and PCSA staff and was considered as the model was developed.

¹⁹ <http://ifs.ohio.gov/PFOF/PDF/ProtectOHIO-Kinship-Intervention-Manual.stm>

- *Diligent Search*: Standard practices for location and identification of kin are employed by the PCSA and supported by the kinship staff. Kin are defined as relatives and non-relatives who have a connection (biological, familial, community, cultural, etc.) to the child.
- *Assessment Tools*: Kinship-specific assessment tools (i.e., the Kinship Home Assessment Tool and the Needs Assessment) and processes are used to ensure that kinship caregivers can support the child in their care, and that services and supports are aligned with their needs.
- *Support Plan*: Developed in accordance with the Kinship Home Assessment Tool and Needs Assessment results for each kinship family. The support plan can be incorporated into the case plan or completed as a separate document according to legal protocol and policy within the county. It is individualized, based on needs assessment results, and reviewed, monitored, and updated every 90 days in conjunction with the needs assessment.
- *Home Visits*: Occur at least monthly with kinship families and include attention to the kinship caregiver as well as the child and other family members.
- *PCSA Kinship Handbook*: Provided to the kinship caregiver when the child(ren) is moved to a kinship home, or at the time of the home study.
- *Service Availability*: Services are made available to support kinship families in accordance with their needs. Core services available in all counties include:
 - Information and referral
 - Mental health assessment
 - Substance use assessment
 - Mental health therapy/counseling
 - In-home family services/family preservation
 - Basic purchased hard goods
 - Home-related supports
 - Rental and/or utilities assistance
 - Transportation
 - Financial support
 - Training for kinship caregivers
- Optional services that may be available include:
 - Legal services
 - Childcare
 - Formal or informal respite

4.2 Evaluation Design

The evaluation of KSI is designed to examine the expected inputs, activities, outputs, and outcomes included in the intervention logic model in Table 4.1. The basic thesis under examination is that full implementation of the KSI (designated, trained staff assessing and supporting kinship caregivers) will foster greater collaboration among PCSA staff and greater engagement between staff and kinship

families, leading to more complete and appropriate provision of services and supports to address kinship family needs and improved safety, permanency, and well-being for children.

Table 4.1 ProtectOHIO Kinship Supports Intervention Logic Model

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Kinship coordinators/staff	Locate kin	Number of kinship caregivers and children served	Decrease out-of-home (non-kin) placement days
	Home assessment	Communication/collaboration between kinship coordinators and caseworkers	
Staff training	Kin needs assessment		Kinship coordinator relationship to PCSA staff
Culture/policy change	Support planning	Amount/range of services provided (compared to needs)	
Availability of services	Ongoing contact (e.g., home visits)		Decrease reentry to care
	Kinship coordinator information & training		

4.2.1 Research Questions

There are five overarching research questions guiding the KSI process and outcome studies, including:

1. How is the Kinship Supports intervention implemented?
2. How do Kinship Supports efforts in the demonstration counties differ from the various kinship support efforts in the comparison counties?
3. Do children whose families receive the Kinship Supports intervention reach permanency in fewer days compared to similar children in comparison counties?
4. Do children whose families received the Kinship Supports intervention experience greater placement stability compared to similar children in comparison counties?
5. Are children whose families received the Kinship Supports intervention less likely to reenter care after reaching permanency compared to similar children in comparison counties?

4.2.2 Data Collection

Data collection for the KSI process and outcome studies was multifaceted. Some of the data were collected at the county level and some at the individual level; that is, the information either reflected county policy and procedure or was specific to a single child or caregiver. The specific data collection activities and sources include:

- *PCSA site visit interviews* in 2018 with PCSA directors, kinship staff and supervisors, and caseworkers in all demonstration counties and five comparison counties with practices similar to KSI (PCSA site visit information collected in 2014 for the third waiver period evaluation was also reviewed).

- *Telephone interviews* in 2018 and 2019 with PCSA directors/upper management in the 11 comparison counties that did not receive a site visit in 2018 (responses to third waiver period comparison county telephone interviews conducted in 2014 were also reviewed).
- *Focus groups* in 2017 with designated KSI staff in demonstration county PCSAs who attended a quarterly KSI workgroup meeting in Columbus, Ohio.
- *ProtectOHIO Consortium* meetings with demonstration county administrators occurring every other month.
- *Kinship workgroup* meetings with kinship coordinators and other designated KSI staff occurring quarterly.
- *Ohio SACWIS* case- and client-level administrative data collected from ODJFS for each of the demonstration and comparison counties, including case opening and closing dates, reports of abuse and neglect, placement information, placement exit or permanency information, risk and family assessments information, service referral/delivery, and demographics.
- *ProtectOHIO Data System (PODS)*²⁰ case-level data for each kinship family who received KSI services, including SACWIS Person IDs, SACWIS Provider IDs, caregiver demographics, home assessments, and Family Resource Scale assessments.

4.3 Process Study

4.3.1 Analytic Approach

The process study uses qualitative data collected during site visits, interviews, focus groups, and meetings. The analytic approach focused on KSI implementation in demonstration counties and the similarities and differences in kinship support practices between demonstration and comparison counties. All interview and focus group data were cleaned and uploaded to the Dedoose online qualitative software package to facilitate qualitative axial and thematic coding. Grounded theory and content analysis methodologies guided examination of the data, identifying, coding, and comparing themes that emerged within and across demonstration and comparison county groups. Coding was conducted primarily by one evaluator but was systematically cross-checked by the evaluation director and study team members for ongoing quality assurance. Following coding, the study team searched for primary themes and connections among the themes within the demonstration counties and within the comparison counties, indicating similarities and differences in kinship supports between the county groups.

4.3.2 Process Study Findings

Each of the primary themes that emerged during analysis generally fit within one of six overarching thematic categories, including:

1. Kinship staff roles
2. Kinship caregiver diligent search activities

²⁰ PODS was developed by HSRI, it is used to collect data from demonstration county PCSA on the KSI interventions.

3. Caregiver assessment tools
4. Caregiver support plans
5. Caregiver services
6. Systemic shifts toward supporting kinship families

The primary themes within each overarching category for the demonstration and comparison counties are described in this section.

Kinship Staff Roles

According to the Practice Manual, each PCSA implementing KSI must have kinship staff who are knowledgeable in best practices for supporting kinship families to serve as experts on kinship support practice within the PCSA. Kinship staff are specifically responsible for ensuring the implementation of diligent search practices, assessing kinship families using the Kinship Home Assessment Tool and Needs Assessment, and developing and implementing support plans that include services for all assessed needs.

Demonstration Counties

All demonstration county PCSAs have designated kinship staff who are knowledgeable about kinship best practices and who implement KSI services. They frequently review the Kinship Supports Practice Manual, have completed all necessary OCWTP training modules, and routinely share best practices with other staff within their PCSAs and with kinship staff in other demonstration county PCSAs. As the primary point of contact for kinship caregivers, they work with each eligible kinship family to conduct KSI home visits and assessments, develop and implement support plans, and provide direct services and referrals to other agencies based on assessed needs. Kinship staff in the demonstration counties take pride in being their agency's kinship champions by assisting their agency to identify and locate kin, engage and build trusting relationships with kinship families, and tailoring services based on each family's needs. One kinship caregiver stated, "My kinship worker was a godsend. She helped me with this child every step of the way. She helps make it easier, and when I need someone to talk to she's always there for me."

Kinship staff implementing KSI services see themselves as being in a more neutral and focused role than traditional ongoing caseworkers when working kinship families. While caseworkers, supervisors, and even administrators are more attuned to ensuring the immediate safety of children in out-of-home placements and complying with court-mandated services for parents, kinship staff specialize in engaging kinship families, simplifying and walking them through complex PCSA bureaucratic processes, and connecting them with services to ensure they have the resources and support needed to maintain care. Prior to KSI, caseworkers often had to negotiate between meeting the often conflicting needs of parents and kinship caregivers. Under KSI, the demonstration county PCSAs have the staff, time, and tools to truly engage and meet the needs of kinship caregivers by being more sympathetic to their needs, listening to and allowing them to vent frustrations, building genuine relationships with them, and helping them to navigate the array of available services.

Comparison Counties

Most of the comparison county PCSAs use ongoing caseworkers to provide services to both parents and kinship families according to standard agency practices rather than any uniform kinship-specific strategy or intervention. Within these counties, specific kinship services vary but typically include the provision of limited material and emotional support to kin, conducting home studies, and assisting with the administration of Kinship Permanency Incentive benefits, available statewide. Seven of the 16 comparison county PCSAs do have at least one designated kinship staff member, however, the services received by all comparison PCSAs are considered “usual or typical services” because they are the true and typical services offered by PCSAs not implementing the KSI intervention. Because Ohio operates a county-administered child welfare system, services offered to families and caregivers vary from county to county. However, in most ways, the strategies between county groups are markedly different, as staff across all comparison counties:

- Do *not* receive uniform training on supporting kinship families
- Do *not* have the same level of knowledge of kinship supports best practices as kinship staff implementing KSI
- Do *not* consistently use family trees or genograms to conduct diligent search activities
- Do *not* consistently use kinship-specific structured assessment tools to identify caregiver strengths and needs
- Do *not* create caregiver support plans.
- Do *not* offer a wide array of services to meet caregiver needs

Diligent Search

The ProtectOHIO Kinship Supports Intervention Manual states that PCSAs implementing the KSI should use standardized practices for the location and identification of kinship caregivers as potential placement options. This includes talking to the child (when age appropriate) and everyone in the child’s life, and using written and web-based tools such as genograms, facebook, and other web-based family-search programs, as available. Presented below are the most commonly cited tools, resources, and strategies used by PCSA staff in demonstration counties during the diligent search process, followed by those used by PCSA staff in comparison counties.

Demonstration Counties

All kinship staff in demonstration PCSAs have been trained on and are using the standardized practices to locate and identify kin. The first step for finding kin is to simply ask the parents and other key family members for a list of suitable kin, or, in some cases, asking the children themselves. Parents, in particular, are seen as a key resource for identifying kin. One county administrator indicated that parents are typically cooperative in the process, especially when they understand that identifying potential kin caregivers may mean keeping their child out of foster care. Other counties indicated that older children are also able to identify kin. For example, they may be able to provide names of kin where they have previously stayed or where they have spent holidays or other special occasions. Nine counties reported that directly asking family members to identify kin also serves as the basis for developing genograms and family trees.

Social media and other online platforms are also increasingly used by demonstration counties to identify kin caregivers and as tools for developing genograms. For instance, six counties reported using Accurint or Seneca, which are subscription-based, online, person-finder databases, and four frequently use Facebook and Google for identifying and locating potential caregivers. One of these counties noted that internal restrictions on the use of Facebook to identify kin have been rolled back in the past few years, making the platform an increasingly used tool.

Comparison Counties

There are some key differences between diligent search activities in demonstration and comparison county PCSAs. The greatest discrepancy between the demonstration and comparison counties is in the use of family trees and genograms: only three comparison counties reported use of these tools. Also, whereas diligent search responsibilities are often shared between different PCSA staff in the demonstration counties (i.e., between KSI staff and ongoing caseworkers), caseworkers are typically solely responsible for these responsibilities in comparison counties.

Assessment Tools

The KSI assessment tools were designed to be comprehensive, yet specific to kinship families and caregivers. This section describes process study findings on demonstration county PCSA staff perceptions of the tools, followed by the assessment tools that comparison county PCSA staff report using with kinship caregivers.

Demonstration Counties

Home Assessment Tool

This KSI assessment tool is completed at the time of the home study, or no later than 30 days after a child is placed. The questions in the assessment are designed to stimulate discussion with the kinship caregiver and to ensure that vital topics are covered (e.g., caregiver ability to provide a safe and nurturing home and nature of the relationship between the kinship caregiver and child/family). Based on the discussion, designated KSI staff mark a “yes” or “no” response for each question, indicating whether or not the circumstance described in the question applies to the caregiver. Staff also provide comments to clarify each response.

The home assessment tool has two parts, with the first part consisting of eight questions that focus on whether the caregiver has a criminal history or history of being a perpetrator of alleged child maltreatment, the general capacity and willingness of the caregiver to provide for kin child safety and well-being, and overarching need for caregiving services and supports. Designated KSI staff in eight demonstration county PCSAs reported in interviews and focus groups that these questions are useful for documenting concerns as part of the placement approval process. For example, one KSI staff commented that, “We added more of a summary to summarize the information so our courts could better understand what we approved or denied and what the reason for that is.”

The second part of the home assessment tool includes 17 questions that more specifically focus on caregiver capacity (e.g., financial capacity, caregiver health, support from extended family or friends, and having adequate space in their home) to provide for kin child safety and social, emotional, and educational well-being, as well as the nature and extent of the relationship between the caregiver and

child's family; interest/capacity for becoming a licensed foster parent, legal guardian, and/or adoptive parent; and the caregiver's willingness to work with the PCSA to develop a case plan and participate in case activities. Designated KSI staff in six demonstration county PCSAs reported that these questions are particularly useful for determining areas of need that the caregiver may have immediately prior to or shortly after placement, for informing the case plan and caregiver specific support plan, and for helping caregivers to carefully consider the level of commitment that kinship care requires, especially for child welfare-involved children.

Needs Assessment. This Family Resource Scale (FRS²¹) is used as the KSI needs assessment tool. It is completed no later than 30 days after a child is placed and updated at least every 90 days throughout placement. The FRS is designed to identify specific kinship caregiver needs, determine kinship family strengths and resources, and monitor changes in needs and family situations over the course of a kinship placement. The scale includes 31 resources that are generally ordered from the most essential resources (e.g., food for two meals a day and stable housing) to the least essential resources (e.g., time to keep in shape or looking the way you want and travel/vacation). Kinship caregivers complete the scale by indicating the level of adequacy of each resource for their family on a five-point scale ranging from not at all adequate to always adequate. PCSA staff can administer it in person or over the phone and may assist caregivers, if needed, with clarifying or responding to any of the included resources.

Designated KSI staff indicated in interviews and focus groups that the FRS, for the most part, is useful for determining kinship caregiver needs during placement. The resources included in the assessment are more specific than those that are included in both parts of the KSI home assessment. For example, whereas the home assessment asks designated KSI staff to indicate whether the financial resources of the caregiver(s) are sufficient to meet or exceed current/anticipated expenses, the FRS asks kinship caregivers to directly rate the adequacy of family resources that are typically purchased, such as food, housing, utilities, clothes, and furniture, which is helpful for determining the specific services and supports that kinship caregivers need to maintain a placement. In addition, because caregivers complete the scale every 90 days every during placement, it helps to monitor changes in need over time and to adjust support plans accordingly. One designated KSI worker commented, "Typically I try to do it when I first meet with them because their needs are going to be a lot different than once they have had their children in their home for one month, three months, six months, or whatever." However, while many staff described the usefulness of the tool, some felt they glean similar – or more useful – information from simply having conversations with caregivers, and noted the tool was simply used for the evaluation.

Designated KSI staff indicated that kinship caregiver responses to the essential resource items in the FRS are better for designing support plans for kinship caregivers than the non-essential resources. According to them, the essential resources, such as basic necessities, money to pay monthly bills, and child medical and dental care, are better indicators of kinship placement stability and can be more readily addressed through KSI direct services or service referrals than the non-essential resources, such as time to socialize with friends, toys for child(ren), and travel/vacation. One designated KSI worker commented, "Some of the questions are ridiculous, like time to work out. Some questions just seem irrelevant."

²¹ Dunst, C.J., & Leet, H.E. (1987). Measuring the adequacy of resources in households with young children. *Child: Care, Health, and Development*, 13(2), 111–125.

Comparison Counties

The most commonly cited tool for assessing kinship caregiver safety concerns and needs in comparison counties was the statewide Assessment of Relative or Nonrelative Substitute Caregiver, which went live in SACWIS in the fall of 2018, and bears some similarities to the ProtectOHIO Kinship Home Assessment. Ten of 16 comparison counties reported use of the assessment with no modifications, and one county uses the assessment in addition to supplemental county-specific questions. One county reported use of a county-specific kinship placement safety audit for assessment; two counties reported the use of unspecified county-specific assessment tools with kinship caregivers; and the remaining two counties did not report use of any kinship assessment tools.

Support Plans

For each kinship placement, the KSI practice manual instructs PCSA staff to incorporate a written caregiver support plan in the case plan or to complete one as a separate document. While there is not a standardized support plan format, the manual does provide an example template that staff can use to identify the concerns or needs of the family or caregiver, the steps that will be taken to address the concerns or needs, who is responsible, and the target date for completing each step. The template also allows for ongoing service review and approval by the caregiver and agency. Although agencies can complete their own version of the support plan in accordance with the legal protocols and policies within their jurisdictions, each plan must be individualized, based on the findings of KSI assessments, and subject to ongoing assessment and review.

Demonstration Counties

Caregiver support plans are completed in all demonstration county PCSAs; however, as allowable per the KSI practice manual, the process for completing the support plan varies by county agency. Staff in three demonstration counties reported that caregiver support plans are completed as individual documents, separate from the ongoing case plans. These plans are typically developed in collaboration with caregivers, and the completed documents are shared with caregivers. In the remaining counties, caregiver support plans are incorporated into the overarching case plan.

Comparison Counties

The process study site visits and telephone interviews indicated that support plans are *not* developed specifically for kinship caregivers in any of the 16 comparison counties.

Services

Service provision under KSI is designed to meet the assessed needs of kinship caregivers. Designated intervention staff within demonstration county PCSAs provide services to caregivers through both direct service provision and referrals to other service-providing agencies and programs, depending on caregiver needs. Before presenting process study findings related to KSI service provision in the demonstration and comparison counties, it is important to describe the potential service referral resources available to PCSA staff in both county groups.

Service Referral Resources

There are a variety of public assistance programs that kinship families in Ohio may access. Most of these programs are not kinship specific, but are available to kinship families if they meet eligibility requirements. The Prevention, Retention and Contingency program, for example, is a county-administered program that uses Temporary Assistance to Needy Families funding to help low-income parents, including noncustodial parents, overcome immediate barriers to employment. Although services vary depending on county policy and family need, the types of services typically offered include clothing and shelter, transportation, employment, and employment training. Kinship caregivers and the children in their care may also be eligible for free or low-cost comprehensive health care coverage through Ohio's Healthy Start and Healthy Families Medicaid programs. If a kinship family's gross monthly income is at or under 130% of the federal poverty guideline, they may also be eligible to receive monthly financial supplements for purchasing food through the Ohio Food Assistance Program. The Ohio Resource Guide for Relatives Caring for Children

(<http://www.odifs.state.oh.us/forms/num/JFS%2008146/pdf/>) includes other assistance programs and services that kinship families may be eligible for, such as:

- Women, Infants, and Children (WIC) services for at-risk children under five
- Medicaid's Presumptive Eligibility program for temporary insurance during Medicaid application processing
- Early Intervention Services Program for children with disabilities
- Ohio Works First for monthly cash assistance
- Home Energy Assistance Program for paying heating bills
- Special Education Regional Resource Centers for children with disabilities
- Head Start for preschool educational services

Additionally, one public assistance program in the state provides direct cash assistance specifically to kinship families. The Kinship Permanency Incentive program is designed to support children in kinship care by providing time-limited payments to kinship caregivers to cover costs of initial placement. For some kinship families, subsequent payments at six-month intervals (up to eight payments) are available to support the stability of the child's placement. While eligibility requirements exist (namely, a maximum level on gross family income and background checks) receipt of the incentive does not preclude families from receiving additional cash assistance from the Ohio Works First program.

Other potential service referral resources for county PCSA staff who work with kinship families are provided by community-based nonprofit, faith-based, and private agencies. Although the number of agencies and the extent of services offered varies between counties, the provided services may include:

- Behavioral and mental health services
- Food banks
- Hard goods, such as clothing, baby items, and bedding
- Recreational activities for children
- Emergency crisis services
- Transportation supports

- Legal aid
- Child or respite care
- Developmental disability supports
- Mentoring or support groups
- Parent education
- Information and referral services
- Child education supports

Demonstration Counties

Demonstration county PCSAs are providing an array of KSI services to kinship families through direct service provision and referrals to publicly administered assistance programs and community service organizations. Direct service provision frequently includes PCSA purchase of hard goods to facilitate a stable transition into care. Intervention staff across most demonstration counties reported routine purchase of beds, food, clothing, appliances, car seats, and other hard goods for kinship caregivers. Beds were cited in nine demonstration counties as a primary need for many kinship families. In seven counties, gas cards, grocery vouchers, and direct financial assistance with school registration fees and the costs of rent, utilities, and child medical bills are provided to kinship caregivers, depending on assessed needs. Designated KSI staff in most demonstration counties also reported the provision of direct services during the ongoing kinship placement, including support and information on child trauma and trauma-informed caregiver strategies, child welfare case procedures and updates, daily routines in the home, and child development stages and needs, as well as simply listening to and empathizing with caregivers.

Depending on the needs of kinship caregivers and children during placement, PCSA staff across the demonstration counties reported that they connect kinship caregivers to a wide range of public assistance programs and community service organizations. According to one staff member, “Some caregivers more than others really need that extra support. They’re lost even when it comes to filing for benefits or knowing what benefits are out there.” Among demonstration county PCSA staff, the most commonly cited public assistance program referrals were to the Kinship Permanency Initiative; Healthy Start and Healthy Families; Women, Infants, and Children; Ohio Works First; and the Ohio Food Assistance Program. Eligibility requirements for these programs were, however, frequently cited as a barrier for caregivers. With the exception of the Kinship Permanency Incentive program, for example, eligibility requirements are typically based on the socioeconomic status of birth families, making it difficult for kinship caregivers to apply for and receive assistance directly.

Designated KSI staff also reported frequent kinship caregiver referrals to community-based agencies for services such as behavioral and mental health counseling, school supports, provision of food and hard goods, mentoring and support groups, legal aid, and transportation supports. PCSA staff in some demonstration counties noted that eligibility requirements for community-based agency programs and services are less stringent than the requirements for public assistance programs. However, fewer service referrals (and more direct services) were reported by PCSA staff in rural demonstration counties than by PCSA staff in more urban demonstration counties. This is probably, at least in part, because fewer community-based agency services are available in rural counties compared to urban counties.

Comparison Counties

PCSA staff in comparison counties also reported both direct service provision to kinship caregivers and referrals to public assistance programs and community-based agencies, though the array of commonly reported direct services and referrals was narrower than in demonstration counties. Similar to demonstration counties, basic necessities and hard goods (e.g., food, clothing, and furniture) are commonly provided directly to kinship caregivers in comparison counties, with beds being the most commonly provided hard good. PCSA staff in some comparison counties also reported providing transportation vouchers and paying school registration fees. However, other types of direct financial assistance for caregiver needs, such as paying for rent, utilities, and child medical bills, are not frequently provided. One PCSA staff in a comparison county lamented, “We can’t always provide financial assistance, and it’s the biggest need that we hear about.”

PCSA staff in comparison counties reported kinship caregiver referrals to both public assistance programs and community service organizations; however, relative to demonstration counties, there were few commonly reported examples of the specific programs and services that kinship caregivers are referred to. In some comparison counties, PCSA staff broadly reported that they refer caregivers to DJFS for direct financial assistance. PCSA staff in six comparison counties did specifically report that they frequently refer caregivers to community mental health agencies for counseling services, but did not further specify the types of counseling services that caregivers are referred to or whether the services are primarily for caregivers, children, or kinship families as a whole.

Systemic Shifts

During interviews, focus groups, and ProtectOHIO Consortium and kinship workgroup meetings in both the third and fourth waiver periods, PCSA staff noted systemic shifts toward supporting kinship families in their counties. More specifically, KSI implementation has increased the frequency and duration of kinship placements for child welfare-involved children and decreased foster care use. In turn, demonstration county PCSAs and other family-serving systems (e.g., courts, mental health providers, medical providers, and community-based agencies) have had greater opportunity to recognize the benefits of kinship care over foster care, including less child trauma, fewer child mental and behavioral health issues, better child permanency and sibling connectivity, decreased out-of-home placement costs, and greater parent focus on addressing their own needs and challenges for reunification (i.e., because they worry less when their children are placed in kinship care with familiar loved ones). As recognition of these benefits has increased, so too have court approvals of kinship placements and PCSA administrative and programmatic supports for diligent search efforts and ongoing kinship services. Kinship family supports and services from other agencies and programs in their counties have also increased, although to a lesser degree than within the court system and within their PCSAs. A number of demonstration county PCSA staff indicated that there is still much room for increasing both the quantity and quality of services and supports for kinship families within these external agencies and programs.

PCSA staff in demonstration counties also reported that KSI has led to a more coordinated and streamlined approach for providing needed services and supports to the kinship families in their counties. Kinship caregivers who are caring for child welfare-involved children can have a wide variety of needs, with each caregiver’s specific needs being dependent on their personal and social characteristics

(e.g., financial situation, education level, physical and emotional health, and amount and quality of social support), as well as the personal and social characteristics of the children who are in their care. As such, they require a tailored and coordinated approach to services and supports that includes a mixture of services from various service providers and programs. Such an approach did not exist, at least not systematically, in the demonstration counties prior to the development and implementation of KSI. The intervention, according to PCSA staff, has provided the tools and resources needed to conduct comprehensive, ongoing assessments of kinship caregiver needs and to design and carry out individual support plans for meeting the varied needs of kinship caregivers. In effect, KSI has centralized kinship caregiver support and service delivery and referrals within demonstration county PCSAs and across a range of other service-providing agencies and programs in the counties. This has helped ensure that kinship caregivers who are caring for child welfare-involved children in demonstration counties are offered the services and supports that correspond to their needs and can actually access and benefit from those services and supports when needed.

4.4 Outcome Study

The primary goal of the KSI outcome study is to understand the impact of the intervention on outcomes for children placed into kinship care and whose families received the intervention. To do this, the analyses compared outcomes for children who were placed with kin and whose caregivers received the Kinship Supports intervention to similar children in comparison counties who were also placed with kin (but did not receive the Kinship Supports intervention).

The following research questions were assessed:

Compared to matched children in comparison counties:

- Do children whose caregivers received the Kinship Supports intervention reach permanency in fewer days?
- Do children whose caregivers received the Kinship Supports intervention experience greater placement stability?
- Are children whose caregivers received the Kinship Supports intervention less likely to reenter care after reaching permanency?

4.4.1 Analytic Approach

The study team used propensity scores to statistically reduce selection bias between groups. This approach, often cited as the next best approach when a randomized controlled trial is infeasible or unethical (Rosenbaum & Rubin, 1983), allows for differences between groups to be more confidently attributed to an intervention being studied, rather than potential differences between groups – such as the backgrounds or circumstances of the families in the study groups.

Using the propensity score matching module in IBM SPSS Statistics 25, a logistic regression was used to first estimate the probability of the case being assigned to the intervention based on a selection of background covariates. This resulted in a propensity scaler which was then used to make comparable matches between demonstration and comparison cases. Due to a relatively small comparison pool from

which to draw matches, we chose to match with replacement using a caliper of .2 of the standard deviation of the propensity score.

Variables chosen as covariates for the computation of the propensity scaler were based on theory and availability. Covariates included demographic characteristics such as race, ethnicity, child and caregiver age, and family financial information; type and severity of abuse or neglect, and other family assessment and risk assessment characteristics. The full list of covariates is displayed in Appendix A.

Following the match, effect sizes in differences between groups were computed for each of the variables entered into the propensity score; Hedges *g* was used for continuous variables, and Cox's *d* for dichotomous variables. Where the post-match effect size between demonstration and comparison cases for a covariate entered into the propensity match was equal to, or greater than, a .05 threshold, the variable was additionally entered into the outcome analysis as a covariate as a further adjustment.²² These covariates are highlighted in Appendix A.

4.4.2 Data Sources

This study uses data entered into Ohio's SACWIS and HSRI's Protect Ohio Data System (PODS) by caseworkers, KSI staff, and clerical staff on information related to demographics; intakes; family and risk assessments; placements; and other case- and person-level information, as well as information related to KSI assessment tools, including the ProtectOHIO Home Assessment and Family Resource Scale data. Data for these analyses were downloaded in July 2019.

4.4.3 Study Population

The study involved comparing outcomes for children in 15 demonstration counties who were placed with kin and whose caregivers received the intervention to children in 13 comparison counties who were placed with kin and whose caregivers did not receive the intervention. Children were classified as having been placed with kin if the following conditions were met:²³

- The majority (at least 90%) of their total out-of-home days were spent with kin
- Their last placement setting was with kin.

The intervention population is comprised of children and families who received only one waiver intervention: KSI (i.e., families of children included in the following analyses were not offered and did not receive the FTM intervention).²⁴ All children involved in the study were part of cases involving substantiated or indicated abuse or neglect, were placed into out-of-home kinship care, and were served during Ohio's third and fourth waiver periods (when demonstration county PCSAs began implementing the intervention with fidelity to the KSI mode – March 2012 through June 2019). The study used data from 878 children who were placed with kin and whose caregivers received the KSI in

²² All baseline effect sizes were less than .25.

²³ Winokur, Crawford, Longobardi, & Valentine, 2008

²⁴ Five counties systematically sampled cases for FTM during Ohio's third and fourth waiver periods, ranging from offering FTM to every other to every seventh case that transferred to ongoing services. In addition, the remaining ProtectOHIO counties at times stopped offering FTM to families when they reached capacity for providing the FTM intervention.

demonstration counties compared to 732 children who were also placed with kin in comparison counties, but did not receive the KSI. The comparison group is considered a “treatment as usual” group because kinship children and families in this group received the usual and typical services that are available to kinship caregivers in Ohio’s child welfare system in the absence of the KSI intervention.

4.4.4 Findings

KSI vs. Treatment as Usual

Child Permanency: Length of Time in Out-of-Home Care (n = 878 intervention children, n = 732 treatment as usual children)

Differences in time spent in out-of-home care between children placed with kin whose families received the KSI and matched children placed with kin in comparison counties receiving treatment as usual were examined using ANCOVA.²⁵ Overall, children placed with kin and receiving the KSI reached permanency in significantly fewer days than children placed with kin in comparison counties not implementing the intervention ($p < .001$, Partial Eta Squared = .009). The adjusted mean days in out-of-home care for intervention children was 285 days, compared to 323 days for children placed with kin in the treatment as usual group.

Child Permanency: Placement Stability (n = 878 intervention children, n = 732 treatment as usual children)

An ANCOVA analysis was conducted to measure differences in placement stability (i.e., the total number of placement moves during a child’s placement episode) for children in kinship placements who received the KSI compared to matched children in kinship placements in comparison counties receiving treatment as usual.²⁶ The results suggested there were significant differences between study groups: the adjusted mean number of placement moves for children in demonstration counties receiving the KSI was .19 compared to .24 for children placed with kin in comparison counties receiving treatment as usual ($p < .037$, Partial Eta Squared = .003).

Because the number of placement moves among both groups was so low, a logistic regression analysis was also conducted to examine the likelihood of children moving placements at least one time.²⁷ These results also suggested that children receiving the KSI were statistically significantly less likely to move placements at least one time than their counterparts in the treatment as usual group ($p < .006$, $\text{Exp}(B) =$

²⁵ The following variables were included as covariates in the analysis: Minority, FAM_FNCT_ROLE_CODE, TwoChildren, risk_rptneglect, pov_pct_fam, risk_caregvr_notcomply, EMOTIONAL_FUNCT_MENTAL, IMPACT_OF_PAST_SERVICES, age_xfer_child, alleg_physabuse, alleg_neglect. These variables are described in Appendix A.

²⁶ The following variables were included as covariates in the analysis: Minority, FAM_FNCT_ROLE_CODE, TwoChildren, risk_rptneglect, pov_pct_fam, risk_caregvr_notcomply, EMOTIONAL_FUNCT_MENTAL, IMPACT_OF_PAST_SERVICES, age_xfer_child, alleg_physabuse, alleg_neglect. These variables are described in Appendix A.

²⁷ The following variables were included as covariates in the analysis: Minority, FAM_FNCT_ROLE_CODE, TwoChildren, risk_rptneglect, pov_pct_fam, risk_caregvr_notcomply, EMOTIONAL_FUNCT_MENTAL, IMPACT_OF_PAST_SERVICES, age_xfer_child, alleg_physabuse, alleg_neglect. These variables are described in Appendix A.

.688). Descriptively, 14% of children in the KSI group (126 out of 878 children) moved placements at least one time compared to 20% of children in the treatment as usual group (144 out of 732 children).

Child Permanency: Reentry Into Out-of-Home Care (n = 878 intervention children, n = 732 treatment as usual children)

The proportion of children reentering care was very low among both groups. While children whose caregivers received the KSI reentered care at slightly lower rates than matched children in comparison counties receiving treatment as usual (Table 4.2), logistic regression analyses indicated differences between groups were not statistically significant. Children whose caregivers received the intervention were no more or less likely to reenter care within 6 months, 12 months, or 24 months of reaching permanency initially (p = .597, p = .430, and p = .453, respectively).²⁸

Table 4.2 Reentry Into Out-of-Home Care After Initial Exit From Care

	Demo KSI Kinship Children n = 878	Comparison Kinship Children n = 732
Within 6 Months	28 (3.2%)	28 (3.8%)
Within 12 Months	44 (5.0%)	45 (6.1%)
Within 24 Months	61 (6.9%)	59 (8.1%)

4.4.5 Limitations

The outcome study extends the evidence base for the KSI, first presented in Ohio’s third waiver period final evaluation report (Human Services Research Institute, 2016). However, limitations related to the study design are present.

Because a randomized controlled trial (RCT) was not used, causal interpretation of the findings is somewhat limited. Although much effort went into maximizing equivalence between demonstration and comparison groups – using a wide variety of child and family-level characteristics – it cannot be determined with absolute confidence that the KSI caused the more favorable outcomes. However, while this represents a significant limitation, the methods used in this study to achieve baseline equivalence have been recognized as being among the best alternative to RCTs, particularly in real-world social settings when RCTs may not be feasible.

4.5 Summary & Conclusions

Based on the belief that children should be placed in the least restrictive setting and should maintain their familial, cultural, and community ties, KSI has evolved over the 22-year ProtectOHIO Title IV-E Waiver Demonstration project from an informal practice to a fully formulated intervention with a written manual, practitioner tools, and staff training modules. The intervention has expanded from six counties that chose to use their waiver flexibility to enhance services and supports for kinship caregivers

²⁸ The following variables were included as covariates in the analysis: Minority, FAM_FNCT_ROLE_CODE, TwoChildren, risk_rptneglect, pov_pct_fam, risk_caregvr_notcomply, EMOTIONAL_FUNCT_MENTAL, IMPACT_OF_PAST_SERVICES, age_xfer_child, alleg_physabuse, alleg_neglect. These variables are described in Appendix A.

during Ohio's second waiver period to all ProtectOHIO counties implementing the intervention in the third and fourth waiver periods using a distinct intervention model. In this final report (covering both Ohio's third and fourth waiver periods), the study focused on KSI implementation in demonstration counties and the similarities and differences in kinship support practices between demonstration and comparison counties. The findings are summarized here, and conclusions are offered.

The Kinship Supports Intervention Manual directs counties to conduct diligent search process when attempting to identify and locate potential kin caregivers. The majority of PCSAs report that the most effective first step in the search process is to engage the families themselves, develop a relationship with the biological parents, and locate options that are in the best interest of all parties. Demonstration counties use family trees and genograms as tools for identifying potential kinship caregivers while only a few comparison counties use these tools. Demonstration counties also share diligent search responsibilities among different PCSA staff, whereas caseworkers in comparison counties are solely responsible for these responsibilities.

Designated KSI staff generally find the KSI Home Assessment to be useful for documenting concerns as part of the placement approval process, stimulating caregiver consideration of the commitment level that kinship care requires, determining overarching areas of caregiver strengths and needs at the outset of placement, and informing the initial development of case and caregiver support plans.

As for the FRS assessment tool, designated KSI staff in demonstration counties find it useful for determining specific kinship caregiver needs during the ongoing placement and fleshing out the details of caregiver support plans. Because caregivers complete the scale every 90 days during placement, it helps KSI staff to monitor changes in need over time and adjust support plans accordingly. However, the more essential resource items in the tool, such as basic necessities, money to pay monthly bills, and child medical and dental care, are better indicators of kinship placement stability and can be more readily addressed through KSI direct services or service referrals than the less essential resources, such as time to socialize with friends and travel/vacation. Kinship caregivers have questioned the utility of responding to these assessment items, and some kinship staff dislike administering the assessment because they cannot consistently assist with improving caregiver access to these resources. Because of this, the less essential FRS resource items should be systematically identified, and the value of these items and whether or not they could be dropped from the FRS for ongoing KSI implementation beyond the waiver should be considered.

The process study indicated that demonstration counties are systematically completing kinship caregiver support plans. The comparison county site visits and telephone interviews found that support plans are not developed specifically for kinship caregivers in any of the comparison counties, indicating that the development and use of these plans is a distinct difference in kinship practice between the demonstration and comparison PCSAs.

Relative to comparison county PCSAs, demonstration county PCSAs appear to also provide a broader array of support services to kinship families through direct service provision and referrals to publicly administered assistance programs and community service organizations. In demonstration counties, designated KSI staff frequently purchase hard goods to facilitate a stable transition into kinship care and provide financial assistance to kinship caregivers to offset the additional household costs of providing care to one or more children. PCSA staff in comparison counties reported that time to refer caregivers to

services is limited, even though it is a prominent need among kinship caregivers in their counties. Designated KSI staff in demonstration counties also seem to have greater capacity than PCSA staff in comparison counties for simply listening to and empathizing with caregivers as concerns and challenges arise during placement, and for directly providing ongoing support and information to address those concerns and challenges.

For service referrals, designated KSI staff reported frequent referrals to specific public assistance programs, such as the Kinship Permanency Initiative; Healthy Start and Healthy Families; Women, Infants, and Children; Ohio Works First; and the Ohio Food Assistance Program. Designated KSI staff also reported frequent kinship caregiver referrals to community-based agencies for services, such as behavioral and mental health counseling, school supports, food and hard goods, mentoring and support groups, legal aid, and transportation supports.

Taken together, the distinct practice of assessing caregiver strengths and needs, developing support plans, and offering ongoing support to kinship families appears to be associated with improved child outcomes. The outcome study found that children receiving the KSI experienced more favorable outcomes than matched children placed with kin receiving treatment as usual: children whose families received KSI experienced greater placement stability and reached permanency more quickly. While limitations to the outcome study exist, the sample size, analysis timeframe, and relative strength of the study design appear to indicate that the KSI is an effective intervention for kinship children and families involved in the child welfare system.

Chapter 5 Cost Study

5.1 Introduction and Background

In previous phases of Ohio's Title IV-E Waiver Demonstration, the cost study focused on examining whether demonstration counties have been able to reduce foster care expenditures at a greater rate than comparison counties. The waiver demonstration addressed the prevailing belief that restricting the use of Title IV-E funding to foster care board and maintenance (i.e., traditional federal child welfare funding) created a disincentive for reducing foster care expenditures. Without the waiver, counties would "lose" federal Title IV-E funding if the county PCSA was able to reduce foster care expenditures. Under the waiver, however, counties would be able to retain this federal Title IV-E funding for other child welfare purposes. As a result, it was hypothesized that administrators in demonstration counties would take more action to reduce foster care expenditures in ways that were favorable to children and families, relative to actions taken by comparison counties.

The first waiver period cost study found few differences in foster care expenditures between demonstration and comparison counties, however, as discussed in Chapter 1, each county had maximum flexibility in how to implement the waiver within their local PCSA, and each pursued a variety of initiatives, many of which were unique to just one or a few sites. As a result, actions taken by demonstration counties were neither sufficiently large-scale nor targeted enough to detect statistically significant difference in outcomes – or foster care expenditures – between demonstration and comparison counties. By the end of the second waiver period, however, after participating counties had consolidated their waiver approach, the evaluation detected dramatic differences in outcomes and child welfare expenditures between demonstration and comparison PCSAs. Children and families in demonstration counties were more often being served in-home, and demonstration status had a significant association with a decrease in the proportion of child welfare expenditures spent on foster care board and maintenance – meaning – cost study findings were statistically significant and in the hypothesized direction.

Going into Ohio's third waiver period, the county PCSAs continued to consolidate their waiver approach, limiting implementation of the waiver to just two common interventions (FTM and Kinship Supports). For this waiver period, the evaluation found that children and families receiving these interventions experienced more favorable outcomes than matched children and families in comparison counties, such as fewer children entering care, children experiencing greater placement stability (i.e., fewer placement changes) and fewer re-reports of abuse and neglect. However, the overall waiver analyses and cost study analyses – which examined outcomes and expenditures for all children and families, regardless of receipt of the interventions – found few differences between the demonstration and comparison county groups.

It was at this time that the demonstration administrators voiced their concern that the overarching cost study design was no longer a fair – or logical – method for measuring the success of Ohio's waiver demonstration. Because many of the demonstration counties had already dramatically reduced placement days in their second and third waiver periods, there was little room to further reduce foster care expenditures, particularly at a significantly greater rate than comparison counties. And, because

the evaluation had found that differences in outcomes between demonstration and comparison counties appeared to be associated with the waiver interventions, rather than waiver flexibility as a whole, reframing the cost study to examine potential cost-savings associated with the interventions, rather than the fiscal stimulus, was a more logical approach.

As we began to explore new cost study approaches, we came across a study by the U.C. Davis Extension Center for Human Services which noted that each time a child's placement was disrupted, around 25 hours of casework was needed to find a new placement (U.C. Davis Extension Center for Human Services, 2008). This finding led us to hypothesize that the waiver interventions might lead to cost savings, given the favorable outcomes that were found to be associated with FTM and Kinship Supports, including placement stability. If the interventions lead to favorable outcomes such as greater placement stability, fewer entries (and re-entries) into care, and fewer rereports of abuse and neglect – and staff expend similar resources on intervention activities as comparison staff expend on services as usual – theoretically caseworkers would spend less time on each case. This could therefore lead to cost-savings when caseworker time – and salaries – are taken into consideration.

The evaluation team presented this new approach to federal project officers at the U.S. Children's Bureau, the IV-E Waiver Demonstration cross-site evaluators, and demonstration administrators, who all approved the plan. However, the demonstration administrators had serious concerns about the amount of time child welfare staff would need to spend on data collection activities. To accommodate this concern, the evaluation team opted to scale back the cost study approach. Rather than attempting to understand the true cost of every demonstration and comparison case, we opted to focus only on estimating the costs of implementing the interventions (and comparable "services as usual" in comparison counties) and the costs associated with outcomes of interest (i.e., daily foster care costs, and costs associated with placement changes, re-reports of abuse or neglect, and re-entry into care). Because we would be using a matched case comparison design and attempting to select comparable demonstration and comparison groups (who we assume to have comparable levels of needs), we would assume that all other case-level costs were comparable between groups. In this way, the cost study would isolate the costs of the interventions (and associated outcomes), rather than activities completed by demonstration and comparison staff outside of the waiver demonstration. To further ease data collection burden on child welfare staff, rather than asking staff to track their time spent on intervention (and comparable services as usual activities), and outcome activities over a long period of time, we also agreed to administer a single survey that would ask staff to reflect only on their two most recent cases.

The cost study presented in this chapter, therefore, has many limitations, particularly when considering the true variation that exists both between individual cases and between county PCSAs. However, it offers an initial examination of the costs and (potential) savings associated with FTM and Kinship Supports, which may be useful for county administrators as they consider sustaining the interventions beyond the end of Title IV-E Waiver authority.

5.2 Evaluation Design

5.2.1 Overarching Research Questions

The following study aims to answer the following four overarching questions:

1. Are expenditures lower for cases that received FTM than for matched cases in comparison counties that received services as usual during case episodes, and within 6, 12, and 24 months after case closure?
2. Are expenditures lower for cases that received FTM with high fidelity to the model than for matched cases in comparison counties that received services as usual during case episodes, and within 6, 12, and 24 months after case closure?
3. Are expenditures lower for cases involving kinship placements in demonstration counties implementing Kinship Supports than for matched cases involving kinship placements in comparison counties during placement episodes, and within 6, 12, and 24 months after a child reaches permanency?
4. Are expenditures lower for cases involving kinship placements in demonstration counties implementing Kinship Supports than for matched cases involving foster care placements in comparison counties during placement episodes, and within 6, 12, and 24 months after a child reaches permanency?

5.2.2 Methods

Data Collection

The aim of the cost study was to apply cost estimates to administrative data to understand the average case-level costs (and potential savings) of each intervention. This involved collecting a broad range of data, including:

- The range of activities associated with the interventions (i.e., FTM and Kinship Supports)
- The range of activities associated with services as usual in comparison counties (i.e., comparable activities completed by comparison PCSA staff in the absence of FTM and Kinship Supports, such as state-mandated 90-day/semi-annual case reviews and services and supports provided to kinship and foster families)
- The range of activities associated with outcomes of interest (i.e., placement disruptions, re-reports of abuse or neglect, and re-entry into care)
- The type of staff that typically complete each of the aforementioned activities
- The length of time each activity typically takes to complete
- Hourly rates for staff involved in each of the aforementioned activities
- Daily foster care rates

To collect this information, seven overlapping data collection activities were completed. Each is explained in detail below.

Kinship Supports & FTM Workgroup Meeting Focus Groups: We conducted focus groups with intervention staff during designated in-person Kinship Supports and FTM workgroup meetings to gather information on activities related to each intervention. The focus groups were held to ensure our ability to catalog a comprehensive set of activities related to each intervention so they could be incorporated into the development of a staff survey. For example, activities related to the FTM intervention stretch beyond holding individual meetings. Tasks related to preparing for the FTM (e.g., reviewing case notes, inviting participants, scheduling transportation, caseworker-facilitator meetings, etc.) and following FTMs (e.g., scheduling subsequent meetings, distributing meeting notes, data-entry, etc.) are all resource intensive and were important to consider when assessing costs associated with the FTM intervention. Similarly, activities related to the Kinship Supports intervention are far-reaching, including the identification of kin, home assessments, support-planning, data-entry, and direct support (among other activities).

ProtectOHIO Consortium Meetings: Additional in-depth discussions were held with demonstration county representatives during a regularly convened ProtectOHIO Consortium meeting to expand and refine information gathered from the prior focus groups.

Site Visit and Telephone Structured Interviews: Individual and group interviews were held in person and through teleconference calls with demonstration and comparison PCSA staff, including caseworkers, meeting facilitators, kinship staff, and county directors. Questions were structured to help verify, and fill gaps in our understanding of information provided during previous focus groups (on activities related to the interventions), and to catalog additional sets of activities related to practice as usual in comparison counties, as well as to the outcomes of interest.

Case-level Survey: Once a comprehensive list of activities associated with each intervention, services as usual, and outcomes of interest had been collected, a web-based survey was developed. A link to the survey, together with a detailed explanation describing the reason for the survey, was emailed to a representative from each demonstration and comparison county PCSA with a request that it be forwarded to appropriate staff including screeners, intake and ongoing workers, foster care placement workers, home study assessors, kinship workers, and meeting facilitators. Each county representative was asked to resend the link approximately two weeks later to encourage those who had not yet completed the survey to do so. Surveys were constructed with embedded skip patterns to ensure, as far as possible, that staff were only asked to respond to questions that were relevant to the activities and tasks associated with their own job functions. The survey requested staff to consider two recent cases and to estimate the time spent conducting each of the activities listed in the survey for each of the two cases. Staff were also given the opportunity to name other activities the survey may have missed and to estimate the time spent completing those activities. The complete demonstration and comparison county surveys can be found in Appendix D and Appendix E.

Email Correspondence with PCSA Financial Managers: PCSA financial representatives provided the study team with information regarding staff salary ranges and foster care rates for both in-house foster care providers as well as for contracted foster care network providers via email. Because Ohio has a county-administered child welfare system, we worked individually with PCSAs to gather those rates for

each county. Personnel rates were requested for staff associated with each of the interventions or services as usual in comparison counties, and also for staff involved with activities associated with outcomes of interest. Where needed, follow-up e-mails or phone calls were made for further clarification.

SACWIS Data: The study team used case- and client-level administrative data entered into SACWIS, including case opening and closing dates, reports of abuse and neglect, the date and length of each FTM meeting (for demonstration cases), placement information, risk and family assessments information, and demographics.

ProtectOHIO Data System Data: The study team used Kinship Supports data entered into the ProtectOHIO Data System (PODS) to identify cases receiving the Kinship Supports intervention, together with information on the assessments received as a part of the intervention.

Cost Study Calculation Procedures

The study involved estimating the number of minutes (or hours) that demonstration and comparison staff take to complete activities related to the interventions, services as usual, and outcomes of interest, and applying case-level costs (derived from staff salary information) to administrative data each time the activity occurred, or we can assume to have occurred.

For the FTM portion of the cost study, costs related to activities associated with preparing for, holding, and following-up each FTM were estimated and applied to the data set for each FTM that was recorded in SACWIS for demonstration cases. Similarly, costs related to activities associated with preparing for, holding, and following each 90-day and semi-annual review (i.e., services as usual) were estimated and applied to the data set for comparison cases. Because comparison county staff are not required to enter meeting-level information about 90-day reviews or SARs (or any other meetings), these cost estimates were applied to the data each time a 90-day review or SAR should have occurred, depending on the length of the case.

The outcomes of interest for the FTM portion of the cost study include days in foster care, placement disruptions, and rereports of abuse or neglect after case closure. Estimated costs related to activities associated with these outcomes were also applied to the administrative data each time these outcomes occurred.

For the Kinship Supports portion of the outcome study, costs related to activities associated with securing placements, conducting assessments, and providing ongoing support to kinship and foster families were estimated and applied to the data for each demonstration and comparison case. Most of these activities are not consistently recorded in SACWIS (or, not recorded in a way that is easily used for analysis), therefore costs were applied to the data each time the activity was assumed to have occurred. Demonstration county staff, however, did record Kinship Supports assessment dates into PODS; estimated costs associated with these assessments were therefore applied each time these activities occurred.

The outcomes of interest for the Kinship portion of the cost study include days in placement, placement disruptions, and reentry into out-of-home care. Estimated costs related to activities associated with these outcomes were also applied to the administrative data each time these outcomes occurred.

Additional detail regarding the specific activities and how cost estimates were calculated and applied to the administrative data is presented in Section 5.3 through Section 5.7. Below, we offer some additional detail on the five overarching steps that were taken to estimate costs for the FTM and Kinship Support cost study analyses:

- 1. Estimating Average Hourly Rates for a Range of PCSA Staff:** This aspect of the study involved estimating average hourly rates for a range of PCSA staff, including screeners, intake workers, ongoing caseworkers, home study workers, foster care placement workers, FTM (or other meeting) facilitators, and kinship workers.
- 2. Estimating Time Spent on Intervention-Related Activities and Service as Usual:** This aspect of the study involved estimating the minutes (or hours) staff spend on activities related to the FTM and Kinship Supports interventions (in demonstration counties) and comparable activities in comparison counties not implementing these interventions (i.e., service as usual).
- 3. Estimating Time Spent on Activities Related to Outcomes of Interest:** This aspect of the study involved estimating the minutes (or hours) staff spend on activities related to three outcomes of interest (e.g., placement moves, rereports, and reentry into care).
- 4. Estimating Average Daily Foster Care Rates:** This aspect of the study involved estimating average daily foster care rates (the fourth outcome of interest) based on data collected from county financial departments.
- 5. Applying Cost Estimates to Administrative Data:** This part of the study involved applying costs to administrative data using the information collected in the first four steps. Intervention costs were computed by multiplying the average hourly rate for the applicable staff member (or, staff member type) by the average number of hours or proportions of hours the activities took to complete. These costs were applied to administrative data every time the activity was (or can assumed to have been) completed. The same process was used to apply services as usual costs, as well as costs associated with outcomes of interest. Average daily foster care rates were also applied to the administrative data, for each day a child was in placement.
- 6. Estimating Case-Level Costs:** This part of the study involved calculating the overall costs for each case and examining financial similarities or differences between cases receiving the demonstration interventions and comparison cases receiving services as usual. The “total” case costs for demonstration and comparison cases included costs associated with implementing the interventions (for demonstration cases), costs associated with services as usual (for comparison cases), and outcomes that occurred within the parameters of a case or placement episode. The FTM analyses focus on costs associated with the interventions/services as usual within case

episodes, and outcomes that occur within case episodes, which include: costs associated with each day a child is in foster care (for those children who were placed), and costs associated with placement disruptions (for those children who were placed and moved placement settings during their time in out-of-home care). The Kinship Supports analyses focus on costs associated with the interventions/services as usual within placement episodes, and outcomes that occur within placement episodes, which include costs associated with days in foster care (for the foster care comparison group), and costs associated with placement disruptions (for children who moved placements during their time in out-of-home care).

Additional outcome costs at 6-, 12-, and 24- months after the end of a case episode (for the FTM study groups) or the end of placement episode (for the Kinship Supports study groups) were applied to the data and were accounted for to understand if savings accumulated based on whether cases in the FTM study groups experienced a substantiated or indicated rereport of abuse or neglect after case closure, or if cases in the Kinship Supports study groups experienced reentry into care after a placement episode.

Survey Respondents

Table 1 provides an overview of the staff who completed surveys by worker type.

Table 5.1: Number of staff completing usable surveys: Each respondent was asked to complete questions for two recent cases.

Worker Type	Demonstration	Comparison
Screeners	6	15
Intake Workers	98	113
Ongoing Workers	131	144
Ongoing Supervisors ¹	*	62
Facilitators	22	7
Kinship Workers	14	12
Foster Care Placement Workers ²	*	27
Home Study Workers	19	19

¹ Questions for ongoing supervisors were focused on gathering additional qualitative information on 90-day and semi-annual case reviews. This information was not needed from demonstration counties.

² Questions for foster care placement workers was necessary for one of the Kinship Support analysis comparison study groups. This information was needed from demonstration counties.

5.3 Estimation of Hourly Rates for PCSA Staff

Demonstration and comparison county financial administrators were asked to provide the evaluation team with 2019 salary rates for PCSA staff members who are directly involved with casework. As

financial information began to arrive from county financial officers, we compiled a spreadsheet to identify similarities and differences between counties in worker titles and associated rates of pay noting the lowest hourly rate and the highest hourly rate at each PCSA according to staffing position or role.

Within counties we found variations in worker rates according to the position held as well as degree of seniority. Providing an additional challenge was the wide variation between counties in worker rates for workers holding similar positions. After assessing whether more similarity between county pay rates could be found by comparing rates according to county size, and then according to the location of the county within the state, we determined a better option would be to use average rates across all counties as far as possible according to worker role. However, because Ohio has a county-administered child welfare system, the particular types of workers performing any given activity was not always the same across the PCSAs (either within demonstration counties, or between demonstration and comparison PCSAs). Because we were interested in applying staff costs according to activities that were completed, these variations were taken into account when assigning average staff salaries.

We also found wide differences in agency contributions to benefits packages, therefore, our cost estimates are based on average hourly rates alone. In other words, our estimates do not include worker benefits costs such as county contributions to Ohio Public Employees Retirement System, health care contributions or other types of insurance benefits, nor do the estimates provided account for overhead costs that agencies are responsible for such as office heating and cooling, printing, phone, etc.

Ultimately, while using average rates across the demonstration and comparison counties means that individual cost estimates may not align, exactly, with any one individual county PCSA, we felt that this approach would better attribute cost differences between demonstration and comparison PCSA to the interventions, rather than factors outside of the waiver demonstration (such as a county PCSA's individual pay structure). Additional detail regarding the rates assigned to each staff type are provided below.

Supervisor Hourly Rates: Supervisor hourly rates ranged from a low of \$19.25 per hour in one of the smallest counties to a high of \$41.56 in one metro country. To calculate an hourly cost for a supervisor across the counties, we opted to take the average of all supervisor rates provided to us by all demonstration and comparison counties equaling \$28.82 (sd=5.97) per hour.

Intake Workers: Based on information gathered during our site visits, intake workers are often some of the newest workers in the agency – in many agencies the majority of these workers had less than a two-year tenure. Because of this we took an average of the low hourly rates provided by counties for intake workers. Across the PCSAs, these rates ranged from \$13.07 per hour within one county to \$25.11 per hour in another. Our average across all counties was estimated at \$17.06 (sd=2.74) per hour.

Ongoing Workers: Based on information gathered during site visits, ongoing workers tend to have longer tenures at many agencies and thus tend to earn higher salaries than the newer staff. For ongoing worker rates, we therefore took an average of the higher ongoing caseworker hourly rates provided to us by each county PCSA. The lowest of these rates was \$23.11, while the highest rate was \$33.00. The estimated average ongoing worker hourly rate across all counties was calculated at \$26.32 (sd=3.68).

Screening Staff: In very small counties, where there are relatively few staff, all may be required to do a certain amount of screening of incoming reports of abuse or neglect. In larger counties there may be a

standalone unit with staff whose only role is to screen incoming abuse and neglect reports. In the latter case the unit is likely to be comprised of some of the more senior staff who because of union representation have bid for and been assigned certain roles based on their tenure with the agency. We therefore made the decision to assign the same rate to screeners as we had assigned to ongoing workers \$26.32 (sd=3.68).

Facilitators: Documented rates for facilitators also vary across the counties with salary scales that range from a low of just over \$14 per hour to a high of almost \$33 per hour. At least one county noted they use outside contractors to facilitate FTM's paying a rate of \$32 per hour. Other counties have experienced caseworkers who now exclusively fulfill the role as independent facilitators at the agency. Due to the vast range in salaries across agencies for these staff, and because many of the fulltime facilitator staff have relatively long tenures at the agencies, once again, we made the decision to use the same rate as used for ongoing workers \$26.32 (sd=3.68).

Kinship Workers: Kinship worker rates also vary across counties. Many of these workers are relatively senior in their tenures with the agency, some work in ongoing units and hold ongoing kinship cases while in other agencies the kinship workers are there exclusively to support kinship families and assist caseworkers in the support of these families. Ultimately the decision was made to assign the same rate to Kinship workers as was assigned to ongoing caseworkers: \$26.32 (sd=3.68).

Foster Care and Home Study Workers: Although rates for these staff tended to be lower than rates for other staff, the decision was ultimately made to assign the same rate as estimated for ongoing workers. This was primarily because in many counties, the tasks and activities completed by foster care and home study workers are the same tasks completed by ongoing workers (or intake or kinship workers) in other counties. Because the activities we needed to apply cost estimates to were more often completed by ongoing caseworkers in the majority of counties surveyed, we opted to apply the same rate for all of these workers.

5.4 Time Spent on Intervention-Related Activities Compared with Services as Usual

The following section describes the average timeframes calculated for conducting activities associated with the interventions in demonstration counties and services as usual in comparison counties.

For the FTM portion of the cost study, "services as usual" is defined as activities associated with the state mandated 90-day and semi-annual reviews that occur within each PCSA. The Kinship Supports portion of the cost study is broken out into two different comparisons. For the first comparison group (demonstration kinship vs. comparison kinship) "services as usual" is defined as activities associated with kinship placements in comparison counties, and for the second comparison group (demonstration kinship vs. comparison foster care) "services as usual" is defined as activities associated with foster care placements in comparison counties.

5.4.1 Demonstration County Family Team Meetings Compared with Comparison County 90-Day and Semi-Annual Reviews

The FTM intervention requires ProtectOHIO counties to hold independently facilitated Family Team Meetings within 30 days of transfer to ongoing services and every 90 days thereafter. At least one parent or primary caregiver, at least one PCSA staff member (not including the facilitator) and at least one additional other type of person (e.g., family support or service provider) is expected to attend each meeting. In most demonstration counties these are held in association with state-required 90-day and semi-annual reviews while also adhering to FTM protocols for conducting the meeting.

For comparison counties, services as usual is defined as activities associated with the state mandated 90-day and semi-annual reviews; these meetings do not generally use independent facilitators, and parents and additional family supports/service providers are not always invited to attend. However, five comparison PCSAs conduct 90-day and semi-annual reviews in much the same way as FTMs are conducted in demonstration counties (i.e., these PCSAs use independent facilitators and invite a wide range of participants to both 90-day case reviews and SARs). This was accounted for when estimating services as usual costs.

Scheduling, Preparing for, and Concluding FTMs, 90-Day Reviews and SARs

Demonstration county ongoing workers and facilitators, and comparison county ongoing workers (and facilitators from five comparison counties that employ facilitators to lead their 90-Day and/or semi-annual reviews) responded to 13 survey questions. The questions requested staff to estimate their time spent on activities related to scheduling and preparing for a meeting as well their time spent on activities conducted at end of each meeting. Demonstration county staff were asked to think of the two most recent FTMs they were involved with while answering questions. Comparison county staff were asked to think of their two most recent 90-day or semi-annual reviews and were asked, for each response, to indicate whether their responses reflected a 90-day or semi-annual review.

Scheduling: Staff responded to questions regarding the time taken to complete tasks such as coordinating staff availability, identifying and contacting family members and relevant community partner staff, and sending reminder e-mails, letters and texts. The average time to complete these activities for demonstration PCSA staff was 44.54 minutes (sd=60.11) minutes whereas the average time to complete these activities for comparison PCSA staff was 37.48 (sd=70.05) minutes.

Preparing: Staff responded to questions regarding the time taken to complete tasks such as reviewing case notes, consulting with other agency staff and community partners (if applicable), and preparing family members for the meeting. The average time to complete these activities for demonstration PCSA staff was 97.07 minutes (sd=106.67) whereas the average time to complete these activities was 70.53 minutes (sd=61.78) for comparison PCSA staff.

Meeting Conclusion: Staff responded to questions regarding activities completed at the conclusion of the meeting such as following up on case plan activities, completing service referrals, completing SACWIS data entry, providing transportation, etc. On average demonstration county staff spent 27.54

minutes (sd=47.56) at the conclusion of the meeting completing these tasks while comparison county staff spent 59.36 minutes (sd=41.90).

No significant differences were found between first and subsequent FTMs in the time taken by staff to schedule, prepare for or complete activities after the meeting concluded, and similarly for comparison counties we found no differences between 90-day and semi-annual reviews in the time to schedule, prepare for, or complete activities.

Meeting Length for FTMs, 90-Day Reviews and SARs

The time it takes to conduct an FTM, 90-day case review, or SAR depends on the specifics of each case, and may also differ depending on whether the case is new or has been open for a longer period of time. Below, we provide additional detail on the average length of time of initial FTMs, subsequent FTMs, 90-day case reviews, and SARs.

Demonstration Counties: All FTM data is entered into SACWIS, therefore SACWIS data was analyzed to examine the time taken to conduct an initial FTM in comparison to subsequent FTMs. The average length of an initial FTMs was 58.72 minutes (sd=55.62) while the average length of subsequent meetings was 53.81 minutes (sd=43.79).

Comparison Counties: Because the length of 90-day case reviews and SARs are not easily derived from SACWIS data, we included a survey question asking comparison county facilitators and caseworkers to estimate the length of their most recent 90-day reviews and/or SARs. Across all comparison counties, the average 90-day review time estimate was 33.69 minutes (sd=24.82) and the average SAR time estimate was 39.35 minutes (sd=27.32).

5.4.2 Demonstration County Kinship Supports Intervention Compared with Kinship Services in Comparison Counties

Across the study PCSAs, supports offered to caregivers vary. In some PCSAs, caregivers primarily receive support from a single staff member (e.g., a caseworker or a kinship worker), whereas in others, caregivers primarily receive support from two staff members (e.g., a caseworker and a designated kinship worker). For the purposes of this cost study, these are categorized as “one-worker” and “two-worker” models, and costs are applied differently to cases depending on the model used.

Several activities were identified during our focus groups and conversations with staff regarding the tasks workers carry out when attempting to locate, assess suitability, and provide initial supports. Thus, the first set of questions included the staff survey focused on tasks completed close to the beginning of a kinship case. This was followed by questions based around activities that help support the case as it continues.

Seeking and Assessing Kin: Five questions were posed to staff regarding the activities taken to initially establish a kinship placement. Questions were focused on the time taken to identify, contact, and then complete kin background checks, as well as the time taken to complete home assessments and develop a caregiver support plan. While a kinship support plan is an integral part of the demonstration kinship

supports intervention, workers from several comparison counties also provided time estimates for this activity, therefore their estimates were included in cost estimates.

The average aggregated amount of time to complete these activities was 437.71 minutes (sd=23.81) minutes for demonstration counties employing a one-worker and 355.02 minutes (sd=4.79) for comparison counties employing a one-worker model. For counties employing a two-worker model, the average aggregated amount of time to complete these activities was 531.06 minutes (sd=64.97) for demonstration staff and 416.36 minutes (sd=15.81) for comparison staff. These time estimates were applied once to the administrative data for each child in placement.

Other Kinship Case Activities: When assessing differences between demonstration and comparison counties in the aggregated length of time to complete activities such as assisting with transportation, consulting with additional PCSA staff, and making referrals, the average aggregated amount of time was 317.98 minutes (sd=33.21) for demonstration staff employing a one-worker model and 334.55 minutes (sd=45.13) for comparison staff employing a one-worker model. For counties employing the two-worker model, the average aggregated amount of time to complete these activities was 375.52 minutes (sd=42.96) for demonstration staff and 391.32 minutes (sd=50.10) for comparison staff. These time estimates were applied once to the administrative data for each child in placement.

Monthly Visits: Workers are required to visit with children to assure safety at least once monthly. The estimated length of time associated with these monthly visits was calculated by taking the average time intake and ongoing workers described spending in the home during the visit. No differences in length of time was found between cases that were open for a relatively short period (six months or less) or those that had been open for much longer (seven months or more). On average, demonstration staff estimated spending 39.89 minutes (sd=23.13) per visit, while comparison staff estimated spending 51.26 minutes (sd=24.11) per visit. These time estimates were applied to the administrative data for each month a child was in placement.

Family Resource Scale (Demonstration Counties Only): A core component of the demonstration county kinship supports intervention is a resource scale that staff complete for kinship families on a regular basis. Demonstration staff were asked to estimate the time spent administering the scale for their two most recent cases as part of the survey. The average time estimate to complete the scale was 33.73 minutes (sd=103.89). This was applied to the administrative data for each resource scale that was completed and entered into PODS.

Social Support: Staff were asked to provide an estimate of the time spent over the previous month providing social support to the caregiver. They were also asked to provide us with the length of time the case had been open and had the option to select: less than a month, between one and six months, seven to 12 months, and greater than one year. This provided us with a cross-sectional course-grained estimate of minutes spent providing social support that could then be totaled in a longitudinal fashion and applied to each individual case based on how long the case had been open. Based on the number of days in kinship care a daily estimate was then computed for staff providing social support.

For demonstration counties adhering to a one-worker model, the average daily time spent supporting kin was 1.02 minutes (sd=.63), while for comparison counties adhering to a one-worker model, the average daily time spent supporting kin was 1.26 minutes (sd=2.94).

It was assumed that in counties that had implemented a two-worker model that both the ongoing worker and kinship staff would provide social support as necessary for the caregiver. Thus, the combined support provided by both an ongoing worker and kinship worker was estimated for these counties. This resulted in an estimated daily time of 2.00 minutes (sd=3.56) for demonstration county cases, and an estimated daily time of 2.20 minutes (sd=5.71) for comparison county cases.

5.4.3 Demonstration County Kinship Supports Intervention Compared with Foster Care in Comparison Counties

Because demonstration county time estimates for the Kinship Supports Intervention are described in the preceding section, the following section focuses solely on time estimates for comparison county staff serving foster care cases (the Kinship Cost Study's second comparison group).

Foster Care

Initial Activities: In total an average of 354.56 minutes (sd=398.10) were attributed by workers for completing the initial activities necessary for a foster care placement to occur. Tasks included constructing biographical information, locating an appropriate foster home, having discussions with the foster parents as well as completing documentation such as the Individual Child Care Agreement (ICCA).

Other Foster Care Activities: Workers attributed an additional 513.46 minutes (sd=567.25) to other tasks such as completing referrals, completing SACWIS documentation, coordinating with other agencies and providing transportation. Workers made note of several activities we had not listed on the survey and provided time estimates for these too, for example, shopping for children's clothing, monitoring parent visits, and discussing medical, education and behavioral issues. These are included in our estimates.

Monthly Visits: Monthly visits were calculated by taking the average time foster care workers described spending in the home during the visit. No differences in length of time was found between cases that were open for a relatively short period (six months or less) or those that had been open for much longer (seven months or more). On average, the time estimated during each visit was estimated at 38.05 minutes (sd=39.58).

Social Support: A daily estimate of .85 (sd=.95) minutes of social support provided for foster care placements was applied to all foster care cases by averaging the time described by foster care placement workers in comparison counties.

5.5 Time Spent on Activities Related to Outcomes of Interest

Because the ProtectOHIO interventions are intended to impact the likelihood of the following outcomes occurring – but are not intended to impact how staff spend their time on activities related to these outcomes – the following estimates were computed by taking the average length of time to complete the related activities across all demonstration and comparison staff.

Placement Disruptions

Ongoing workers were asked to think of the two most recent cases in which a foster care or kinship placement had disrupted. If more than one child was involved in the placement disruption workers were asked to choose the youngest child on the case and estimate the number of minutes involved in completing 18 different activities associated with moving a child to a new placement. Although not a random selection of placement disruptions, it was assumed that this method would provide a wide variety of cases. One hundred and three demonstration and comparison county ongoing caseworkers completed survey information associated with 163 placement disruptions. The overall time estimated to complete the activities associated with one placement disruption was 1189.95 minutes (sd=877.08), or approximately 19.83 hours per disruption. This included the time taken to complete activities such as identifying a new placement, constructing biographical information, organizing and attending stabilization meetings, updating SACWIS, providing transportation, preparing and completing court activities as well as activities such as completing paperwork and coordinating with PCSA and community member staff.

Re-reports of Abuse or Neglect

To estimate the time taken and costs associated with a report, we first asked screeners to estimate the time spent completing screenings. This was followed by intake workers who estimated the time to complete an intake.

Estimated Time to Screen a Report: Screeners were asked to consider their two most recent cases of abuse or neglect they had screened-in to intake for investigation or further assessment. Overall, the average time taken to screen-in a report based on screeners' responses was 55.14 minutes (sd=26.33). Estimates of the time screening supervisors spend on each screening were based on the responses given by screeners regarding the amount of time spent consulting with a supervisor. The average supervisor time was 6.07 minutes per screened in report (sd=6.07).

Estimated Time to Complete an Intake: Intake workers were asked to provide estimates of the time taken to complete activities during intake. These included face-to-face and other meetings with the family, assessment completion, SACWIS documentation, attending staffings, agency family meetings and court related activities. In all, an average of 665 minutes (sd=894.11), or approximately 11.08 hours were estimated to complete these activities.

Taken together, the average time to complete a screening and intake was approximately 12.1 hours.

Re-entry into Out of Home Care

Reentry into out-of-home care was computed by adding the screening and intake time estimates (approximately 12.1 hours), to the average time staff spend identifying and securing an initial placement (approximately 9 ½ hours). Also included in the estimate was the time taken to complete tasks such as signing waivers, meeting with schools and dealing with transportation issues. In all this totaled to approximately 21.6 hours of work time.

5.6 Estimated Average Daily Foster Care Rates

Foster care rates vary based on a number of factors. In addition to variations in rates between counties, there are variations according to whether a child is placed with an ‘in-house’ provider or in a foster-home contracted through an independent provider network. In addition, the child’s age and the severity of a child’s behavioral or mental health challenges also factor into the cost. Based on the data gathered from counties, in general, we found in-house rates to be substantially lower than contracted rates with outside or network providers. According to data provided by counties, in-house rates range from as little as \$20 per day to as high as \$50 a day. Contracted rates also vary according to the foster care network under contract from as low as \$28 per day to several hundred dollars a day for children and youth in residential care. Because it was impossible to account for all possible differences within and between county rates, and because we were generally interested in foster home (rather than residential provider) rates, we decided to take an average of the lowest *contracted* rates provided by counties as our base foster care rate: \$48.34 (sd=30.88).

5.7 Application of Cost Estimates to Administrative Data

To estimate worker costs, we used the minute estimates provided by county staff, and then divided the time spent on each activity, or set of activities, by 60 to convert the time spend into hours or portions of an hour. We then multiplied this by the appropriate hourly rate.

5.7.1 Demonstration County FTMs

Initial FTM: The total cost of an initial FTM was estimated at \$168.45.

This was calculated by totaling all minutes spent scheduling, preparing for and completing activities once the meeting was completed. This assumed that facilitators and caseworkers, would not duplicate activities, but in some instances or counties, the facilitator would conduct the majority of activities while in other instances or counties a worker would conduct the majority of activities. For attending the meeting, both the facilitator and caseworker costs were applied for the time taken to attend the meeting. Supervisor attendance time was also included. The cost of the initial FTM was applied once to each case in the cohort of demonstration cases.

Subsequent FTMs: The total cost of each subsequent FTM was estimated at \$160.57.

The calculation included costs for scheduling, preparing for, holding the meeting and completing post meeting activities, as well for supervisor attendance. This cost was applied to each subsequent FTM following the initial FTM, throughout the length of the case.

5.7.2 Comparison County 90-day and Semi-Annual Reviews

90-Day Reviews: The cost of each 90-day review was estimated at \$96.80.

90-day review costs were calculated by totaling the minutes staff members described scheduling, preparing for, attending and completing activities once the meeting was completed.

For the five counties that used facilitators for 90-day reviews and SARs, the additional cost of the facilitator time brought their total cost for holding one 90-day review to \$111.58.

Semi-Annual Reviews: The cost of each SAR was estimated at \$100.73.

For the five counties that used facilitators for 90-day reviews and SARs, adding the cost of the facilitator's time brought their cost for holding one SAR to \$117.99.

The number of 90-day reviews and SARs held for each case was estimated based on the length of each case, and costs were applied as appropriate for the number of 90-day or SARs each case should have held across the length of the case.

5.7.3 Demonstration County Kinship Supports Intervention Costs Compared with Kinship Services in Comparison Counties Costs

As described above, to estimate costs associated with the Kinship Supports intervention we took the time estimates shown in the previous section, we then divided the time spent on each activity or set of activities by 60 to convert the time spend into hours or portions of an hour. We then multiplied this by the appropriate hourly rate.

Seeking and Assessing Kin: For the activities associated with seeking out and assessing kin suitability for kinship caregiving we estimated a cost of \$192.01 (demonstration one worker model cases); \$155.74 (comparison one worker model cases); \$232.96 (demonstration two worker model cases), and \$182.64 (comparison county two worker model cases). These were one-time costs applied to all relevant cases.

Other Kinship Activities: We estimated a cost of \$139.48 (demonstration one worker model cases); \$146.76 (comparison one worker model cases); \$164.73 (demonstration two worker model cases), and \$171.66 (comparison county two worker model cases). These were one-time costs applied to all relevant cases.

Monthly Visits: Based on an average ongoing worker's hourly rate of \$26.32, the demonstration county cost for the duration of each visit was estimated to be \$17.50 while for comparison counties the estimated cost for the duration of each visit was estimated at \$22.49. These costs were applied across all demonstration and comparison kinship cases for every visit the child could be assumed to have received given the length of the placement.

Family Resource Scale (Demonstration Counties Only): With an estimated time to complete the resource scale of 33.73 minutes, the cost of completing a resource scale based on a worker hourly rate of \$26.32 was estimated to be \$14.80. This amount was applied for every resource scale identified within SACWIS across the length of the placement.

Social Support: Based on the daily estimates of social support provided, we estimated a cost of \$0.45, and \$0.55 per day for demonstration and comparison counties employing the one worker model, respectively. For counties employing a two-worker model we estimated \$0.87 and \$0.97 per day respectively for demonstration and comparison counties. These costs were applied based on the length of the placement.

5.7.4 Demonstration County Kinship Supports Intervention Costs Compared with Foster Care in Comparison Counties Costs

Foster Care Activities Costs

Two sets of costs were calculated for foster care. The first for activities that are likely to occur towards the beginning of a case and the second for those that are likely to occur as the placement is more established. Initial costs accrued for facets of the case such as identifying a foster home placement, constructing biographical information, initial discussions with the foster home and completing Individual Child Care Agreements were estimated at \$155.53. Activities and tasks such as providing transportation, making referrals, completing SACWIS documentation and coordinating with other agencies were estimated at \$225.24. These were applied as one-time costs to all cases in comparison counties in which a child had been placed in foster care.

Monthly Visits: Based on an average ongoing worker's hourly rate of \$26.32, comparison county costs for the duration of each visit were estimated to be \$16.69. These costs were applied across all comparison county foster care cases for every visit the child could be assumed to have received given the length of the placement.

Social Support: Based on the daily minute estimates of social support provided we estimated a cost of \$0.37 per day for the length of the foster care placement.

5.7.5 Outcomes Unit Costs

Placement Disruptions

Multiplying an ongoing worker's hourly rate of \$26.32 by 19.83 hours of time to complete activities associated with a placement disruption, the unit cost applied for one disruption was estimated at \$521.99. This was applied to kinship and foster care cases for each individual placement disruption within a case.

Re-reports of Abuse or Neglect

Costs for each component of a new report that is substantiated or indicated were individually calculated based on the hourly rates of screening workers, their supervisors and intake workers. The screening, based on an hourly rate of \$26.32, was estimated at \$24.19. The consultation time, included for the supervisor at an hourly rate of \$28.82, was estimated to be \$2.92. The intake was estimated at an intake worker's rate of \$17.06 to be \$189.19. The final unit cost of completing all activities associated with the screening and intake was estimated to be \$216.15. This was applied to each FTM and comparison case in which a substantiated or indicated report of abuse or neglect was identified in SACWIS within 6, 12 and 24 months of the case closing.

Reentry into Out of Home Care

To estimate costs associated with a reentry into out of home care we first applied the rate of \$216.15 for the screening and intake portion of the reentry described in the preceding paragraph. To this we added the cost to complete the reentry into out of home care. Based on an intake worker rate of \$17.06 per hour, the cost to complete tasks associated with an out of home placement during intake was estimated to be \$161.29 for a total estimated cost of \$377.44. This cost was applied to each kinship and foster care case where an exit from out of home care was identified, followed by a reentry into out of home care within 6, 12 or 24 months.

5.8 Findings: Financial Impact

No significant differences in costs were revealed between demonstration FTM cases and comparison county services as usual cases. This held for both the full cohort of FTM cases and the high-fidelity cohort. However, more promising estimated cost savings were shown for the kinship supports intervention when compared with kinship cases in comparison counties, and when compared with foster care cases in comparison counties. These are described below.

5.8.1 FTMs Compared with Comparison County 90-day and Semi-Annual Reviews

Full FTM Matched Cohort

For the full matched cohort, Table 2 shows that no significant differences emerged between demonstration and comparison counties in the financial costs attributed to placement days or placement disruptions during the case. Further, no significant differences were revealed between demonstration and comparison counties in the overall costs across the length of the case, nor in the costs associated with rereports at 6, 12 and 24 months after the case had closed.

Table 5.2: FTM Full Cohort

	Demonstration	Comparison	t	df	p	d
Placement Day Costs + Placement Disruption Costs	\$3678.51	\$3873.56	1.10	15079	ns	.02
Overall Costs Across Length of Case	\$4162.17	\$4318.76	.87	15079	ns	.01
S/I Rereport within 6 months of case close	\$6.13	\$5.82	.51	15079	ns	.01
S/I Rereport within 12 months of case close	\$10.41	\$9.26	1.51	15079	ns	.02
S/I Rereport within 24 months of case close	\$15.86	\$14.46	1.49	15079	ns	.02

High Fidelity FTM Matched Cohort

For the high-fidelity FTM matched cohort, Table 3 shows that no significant differences emerged between demonstration and comparison counties in the financial costs attributed to placement days or placement disruptions during the case. Further, no significant differences were revealed between demonstration and comparison counties in the overall cost across the length of the case, nor in the costs associated with rereports at 6, 12 and 24 months after the case had closed.

Table 5.3: High Fidelity Cohort

	Demonstration	Comparison	t	df	p	d
Placement Day Costs + Placement Disruption Costs	\$783.18	\$957.62	1.11	4641	ns	.03
Overall Costs across Length of Case	\$1361.86	\$1416.08	.34	4641	ns	.01
S/I Rereport within 6 months of case close	\$3.76	\$6.23	.57	217	ns	.08
S/I Rereport within 12 months of case close	\$7.51	\$8.31	.14	217	ns	.02
S/I Rereport within 24 months of case close	\$7.51	\$14.53	1.10	217	ns	.15

5.8.2 Demonstration Kinship Supports Cases Compared with Kinship Cases Experiencing Business as Usual in Comparison Counties

Table 4 shows that across the length of the placement, demonstration counties saw cost savings in the number of kinship placement disruptions when compared with comparison counties' kinship cases; however, no significant differences emerged when examining the full cost of the case. Further, no significant differences emerged when examining reentries into out-of-home care at 6, 12 and months after the child's exit from the placement episode. And, when calculating the daily cost of demonstration and comparison cases by dividing the full case cost by the number of days in placement, again, no significant differences were revealed.

Table 5.4: Kinship Supports Compared with Business as Usual Kinship

	Demonstration	Comparison	t	df	p	d
Placement Disruption Costs	\$94.35	\$129.51	3.70	3295	<.001	.13
FULL CASE COST	\$918.39	\$941.00	1.48	3295	ns	.05
Re-entry 6 months	\$17.57	\$19.25	.60	3295	ns	.02
Re-entry 12 months	\$24.13	\$28.70	.23	3295	ns	.004
Re-entry 24 months	\$32.32	\$38.85	.13	3295	ns	.002

DAILY COST OF CASE = \$5.96 per day; comparison = \$6.51 per day (t(3295)=.45, ns, d= .02).

5.8.3 Demonstration Kinship Supports Cases Compared with Foster Care Cases in Comparison Counties

Table 4 shows that foster care costs significantly outweigh the costs accrued for kinship care cases. Placement disruption costs are significantly less expensive across the cohort when compared with the matched foster care cohort, and demonstration cost savings are maintained when examining reentry into out-of-home care at 6, 12 and 24 months from exit from out of home care. On average, for each day a child is placed with kin a savings of \$63.94 will accrue when compared with a comparable child placed in a foster home.

Table 5.5: Kinship Supports Compared with Business as Usual Foster Care

	Demonstration	Comparison	t	df	p	d
Placement Day Costs	\$0.00	\$14125.67	51.28	2685	<.001	1.97
Placement Disruption Costs	\$94.35	\$274.19	13.39	2685	<.001	.52
FULL CASE COST	\$918.39	\$15095.73	49.53	2685	<.0001	1.91
Re-entry 6 months	\$17.57	\$41.59	5.39	2685	<.0001	.21
Re-entry 12 months	\$24.13	\$57.83	6.52	2685	<.0001	.25
Re-entry 24 months	\$32.33	\$72.78	6.94	2685	<.0001	.27

DAILY COST OF CASE: demonstration costs = \$4.98 per day; comparison = \$68.92 per day (t(2685)=38.12, p<.0001, d =1.47).

5.9 Study Limitations

By the very nature of research, all studies have limitations, below we explain the limitations we have identified for the current cost study.

5.9.1 Methodology

As noted at the beginning of this chapter an obvious limitation to the current cost study is the cross-sectional retrospective methodology used to collect time estimates of activities involved with the interventions, services as usual, and outcome activities. While as researchers we would prefer to conduct a longitudinal study asking workers to track and provide weekly or monthly reports of activities on a case; due to the very real and untenable burden this would have imposed upon already overworked child welfare agencies we fully supported county leaders in the reservations they held about taking this approach. As a result, we designed a study that, while somewhat less stringent than a longitudinal study, nonetheless provides broad-based information that we hope can be useful to practitioners, and that may serve as a first step towards future efforts in this field.

However, one of the known challenges to retrospectively considering events is that memories of those events and tasks fade, and may change over time. To some extent we sought to overcome this known limitation by asking workers to reflect on their most recent case or recent event; for some aspects of the study this is likely to have worked relatively well. For example, screeners were asked to think about their two most recently screened-in cases, and facilitators were asked think about their two most recently held FTMs. Because in many counties these are discrete tasks assigned to specific workers, it may have

been easier for these individuals to more accurately estimate the time taken to complete the associated activities for each last event; however, for other aspects of the study, such as when we requested staff to think back to the beginning of a case that had recently transferred to ongoing services, the data collected may have slightly less precision due to fading and blending memories.

5.9.2 Response rates

Our aim was to achieve as high a rate as possible so that as wide a variety of cases could be represented in the data, by as many staff as possible, to ensure the results would accurately represent the populations of interest. This can be difficult to achieve when the time taken to complete a survey competes with the time workers need to ensure child safety. Based on the number of ongoing and intake worker responses we believe we ensured a representative number of cases were represented across analyses. However, when thinking about staff specific to the kinship supports intervention, or the number of FTM facilitators across counties, although the *rate* of response may be relatively high, there are simply fewer numbers of these staff because they are specialists.

5.9.3 County Variation and “Average” Cases

Going into the study we were aware of the many differences and similarities among the county administered agencies. Nonetheless, the variation added immense complexity to the undertaking of determining costs that could be applied. While some variation could be accounted for, the immense differences in staffing hourly rates and foster care costs led us to take average staffing costs across counties rather than to try to understand county specific staffing costs, and average foster care daily rates rather than actual rates for each child.

Further, costs associated with worker benefits or county overheads such as office maintenance and operations were not accounted for in this study.

In addition, as many caseworkers have pointed out in the past, there are no average cases; each case has its own nuances and complexities. This led us to ask workers to answer survey questions based on their most recent cases in which an event had occurred; nonetheless, as can be seen by some of the larger standard deviations when compared to the size of the mean, or average, there was again wide variability. Yet, we describe outcomes for the average case across cohorts.

While all this means we haven't identified exact costs for exact types of cases, or the exact dollar amount for sustaining each intervention, our aim was determine if, based on these averages we could give an 'average' estimate of differences in case and outcomes costs between demonstration and comparison groups, all else being equal. Despite the limitations we believe this provides useful information.

5.10 Summary and Conclusions

In the first, second, and third ProtectOHIO waiver periods, the cost studies focused on examining whether demonstration counties were able to reduce foster care expenditures at a greater rate than comparison counties. Although few differences were revealed during the first waiver period, by the end

of the second waiver, with a more focused approach to the delivery of intervention services, county PCSAs had managed to safely reduce the number of placement days during that period; however, by waiver three, it appears that demonstration PCSAs had reached a floor effect in the extent to which foster care could be safely further reduced, and no significant differences between demonstration and comparison counties were found. As such, a new approach to understanding cost differences was needed. Prior waiver periods exhibited some favorable outcomes associated with the FTM and Kinship Supports interventions, so with the approval of the Children's Bureau, the Title IV-E Waiver Demonstration cross site evaluators, and in collaboration with the demonstration county PCSAs, the decision was made to change the focus of the cost study to the examination of potential cost savings associated with the interventions and outcomes specific to those interventions.

5.10.1. Methods

Through focus group meetings with relevant staff, and also through qualitative data gathered during site visits, a catalog of caseworker activities associated with both interventions, as well as with activities associated with completing screenings, intakes, and placement disruptions was collected. With this information a survey was developed and distributed to demonstration and comparison county staff. This survey requested staff members to think of their last two cases and assign the number of minutes they had taken to complete each of the activities listed in the survey. With salary information provided by county financial officers, the cost of these activities was then calculated and applied to administrative data. Financial officers also provided placement day costs that could then be attributed to the number of days children in foster care were placed in out-of-home care.

5.10.2 Financial Impact

Family Team Meetings

FTMs were no more or less expensive to complete than 90-day and semi-annual reviews completed in comparison counties; additionally, similar costs were found for the number of placement days and placement disruptions for matched children during the case, and the costs associated with substantiated or indicated rereports showed no significant cost differences between the county groups as well. These findings held for both the full cohort and for the smaller cohort of demonstration high-fidelity cases when matched with similar comparison county cases.

Kinship Supports

When assessing cost factors associated with the kinship supports intervention promising findings emerged. Demonstration county kinship supports services resulted in significantly lower costs for placement disruptions during the case. No significant differences in costs were apparent between demonstration and comparison counties when examining reentry into out of home care at 6, 12 and 24 months after a child had exited care.

When comparing kinship supports services in demonstration counties with foster care services in comparison counties, significantly lower outgoing costs were shown for demonstration county children.

Significantly lower costs were shown for placement disruptions during the case and significantly lower costs were associated with reentry into out of home care at 6, 12 and 24 months after exit from placement for demonstration children. During the case, for each day a demonstration child spent with a kinship caregiver experiencing kinship supports services county cost outgo was \$4.98 whereas for comparison county children in foster care the cost outgo was shown to be \$68.92 dollars per day, which is a significant and large difference.

Conclusions

This study provides a general overview of the financial impact of sustaining the FTM and kinship supports interventions that were implemented and have been honed over the course of the waiver periods. The cost neutrality associated with providing facilitator services during family meetings in demonstration counties when compared with services as usual in comparison counties, although not shown in this study to result in cost savings, may have resulted in benefits not measured here. For example, providing family meetings with a neutral facilitator may have increased family engagement thus indirectly helping to promote children services in a more favorable light within the community. The introduction of a facilitator may also result in less overall stress for caseworkers doing very difficult work. These types of outcomes should be measured in future studies.

For kinship supports services, in terms of costs, the results were very clear in the savings associated with lower placement disruptions when compared with comparison county kinship services and foster care services. Clearly, over and above the financial savings of counties employing this approach, the benefits to children and families is large. For the most part it might be assumed that less placement disruption results in less upheaval for a child and lessens the emotional and social repercussions of that. When compared with foster care, the cost savings are clear from the beginning of the case, beyond the child's exit from placement even until 24 months later. The matched case comparison provides evidence to support that in addition to cost savings attributed to the reduction in reentry into out-of-home care after exit from placement, most importantly the children themselves are experiencing less reentries.

Chapter 6 Flexible Funding Outcome Study

6.1 Introduction and Overview

The Waiver Flexible Funding Outcome Study (WFFOS) examines the effects of the Ohio Title IV-E Waiver Demonstration on safety and placement outcomes for children served by the child welfare system under the waiver, compared to similar children served in comparison counties using traditional Title IV-E funding. While Chapters 3 and 4 offer outcome findings for children and families receiving the FTM and Kinship Supports interventions specifically, this chapter focuses on the waiver impact overall.

As noted, the goal of the waiver is to reduce the use of foster care through the flexible use of Title IV-E funds to provide individualized services to children and families, including FTM and Kinship Supports. The intent of the waiver is to serve more children at home when in-home services can meet the children's needs safely, and, for children who do enter placement, the waiver intends to decrease the length of stay in care and increase the number of children reunited with their families or placed in other permanent situations. The WFFOS evaluation tests the hypotheses that the waiver will:

- Reduce placement in out-of-home care while maintaining child safety
- Reduce length of stay in out-of-home care, when placement is necessary, while increasing the number of children reunited with their families, or exiting to other permanency options (custody or guardianship of a relative or third party, or finalized adoption)
- Maintain child safety and reduce reentry after children exit to permanence

The analyses estimate the waiver effect on each of these outcomes – placement rates, safety when not placed, placement duration and permanency outcomes, and post-permanency safety and reentry – using administrative data from Ohio's SACWIS system. The fourth waiver evaluation observes children served between January 2011 and May 2019, spanning the third and fourth waiver periods, to allow a larger sample size and longer observation period during which waiver demonstration counties consistently implemented two waiver interventions: Family Team Meetings and Kinship Supports. Using a quasi-experimental design, this waiver evaluation compares outcomes for children served in the 15²⁹ demonstration counties to children in 16 comparison counties located throughout Ohio (see Chapter 1). We use propensity weighting to adjust the distribution of baseline characteristics of comparison children to be more similar to demonstration children, in order to make outcomes more comparable. Applying these weights, we use logistic regression, Kaplan-Meier survival curves, and Cox Proportional Hazards regression to model the relationship between waiver status (children served in demonstration counties vs. comparison counties) and each outcome, controlling for covariates as necessary. Findings are interpreted as statistically significant if the p-values are $p < 0.05$ even if the effect size is small. Findings in the $p = 0.05$ to 0.10 range are noted as having some evidence, or evidence of a trend, and should be interpreted with some caution.

Findings from the overall waiver flexible funding analyses, summarized in Table 6.1, are presented in this chapter. Findings indicate that children served under the waiver were less likely to be placed in out-of-

²⁹ Coshocton County dropped out of the waiver demonstration after the third waiver, so is not included in this evaluation.

home care than children in comparison counties, and children maintained the same level of safety when not placed; thus, findings support the first hypothesis, demonstrating success on the first waiver objective. For the second waiver objective, findings did not support the hypothesis that children served under the waiver would have reduced length of stay and increased permanency, but there was a trend toward waiver demonstration children exiting to adoption more quickly. Post-permanency, there was some evidence that reentry rates improved for some children exiting to reunification and to guardianship or custody, partially consistent with the hypothesis, and safety was maintained at similar rates post-permanency, consistent with the hypothesis.

Table 6.1 Summary of Findings for the Waiver Flexible Funding Hypotheses

The WFFOS hypothesized the waiver will:	Findings
<ul style="list-style-type: none"> ➡ Reduce placement in out-of-home care while maintaining child safety 	<ul style="list-style-type: none"> ✓ Fewer children placed in out-of-home care ✓ Children safely maintained at home, when not placed
<ul style="list-style-type: none"> ➡ Reduce length of stay in out-of-home care while increasing the number of children reunited with their families, or exiting to other permanency options (custody or guardianship of a relative or third party, or finalized adoption) 	<ul style="list-style-type: none"> X Similar rates of exit to reunification and guardianship/custody of a relative/third party ✓ Some evidence of faster adoption rates
<ul style="list-style-type: none"> ➡ Maintain child safety and reduce reentry after children exit to permanence 	<ul style="list-style-type: none"> ✓ Safety maintained after exit to reunification, guardianship/custody, and adoption ✓ Some evidence of less reentry after reunification and after guardianship/custody; no analysis of reentry after adoption due to small sample

✓ Findings support the hypothesis. ✓ Some evidence (trend). X Findings do not support the hypothesis.

The evaluation questions, methods, and findings are provided in more detail in the remainder of this chapter, followed by a discussion of findings and implications.

6.2 Evaluation Questions and Hypotheses

The WFFOS evaluation is designed to test the theory that the Ohio Title IV-E Waiver will reduce the likelihood of children being placed in out-of-home care while maintaining safety at home, reduce placement days and increase reunification and other permanency exits when children are placed in care, and maintain safety and reduce reentry after children exit to permanence. The theory of the waiver – which allows flexible funding to support non-placement activities – requires a reduction in placement days to fund the other activities.

Table 6.2 presents the specific evaluation questions and hypotheses we examined regarding the impact of waiver flexible funding on safety and placement outcomes. We hypothesized that children in demonstration counties will fare better than those in comparison counties in placement and safety outcomes throughout the child welfare continuum of services.

Table 6.2 Evaluation Questions and Hypotheses

Evaluation Question	Hypothesis
<p>1. Safety and Placement Outcomes After Initial Substantiated or Indicated Maltreatment (Trajectory Analysis)</p> <p>A. Placement. What is the difference in the proportion/probability of children with a substantiated or indicated (S/I) allegation of CAN entering out-of-home care (vs. staying home) within 90 days of the intake date, when comparing children in demonstration counties to similar children in comparison counties?</p> <p>B. Safety. For children who are not placed in out-of-home care after the S/I allegation of CAN, are there differences between demonstration and comparison counties in the probability of re-abuse? (S/I allegation)</p>	<p>Fewer Children Will Be Placed, Safety Maintained</p> <p>Among children with a substantiated or indicated allegation of child abuse or neglect, children in demonstration counties will have a lower likelihood of placement in out-of-home care without increasing safety risk, compared to children in comparison counties.</p>
<p>2. Placement Duration and Permanency for Children Placed in Out-of-Home Care³⁰ (Permanency Analysis)</p> <p>C. Exit Type. What proportion of children in child welfare custody and placement exit to permanency (reunification, guardianship/custody, adoption) or other reasons (emancipation, other) and what proportion remain in care in demonstration and comparison counties? Do demonstration and comparison counties differ in the proportion of children experiencing each exit type?</p> <p>D. Time to Reunification. Does waiver status (demonstration vs. comparison county) predict the likelihood and timing of exit to reunification, after controlling for other factors?</p> <p>E. Time to Guardianship/Custody. Does waiver status predict the likelihood and timing of exit to guardianship/custody, after controlling for other factors?</p> <p>F. Time to Adoption. Does waiver status predict the likelihood and timing of exit to adoption, after controlling for other factors?</p> <p>G. Placement Stability. Does waiver status predict placement stability, measured as the number of placements within 12 months after entry?</p>	<p>Reduced Length of Stay in Out-of-Home Care and Increase in Permanency</p> <p>Among children entering agency custody and placement, children in demonstration counties will have a greater likelihood of exit to reunification and other permanency exits (custody or guardianship of a relative or third party, or finalized adoption) in fewer placement days (less time spent in care), compared to children in comparison counties.</p> <p>Increased Placement Stability</p> <p>For children entering agency custody and placement, children in demonstration counties will experience fewer placements while in care, compared to children in comparison counties.</p>
<p>3. Safety and Reentry After Exit Out-of-Home Care to Permanency</p> <p>H. Safety After Exit. What is the probability of recurrence of abuse or neglect (re-abuse) following each permanency exit type?</p> <p style="padding-left: 20px;">Ha. Re-abuse after exit to reunification</p> <p style="padding-left: 20px;">Hb. Re-abuse after exit to guardianship/custody of a relative or third party</p> <p style="padding-left: 20px;">Hc. Re-abuse after exit to finalized adoption</p>	<p>Safety Is Maintained and Reentry Reduced After Permanency Exit</p> <p>For children who are reunified, exit to guardianship/custody, or adoption, children in demonstration counties will have a similar or lesser likelihood of recurrence of abuse or neglect and a reduced likelihood of reentry into out-of-home care.</p>

³⁰When examining permanency outcomes, we focused on reunification and custody/guardianship within 12 months and finalized adoption within 24 months of entry, as the legal process takes longer for adoption. However, we examined all three outcomes within 12 and 24 months.

Evaluation Question	Hypothesis
<p>I. Reentry After Exit. What proportion of children reenter child welfare custody and placement after exiting to each permanency exit type (reunification, guardianship/custody, adoption)?³¹ Is there a significant difference between demonstration and comparison counties in the proportion of children who reenter? Of the children who exit to each permanency type, does waiver status predict the likelihood and timing of reentry after controlling for other factors?</p> <p> Ia: Reentry after exit to reunification Ib: Reentry after exit to guardianship or custody Ic: Reentry after exit to finalized adoption</p>	

6.3 Methods

6.3.1 Evaluation Design

The ProtectOHIO WFFOS uses a quasi-experimental design to test the theory that the Ohio Title IV-E Waiver will improve placement and safety outcomes. We compare outcomes for children served in the 15³² demonstration counties (the experimental group) to children in 16 comparison counties located throughout Ohio. At the inception of the Ohio Title IV-E Waiver, comparison counties were selected based on having similar characteristics to demonstration counties (see Chapter 1, Table 1.1). Nonetheless, there are differences between demonstration and comparison counties that could bias findings. To reduce this bias, we use propensity score weighting to improve the balance of the sample between demonstration and comparison counties, making children in comparison counties appear similar to demonstration children at baseline (described below, Section 6.3.4). When testing the hypotheses, multivariate analyses are used to control for child, family, and placement episode-related factors that may be related to outcomes, including any covariates that may have residual imbalances between demonstration and comparison counties even after propensity score weighting. Analyses also adjust for clustering within counties, as children within the same county may have similar experiences that may be somewhat different from children in other counties, due to county-level policies.

6.3.2 Study Populations (Samples)

The analyses for the fourth waiver examine outcomes for children younger than 18 years old who were served by Ohio’s child welfare agencies in the demonstration (N=15) or comparison (N=16) counties beginning January 2011 through May 2019. The two main study populations include a maltreatment cohort (for the maltreatment trajectory analysis) and placement entry cohort (for placement outcomes analysis). Each study population consists of the entire population of children meeting the criteria specified in Table 6.3, regardless of whether the child or child’s family received either of the two core

³¹ For example: Of the children who exit to reunification, what proportion of children reenter child welfare custody and placement? Of the children who exit to reunification, does waiver status predict the likelihood and timing of reentry after controlling for other factors?

³² Coshocton County dropped out of the waiver demonstration after the third waiver, so is not included in this evaluation.

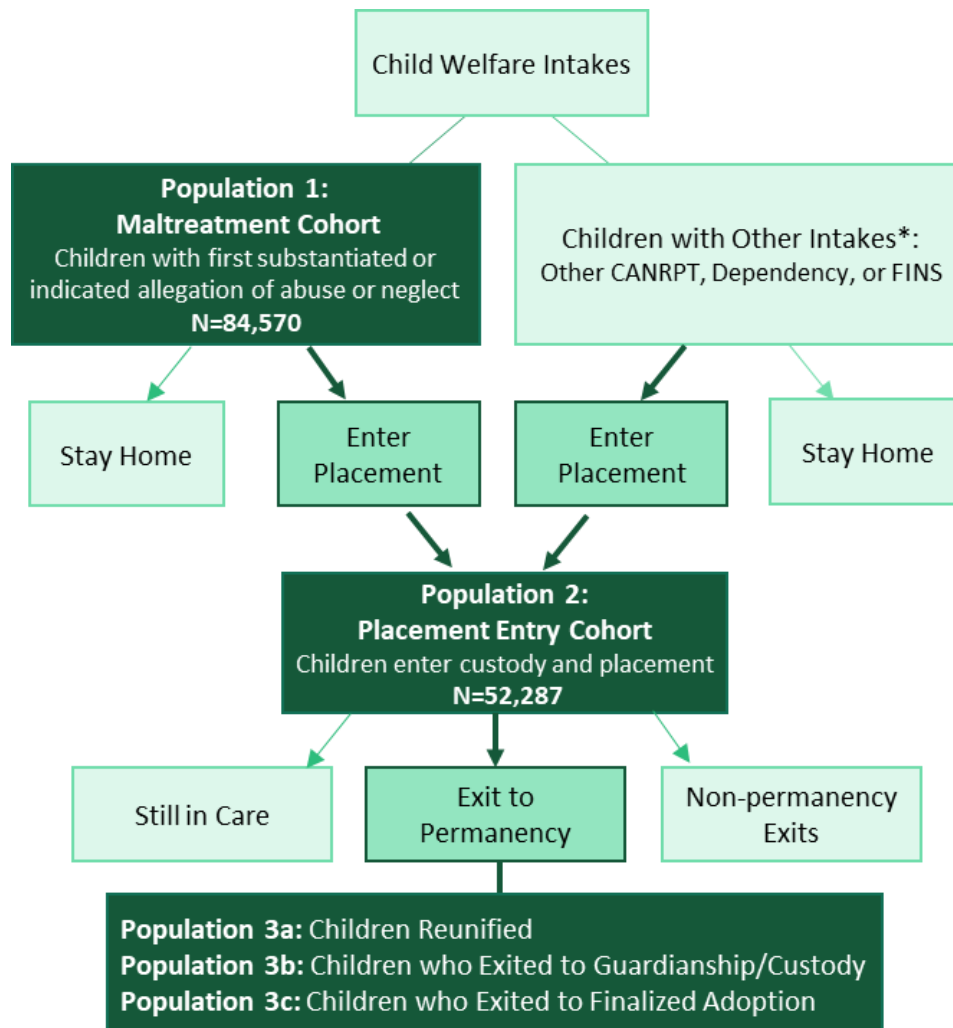
interventions, FTM and/or Kinship Supports. Figure 6.1 illustrates how the two main study populations relate as children flow through the child welfare system following different paths. The maltreatment cohort (study population 1) consists of children younger than 18 with a first-ever substantiated or indicated allegation of child abuse or neglect (CAN). These children either stay at home or are placed in out-of-home care. When placed in care, the children become part of the placement entry cohort (study population 2), which also includes other children placed in care following a *subsequent* substantiated or indicated abuse or neglect allegation or a dependency or Families in Need of Services (FINS) intake. The post-permanency cohorts (study populations 3a, b, and c) are subsets of the placement entry cohort, including children who exit out-of-home care to: (3a) reunification within 12 months of entering out-of-home care, (3b) guardianship or custody of a relative or third party within 12 months of entering out-of-home care, and (3c) finalized adoption within 24 months of entering out-of-home care.

Table 6.3 Study Population Inclusion Criteria

1. Maltreatment Cohort (N=84,570)	2. Placement Entry Cohort (N=52,287)
<ul style="list-style-type: none"> • Child’s first ever substantiated or indicated allegation of child abuse or neglect • Intake received January 2011 to May 2019 • Intake agency is a ProtectOHIO demonstration or comparison county agency • Received date is within 90 days before/after case open date • The child’s intake participant role was either alleged child victim (ACV) or child subject of a report • Child age at intake <18 years^a 	<ul style="list-style-type: none"> • Child entered custody and placement^{ab} • Removed date was January 2011 to May 2019 • This is the child’s first placement during this period • Placed in ProtectOHIO demonstration or comparison county agency • Agency legal status (legal base) • Child age at removal <18 years <p>3a-c. Post-permanency Cohorts</p> <p><i>Children in the placement entry cohort who exited care:</i></p> <p>3a. Reunified within 12 months of entry</p> <p>3b. Children exited to Guardianship/Custody of a relative or third Party within 12 months of entry</p> <p>3c. Children exited to finalized Adoption within 24 months of entry</p>

^aThis final evaluation, which includes children served in the third and fourth waivers, includes all children <18 years. The third waiver period maltreatment trajectory analysis was limited to children age 13 and younger.

Figure 6.1 Study Populations and Flow Through Child Welfare



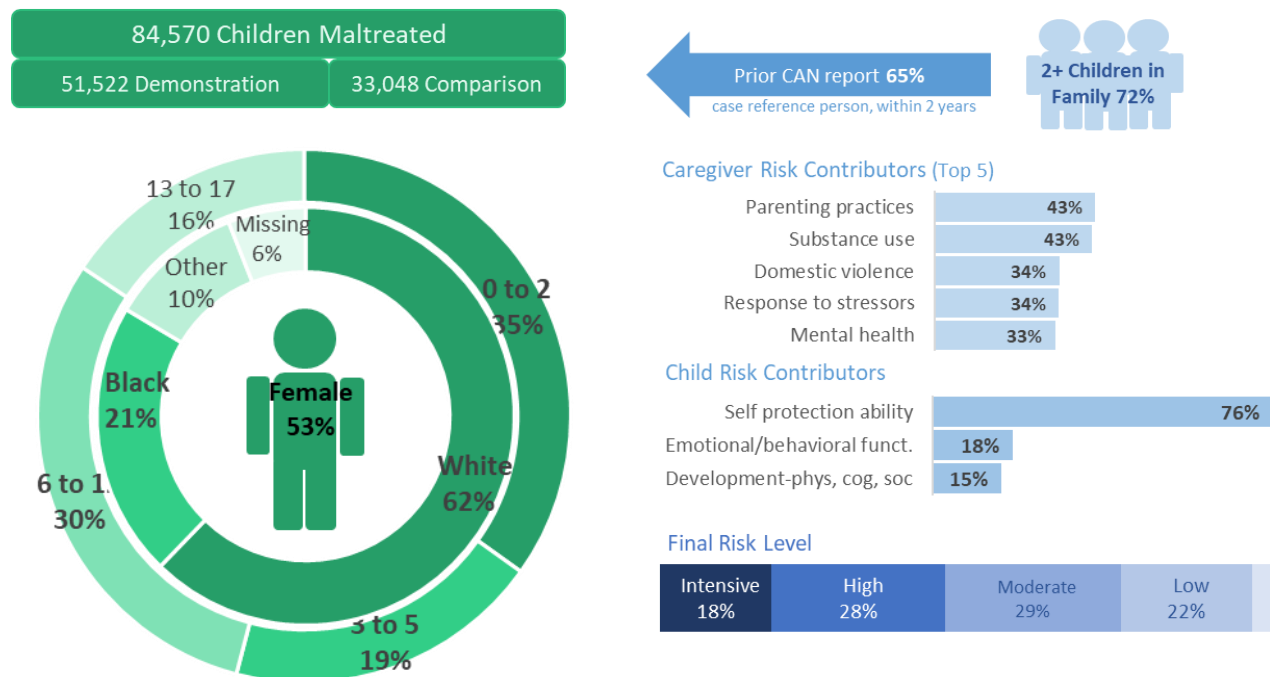
* Other CANRPT refers to a *subsequent* substantiated or indicated allegation (for a child who remained home after the first substantiated allegation), or alternative response or unsubstantiated CAN reports.

^b Most children were placed in care following a substantiated or indicated allegation of CAN, but the placement entry cohort also includes some children placed following a dependency or FINS Intake.

Maltreatment Cohort Characteristics

Figure 6.2 illustrates characteristics of the maltreatment cohort (N=84,570). The figure and text in this section present weighted percentages, after balancing the sample, since these are the relevant percentages for this analysis. With only a few exceptions, these are very similar to the original, unweighted percentages for the total sample (within 1% for most variables). Appendix G Table G.1 further describes the child, family, maltreatment, and agency-level characteristics for this sample, including weighted and unweighted percentages for the demonstration (N=51,522) and comparison (N=33,048) counties and the total sample.

**Figure 6.2. Child Maltreatment Population Characteristics (Weighted %),
 January 2011 thru May 2019**



Child demographics: Just over half (53%) of the weighted sample of 84,570 children in the maltreated cohort were female and over half (54%) were young children (35% age 0 to 2 and 19% age 3 to 5).³³ Most children were white (62%) or black (21%), and 5% were identified as having Hispanic ethnicity.

Allegations: All children in the sample had a substantiated or indicated report of child abuse or neglect where they were the alleged child victim or a child subject of a report. Most of the children had an allegation of physical abuse (44.5%) and/or neglect (40%) that was substantiated or indicated, but other substantiated allegations included sexual abuse (15.8%) and emotional maltreatment (3.8%).

Child and family risk factors: About two-thirds (65%) of the maltreated children had a case reference person with a prior CAN report within two years of the intake. Most (72%) children were in families with two or more children. As part of the family assessment, workers identified risk contributors for each child, each caregiver or adult, and the family. For this population of maltreated children, workers most often identified the child’s self-protection ability (76%) as a risk contributor, and sometimes the child’s emotional or behavioral functioning (18%) and/or physical, cognitive, or social development (15%) were identified as risk contributors. The most common caregiver risk contributors were parenting practices (43%), substance use (43%), domestic violence (34%), response to stressors (34%), and mental health (33%). Workers also completed a Family Risk Assessment of Abuse and Neglect, including a series of questions regarding risk factors that are scored to provide a neglect score, abuse score, and final risk level score. Results showed that almost half of the maltreated children were in families identified as

³³ All percentages referenced when describing the sample in this section refer to weighted percent. For simplicity, we typically omit the term weighted.

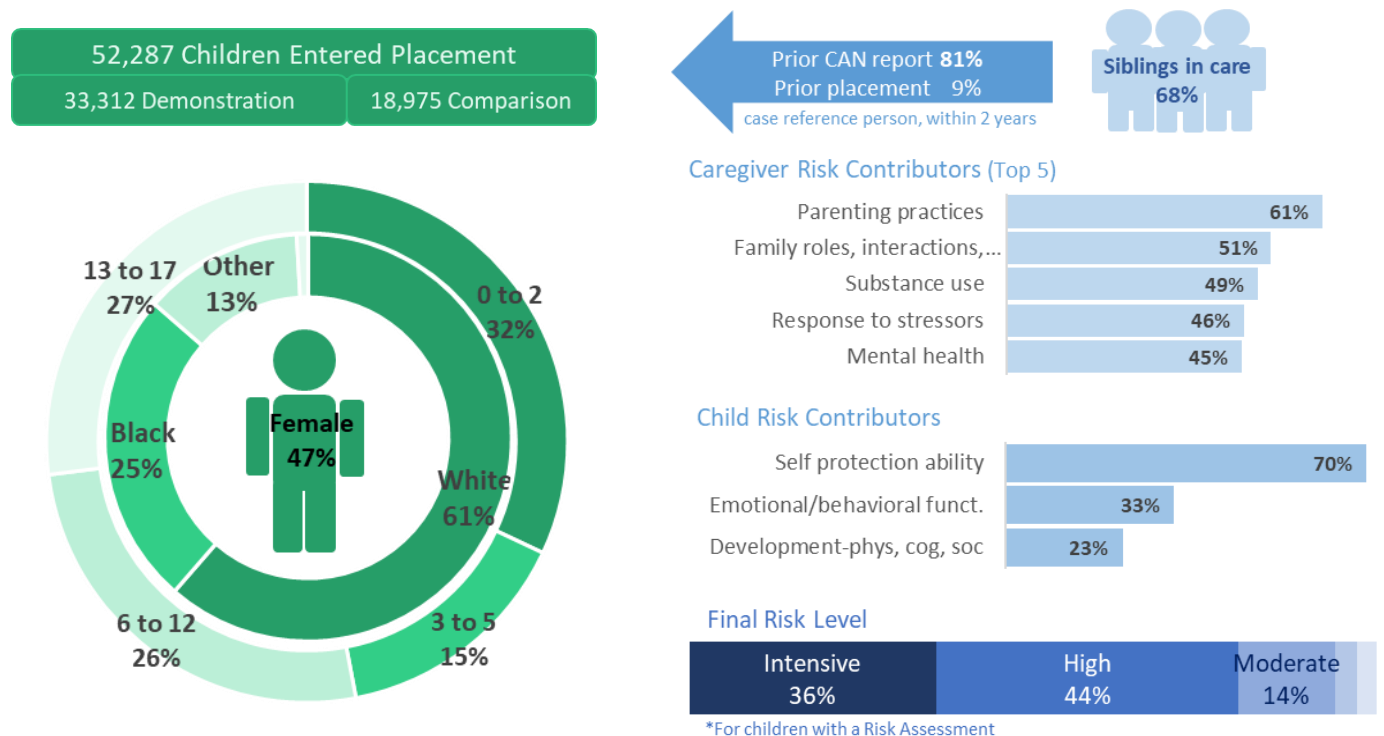
intensive (18%) or high (28%) risk, and half were in families identified as moderate (29%) or low (22%) risk. Appendix G provides data for additional risk variables.

Child welfare agency factors: More than half (57%) of the children in the maltreatment cohort had intakes in 15 agencies that used differential response (DR) from the start of (and prior to) the study period, but 43% of children had intakes in agencies that rolled out DR during the study period, between 2011 and 2014.³⁴ Regarding kinship policy, just over a third of the children (38%) were served in 12 county agencies that typically do not take custody of children placed with relatives. Most children (59%) were served by the 17 counties that report having kinship policies where they may or may not take custody. Two-thirds (66%) of children in the maltreatment cohort were served in 11 metro or major metro counties, with other children served in large (19%), medium (10%), or small counties (6%).

Placement Entry Cohort

Figure 6.3 illustrates characteristics of the placement entry cohort (N=52,287). Table 6.3 describes the children in demonstration (N=33,312) and comparison counties (N=18,975) in more detail, including the original sample size (N and %) and the weighted percent (weighted %).

Figure 6.3. Placement Entry Cohort Characteristics (Weighted %), January 2011 thru May 2019



³⁴ Differential response (DR) rollout overlapped with the study period, so was included as a covariate as a potential confounding variable.

Child demographics: Almost half (47%) of the *weighted* sample of 52,287 children in the placement entry cohort were female and over half (47%) were young children (32% age 0 to 2 and 15% age 3 to 5).³⁵ Most children were white (61%) or black (25%), and 5% were identified as Hispanic ethnicity.

Intake type and removal reason: Most children in the weighted sample were placed following a child abuse or neglect report (75%), but some were placed following a dependency (12%) or FINS (12%) intake. The primary removal reasons included dependency (27%), neglect (26%), parent substance use or child drug affected (15%), child behavior (13%), physical abuse (12%), sexual abuse (1.9%), emotional abuse (0.5%) and other reasons (4%).

Child and family risk factors: Most children (81%) had a case reference person with a prior CAN report within two years of the intake. About two-thirds (68%) of the children were from families that had one or more children in care. As part of the family assessment, workers identified risk contributors for each child, each caregiver or adult, and the family. For the children in the placement entry cohort, workers most often identified the child's self-protection ability (70%) as a risk contributor, and sometimes the child's emotional or behavioral functioning (33%) and/or physical, cognitive, or social development (23%) were identified as risk contributors. The most common caregiver risk contributors were parenting practices (61%); family roles, interactions, and relationships (51%); substance use (49%); response to stressors (46%); and mental health (45%). Workers also completed a Family Risk Assessment (RA) of Abuse and Neglect, which includes a series of questions regarding risk factors that are scored to provide a neglect score, abuse score, and final risk-level score. Most children with an RA were in families identified as intensive (36%) or high (44%) risk, some moderate (14%), and very few low (3%) risk. Appendix G provides data for additional risk variables.

Child welfare agency factors: Well over half (60%) of the children were placed in 15 agencies that began using differential response (DR) prior to the study period, but 19% were placed in agencies that rolled out DR during the study period, between 2011 and 2014.³⁶ Regarding kinship policy, about a third of the children (34%) were placed in 12 county agencies that typically do not take custody of children placed with relatives. Most children (60%) were placed in the 17 counties that report having kinship policies where they may or may not take custody. About two-thirds (65%) of children in the maltreatment cohort were served in 11 metro or major metro counties, with other children served in large (19%), medium (7%), or small counties (9%).

6.3.3 Variables and Measurement

Administrative data were obtained from SACWIS, which is maintained by ODJFS. The SACWIS tracks child and family involvement with the child welfare system, including intakes; child maltreatment; safety, risk, and family assessments; removals from home; legal status changes; placement changes; client services; providers; child and family characteristics; and other pertinent information to manage cases involved in the child welfare system. In this complex relational database, a child can have multiple records in each of many tables. For example, one child can have multiple intakes, family assessments, and placements.

³⁵ All percentages referenced when describing the sample in this section refer to weighted percent. For simplicity, we omit the term *weighted* after mentioning it the first time.

³⁶ Differential response (DR) rollout overlapped with the study period, so was included as a covariate as a potential confounding variable.

For each of the WFFOS analyses, we transformed the data from the many tables into a single analysis file with child-level data. For the maltreatment trajectory file, we selected the child’s first substantiated or indicated child abuse or neglect report and identified and added data relevant to that report from other tables (e.g., the family assessment, risk assessment, and case information relevant to that child maltreatment intake). For the placement file we selected the child’s first placement during the study period and added data relevant to that placement.

As with any administrative data system a small percentage of data were missing. Where it was feasible and valid, we were able to fill in some data. For example, in the maltreatment trajectory file we selected the family assessment (FA) that was linked to the intake for that child maltreatment report (the intake_id and family_assessment_id were linked in the intake_ai_intake_link table), but if there was no record linking the intake to an FA, and the child did have FA records associated with the case, then we selected the FA nearest the intake. The remaining missing data were treated as a category (e.g., FA variables had three values: risk contributor, not a risk contributor, or missing).

Outcome Variables

The WFFOS examines placement and safety outcomes for children with substantiated or indicated maltreatment and for children placed in out-of-home care. Table 6.4 lists the outcome variables examined in the child maltreatment trajectory analysis and the placement outcome analyses. Appendix K defines each outcome.

Table 6.4 Outcome Variables for the WFFOS

Child Maltreatment Trajectory Outcome Variables	Placement Entry Cohort Outcome Variables
A. Placement within 90 days	C. Exit type within 12 and 24 months
B. Re-abuse within 12 months, for children not placed	D. Time (days) to exit to reunification
	E. Time (days) to exit to guardianship and custody of a relative or third party
	F. Time (days) to exit to finalized adoption
	G. Number of placements within 12 months of entry
	H. Re-abuse within 12 months after exit ^a
	a. Re-abuse after exit to reunification
	b. Re-abuse after exit to guardianship or custody
	c. Re-abuse after exit to adoption
	I. Reentry within 12 months after exit ^a
	a. Reentry after exit to reunification
	b. Reentry after exit to guardianship or custody
	c. Reentry after exit to finalized adoption

^a Safety and reentry after reunification and after guardianship or custody are calculated for the subset of children who exit within 12 months of placement. Safety and reentry after adoption are calculated for the subset of children who exit to adoption within 24 months of placement.

Intervention Variable

The intervention variable for the WFFOS indicates whether children were served in a Title IV-E waiver demonstration county receiving flexible funding or a comparison county using traditional Title IV-E funding for placement services. The intervention variable includes children served in the 15 demonstration counties whether or not the individual child and family received the FTM and Kinship

Supports interventions specifically. For the child maltreatment trajectory analysis, we use the intake agency to identify children in the waiver demonstration group. For the placement outcome analysis, we use the agency with legal custody (or agency associated with the placement setting) to identify children in the waiver demonstration group.

Covariates

Covariates were included in multivariate analyses as potential predictors to control for any residual imbalances after propensity score weighting, in addition to the intervention variable (waiver status). First, we identified a pool of variables that are theoretically important to include as covariates in modeling the outcomes, being as inclusive as possible. They include child characteristics, parent and family characteristics and risk factors constructed at the child level, child protection involvement factors, placement episode-related factors (for analyses with populations 2 and 3 only), child welfare agency factors, and county population factors. For the most part the pool of covariates was the same set of variables included in the propensity score models; for the placement outcome models we added several placement-related variables to the pool of covariates (see Appendix I). We used lasso regression to determine which covariates from this pool to include in the model as control variables. Lasso regression is a predictive modeling method that effectively zeros out coefficients for variables that do not contribute meaningfully to the predictive power of the model. Propensity variables were generally selected into the models when they were not quite balanced after propensity score weighting. Appendix H (maltreatment trajectory analysis) and Appendix F (placement outcome analysis) list the pool of variables and variables selected into the models.

6.3.4 Development of Propensity Weights

In the absence of a randomized controlled trial, propensity weights were developed based on a large pool of covariates and applied to outcome analyses to reduce bias, adjusting for baseline differences between the waiver demonstration and comparison groups. Despite efforts to pick similar counties, in general the comparison population tends to come from smaller, more rural counties, in which the child welfare population is more heavily white and has lower risk scores compared to the population in the demonstration counties. After applying weights, the baseline characteristics are more similar. For example, in the original (unweighted) maltreatment sample the demonstration and comparison counties had a different proportion of children in each racial group (e.g., demonstration children 57% white vs. comparison children 66% white). After applying weights, the proportions were more similar (e.g., 61% vs. 63%, respectively). By applying propensity weights, children in comparison counties appear similar to demonstration children at baseline, and, with this statistical adjustment, provide a more accurate (and rigorous) comparison of outcomes.

We developed two sets of propensity weights – one for the maltreatment cohort and one for the placement entry cohort – using a large pool of covariates. Appendix F describes the propensity score methodology and provides a list of variables used in each propensity model (Tables F.1 and F.3). Appendix F also provides the sample balance calculations before and after applying weights for the maltreatment cohort (Tables F.2a and F.2b) and the placement entry cohort (Tables F.4a and F.4b), and the extent to which the two groups (demonstration and comparison counties) are balanced on the

characteristics after applying weights. Appendix G provides sample characteristics for children in each study sample, including weighted and unweighted percentages.

6.3.5 Analytic Approach

Evaluation questions were tested using descriptive analyses, weighted Rao-Scott chi-square, Kaplan-Meier survival curves, Cox proportional hazards regression, and logistic regression, as appropriate for each question and outcome of interest. We applied propensity weights (discussed above) to all outcome analyses to reduce bias and increase our confidence in findings about the impact of the waiver.

Table 6.5 outlines the analysis method used for each evaluation question. We used Rao-Scott chi-square tests to test bivariate associations between waiver status and dichotomous or categorical outcomes; this test (`svychisq` in R) properly accounts for both the propensity score weights and the clustering by agency. The Kaplan-Meier procedure produced estimates of group differences in risk and rates over time, which we graphed in Kaplan-Meier survival curve plots. We used Cox proportional hazards regression to model the relationship between waiver status and the likelihood and timing of outcomes, controlling for a series of covariates. We used logistic regression to model the relationship between waiver status and dichotomous outcomes, controlling for covariates. For multivariate analyses (Cox and logistic regression), we used lasso regression to determine which covariates to include in the model as control variables, as described in Intervention Variables. Findings are interpreted as statistically significant if the p-values are $p < 0.05$ even if the effect size is small.

Table 6.5 Analysis Methods

Evaluation Question (abbreviated)	Analysis Method
1. Safety and Placement Outcomes After Initial Maltreatment Finding	
<i>Maltreatment Cohort</i>	
A. Placement Within 90 Days	
- Proportion placed/not placed within 90 days	- Descriptive statistics
- Relationship between waiver status and placement within 90 days, without controlling for any covariates	- Rao-Scott chi-square test
- Relationship between waiver status and placement within 90 days, after controlling for covariates	- Logistic regression
B. Safety Within 12 Months	
<i>Subpopulation: children not placed within 90 days</i>	
- Proportion re-abused/not re-abused w/in 12 months	- Descriptive statistics
- Relationship between waiver status and percent re-abused, without controlling for any covariates	- Rao-Scott chi-square test
- Timing and likelihood of re-abuse over time	- Kaplan-Meier survival curve
- Relationship between waiver status and timing and likelihood of re-abuse, after controlling for covariates	- Cox regression
2. Placement Duration and Permanency for Children Placed in Out-of-Home Care	
<i>Placement Entry Cohort</i>	
C. Exit Type	
- Proportion exited child welfare custody and placement by exit type and proportion remaining in care	- Descriptive statistics
- Relationship between waiver status and exit type, without controlling for any covariates	- Rao-Scott chi-square test

Evaluation Question (abbreviated)	Analysis Method
D. Timing and Likelihood of Exit to Reunification	
- Timing and likelihood of exit to reunification	- Kaplan-Meier survival curve
- Relationship between waiver status and likelihood and timing of exit to reunification, after controlling for covariates	- Cox regression
E. Timing and Likelihood of Exit to Guardianship/Custody	
- Timing and likelihood of exit to guardianship or custody	- Kaplan-Meier survival curve
- Relationship between waiver status and likelihood and timing of exit to guardianship or custody, after controlling for covariates	- Cox regression
F. Timing and Likelihood of Exit to Finalized Adoption	
- Timing and likelihood of exit to finalized adoption	- Kaplan-Meier survival curve
- Relationship between waiver status and likelihood and timing of exit to finalized adoption, after controlling for covariates	- Cox regression
G. Placement Stability	
- Proportion experiencing 1, 2, 3, or 4+ placement settings within 12 months after entry	- Descriptive statistics
- Relationship between waiver status and number of placement settings, without controlling for any covariates	- Rao-Scott chi-square test
3. Safety and Reentry After Exit From Out-of-Home Care	
<i>Post-permanency cohorts</i>	
H. Safety After Exit	
Ha: Re-abuse after reunification	<i>Post-permanency cohorts: children who exited to: Reunification w/in 12 months Guardianship or custody w/in 12 months Finalized adoption w/in 24 months</i>
Hb: Re-abuse after guardianship or custody	
Hc: Re-abuse after finalized adoption	
- Proportion re-abused within 12 months	- Descriptive statistics
- Relationship between waiver status and re-abuse, without controlling for any covariates	- Rao-Scott chi-square test
- Relationship between waiver status and likelihood of re-abuse, after controlling for covariates	- Logistic regression
I. Reentry After Exit	
Ia: Reentry after reunification	<i>Subpopulations: children who exited to: Reunification w/in 12 months Guardianship or custody w/in 12 months Finalized adoption w/in 24 months</i>
Ib: Reentry after guardianship or custody	
Ic: Reentry after finalized adoption	
- Proportion reentered within 12 months	- Descriptive statistics
- Relationship between waiver status and reentry within 12 months, without controlling for any covariates	- Rao-Scott chi-square test
- Timing and likelihood of reentry	- Kaplan-Meier survival curve
- Relationship between waiver status and likelihood and timing of reentry, after controlling for covariates	- Cox regression

Notes: All analyses apply propensity weights to balance the two groups (demonstration and comparison) when comparing outcomes. Multivariate models (logistic regression, Cox regression) use lasso regression to determine which covariates to include in the model as control variables, selecting from a pool of covariates that includes the pool of propensity variables (Appendix F) and, in the placement model, the pool of propensity variables plus several additional placement-related covariates (Appendix I).

6.4. Waiver Impact: Findings

6.4.1 Child Maltreatment Trajectory Outcomes

The ProtectOHIO Title IV-E Waiver intends to reduce the likelihood of children being placed in out-of-home care while maintaining safety at home following a substantiated or indicated report of child abuse or neglect (CAN). To test this, we examined the proportion and probability of children being placed in out-of-home care within 90 days of their first substantiated or indicated allegation of CAN, comparing children served in waiver demonstration counties to similar children in comparison counties. For children who were not placed, we examined whether they experienced a second substantiated or indicated allegation of CAN within 12 months of the first allegation. We used propensity weights to balance the two groups (waiver demonstration and comparison children) so they appear similar on baseline characteristics, in order to compare outcomes for similar children. Findings are described below, with more details provided in Appendix H.

Placement Into Out-of-home Care

Evaluation question: *What is the difference in the proportion/probability of children with a substantiated or indicated allegation of CAN entering out-of-home care (versus staying home) within 90 days of the intake date, when comparing children in demonstration counties to similar children in comparison counties?*

Results: As hypothesized, **children in waiver demonstration counties are less likely to be placed in out-of-home care** within 90 days of a substantiated or indicated CAN report, after controlling for other factors. Descriptively, after applying weights to balance the sample, 15% (weighted) of children in demonstration counties were placed within 90 days compared to 22% (weighted) in comparison counties (Table 6.6). There is not a significant *bivariate* association between waiver status and placement ($p = 0.2043$, weighted Rao-Scott chi-square test). However, waiver status *does* have a significant effect on placement within 90 days *after controlling for covariates* ($p=0.0238$; Table 6.7). Specifically, **the odds for a waiver child being placed within 90 days are about half (0.51) the odds for a comparison child.**

Covariates were selected into the multivariate model (logistic regression) from a large pool of covariates using lasso regression (see Appendix H). The covariates selected into the model generally include variables that were not quite balanced after propensity weighting. The selected covariates in the model were significant predictors of placement, in addition to waiver status (Table 6.7). In most cases the odds of placement are greater when a risk factor is present than when it is not present. For example, when extended family, social, and community supports is rated as a risk contributor (i.e., lack of social support), the coefficient of 2.05 indicates the child is about two times more likely to be placed than children in families where this was not a risk contributor. Similarly, when the risk assessment identifies “intensive” risk, the coefficient of 1.5 indicates the child is about one-and-one-half times more likely to be placed compared to children in families assessed as “low” risk. Also, children in counties that typically do not take custody when children are placed with relatives were less likely to be placed within 90 days compared to children in counties that do typically take custody, as may be expected.

**Table 6.6 Descriptive Statistics and Weighted Rao-Scott Chi-square Test:
 Placement Within 90 Days (N=84,570)**

Waiver Status	N	Unweighted %	Weighted %	SE of Percent
Demonstration	51,522	17.3	14.8	2.9
Comparison	33,048	18.2	22.5	5.59
Overall	84,570	17.6	18.4	3.39
p-value				0.2043

**Table 6.7 Logistic Regression: Placement Within 90 Days, After Control for Other Factors
 (N=84,570)**

Variables	Est.	exp (Est.)	SE	t	p-value
(Intercept)	-3.18	0.04	0.55	-5.77	0.0022
Waiver Status					
Waiver demonstration (vs. comparison)	-0.66	0.51	0.21	-3.21	0.0238
Family					
Resource management (vs. not RC)	0.44	1.56	0.06	7.36	0.0007
Functioning Risk					
Resource management data missing	0.76	2.13	0.15	4.90	0.0045
Contributors					
Social supports (vs. not RC)	0.72	2.05	0.11	6.82	0.0010
Social supports data missing	-0.10	0.91	0.26	-0.38	0.7194
Caregiver/ Adult					
Substance use (vs. not RC)	0.45	1.56	0.06	7.38	0.0007
Risk					
Substance use data missing	-2.63	0.07	0.39	-6.68	0.0011
Contributors					
Parenting practices (vs. not RC)	0.78	2.17	0.04	20.29	0.0000
Impact of past services (vs. not RC)	0.19	1.21	0.06	3.35	0.0203
Final Risk Level					
Moderate (vs. Low)	0.63	1.88	0.05	11.75	0.0001
High	1.04	2.83	0.18	5.92	0.0020
Intensive	1.52	4.56	0.19	7.92	0.0005
Missing	0.66	1.94	1.39	0.48	0.6538
Neglect Risk					
Score					
Moderate (4-5) (vs. Low 0-3)	0.41	1.51	0.05	8.52	0.0004
High (6-9)	0.74	2.09	0.06	12.48	0.0001
Intensive (10-17)	0.52	1.69	0.09	5.90	0.0020
Missing	1.06	2.89	0.18	5.85	0.0021
Severe Financial					
Difficulty					
Severe financial difficulty (vs. no)	0.11	1.11	0.05	1.98	0.1040
Missing	-0.51	0.60	1.55	-0.33	0.7536
Hispanic					
Hispanic (vs. not Hispanic)	0.21	1.23	0.09	2.36	0.0646
Missing	-1.38	0.25	0.28	-4.99	0.0041
Prior History					
Case reference person had prior FINS or dependency intake within two years prior to the intake	0.27	1.31	0.06	4.23	0.0083
Kinship Policy					
May or may not take custody (vs. typically takes custody)	0.18	1.19	0.50	0.35	0.7382
Typically does <u>not</u> take custody	-1.54	0.21	0.51	-3.04	0.0288

RC=Risk contributor. RC present is contrasted to RC not present (ref). RC data missing is also contrasted to RC not present.

Safety, for Children Not Placed

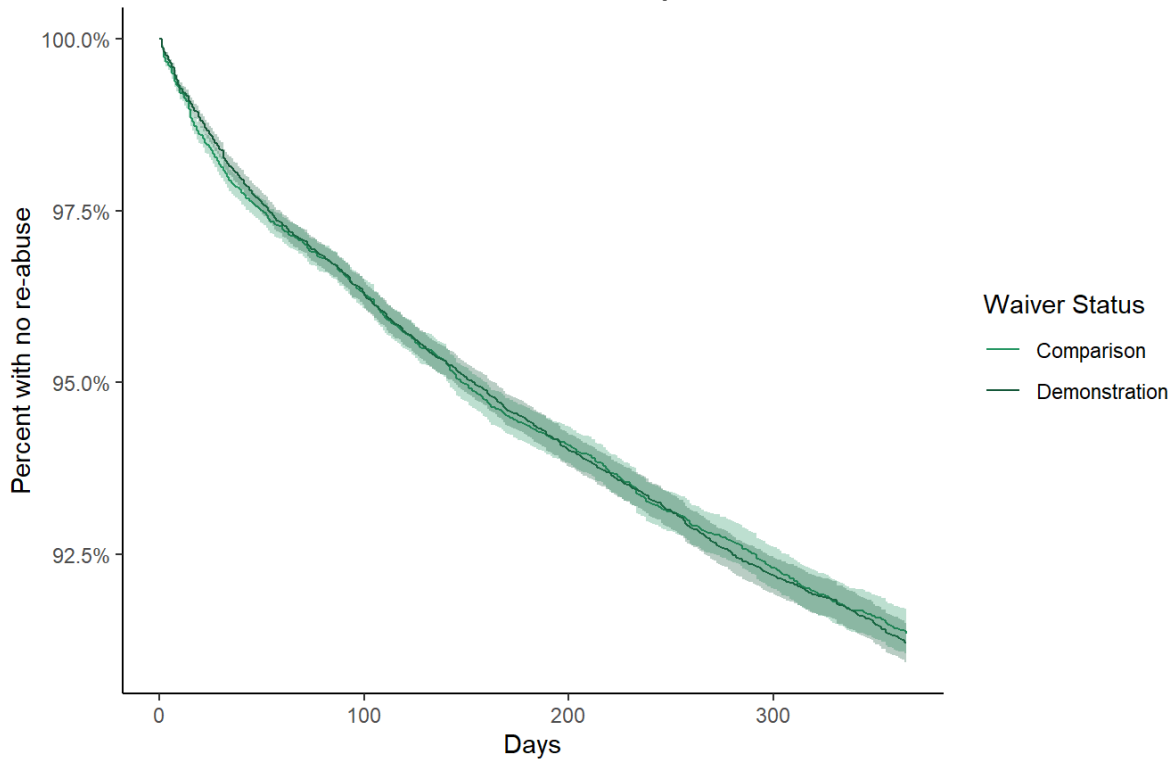
Evaluation question: For children who are NOT placed in out-of-home care after a substantiated or indicated (S/I) allegation of CAN, are there differences between demonstration and comparison counties in the probability of re-abuse? (subsequent S/I allegation)

Results: As hypothesized, children in demonstration counties experienced **similar rates of re-abuse** as children in comparison counties, among children not placed following a substantiated or indicated report. Descriptively, 8.6% (weighted) of children in demonstration counties were re-abused within 12 months compared to 8.4% (weighted) in comparison counties (Table 6.8); most children did not have a subsequent report of substantiated or indicated maltreatment. There is not a significant bivariate association between waiver status and re-abuse at 12 months ($p = 0.7574$, weighted Rao-Scott chi-square test), and no association with re-abuse ever (see Appendix H). The Kaplan-Meier curve (Figure 6.4) illustrates the similar risk of re-abuse throughout the 12-month period among children in demonstration and comparison counties (the lines overlap substantially). Findings from the Cox regression show that waiver status is not significantly related to re-abuse ($p=0.844$) even after adjusting for covariates (Appendix H).

**Table 6.8 Descriptive Statistics and Weighted Rao-Scott Chi-square Test:
 Re-abuse Within 12 Months (N=69,661)**

Waiver Status	N	Unweighted %	Weighted %	SE of Percent
Demonstration	42,621	8.8	8.6	0.4
Comparison	27,040	8.3	8.4	0.42
Overall	69,661	8.6	8.5	0.31
p-value				0.7574

Figure 6.4. Kaplan-Meier Plot: Time from Exit to Re-abuse in Demonstration and Comparison Counties



In sum, findings from the maltreatment trajectory analyses supported the hypothesis. Under the waiver, children with a substantiated or indicated maltreatment report **are less likely to be placed** in out-of-home care within 90 days of the report, and those who remain home maintain the **same level of safety** as comparison children. Thus, findings demonstrate success on this waiver objective.

6.4.2 Placement Outcomes for Children in Out-of-Home Care

The ProtectOHIO Title IV-E Waiver intends to reduce children’s length of stay while increasing the number of children reunited with their families or exiting to other permanent situations. The waiver also intends to ensure children remain safe and reduce reentry after children exit to permanence. To test this, we examined the distribution of exit types; the rate and timing of exits to reunification, guardianship or custody; or adoption, and post-permanency safety and reentry for children served in waiver demonstration counties compared to children in comparison counties. We used propensity weights to balance the two groups so they are as comparable as possible on observed baseline characteristics that may be related to outcomes, attempting to isolate the effect of the waiver. This chapter presents findings, with additional details in Appendix I.

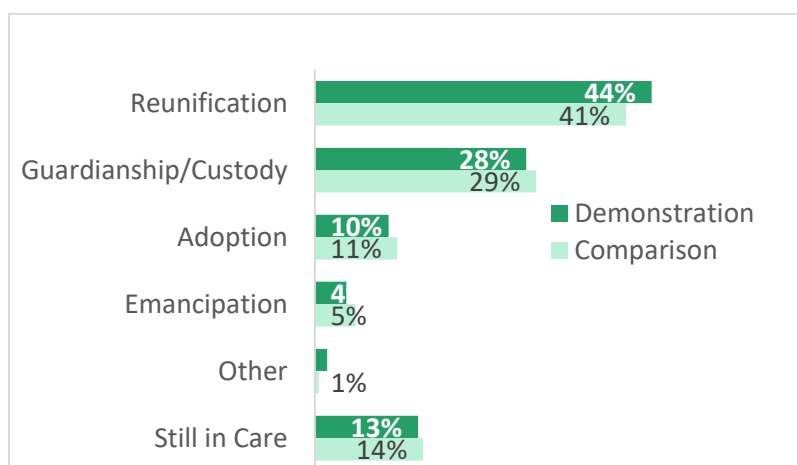
Exit Reasons

Evaluation question C. *What proportion of children exit child welfare custody and placement to permanency (reunification, guardianship/custody, adoption) or other reasons (emancipation, other) and*

what proportion remain in care in demonstration and comparison counties? Do demonstration and comparison counties differ in the proportion of children experiencing each exit type?

Results: Descriptively, most children in the weighted sample had exited to permanency in demonstration (81%) and comparison (80%) counties as of May 2019, with about one-seventh remaining in care (13% and 14%, respectively) (Figure 6.5). A weighted Rao-Scott chi-square test showed there was no statistically significant difference between demonstration and comparison counties ($p=0.4375$). Similarly, there were no statistically significant differences in exit type among children who exited care within 12 months ($p=0.3005$) and within 24 months ($p=0.3775$) after entering out-of-home care (see Appendix I).

Figure 6.5 Exit Status as of May 2019, for Children Placed in Demonstration and Comparison Counties (Weighted %)



Permanency and Placement Duration

We examined the timing and likelihood of exits to permanence for children in the placement entry cohort. Overall, more than half of children (55%) exited to permanence within the first 12 months, and almost three-quarters (72%) within 24 months. Most permanency exits were to reunification, some to guardianship or custody, and a small number to adoption (Table 6.9). Next, to test the hypothesis that children would exit to permanence more quickly under the waiver, we examined the likelihood and timing of each permanency type – reunification (question D), guardianship or custody (question E), and adoption (question F) – by waiver status (demonstration vs. comparison counties).

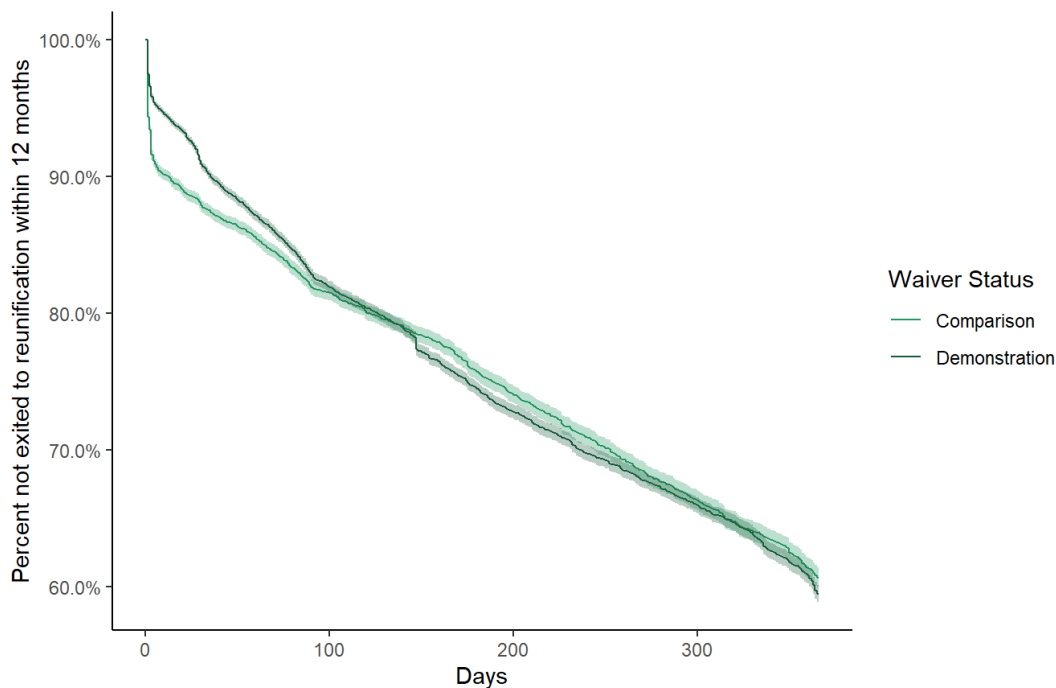
Table 6.9. Permanence Within 12 Months and 24 Months (N=52,287)

	12 months	24 months
Permanency exits	55%	72%
Reunification	33%	41%
Guardianship or custody	21%	27%
Adoption	0.7%	3%
Other exit	2%	4%
Still in care	36%	11%
Censored	7%	14%

Evaluation question D. Does waiver status predict the likelihood and timing of exit to reunification, after controlling for other factors?

Results. The Kaplan-Meier curve (Figure 6.6) illustrates the rate of exit to reunification throughout the 12-month period after children entered out-of-home care. Cases that are not observed for a full 12 months or that exit for a reason other than reunification are treated as censored in this model. After the first few days, when there is a noticeable drop in comparison counties, the lines converge and overlap substantially throughout the 12-month period, indicating children in demonstration and comparison counties exit at similar rates. Results were consistent throughout the 24 months following entry (see Appendix I). Findings from the Cox regression show that **waiver status is not significantly related to the likelihood and timing of exit to reunification** ($p=0.4712$) after adjusting for covariates (see Appendix I).

Figure 6.6. Kaplan-Meier Plot: Time From Entry to Reunification in Demonstration and Comparison Counties (N=52,287)

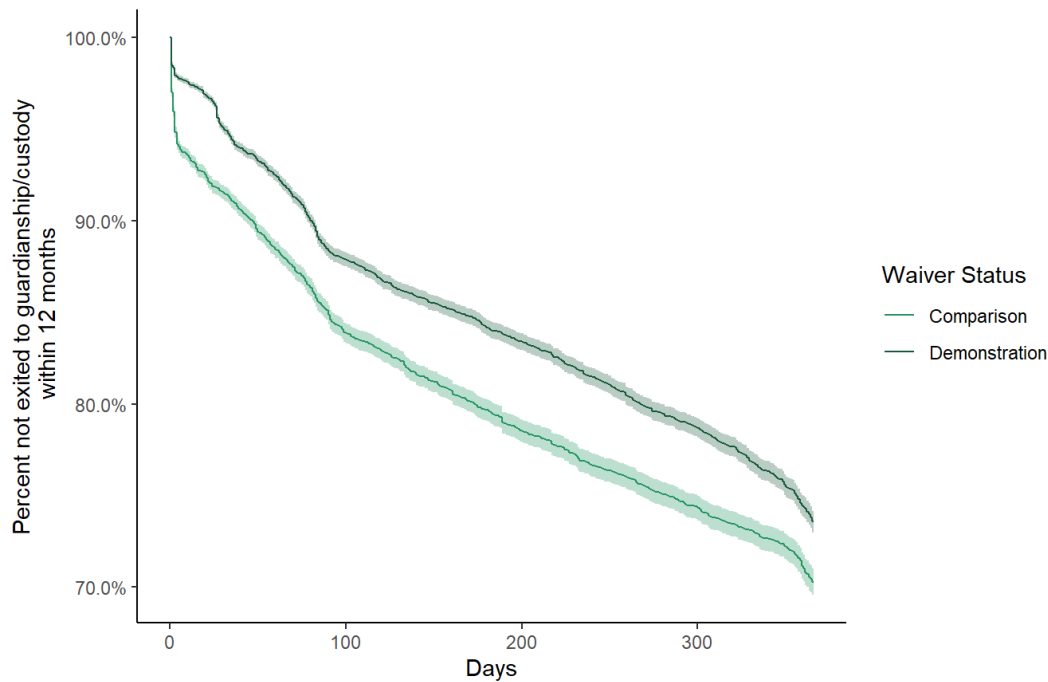


Evaluation question E. Does waiver status predict the likelihood and timing of exit to guardianship or custody, after controlling for other factors?

Results. The Kaplan-Meier curve (Figure 6.7) illustrates the rate of exit to guardianship or custody of a relative or third party during the 12-month period after children entered out-of-home care (see Appendix I for 24-month period). Cases that are not observed for a full 12 months or that exit for a reason other than guardianship or custody are treated as censored in this model. Although there appears to be a big difference between demonstration and comparison counties, it is explained by the 5% drop in the first few days in comparison counties. After the first few days, children in demonstration and comparison counties exit at similar rates. Findings from the Cox regression show that waiver status is not significantly related to the likelihood and timing of exit to guardianship or custody ($p=0.9704$),

after adjusting for the initial drop and other covariates (see Appendix I). Covariates predicted guardianship in the expected direction (i.e., guardianship or custody is more likely when the child's first placement was a kinship home, and when child mental health is *not* identified as a risk factor).

Figure 6.7. Kaplan-Meier Plot: Time From Entry to Guardianship or Custody of a Relative or Third Party in Demonstration and Comparison Counties (N=52,287)



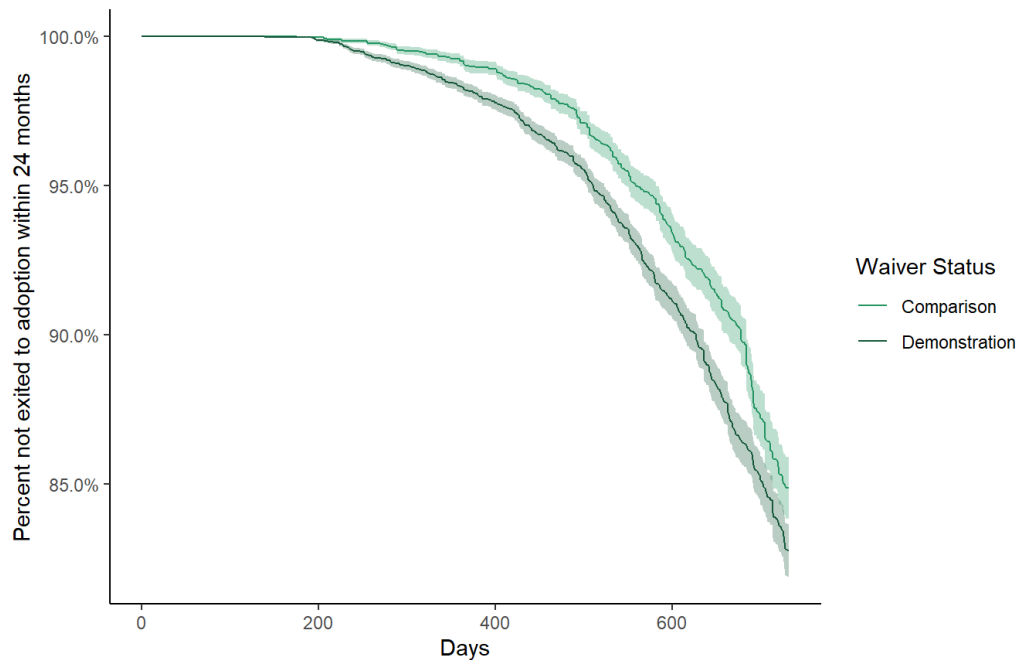
Evaluation question F. Does waiver status predict the likelihood and timing of exit to adoption, after controlling for other factors?

Results. The Kaplan-Meier curve (Figure 6.8) illustrates the rate of exit to finalized adoption during the 24-month period after children entered out-of-home care. The lines do not begin to drop until around 180 days after entry into care, which we expect due to the timeline for the legal process for adoption. Thereafter, children in demonstration counties who exit to adoption appear to exit more quickly than comparison counties in this bivariate analysis.

Findings from the Cox regression show that the interaction between waiver status and county kinship policy is significantly related to the likelihood and timing of exit to finalized adoption after adjusting for covariates. **Children in waiver demonstration counties exit to adoption more quickly than in comparison counties if the agency typically does not take custody (coef= 1.08, p<0.0001) or if the agency may or may not take custody (coef=0.35, p=0.027).** Children exit to adoption more slowly if the agency typically takes custody (coef= -1.10, p= 0.0009), although this finding applies to only one demonstration county and one comparison county serving only 4.6% of children, and, therefore, should be interpreted with caution. Because children in demonstration counties that do not take custody and those that may or may not take custody represent the vast majority of children in demonstration

counties, findings suggest that **the waiver has a positive impact on the rate of adoption for the vast majority of children.**

Figure 6.8. Kaplan-Meier Plot: Time From Entry to Finalized Adoption in Demonstration and Comparison Counties (N=52,287)



In sum, results from the permanency analyses did not support the hypothesis that children would have reduced length of stay while increasing reunification or guardianship or custody, but there was a trend toward waiver demonstration children exiting to adoption more quickly, offering partial support for the hypothesis. Children in waiver demonstration counties experienced similar rates of exit to reunification and guardianship or custody as comparison children. For children exiting to adoption, the effect of the waiver varied by kinship policy. Most demonstration children – those in counties that do not typically take custody and those that may or may not take custody – were adopted more quickly than comparison children, whereas children in the two counties that typically take custody exit more slowly.

Placement Stability

Evaluation question G. *How many placement settings do children experience within 12 months of entering child welfare custody and placement? Do demonstration and comparison counties differ in the proportion of children experiencing one, two, three, or four placement settings within 12 months after entry?*

Results. Most children in the study experienced one placement setting (60%) or two placement settings (27%) within 12 months of entering out-of-home care (Table 6.10). Other children experienced placement instability, with three (9%) or four (4%) placement settings within 12 months of entry. There is not a significant bivariate association between waiver status and number of placement settings ($p = 0.2043$, weighted Rao-Scott chi-square test). Children in waiver demonstration and comparison counties

experienced similar placement stability. Results did not support the hypothesis that children would experience more placement stability under the waiver. No multivariate test was conducted.

Table 6.10 Descriptive Statistics and Weighted Rao-Scott Chi-square Test: Number of Placement Settings Within 12 Months After Entry (N=52,287)

	Demonstration		Comparison		Overall		p-value
	Weighted N	Percent	Weighted N	Percent	Weighted N	Percent	
1 placement	18,284	58.5	13,084	62.2	31,368	60.0	
2 placements	8,745	27.9	5,360	25.5	14,105	27.0	
3 placements	2,888	9.2	1,749	8.3	4,637	8.9	
4 placements	1,334	4.3	842	4.0	2,177	4.2	
Total	31,252	100.0	21,035	100.0	52,287	100.0	0.298

6.4.3 Post-Permanency Safety and Reentry Outcomes

For a child to truly achieve permanency (or stable permanency), once a child exits out-of-home care they should remain safely at home. The post-permanency analyses examine safety and reentry for children after they exit to reunification, guardianship or custody, and adoption. These post-permanency analyses focus on three subsets of children: children who exited to reunification within 12 months (N=8,400), children who exited to guardianship or custody within 12 months (N=9,516), and children who exited to adoption within 24 months (N=1,655).

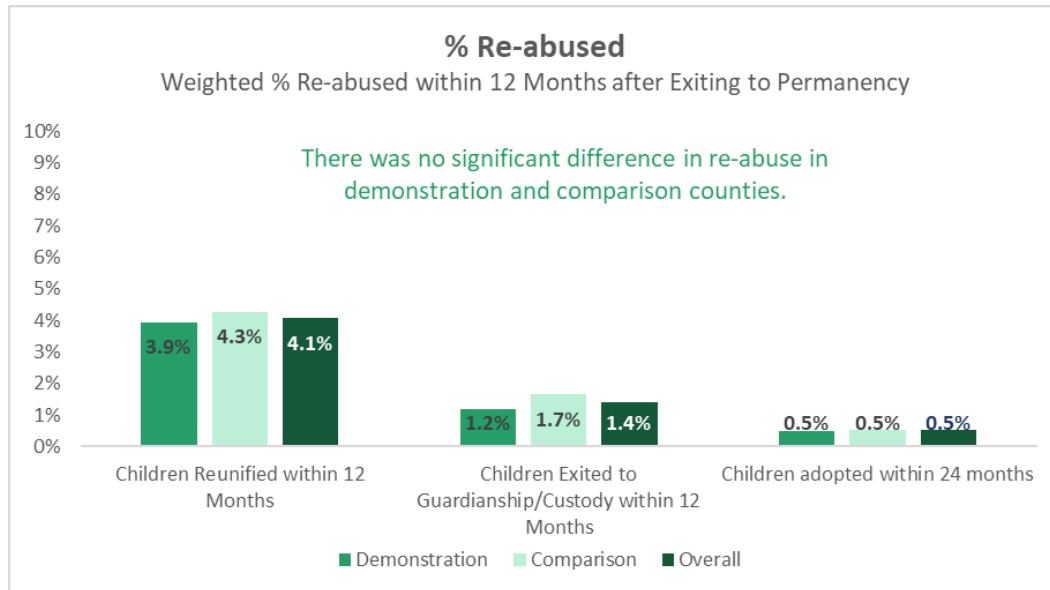
Safety (Re-abuse) After Exiting to Permanency

Evaluation question H. *Based on permanency type from out-of-home care (reunification, guardianship/custody, adoption), what is the probability of recurrence of abuse or neglect for each permanency type?*

Results. Descriptively, re-abuse rates were low, and children in demonstration counties experienced **similar rates of re-abuse** as children in comparison counties after they exited to permanence (Figure 6.9 and Appendix I). Re-abuse was measured as having a substantiated or indicated child maltreatment report after exiting to permanence. Most children were not re-abused within 12 months following their exit to permanence: 4% of children reunified within 12 months, 1.4% of children who exited to guardianship within 12 months, and 0.5% of children who exited to adoption within 24 months were re-abused within 12 months of exit. All percentages were calculated using the propensity weights. There is not a significant bivariate association between waiver status and re-abuse at 12 months for children who exited to reunification (p=0.6154), guardianship or custody (p = 0.2765), or adoption (p=0.9162), based on weighted Rao-Scott chi-square tests. Similarly, logistic regression analyses (Appendix I) showed no waiver effect on re-abuse among children who exited to reunification (p=0.5800) and to guardianship/custody (p=0.2000), after controlling for other factors. Children with a prior removal were more likely to be re-abused following reunification (p<0.0001) and following exit to

guardianship/custody ($p < 0.0001$). There were too few cases of re-abuse after adoption to support a logistic regression model.

Figure 6.9. Descriptive Results: Percent Re-abused Within 12 Months After Exiting to Permanency



Reentry to Placement After Exiting to Permanency

Evaluation question 1. *What proportion of children reenter child welfare custody and placement after exiting to each permanency exit type (reunification, guardianship/custody, adoption)? Is there a significant difference between demonstration and comparison counties in the proportion of children who reenter? Of the children who exit to each permanency type, does waiver status predict the likelihood and timing of reentry after controlling for other factors?*

Results. Children in demonstration counties experienced **similar rates of reentry** as children in comparison counties after they exited to permanence (Figure 6.10 and Appendix I). Overall, 15% (weighted) reentered care within 12 months after being reunified with their family. Another 9% reentered care within 12 months after exiting to guardianship or custody. None of the children who were adopted within 24 months reentered care within 12 months after their adoption was finalized. There is not a significant bivariate association between waiver status and reentry at 12 months for children who exited to reunification ($p = 0.6750$) or guardianship or custody ($p = 0.2995$), based on weighted Rao-Scott chi-square tests, nor was there at 24 months (see Appendix I). For children who exit to reunification within 12 months, Kaplan-Meier plots show little difference between the likelihood and timing of reentry within either 12 or 24 months by waiver status (Appendix I). However, demonstration children who exit to guardianship or custody appear to be reentering at lower rates than comparison children, within both 12 and 24 months (Figure 6.11).

Figure 6.10. Descriptive Results: Percent Reentered Within 12 Months After Exiting to Permanency

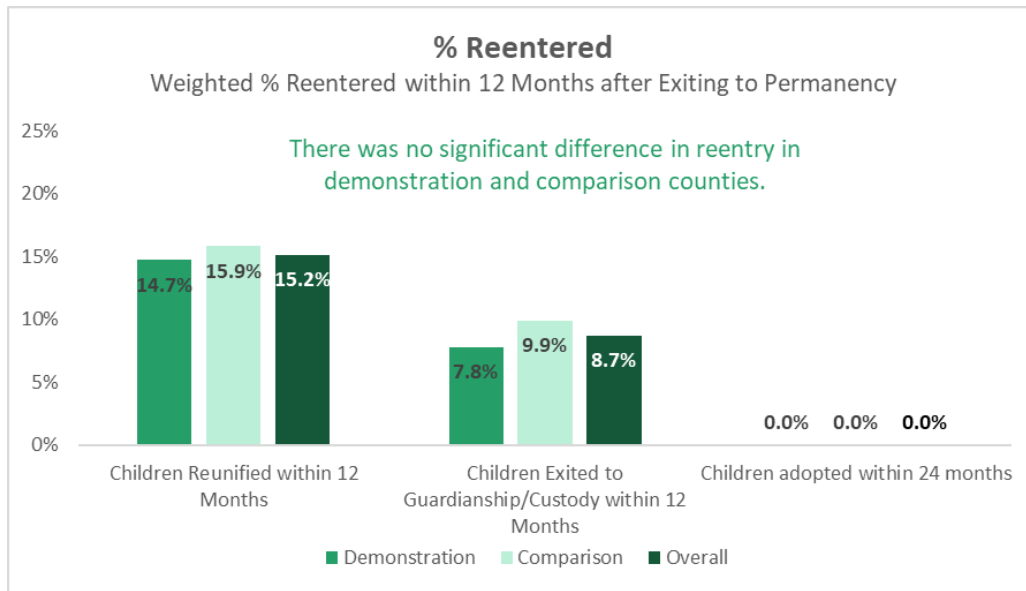
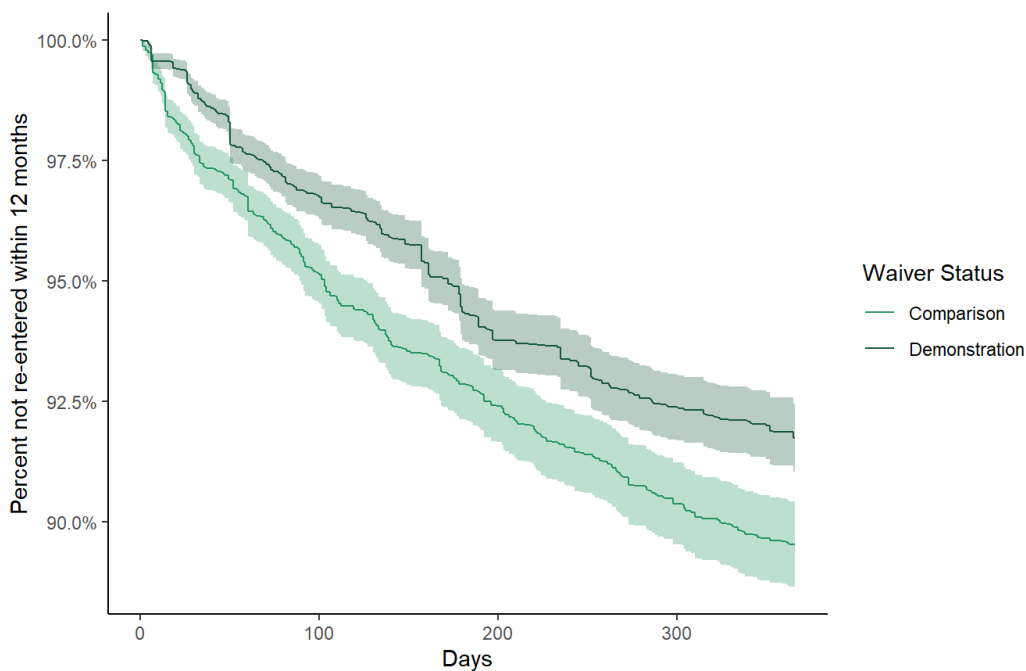


Figure 6.11. Kaplan-Meier: Time From Exit to Reentry Within 12 Months After Exiting to Custody/Guardianship



Cox regression analyses (Appendix I) showed a **trend toward fewer waiver demonstration children reentering care for both subpopulations** – children reunified within 12 months and children who exited to guardianship or custody within 12 months – after controlling for covariates. When modeling reentry following reunification, there was an interaction effect with waiver status and differential response (DR),

after accounting for covariates. In counties that implemented DR prior to 2011, there was a trend toward less reentry following reunification among children in demonstration counties versus comparison children ($p=0.0894$). The relationship was stronger in counties that implemented DR in 2011 or later, where waiver demonstration children were significantly less likely than comparison children to reenter following reunification (coef= -1.15, $p<0.0001$). When modeling reentry following guardianship or custody, the Cox regression shows a **trend toward a relationship between waiver status and reentry** ($p=0.0513$), suggesting that children in waiver counties are somewhat **less likely to reenter care following guardianship or custody**.

Results from the post-permanency outcomes analysis support the hypothesis that children served under the waiver would maintain safety post-permanency, as there were no significant differences between waiver demonstration and comparison counties in the percent of children re-abused after exiting care to permanency. Results did not support the hypothesis that children served under the waiver would be less likely to reenter care post-permanency at the $p<0.05$ level. However, there was a trend toward fewer waiver demonstration children reentering care following reunification in counties that implemented differential response prior to 2011, and children in counties that implemented differential response in 2011 or later were **significantly less likely to reenter after exit to reunification** if they were also in a waiver county. Also, there was a **trend toward less reentry** among children who exited to **guardianship or custody**, leaning in the direction of the hypothesis.

6.5 Discussion

6.5.1 Summary of Results

The ProtectOHIO Waiver Flexible Funding Outcome Analysis (WFFOS) tests the theory that the Title IV-E Waiver flexible funding will improve outcomes for children served by child welfare agencies. The waiver intends to reduce the use of foster care and serve more children at home when in-home services can meet the children's needs safely. We tested three main hypotheses (Table 6.1) regarding the overall impact of the waiver, comparing outcomes for children served in waiver demonstration counties to similar children in comparison counties, using propensity weights to reduce selection bias. These analyses tested the overall waiver effect, whether children and families in demonstration counties were offered the FTM and Kinship Supports interventions; the impacts of the specific interventions are discussed separately in Chapters 3 and 4, respectively.

Fewer children placed, and safety maintained. The WFFOS child maltreatment trajectory analyses find that children served under the waiver are less likely to be placed in out-of-home care, and, for those not placed, have similar rates of safety compared to similar comparison children following the initial substantiated or indicated maltreatment report. These findings support the first hypothesis, indicating that the waiver demonstration met its first objective.

Children in out-of-home care have similar permanency outcomes, although there is a trend toward faster adoption rates in demonstration counties. Findings did not support the second hypothesis, that the waiver will reduce length of stay in out-of-home care and increase permanency. Rather, children in demonstration and comparison counties experienced similar rates of permanency and number of days

in care, after controlling for important covariates including presence of a very short first placement. However, there is a trend toward children exiting to adoption more quickly in demonstration counties than comparison counties. The Kaplan-Meier plot shows a similar rate initially, when we do not expect to see adoptions, then beginning around 180 days children in demonstration counties begin to exit more quickly. The Cox regression controlling for important covariates shows that most demonstration children – those in counties that do not typically take custody and those that may or may not take custody – were adopted more quickly than comparison children.

After exiting to permanence, children have similar rates of safety and reentry overall, but there is a trend toward less reentry after reunification and after exiting to guardianship or custody. Waiver children did remain equally safe as hypothesized, with similarly low rates of re-abuse after exiting to permanence. Reentry rates were similar overall, contrary to the hypothesis; however, there was some evidence that reentry rates improved for some children after exiting to guardianship or custody and after reunification, but the difference was not statistically significant at the $p=0.05$ level. Taken together, the findings partially support the hypothesis.

Findings regarding the covariates controlled for in the multivariate models, and their impacts on the outcomes, are provided in Appendix I. Generally, the predictive variables identified in the multivariate analyses are in the expected directions, consistent with prior literature.

The WFFOS portion of the evaluation provides evidence that the waiver demonstration met its first objective – fewer placements while maintaining safety after a substantiated or indicated report of child abuse or neglect. There is some evidence that the waiver partially met the remaining two objectives. When placed in care, children served under the waiver experienced similar rates of permanency, but there was a promising trend toward faster adoption. Post-permanency outcomes were similar overall, but there was a trend toward fewer reentries for some demonstration children, which is also promising. It is possible that results were diluted because many eligible children and families in the largest county and several other counties were not offered or served with the waiver interventions (see limitations below). For this reason, results should be interpreted in the context of findings from the FTM and Kinship Supports intervention analyses.

6.5.2 Strengths and Limitations

The WFFOS tests the effectiveness of the Title IV-E waiver using a quasi-experimental design, so selection bias is a limitation. The study team took several steps to reduce the selection bias inherent in this design. At the beginning of the project an effort was made to select comparison counties that were similar to demonstration counties on a series of variables, including population size, the percent of county considered rural, the percent of children in the population receiving Aid to Dependent Children (ADC), the percent of child welfare spending coming from local government, child abuse and neglect rates, out-of-home placement rates, and median placement dates. Despite these efforts, children in demonstration and comparison counties differ, and, notably, comparison children were less at risk than demonstration children. To address the potential bias from these differences, at the analysis stage we calculated propensity weights and applied weights to all analyses. Although we cannot rule out alternate explanations not measured, the use of propensity weights adds to the rigor of the study by balancing the waiver demonstration and comparison groups on baseline characteristics, making them more

similar, and thus reduces bias in findings. In addition, we used multivariate models to test the waiver effect, controlling for child, family, and other covariates, and found that predictors of better outcomes were consistent with the literature (e.g., children with higher risk scores were more likely to be placed). A limitation of all modeling techniques is that we are only able to control for covariates that are observed in the data; there may be important unobserved factors that we are unable to control for.

Another limitation of the overall flexible funding analysis was that not all waiver children received the FTM or Kinship Supports services even when eligible. Several counties, including the largest county in the study, chose to randomly sample cases for inclusion in the FTM strategy. And some counties elected to implement the Kinship Supports intervention only within certain regions, or began in one region and later expanded to another. This means that many waiver children and families were not offered, and did not receive, the specific waiver intervention services. Thus, findings regarding the impact of flexible funding may be diluted.

6.5.3 Implications

The ProtectOHIO Title IV-E Waiver Demonstration evaluation demonstrated that use of flexible funding was effective in reducing placements into out-of-home care while maintaining safety, meeting this waiver objective. The overall flexible funding was not associated with statistically significant improvements in permanency and post-permanency outcomes, but there were some promising trends.

Under the waiver only a subset of eligible children and families were offered the FTM and Kinship Supports interventions. Serving a subset of the eligible population may be a reality in some child welfare agencies, given budget constraints, so the overall findings may provide a realistic assessment of the impact of flexible funding. On the other hand, the positive findings from the FTM and Kinship Supports program evaluations – such as fewer days in out-of-home care and more placement stability while in care – may warrant expansion of these services to more eligible children and families.

Chapter 7 Discussion and Conclusions

Over the past 22 years, Ohio operated the longest running Title IV-E Waiver Demonstration in the country, contributing to child welfare best practices throughout the state and nation. The county-administered PCSAs that volunteered to participate in the waiver, beginning with 14 PCSAs in 1997 and ending with 15 PCSAs in 2019, experimented with a wide range of initiatives designed to improve child and family outcomes in the areas of safety, permanency, and well-being.

Throughout this time, the benefits of the interventions, specifically, and waiver flexibility, generally, have appeared to precipitate positive outcomes for children and families. While the waiver activities and study findings have shifted over the course of Ohio's four waiver periods, the cumulative findings suggest that both flexible funding and family engagement strategies are beneficial for child welfare-involved children and families.

Below, we offer some concluding thoughts on Ohio's IV-E Waiver Demonstration – its evolution, the merits of Ohio's Family Team Meeting and Kinship Supports interventions, and the impact of the demonstration overall.

7.1 Evolution of Ohio's Title IV-E Waiver Demonstration

In Ohio's first waiver period, the participating PCSAs experimented with a wide variety of initiatives, ranging from IV-E court agreements to school-based services, family group conferencing, and others. However, although PCSA administrators spoke favorably of the demonstration, citing their ability to spend IV-E funds flexibly as "spurring the spirit of innovation," the evaluation, for the most part, failed to detect significant changes in child and family outcomes as a result of the waiver demonstration (Human Services Research Institute, 2003). Moving into the second and third waiver periods, however, when the waiver PCSAs began consolidating their demonstration approaches – implementing a select set of interventions across the demonstration sites – the evaluation began detecting substantial differences in outcomes, suggesting that the interventions (rather than flexible funding) were the driving force behind the demonstration's positive effects (Human Services Research Institute, 2010; Human Services Research Institute, 2016).

These findings were consistent with cross-site evaluation studies, which found that the mere availability of flexible funds was not enough to improve child and family outcomes, and suggested that IV-E waiver demonstrations should focus more closely on the impact of specific family-centered interventions (U.S. Department of Health and Human Services [HHS], 2005; U.S. Department of Health and Human Services, 2011). In fact, when HHS invited states and tribes to apply to operate a new round of waiver demonstrations in 2012, they required applicants to place a greater emphasis on established or emerging evidence-based practices (U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2012).

To a large extent, the evaluation findings from Ohio's waiver demonstration have lent credence to this idea – that particular interventions, rather than flexible funding, generally, play the key role in improving child and family outcomes. However, as in any real-world study, findings aren't always neat.

The evidence for the benefits of interventions – in particular Ohio’s FTM and Kinship Supports interventions – is fairly strong. The shift in outcome findings between the first and second waiver period, when participating PCSAs shifted from implementing a wide variety of initiatives to a shared set of interventions, strongly suggested that implementing common interventions generated the positive outcome findings. Findings from Ohio’s third waiver period furthered this assumption – the intervention-specific outcome studies found substantial differences in outcomes between children and families receiving the interventions and matched children in comparison counties not receiving the interventions. At the same time, Ohio’s third waiver period Flexible Funding Outcome Study, which examined the impact of the waiver on all children and families regardless of receipt of the interventions, failed to detect significant differences between study groups – again suggesting the interventions, rather than flexible funding, were the key to generating positive outcomes (Human Services Research Institute, 2016).^{37,38}

However, the Waiver Flexible Funding Outcome Study presented in this report – which spans Ohio’s third and fourth waiver period – did find a significant difference between study groups. Children and families served under the waiver, regardless of receipt of FTM or Kinship Supports, were less likely to be placed into out-of-home care than matched children served by comparison PCSAs, while maintaining similar safety rates. This finding is particularly critical, given the widespread belief among child welfare administrators that keeping families together, while keeping children safe, is best for children and families. And, because this finding was not limited to children and families that received either the FTM or Kinship Supports intervention, it appears that the ability for waiver PCSAs to spend IV-E funds flexibly may have played a role in this favorable outcome finding.

The belief that flexible funding is critical to serving child welfare-involved families has long been maintained by Ohio waiver administrators, who have touted its benefits throughout each waiver period. Flexible funding, according to waiver staff, has allowed PCSAs to provide individualized services to children and families – primarily in the form of financial assistance and material supports they would have otherwise been unable to provide without flexible funding. In addition, several PCSAs have strengthened partnerships with local child and family-serving organizations, using their flexible IV-E funds to develop joint funding mechanisms and wrap services around local families. In addition, both state and county stakeholders have suggested the waiver, as a whole, has improved community perceptions of PCSAs. In fact, several waiver demonstration directors noted their community’s continued support for their PCSA, including the community’s willingness to fund PCSAs through local levies, is at least in part due to the positive impact the waiver has had on the agency’s image.

Overall, ProtectOHIO continues to be seen by demonstration county administrators as a vital funding source and impetus for creativity and partnerships. The ability to use IV-E funds flexibly to provide family-centered supports – both through and outside of the FTM and Kinship Supports interventions – appears to have generated positive outcomes for children and families. While the interventions, specifically, may have played the biggest role in generating the positive outcomes demonstrated

³⁷ As a reminder, several large counties sampled children and families into the interventions, or only implemented interventions in a particular county region, meaning intervention-specific study groups were substantially different than the full group of children and families served under the waiver demonstration.

³⁸ The Flexible Funding Outcome Study presented in Ohio’s third waiver period evaluation report were presented in two separate chapters: the Overall Waiver Impact Placement Outcomes Study and the Overall Waiver Impact Trajectory Study.

throughout Ohio’s waiver period, the ability to use IV-E funds flexibly likely also factored into the evaluation’s findings.

Of course, the two cannot be conceptualized completely independently of one another. The flexible IV-E funds that waiver PCSAs received as part of the demonstration were used to implement the two waiver interventions – FTM and Kinship Supports. And the interventions themselves also likely played a role in the improved community perceptions of PCSAs – one kinship coordinator noted, “The communitywide impression of Children Services seems to have improved since implementation of Kinship [Supports]. Every time we go out to the homes to work with kinship families, we are advocating for them.”

Ultimately both FTM and Kinship Supports appear to have been central to the success of Ohio’s waiver, in addition to PCSAs’ ability to spend IV-E funds flexibly. PCSA directors described cultural shifts as a result of each intervention, and the child and family-level benefits are evident from the evaluation’s outcome studies. However, before drawing firm conclusions about either FTM or Kinship Supports, it’s important to consider the implications of each intervention’s findings within the larger context of family engagement strategies that have emerged over the past several decades.

7.2 ProtectOHIO Family Team Meeting Intervention

The ProtectOHIO FTM intervention is just one of many family meeting models currently being implemented across the nation and the world. While details of the various models may vary, they each share common principles: that families know their members best and are experts on their children, that children are usually best cared for when within their family and extended kin network, and that extended families can help repair damage (Olson, 2009).

The first family meeting model, Family Group Conferencing, emerged in New Zealand in 1989, which then spread to Europe and North America and became known as Family Group Decision-Making (Veneski, 2008). By 2003, more than 35 states and 20 countries had implemented some sort of family-centered child welfare meeting model (Merkel-Holguin, Nixon, & Buford, 2003), including, but not limited to:

- Family Group Decision-Making (FGDM)
- Family Group Conferencing (FGC)
- Concurrent Planning Meetings (CPM)
- Placement Team Meeting (PTM)
- Team Decision-Making Meetings (TDM)
- Family and Safety Resource Team Meetings (FSRT)
- Family Unity Meetings (FUM)
- Family Team Meetings (FTM)
- Permanency Conferences
- Circles of Supports

In most of these and other family meeting models, a meeting is held early on in a family’s involvement with child protective services to provide a forum for family members to work together to identify needs

and potential solutions to support the safety, permanency, and well-being of their children. “Family” is typically interpreted broadly to include relatives, friends, neighbors, and others identified as potential sources of support. Typically, an independent (i.e., non-case-carrying) coordinator or facilitator is responsible for convening and leading meetings, which include family, family supports, and agency personnel. While a few models include meetings that are led by caseworkers or other case-carrying child protective staff, and models vary with regard to the number of meetings typically held per family (e.g., regularly throughout the case, only at critical events, etc.), the general premise remains relatively stable across most meeting models: that the state has the responsibility to support families, and that parents, together with family supports, should play an integral and early role in the development of their own case plans.

For the most part, researchers examining the effects of family meeting models have found evidence to suggest they promote positive child and family outcomes; many studies examining outcomes for children and families receiving these interventions found favorable effects (Table 7.1). However, as evidenced in the table below, findings relating to several outcomes of interest have been mixed across studies. For instance, while four studies found that family meetings decreased the likelihood of a child being placed into out-of-home care, two others found no effect on the likelihood of placement. Similarly, while three studies found that family meetings increased time to permanency, four others found no effect. Of potential concern, one study found an association between family meetings and higher rates of subsequent abuse or neglect. However, it’s worth noting that these researchers indicated that most reports were made by family members, who may have become familiar with and less fearful of the child welfare system because of the family-centered meeting, and, therefore, more likely to report any subsequent abuse or neglect.

Table 7.1 illustrates outcome findings across a range of research studies on family-meeting models: green shades indicate favorable outcome findings; blue shades indicate neutral outcome findings; and orange shades indicate unfavorable outcomes findings.

Table 7.1 Family Meeting Models: A Research Review

Outcome of Interest	Associated Research Findings
Lower likelihood of placement	<ul style="list-style-type: none"> • Merkel-Holguin et al. (2003) • Baumann et al. (2005) • American Humane (2003) • Lambert et al. (2017)
No effect on likelihood of placement	<ul style="list-style-type: none"> • Miller (2011) • Hollingshead et al. (2017)
If placed, higher likelihood of placement with kin	<ul style="list-style-type: none"> • Merkel-Holguin et al. (2003) • Baumann et al. (2005) • Crampton & Jackson, (2007) • American Humane (2003) • Pennell et al. (2010)
Increased placement stability	<ul style="list-style-type: none"> • Merkel-Holguin et al. (2003) • Baumann et al. (2005) • American Humane (2003)
No effect on placement stability	<ul style="list-style-type: none"> • Berzin et al. (2007)
Fewer days in out-of-home care	<ul style="list-style-type: none"> • Sheets et al. (2009) • Miller (2011) • Pennell et al. (2010)
No effect on days in out-of-home care	<ul style="list-style-type: none"> • Miller (2011) • Wang et al. (2012) • Weisz et al. (2006)
More days in out-of-home care	<ul style="list-style-type: none"> • Sundell & Vinnerljung (2004)
Increased exits to desired permanent placements	<ul style="list-style-type: none"> • Sheets et al. (2009) • Pennell et al (2010) • Wang et al. (2012) • Weisz et al. (2006) • Berzin (2006) • Berzin et al. (2007) • Weigensberg et al. (2009)
Lower rates of recurrence (i.e., subsequent substantiated reports of abuse/neglect)	<ul style="list-style-type: none"> • Titcomb & LeCroy (2005) • Pennell & Burford (2000) • Crampton & Jackson (2007) • Miller (2011)
No effect on recurrence (i.e., subsequent substantiated reports of abuse/neglect)	<ul style="list-style-type: none"> • Berzin et al. (2007) • Hollingshead et al. (2017)
Higher rates of recurrence (i.e., subsequent substantiated reports of abuse/neglect)	<ul style="list-style-type: none"> • Sundell & Vinnerljung (2004)

As illustrated in the table, family meeting models, generally, appear to promote positive child and family outcomes, and findings related to Ohio’s FTM intervention further extend this evidence base. When all

participating waiver PCSAs began implementing a common FTM model in the second waiver period, the outcome study results suggested that FTM was likely responsible for the stark differences in outcomes between demonstration and comparison groups.

The third and fourth waiver period outcome studies furthered this evidence-base: the FTM intervention appeared to have positive effects on the rate at which families moved through the child welfare system (i.e., reaching permanency in significantly fewer days), and children whose families received the intervention experienced greater placement stability and were significantly more likely to reunify with their parents if placed into out-of-home care.

These findings are particularly notable given the context in which the third and fourth waiver periods took place. Evaluation findings from Ohio's earlier waiver periods, noting the benefits of Ohio's FTM model, spread quickly throughout the state. And although Ohio operates a county-administered child welfare system, directors and other leadership often move from county to county, in some cases transferring from demonstration to comparison sites and developing similar family meeting models that comparison families benefited from. In fact, by Ohio's third and fourth waiver periods, all comparison counties but one were implementing some type of family meeting model, some of which were very similar to the ProtectOHIO FTM intervention.

Findings from Ohio's FTM intervention outcome studies, and other related family meeting models, clearly indicate the benefits of engaging families early and often when they become involved in Child Protective Services. In the future, the field of child welfare may benefit from additional, cross-intervention studies exploring the effectiveness of particular components of family meeting models, which may vary depending on the background characteristics or risk factors of particular families. By further analyzing the effect of each intervention – or components of them – researchers and child welfare practitioners may be able to develop a new and even more effective model to serve child welfare-involved families and improve the safety, permanency, and well-being of children and families.

7.3 ProtectOHIO Kinship Supports Intervention

Prior to the development and implementation of Ohio's Kinship Supports intervention, there was already a growing movement toward recognizing the benefits of kinship care. The practice of relatives or close family friends caring for others' children has deep historical roots among many cultural and ethnic communities, and child welfare kinship policy and practice has, over time, evolved to support this tradition.

Throughout much of the 1900s, when child welfare agencies found it necessary to remove children from their parents' homes due to abuse or neglect, they placed them in the homes of foster parents who had no prior relationship to the family. However, the Adoption Assistance and Child Welfare Act of 1980 mandated that when placing children in foster care, states should find the "least restrictive, most family-like setting available located in close proximity to the parent's home, consistent with the best interests and special needs of the child" (H.R. 3434 Adoption Assistance and Child Welfare Act of 1980, 96th Congress, 1979-1980). Many states interpreted this Act as an unstated preference for the use of kin as foster caregivers and began placing more children with kin when out-of-home care was necessary (U.S.

Department of Health and Human Services Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2000).

However, while the use of kin care has grown substantially since this Act was passed, states varied – and still do vary – in the extent to which kin are licensed as foster parents and/or receive financial compensation and other supports, despite often being in greater need of those types of supports (Sakai, Lin, & Flores, 2012; Wallace & Lee, 2013; Webster, Barth, & Needell, 2000). The Fostering Connections to Success and Increasing Adoptions Act of 2008 offered some improvements in the form of federal support for kinship care, including the option for states to operate Title IV-E Guardianship Assistance Programs (GAP) and the establishment of grants to fund a limited number of Kinship Navigator programs; however, the use of and support offered to kinship caregivers continues to vary across public child welfare agencies in the nation.

Within Ohio, however, there has been a long history of support for kinship caregivers. In 1999, the Ohio Department of Job and Family Services established Kinship Navigator Programs in each of Ohio's 88 counties, which focused on providing kin caregivers with information and referrals and assistance with accessing benefits. However, a reduction in available funding in 2006 resulted in many counties eliminating or reducing their programs, and only a handful of counties were able to maintain some level of support for kin caregivers, in part due to their participation in Ohio's Title IV-E Waiver Demonstration. In 2009, Ohio applied for and was awarded one of the aforementioned Fostering Connections Kinship Navigator grants, which reestablished Kinship Navigator Programs in seven Ohio counties, some of which evolved into the ProtectOHIO Kinship Supports intervention once the grant funding ended in 2012. And, in addition to these programs, Ohio has also established a wide array of services and supports designed to support kin, including Kinship Permanency Incentive funding, and various local programs and supports, including designated kinship support staff housed within many local PCSAs – both within and outside of the waiver demonstration sites. Loosely linking all of these efforts is the Ohio Grandparent/Kinship Coalition, composed of kinship caregivers and kinship caregiver advocates and agencies throughout the state.

It is within this context that the KSI outcome findings are so encouraging – despite the wide array of supports that were available to kin families within the comparison group, two outcome measures resulted in statistically significant findings: children whose caregivers received the KSI experienced significantly greater placement stability and reached permanency in significantly fewer days than matched children served by comparison PCSAs. These findings were recognized on a national level when the California Evidence-Based Clearinghouse (CEBC) rated the ProtectOHIO Kinship Supports intervention as a promising practice.

The recognition of the intervention by the CEBC was encouraging on a national level, given the passage of the Family First Prevention Services Act in 2018. As described in Chapter 2, under this Act, states will finally be able to use IV-E funds for certain prevention services – in particular for substance use prevention and treatment services, mental health prevention and treatment services, in-home parent skills-based programs, and Kinship Navigator programs. However, only programs rated as “promising,” “supported,” or “well-supported” are eligible for funding under this Act.

While the CEBC's rating is in no way connected to the Prevention Services Clearinghouse's rating process, they each hold programs to similar standards – studies must use quasi-experimental or

randomized control trial designs, outcome measures must be valid and reliable, and studies must find superior outcomes for children or families receiving the program as compared to an appropriate comparison group. Given the CEBC's rating of the KSI as "promising," ProtectOHIO waiver administrators were hopeful that the Prevention Services Clearinghouse would also assign the intervention a "promising" rating. However, when the Prevention Services Clearinghouse reviewed the third waiver period's KSI outcome findings, the program was not approved, citing a failure to establish baseline equivalence, despite the evaluation team's use of a matched case comparison design – recognized by many researchers, as well as the Clearinghouse, as an appropriate alternative to randomized controlled trials. It's worth noting though, that after receiving limited feedback from the Clearinghouse, we are hopeful the findings presented in this report will result in a "promising" rating – this study used a slightly different matched case comparison design and also used additional measures to control for potential differences between study groups.

However, on a broader level, many child welfare administrators across the nation have concerns about the Prevention Services Clearinghouse's standards in relation to Kinship Navigator programs, generally. This is largely because Kinship Navigator programs are not inherently well situated to be rigorously evaluated. Most Kinship Navigator programs are voluntary, making comparison groups difficult to establish. Further, caregivers arrive at the programs with varying resources and needs. The services provided, therefore, differ from family to family, and caregivers also vary in the length of time they receive Kinship Navigator services, depending on their needs. Taken together, these factors make meeting Prevention Services Clearinghouse standards particularly difficult for Kinship Navigator programs. Given the relatively low risk inherent with providing Kinship Navigator services, which are typically provided on a voluntary basis and are based on clients' individualized needs, it may be appropriate to modify Clearinghouse standards specifically for Kinship Navigator programs.

Despite the mixed ratings of the KSI between the CEBC and Prevention Services Clearinghouse, there is much evidence to suggest the intervention is beneficial for children and families. In addition to the favorable outcome findings noted in this and prior reports, kinship caregivers themselves expressed deep appreciation for the assistance they've received through the KSI, noting, "This is one of the best-created programs for helping families." "Every county or city in America deserves to have a program like this or similar to this." And, "I could not have survived without the kinship program. They are there to help you help the kids. I felt 100% supported."

7.4 Impact of Ohio's Title IV-E Waiver Demonstration

Overall, the evolution of Ohio's demonstration and associated study findings captures the essence of one of the clearest messages that emerged from waiver evaluation findings over the past 22 years – that flexible funds are necessary to achieve significant improvements in child and family outcomes, and that a clear focus on using those funds for specific prevention and reunification efforts is also required.

Since the waiver PCSAs first began operating a Title IV-E Waiver Demonstration in 1997, child welfare practice has undergone a complete transformation. This is perhaps best articulated by a PCSA administrator who described the shifts he'd seen: "Before the waiver, with traditional IV-E, the agency was heavy backdoor – group homes, placements, foster homes – and it's just been flipped. Now it's more service oriented... You keep the kids in the home, which reduces the number of kids you have in

placement. The waiver flexibility allows new things today that we wouldn't be able to do through traditional IV-E reimbursement." Other waiver administrators echoed this sentiment, noting "The waiver allows us to utilize our people differently and more effectively in working with an entire family." "ProtectOHIO is a way to revolutionize child welfare. It gets the state out of the way so we can work with families to meet their needs and goals." And, "ProtectOHIO has fueled everything that has made this agency great – everything." Notably, those are just a few of many, many quotes from PCSA administrators touting the benefits of Ohio's waiver demonstration over the past couple of decades.

The benefits realized through implementation of Ohio's IV-E waiver demonstration are not limited to the waiver PCSAs; throughout this same time period the entire Ohio child welfare system has shifted – from a reactive to a preventative framework – which was at least in part due to Ohio's Title IV-E Waiver Demonstration. While waiver PCSA administrators have expressed concern over the expiration of Title IV-E waiver authority, the lessons learned through implementation of the waiver demonstration will greatly benefit the state, as ODJFS and the local PCSAs transition to operating under the new Family First Prevention Services framework.

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