

*Reaching Results*

AIMING FOR  
ACCOUNTABILITY:  
OHIO

COMPILED BY THE HFRP RESULTS-BASED ACCOUNTABILITY PROJECT



HARVARD FAMILY RESEARCH PROJECT

**AIMING FOR ACCOUNTABILITY:**

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**OHIO**

**Diane Schilder**

**Harvard Family Research Project  
Cambridge, MA  
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#### **HARVARD FAMILY RESEARCH PROJECT**

Founded in 1983 by Dr. Heather Weiss, the Harvard Family Research Project (HFRP) is today at the center of a national movement to promote information regarding how states and communities are developing processes to improve and redesign child and family services and policies. HFRP's pathbreaking research provides practitioners, researchers, and policymakers with timely, insightful information about effective child and family services and policies.

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OHIO**

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## INTRODUCTION

### Background

Interest in planning and implementing new systems of holding child and family services accountable for results is growing rapidly — presenting both opportunities and challenges for policymakers, practitioners, and program managers. The Results-Based Accountability (RBA) Project at the Harvard Family Research Project (HFRP) has supported and built upon recent state efforts to develop these new accountability systems for child and family services.

Recent changes in welfare — with increasing responsibility at the state and local levels — have implications for these new RBA efforts. With welfare reform, states will be challenged to provide effective and efficient services for children and families with fewer resources. States have been given increased flexibility in the administration of programs, and it seems likely that they will be held more accountable for program results. In turn, many states are giving counties increased flexibility in administering these programs and plan to hold local service agencies responsible for results.

Most states are in the early stages of planning and implementing their RBA efforts. However, given the recent devolution of welfare as well as changes in managed care, these new accountability systems appear to be here to stay. While states have many promising approaches, they are finding a need for avenues to share resources and experiences, to learn about these new systems, and to obtain information about pioneering states' efforts. HFRP's RBA reports, including this case study, are intended to help share insights and experiences in designing and implementing RBA systems.

### What is Results-Based Accountability?

Policymakers, service providers, and citizens use the term "results-based accountability" in many different ways. For some, this term refers to strategic planning with an emphasis on greater coordination of services around goals and desired results. For others, the term is used to imply a shift in responsibility from the federal to state and local levels and the corresponding reduction in regulation or "red tape" — that is, it refers to a replacement of "process regulations" (such as requiring certain credentials for foster care case workers) with a requirement for results data (such as reduced case loads). For others, the term is used to refer to data collection and reporting efforts.

At a minimum, the RBA efforts described in this report include the following four elements:

- Articulation of a vision about where the state or community would like to be;
- Development of goals and objectives;

- Public reporting of data on progress toward goals and objectives; and
- Regular use of RBA process and data.

### Description of the Series

This case study report is part of a series of reports of state RBA efforts. The series includes eight state case studies and a cross-site analysis. The reports are designed to provide information about the design and implementation of the RBA systems in these states. In addition, each case highlights the state's unique lessons learned. The points of distinction of the RBA efforts in each of the eight states in the series are summarized in Table 1 below:

**Table 1. Points of Distinction of State RBA Efforts**

State	Points of Distinction
Florida	<p>Florida's RBA efforts consist of three parts: statewide benchmarks, performance-based budgeting, and agency-level strategic planning. Several aspects of Florida's efforts are notable:</p> <ul style="list-style-type: none"> <li>• The active support and involvement by a variety of stakeholders, including the legislature and the private sector;</li> <li>• The strong focus on training and technical assistance in the state, provided by the Governor's Office of Planning and Budget and the legislatively-mandated Office of Program Policy Analysis and Government Accountability; and</li> <li>• The target budget approach used in the Florida Department of Children and Families, which identifies specific outcomes for the different populations the department serves.</li> </ul>
Georgia	<p>Georgia's RBA efforts include three parts: benchmarks for children and families, agency performance budgeting, and decentralization of some social services to the local level in exchange for a focus on results. In addition, the following characteristics distinguish the RBA efforts in Georgia:</p> <ul style="list-style-type: none"> <li>• The top-down and bottom-up approach to RBA, which focuses a variety of stakeholders on results;</li> <li>• The early support by foundations to enable an emphasis on meaningful, people-level results;</li> <li>• The climate of change that supports risk-taking and innovation; and</li> <li>• The establishment of mechanisms to address concerns about locally-determined strategies and accountability as well as statewide oversight.</li> </ul>
Iowa	<p>Iowa's RBA efforts consist of statewide measures, agency performance measures, and local-level measures. In addition, the following characteristics distinguish the Iowa case:</p> <ul style="list-style-type: none"> <li>• The use of public opinion polling, which has provided valuable citizen input;</li> <li>• The use of focus groups to enhance the RBA research process; and</li> <li>• Enterprise-wide strategic planning, which provides a framework for collaborative efforts among agencies to achieve common cross-site goals.</li> </ul>

State	Points of Distinction
Minnesota	<p>Minnesota's RBA efforts consist of statewide measures, child and family measures, agency performance measures, and local performance measures. The following characteristics also distinguish Minnesota:</p> <ul style="list-style-type: none"> <li>• The existence of multiple RBA efforts with differing origins and emphases, including the Executive Branch Minnesota Milestones, which focus on population-level goals and the legislature's performance accountability for state agencies;</li> <li>• The emphasis on "home grown" services, which leads to grassroots articulation and reporting of results data rather than a centralized RBA approach; and</li> <li>• The refinement of the Milestones and agency performance measures to build on lessons learned and to update the measures to reflect new priorities of the state's citizens.</li> </ul>
North Carolina	<p>North Carolina's RBA efforts consist of state agency performance budgeting, and a child and family initiative that focuses on results. In addition, the following characteristics in North Carolina are of note:</p> <ul style="list-style-type: none"> <li>• The role of the budget and planning offices in training, collecting, and analyzing performance budget data;</li> <li>• The political context in which the child and family initiative has been implemented and the way in which data have been used to expand this initiative; and</li> <li>• The quasi-experimental evaluation design used to measure the success of the child and family services initiative.</li> </ul>
Ohio	<p>Ohio's RBA efforts consist of a statewide framework for child and family services, decentralization of social services to the local level in exchange for a focus on results, and a state block grant and a new program that focus child and family services on results. In addition, the following elements in Ohio are noteworthy:</p> <ul style="list-style-type: none"> <li>• The strong commitment of the governor in supporting results-oriented child and family services;</li> <li>• Comprehensive planning efforts designed to streamline government services by focusing on results;</li> <li>• The greater flexibility given to county Councils in exchange for accountability that focuses on results; and</li> <li>• The messages from the state to the counties regarding state expectations to focus on results.</li> </ul>

State	Points of Distinction
Oregon	<p>Oregon's RBA efforts consist of a statewide framework for results, agency performance measures, and local measures. In addition, the following characteristics distinguish the efforts in Oregon:</p> <ul style="list-style-type: none"> <li>• The way in which Oregon has relied on champions as a critical element for success. Leaders in key places — the executive branch, legislature, and private sector — have all been key to the penetration of the concept of the Oregon Benchmarks;</li> <li>• The power of well-trained, highly qualified staff at all levels, which has been critical in designing the RBA effort;</li> <li>• The requirement that the benchmarks and strategic plans be revisited on a regular basis;</li> <li>• Citizen involvement as an element in the success of the RBA effort; and</li> <li>• The continuity of support for RBA efforts at all levels of involvement.</li> </ul>
Vermont	<p>Vermont's RBA efforts consist of a framework for child and family outcomes, a Department of Education (DOE) outcomes framework, and measures produced by the Agency of Human Services and the DOE. In addition, the following characteristics are significant:</p> <ul style="list-style-type: none"> <li>• The importance of establishing relationships and knowing key actors in the design and implementation of the effort;</li> <li>• The small size of the state, which creates relative ease in involving all stakeholders in the efforts; and</li> <li>• The importance of foundation funding and technical assistance in establishing the RBA framework and allowing the state to be creative in using resources to implement RBA.</li> </ul>

**Audience**

This case study report is part of our larger effort to disseminate information about RBA initiatives in states. The report is targeted to those responsible for designing and implementing RBA efforts for child and family services. As such, the cases include details about the history, design, implementation, and uses of each effort that could assist in designing and implementing similar efforts.

**Format**

*Overview of Ohio*

The report begins with a brief overview that summarizes the key points in the case study.

*Ohio Context*

A section of sociodemographic information and information about the state's governance structure directs the reader to unique qualities of the state that have helped to influence its RBA work. In addition, a description of the history and state/local culture provides details about the environment.

### ***Timeline***

The report includes a timeline of the most critical events in the design and implementation of the RBA efforts.

### ***Terms and Concepts***

A list of the key terms and concepts used in the state is included. Currently no standard set of definitions of RBA terms exists. States use similar terms for different concepts, and different terms for similar concepts. Additionally, we provide a list of acronyms specific to each state's RBA efforts.

### ***Description of Each of Ohio's RBA Efforts***

Each separate RBA effort is described in detail in the case study. Each of these separate efforts is described in bold and begins a new chapter. Each section begins with a description of the history and impetus of the effort, including a description of those who initially sponsored the effort (such as the governor, legislature, or agency). We also describe the legal mechanism behind the effort (such as Executive Order, legislative mandate, etc.). In addition, the early champions and actors involved in each effort and the funding sources and resources that support the effort are noted. We also describe the governance and coordination between this effort and any others that may be in existence in the state.

The design and implementation of each effort are also described in detail. We include information about the planning of the effort (including a description of strategic planning efforts); the selection of goals, indicators, and targets; the collection of data; and the ways in which stakeholders were involved. In addition, we describe the state "infrastructure" that supports the effort, such as staff, computer resources, and training. Finally, where applicable, we describe the way in which program evaluation — specifically outcome evaluation efforts — links to the RBA effort.

Each section also includes information about how each effort is being used. The uses include planning, citizen engagement, programming, budgeting and contracting, and communication. In certain instances, the uses have yet to be determined.

### ***Key Contacts***

A list of key contacts familiar with different aspects of the effort is provided. This list is included in order to direct the reader to the experts who are most knowledgeable about many of the details of this report.

### ***Objectives, Scope, and Methodology***

This section explains in detail the objectives of the study, the methodology used, and the range of states included in the series.



## OVERVIEW OF OHIO

### Unique Features of Ohio's RBA Efforts

Ohio provides a useful example of a relatively large, diverse state which has sought to develop an RBA framework for child and family services. Ohio's experiences in consolidating state planning requirements in order to focus agencies on results is particularly informative to states with county-administered social services. Also of note is Ohio's experience in developing a framework that balances local authority and control with state technical assistance and guidance.

Several aspects of Ohio's efforts are notable:

- The strong commitment of the governor in supporting results-oriented child and family services;
- The comprehensive planning efforts designed to streamline government services by focusing on results;
- The greater flexibility given to county councils for increased accountability that focuses on results; and
- The state consistently giving counties the message that focusing on results is an important goal.

### Summary of Ohio's RBA Efforts

*Ohio Family and Children First:* The Ohio Family and Children First (OFCF) initiative serves as a multiagency "umbrella" to focus state and local service agencies on achieving better results for children and families. The initiative consists of multiple public and privately funded activities that are aimed at improving the school readiness of Ohio's children. The OFCF initiative supports improved services and outcomes for young children and families through the creation of two innovative governance structures:

- A state Cabinet-level Coordinating Council, designed to restructure the education and social systems to focus on results; and
- County-level councils, called Family and Children First Councils (FCF), whose work informs the state's financing, organization, and delivery of children's services, and who coordinate many programs at the county level. The councils are now being given regulatory and funding flexibility in exchange for increased accountability.

While the OFCF initiative guides many of the state's RBA efforts for children and families, three new child and family initiatives have a strong focus on exchanging rules for results. These are the Early Start program, the Ohio Wellness Block Grant, and the Family Stability Incentive Fund.

*Early Start:* Like the OFCF, the primary goal of the Early Start effort is to improve the school readiness of Ohio's children by providing an integrated system of services and supports at the county level. It targets children birth to age three whose environment, family, or health circumstances place them at risk, but who do not qualify for other programs. Administered by the Department of Health in collaboration with the OFCF, the program is operated by county councils at the local level. Currently, 33 counties are participating in Early Start. Central to the Early Start initiative is an evaluation component designed to examine both short- and long-term outcomes. Consistent with Ohio's commitment to establishing a comprehensive results-based plan, Early Start was designed to include performance measures.

*Ohio Wellness Block Grant:* Another new effort that focuses on improving results for Ohio's children is the Ohio Wellness Block Grant (WBG). This block grant provides flexible funds to community-based organizations to focus on family-focused, supportive, informational, educational, and health activities to improve the well-being of families and children. County FCF Councils are allowed to spend WBG dollars on three types of activities: community awareness, health, and education. The original legislation creating the WBG specified that funds were to be spent on prevention. The legislation requires that grant recipients report progress toward reaching their prevention goals. Many believe that the success of the WBG effort lies in the flexibility granted to counties in choosing their own interim indicators of progress. This has enabled counties to experiment with various service strategies and find one that best meets the needs of the community.

*The Family Stability Incentive Fund:* The Family Stability Incentive Fund is a new pilot project developed by the OFCF initiative, with the desired outcome of reducing the number of children and adolescents removed unnecessarily from their homes. In return for the successful reduction of out-of-home placement, county councils gain access to Incentive Fund dollars. County councils are granted flexibility in using the Funds for family preservation and support services. The design for the Family Stability Incentive Fund was sparked by research that indicated the importance of coordinated, integrated services in the prevention of unnecessary out-of-home placements. Building on the lessons learned from the 17 pilot counties, OFCF encourages grantees to recognize each county's local context and to tailor their services to the resources at hand. Additionally, OFCF has encouraged new grantees to build on existing collaborative relationships in the community.

While Ohio's RBA efforts are relatively new, the state's experience provides important lessons for states beginning to design and implement RBA systems. Ohio has developed RBA efforts that build on existing relationships and the support of the governor to gain support for the shift from a rule-orientation to an orientation that focuses instead on improving outcomes for children and families.

## OHIO BACKGROUND INFORMATION

### **Sociodemographic and Economic Status<sup>1</sup>**

In 1995, Ohio had a population of 11.1 million. Approximately 87 percent of its residents were Caucasian; 11 percent were African-American, with approximately two percent representing Asian and Hispanic cultures. Based on 1990 census data, only 2 percent of Ohio's residents were immigrants; 74 percent of Ohio's residents were Ohio-born. Twenty-five percent of Ohio's residents were under the age of 18, which was slightly lower than the national average of 26.2 percent.

In 1995, Ohio's per capita income was \$22,514; the median income of families with children was \$38,500. Twelve percent of all residents, and 19 percent of all Ohio's children under the age of 18 lived in poverty. The unemployment rate in Ohio was 5.0 percent, which was close to the U.S. rate of 5.3 percent, ranking Ohio 19<sup>th</sup> in statewide unemployment in 1995.

### **Political Context for Children and Families<sup>2</sup>**

Ohio's governor, George V. Voinovich (R), began his second and last consecutive term in 1995. Ohio has a predominantly Republican legislature; the Republican party, which has controlled the Senate for a number of years, currently controls both the House and Senate. Ohio's legislature is considered to be full-time/professional;<sup>3</sup> it is the only state in this case study series to have a legislature that will be in session for the full year in 1998. Both the House and Senate have term limits of four terms and two terms, respectively, but term limits do not take effect until the year 2000.

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<sup>1</sup> Information for this section was obtained from the following sources: Morgan, K.O., and Morgan, S. (1997). *State rankings, 1997: A statistical overview of the 50 United States*. Lawrence, KS: Morgan Quinto Press. U.S. Bureau of the Census, *Current population survey and state poverty rates*, online at [www.census.gov](http://www.census.gov). Washington, DC: Author. U.S. Department of Labor, Bureau of Labor Statistics. *Statistical abstract of the United States, 1996 (116th Edition)*. Washington, DC: Bureau of the Census, U.S. Department of Commerce, Economics and Statistics Administration. Annie E. Casey Foundation (1997) *KIDS COUNT data book: State profiles of child well-being*. Baltimore, MD: Author. Most data are from 1995. Data from the *KIDS COUNT data book* reflect the condition of children and families in 1994.

<sup>2</sup> Information for this section was obtained from multiple sources: The Council of State Government (1997). *The book of states, 1996-1997*. Lexington, KY: Author. U.S. Term Limits, online at [www.termlimits.org](http://www.termlimits.org). Interviews with members of state, county, and local officials.

<sup>3</sup> Defined by Karl Kurtz, as having a large staff with relatively high pay, and stable membership. See Kurtz, K. (1992). *Understanding the diversity of American state legislatures, extension of remarks*. (June 1992).

In Ohio, traditional welfare services (Title XX, JOBS, Medicaid eligibility, TANF) are all within the realm of county government; however, the administration of child and family programs such as family support and foster care varies from county to county.

Ohio ranks 25<sup>th</sup> based on a composite ranking of indicators of child well-being.<sup>4</sup> Table 2, a selected listing of the child risk factors, illustrates this rating.

**Table 2. Child Risk Factors**

Rating	Year	State	U.S.
% of two-year olds who were immunized	1995	77%	75%
% of children in extreme poverty (below 50% FPL)	1994	10%	9%
% of 4 <sup>th</sup> grade students who scored below basic reading level	1994	NA	41%
% of 4 <sup>th</sup> grade students who scored below basic math level	1996	NA	38%
% of low birth-weight babies	1994	7.5%	7.3%
% of teen birth rate (births per 1,000 females ages 15-17)	1994	34%	38%

### Local Culture<sup>5</sup>

In 1850, Ohio was ranked first in the nation for agricultural production. Today, two-thirds of Ohio is still farmland, yet only six percent of the population is involved with agriculture. Manufacturing employs nearly one-quarter of the labor force and is the highest employment sector in the state. The high rate of industrialization in recent years has caused both environmental and social problems for Ohio. Ohio's cities have expanded rapidly; its urban population is four times that of its rural population, thus exacerbating the social problems caused by rapid industrialization. Despite its predominantly Republican legislature, Ohio is considered a two-party state. The Republican Party, formed out of the anti-slavery movement, was born in Ohio. More recently, the Democratic Party has been successful, especially in the House.

<sup>4</sup> Annie E. Casey Foundation (1997). *KIDS COUNT data book: State profiles of child well-being*. Baltimore: MD: Author. The Data Book is a project sponsored by the Annie E. Casey Foundation to produce national and state-by-state data on the status of children in the United States including data on the educational, social, economic, and physical well-being of children.

<sup>5</sup> Information for this section was compiled from various sources: Elazar, D.J. (1984). *American federalism: A view from the states* (3rd ed.). New York, NY: Crowell; Encyclopaedia Britannica Online, <http://www.eb.com>; and key informant interviews.

## TIMELINE

- 1992 • Governor George V. Voinovich creates the Ohio Family and Children First initiative through Executive Order
- 1993 • 13 of 88 counties pilot county Family Children First Councils
- 1994 • General Assembly passes HB 298, codifying the Ohio Family and Children First initiative
- 1995 • Family Advisory Council created to provide input into the Ohio Family and Children First initiative
- 1996 • Action Team established to design and implement RBA efforts and comprehensive strategic planning
- Regional Teams established to provide technical assistance to county Family and Children First Councils
- Early Start, designed to improve outcomes for children ages birth to three, launched under the umbrella of Family and Children First initiative
- 1997 • Wellness Block Grants awarded to each county with a Family and Children First Council to reduce teen pregnancy and child abuse and neglect

## TERMS AND CONCEPTS

Currently no standard set of definitions of RBA terms exists. States use similar terms for different concepts, and different terms for similar concepts. Table 3 describes the terms and concepts used by Ohio. Table 4 summarizes the acronyms used in this report.

**Table 3. Key Concepts**

<p><i>Goal:</i> Desired long-term condition of well-being for children, families, or communities</p> <p><i>Objective:</i> Desired short-term condition needed to achieve long-term condition of well-being for children, families, or communities</p> <p><i>Indicator:</i> Quantifiable measure of progress toward objectives and goals</p>
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**Table 4. Key Acronyms**

<b>FCF:</b>	Family and Children First (generally used in reference to county councils)
<b>OBM:</b>	Office of Budget and Management
<b>OFCF:</b>	Ohio Family and Children First (used to refer to the state cabinet council and the state initiative)
<b>RBA:</b>	Results-Based Accountability
<b>WBG:</b>	Wellness Block Grant

## OHIO FAMILY AND CHILDREN FIRST FOCUSES ON RESULTS

The Ohio Family and Children First (OFCF) initiative serves as a multiagency "umbrella" to focus state and local service agencies on achieving better results for children and families. The initiative consists of multiple public and privately funded activities that are aimed at improving the school readiness of Ohio's children.

### History of Ohio Family and Children First

#### *Governor's Commitment to Children and Families Led to OFCF*

Governor Voinovich created the OFCF initiative in 1992, in response to the National Education Goal One, which states that every child in America will enter school ready to learn.<sup>6,7</sup> Although the initiative is housed in the governor's office, most of the child and family programs with which OFCF works are funded through separate agencies.<sup>8</sup> Thus, the initiative consists of the state and county councils, which serve as the umbrellas over programs designed to improve school readiness. Such programs include: Head Start, School Readiness Resource Centers, Seniors in Schools, Family Stability Incentive Fund, "Help Me Grow Helpline," immunizations, alcohol and drug abuse prevention programs, Medicaid and Healthy Start, Child Care, welfare reform, Child Protective Services, adoption services, Ohio Early Start, and the Wellness Block Grant (WBG).<sup>9</sup> While many of these programs were in existence prior to the creation of the OFCF initiative, OFCF is designed to focus these programs on working together to achieve better outcomes for children and families.

The OFCF Cabinet Council, composed of the directors of seven departments related to children and families, and the budget office, oversees the OFCF initiative. The OFCF Cabinet Council is chaired by the governor and includes the directors of the Departments of Alcohol and Drug Addiction Services; Budget and Management; Health; Human Services; Mental Health; Mental Retardation and Developmental Disabilities; and Youth Services as well as the State

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<sup>6</sup> The National Education Goals were articulated in 1989 by the nation's governors and President Bush, and were later adopted by the U.S. Congress. The first of these goals is that by the year 2000, every child will be ready for school. See National Education Goals Panel. (1994). *Data volume for the National Education Goals report, 1994, 2: State data*. Washington, DC: Author.

<sup>7</sup> Ohio Family and Children First was initially created through Executive Order in 1992; The Ohio General Assembly codified the initiative as HB 298 in the Biennial Budget for State Fiscal Years 1994 and 1995.

<sup>8</sup> An example is the administrative agent for the Wellness Block Grant is the Children's Trust Fund, housed within the Department of Human Services, which oversees the disbursement of funds.

<sup>9</sup> Two of these programs, Early Start and the Wellness Block Grant, are relatively new programs that give flexibility in exchange for a focus on results. They are discussed in more detail in later sections of this report.

Superintendent of Public Instruction.<sup>10</sup> Since the directors have different perspectives regarding state priorities, the council has been an important body in coordinating the views and work of the different agencies. Director involvement has been critical for efforts within the agencies that are aligned with the initiative.

*Previous Efforts to Eliminate Duplication Led to OFCF Strategic Planning Efforts*

The OFCF promotes strategic planning at the county level that is designed to encourage counties to identify duplication and barriers to achieving results. In 1995, a state Early Childhood Coordination Committee of the OFCF Cabinet Council began examining ways to consolidate county requirements for separate early childhood plans. Based on the work of this group, the OFCF Cabinet Council recognized that numerous existing state planning requirements were potentially promoting fragmentation rather than coordination among county providers. Therefore, the OFCF Cabinet Council conducted a survey of state agencies to determine state and federal planning requirements that could be consolidated. The survey confirmed that county public agencies were required to submit multiple plans to fulfill federal and state requirements. Based on the results of this survey, the state began to encourage counties to engage in comprehensive planning — that is, to develop a single vision of child and family outcomes and to articulate a plan of how to achieve these outcomes at the county level. In many cases, these comprehensive plans have replaced the requirements for multiple separate plans.

*County Family and Children First Councils Built on Previous Reform Effort*

The county Family and Children First (FCF) Councils initially began as pilot programs in 13 counties in the state, designed to determine whether local entities could effectively work to coordinate services and improve results for children and families.<sup>11</sup> Since counties in Ohio administer social services, the OFCF Cabinet Council recognized the importance of developing similar councils at the county level. The 13 counties were successful in implementing the FCF structure, and, based on these results, all 88 counties have now voluntarily created county councils. Many of the county councils have built on a previous systems reform effort called the Children's Cluster.

The Cluster was created in the 1980s by former Governor Richard Celeste as a mechanism to encourage local service providers to work together on services for multi-problem children. The Cluster concept was encouraged because of the belief that it would be more cost efficient and effective to coordinate services for children who were being seen by multiple service agencies. As one informant noted, the Cluster provided the incentive for local service providers to "come around the table and discuss the children who were the most frustrating — the children who needed many services and those who were expensive to serve. These kids were bankrupting the

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<sup>10</sup> All of the directors of the departments in Ohio are appointed by the governor except the Superintendent of Schools, who is appointed by the state Board of Education.

<sup>11</sup> In 1992, many counties that were not selected for the pilot decided to go forward in voluntarily creating their own county FCF Councils.

system or had problems that couldn't easily be solved." In some counties the Cluster still exists as a separate body, while in others, the county Cluster and county council are the same body. Regardless, numerous sources indicated that the Cluster experience provided local providers with a model of working together toward a common goal.

Counties used the Cluster concept to develop mechanisms to coordinate services for multi-problem children. For example, providers representing a range of services (such as the schools, juvenile detention, foster care, etc.) meet on a regular basis to discuss children who are being seen by multiple providers. In addition, in some counties the service providers "pool" funding to develop an appropriate mix of care that might not be provided by any single service provider.

*Lesson Learned: Relationships and Trust Key to Implementation of County FCF Councils*

The relationships and trust that were established during implementation of the Cluster were important for the early implementation of the county FCF Councils. Numerous sources noted that trust was essential to the successful establishment of these new entities in which providers shared. Having formed relationships through working together on the Cluster, many sources found little resistance from participants and few "turf battles" in negotiating the relationships among participants on the county FCF Councils.

### **Process of Identifying Goals and Indicators**

*Cabinet Council Provides Direction in Focusing OFCF on School Readiness Goal*

The OFCF Cabinet Council, which oversees the initiative, has chosen three objectives to measure progress toward the goal of improving school readiness. The Cabinet Council selected the objectives based on forums of citizens and providers held around the state. These forums were hosted by United Way of Ohio. The objectives are identical to National Education Goal One objectives:<sup>12</sup>

- Improve infant and child health;
- Increase access to high quality preschool and child care programs for Ohio's children; and
- Increase family stability.

The Council has also developed targets to measure progress toward achieving these objectives. For example, for the objective of improving infant and child health, a measure is:

*By June 1999, the number of low-income pregnant women entering medical care during the first trimester of pregnancy will increase to 85 percent of those eligible for Medicaid*

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<sup>12</sup> National Education Goal One Objectives relate to readiness to learn. For a complete list see National Education Goals Panel. (1994). *Data volume for the National Education Goals report, 1994, 2: State data*. Washington, DC: Author.

*from the current 75 percent level and will be maintained at 66 percent or above of low-income women utilizing Maternal and Child Health Clinics.*

The Cabinet Council is responsible for directing state child and family services that can help to achieve the goal of school readiness for every child in Ohio by providing policy leadership, prioritizing funding for prevention efforts, and overseeing the streamlining of state government.

To carry out its role of prioritizing funding for prevention efforts, the Cabinet Council meets regularly to make recommendations about child and family programs. For example, in early 1997, the Council spent many months discussing funding proposals for child and family services to be included in the state's budget. Among other items, the Council agreed to support expanded funding for the WBG, to increase county council administrative funds for each county, and to maintain funding for Even Start. The budget that was later enacted by the Ohio General Assembly reflected the Cabinet Council priorities.

*State Grants Counties Flexibility from Regulations, in Exchange for a Focus on Results*

To assist with streamlining government, the Cabinet Council grants waivers from the state regulations that are seen as barriers to achieving results.<sup>13</sup> To receive a waiver, county councils must submit an application to the Cabinet Council. The request must be budget neutral (i.e., it cannot increase costs). If it is, the Cabinet Council examines the application to ensure that the county has demonstrated its ability to use evaluation methods. When an application meets the state's criteria, the county is designated a "regulation free zone." If the applications do not demonstrate the ability to show improved results, or if the applications request waivers from law (rather than regulation), the request is denied. In some instances, the state provides technical assistance rather than granting a waiver.

Two examples of waiver requests that have been approved illustrate this process. Vinton County received a waiver from the requirement that a child be enrolled in a Child and Family Health Services Clinic in order to be served by a speech therapist. Another example is Summit County which received a waiver from the requirement that full signatures with credentials be provided on every service contact log used to document service delivery.

*Cabinet Council Relies on Workgroups to Provide Advice, Input, Guidance, and Staff*

The Cabinet Council relies on two primary workgroups for advice, input, staff and guidance: the Family Advisory Council and the State Action Team. The state Family Advisory Council, established in 1995, provides advice to the Cabinet Council on issues related to families regarding program development, expansion, improvement, and resource allocation. It is composed of more than 30 members representing parents, families, and statewide advocacy organizations. This group was formed after focus groups were held in the state to determine

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<sup>13</sup> Ohio Family and Children First. (1995). *Summary of regulation free zone waiver request*. Columbus, OH: Author.

issues of importance to families. It operates as the link between families and the Cabinet Council. This group meets bi-monthly to ensure more family-friendly policies.

The Action Team, established in 1996, is responsible for strategic planning, continuous learning, making linkages across and between programs and/or organizations, organizing diverse state and local stakeholder groups, and collecting and reporting results data. The Team operates as the working group to implement the Cabinet Council recommendations. The Team provides technical assistance to county Councils on strategic planning and FCF implementation issues and staffs the OFCF initiatives such as the WBG effort. The Team is composed of 20 professionals on loan from each of the Cabinet Council agencies. The Action Team is organized into subgroups based on the technical assistance areas such as budgeting, planning, governance, program design, management, evaluation, and community organization.

#### *County Councils Employ a Participatory Process to Identify Goals and Measures*

Each county council receives a small amount of funding from the state annually (\$18,500 in state fiscal year 1998 and \$20,000 in 1999) for staff support, training needs, strategic planning retreats, and parent stipends. Members of county councils include family members, Head Start grantees, non-profit providers, judges, county commissioners, and directors of public agencies interested in improving results for children. In addition, each county council has parent representatives. To ensure that parents are represented, county councils give parent representatives small stipends for their time participating on the council. The composition of the councils ensures that multiple voices are heard in the articulation of a vision and the identification of goals and indicators.

#### **Uses of OFCF Results Orientation**

##### *Action Team Facilitates County Councils' "Thinking Outside the Box"*

The state Action Team has been actively involved in promoting strategic planning at the county level — currently referred to as comprehensive planning. This planning process promoted by the Action Team begins with an exercise encouraging county council representatives to "think outside the box" when developing a vision of where the county should be. Members of the Action Team encourage county council participants to begin by examining *what is possible* rather than being burdened by existing requirements. The state Action Team then works with participants on the county councils to develop plans for identifying barriers to achieving results.

The Action Team uses a nine-phase process to facilitate the development of the plans, which is described in Table 5.

**Table 5. Nine-Phase Comprehensive Planning Process** <sup>14</sup>

<ul style="list-style-type: none"><li>• <b>Planning to plan</b>, which produces agreement on the worth and value of joint planning, the identities of all planning partners, and the specific steps and procedures that will be followed</li><li>• <b>Values scan</b>, which results in a statement expressing the values and beliefs of the partners and describing the behaviors that will flow from the values and beliefs</li><li>• <b>Mission statement</b>, which results in a completed joint mission statement</li><li>• <b>Strategic modeling</b>, which produces a description or model of the service delivery system that will lead to specific, desired, and measurable results for families and children</li><li>• <b>Community profiling</b>, which results in a detailed view of the needs and resources in the state and includes statistical profiles of the state, consumer feedback, and an analysis and map of community assets and needs</li><li>• <b>Gap analysis</b>, which produces a picture of the differences between state resources and strengths and its needs and opportunities</li><li>• <b>Development and implementation of action plan</b>, which results in an action plan detailing specific goals, actions, responsible parties, and timelines for system integration and improvement</li><li>• <b>Evaluation</b>, which results in a description of the measures of success relative to inputs, process, and results and the methods of collecting necessary data</li><li>• <b>System modification</b>, which results in a description of how the reassessments and adjustments in system strategies, policies, and operations will be undertaken.</li></ul>
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Participants note that building trust is essential to engage in the first three steps of the planning process. While the process varies, depending upon local context, many county Councils report that several meetings are necessary in the first three planning steps. To date, several of the counties have gone through the first three steps in this process. The product from the third step is a mission statement. Examples of mission statements that reflect local values of Stark and Shelby counties are listed in Table 6.

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<sup>14</sup> Ohio Family and Children First Initiative. (1996). *Developing a consolidated county plan for families and children*. Columbus, OH: Author.

**Table 6. Example of County Child and Family First Mission Statements** <sup>15</sup>

Shelby County Mission Statement	Stark County Mission Statement
<p>The family is the core of Shelby County and children are the future. The best hope for the future is the well-being of Shelby County families. Shelby County will provide a comprehensive and effective network which supports families in their responsibility for building independent and productive lives, while offering the means to nurture and motivate children to realize their potential. Shelby County will be a place where families can build upon their heritage, feel secure in the present, and reach for the future.</p>	<p>The Stark County Family Council will endeavor to encourage and nurture the development of a unified service system that collaborates with families and pools resources to meet the individual needs of children and their families. This collaboration will strengthen and empower all participants to meet the physical, emotional, intellectual, and social needs of families and children, helping all to build on their strengths.</p>

County Councils have used their mission statements to begin to identify goals that are aligned with local priorities. In addition, many county Councils have used the community profiling step to identify assets within the community that provide services to populations that social service agencies traditionally target. For example, some communities have identified museums, and boy scouts and girl scouts and have invited representatives to county Council meetings to discuss ways of coordinating these community efforts with social services. Others are using the planning process as a springboard to the development of community score cards in which data are regularly reported on key indicators. According to numerous sources, the planning efforts are helping local service providers to "think outside the box" and be more creative about incorporating community assets into publicly funded prevention programs.

*Action Team Reports a "Record of Results toward School Readiness" to Encourage Citizens and Providers to Monitor State Progress*

The OFCF Action Team periodically reports results on progress toward achieving the school readiness goal through issuing *A Record of Results toward School Readiness*. This report includes background information about the OFCF initiative, reports results data, and describes the key programs and services in the state that are aligned with each of the three major objectives (health, early care and education, and family stability). The report is designed to be used by citizens and providers to monitor progress toward achieving desired results. Table 7 provides an example of a page from the latest report.

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<sup>15</sup> Stark County Family Council. (1997). *Partners with the community*. Canton, OH: Author.

**Table 7. Example of Recent OFCF Publication<sup>16</sup>**

✓	By June 1999, the number of low-income pregnant women entering medical care during the first trimester of pregnancy will increase to 85 percent of those eligible for Medicaid from the current 75 percent level and will be maintained at 66 percent or above of low-income women utilizing Maternal and Child Health Clinics
Status:	In 1997, 66 percent of low-income women using the MCH clinics initiate care in the first trimester, compared with 44.5 percent in 1992
✓	By June 1999, the number of drug-free babies born to women treated in Ohio Department of Drug and Addiction Services (ODADAS) certified programs will increase by 70 percent to 725 babies
Status:	In 1997, the number of infants receiving treatments was 617, compared with 156 in 1993 (the first year data were collected)
✓	By June 1999, 80 percent of all two-year olds will have received their complete series of immunizations, up from the current level of 70 percent.
Status:	In 1997, the number of fully immunized two-year olds was 70 percent, compared with 51 percent in 1991

The OFCF also produces a newsletter that includes information on Cabinet Council action, updates on the status of OFCF activities, and information about coordination activities. This newsletter is distributed to county councils, service providers, and policymakers. In addition, information about the status of OFCF efforts as well as results data are posted to the OFCF Web page at [www.state.oh.us/ofcf](http://www.state.oh.us/ofcf).

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<sup>16</sup> Ohio Family and Children First Initiative. (1998). *A record of results towards school readiness*. Columbus, OH: Author.

## **EARLY START LAUNCHED TO IMPROVE RESULTS FOR YOUNG CHILDREN**

Like the OFCF, the primary goal of the Early Start effort is to improve the school readiness of Ohio's children by providing an integrated system of services and supports at the county level. It targets children birth to age three whose environment, family, or health circumstances place them at risk, but who do not qualify for other programs. Administered by the Department of Health in collaboration with the OFCF, the program is operated by county councils at the local level. Currently, 33 counties are participating in Early Start. Central to the Early Start initiative is an evaluation component designed to examine both short- and long-term outcomes. Consistent with Ohio's commitment to establishing a comprehensive results-based plan, Early Start was designed to include performance measures.

### **History of Early Start**

In 1996, the state launched Early Start, a new initiative with the goal of improving school readiness of Ohio's children. Under this initiative, county councils receive state funding to provide services to children, birth to three, whose environmental, family, or health circumstances place them at risk, but who may not qualify for other programs. The initiative focuses on improving outcomes for young children. An evaluation that monitors yearly progress toward achieving desired results is built into the effort.

The Early Start program is modeled on research-based programs, such as Missouri's Parents as Teachers, Hawaii's Healthy Start, and the South Carolina Resource Mothers program. Early Start funding is intended to provide an integrated system of services and supports to help strengthen and preserve families who may be experiencing problems, before they become crises. The program is designed to coordinate services at the county level.

Early Start is administered by the Department of Health in collaboration with the OFCF. At the county level, the program is operated by a variety of public and non-profit agencies selected by the county OFCF Councils. The county councils provide program and fiscal oversight. Core services include home visiting, parenting education and family support, individualized family services plans, and service coordination/case management.

Thirty-three counties are currently participating in Early Start. These counties were selected based on the percentage of children at risk. Factors used to determine risk include poverty, unemployment, teen pregnancy, infant mortality, and indicated and substantiated cases of abuse and neglect.<sup>17</sup>

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<sup>17</sup> Office of Budget and Management. (1996). *Performance review, Ohio Early Start*. Columbus, OH: Author.

Each county receives funding based on the number of children under age three projected to be at-risk. The allocation is \$1,200 per child. Funding is provided through state general revenue. The Early Start program served approximately 2,000 children in fiscal year 1996-97. For state fiscal year 1998-99, funding increased to \$12.3 million, which will support approximately 4,000 children annually. In addition, Ohio has allocated \$7.2 million in TANF funding to expand the program to serve an estimated 4,000 welfare recipients.<sup>18</sup>

### **Process of Identifying Early Start Goals and Indicators**

#### *Early Start Evaluation Includes Both Short- and Long-Term Measures of Progress*

The Early Start initiative was designed from the outset to include performance measures that emphasize the importance of comprehensive, holistic supports for young children and families. It includes both short- and long-term measures of progress. The Ohio Early Start Planning and Implementation Group, charged with the administration of Early Start, developed a process to ensure that the evaluation had appropriate performance measures.

The workgroup began by conducting a national scan of models similar to Early Start. The Planning and Implementation Group used this information to convene a meeting of national experts on early childhood program performance measures in order to obtain input on the evaluation design. An expert from a local university chaired it. Among those included in the meetings were experts from the National Chapter for the Prevention of Child Abuse and Neglect (who conducted the evaluation of Hawaii's Healthy Start program) and a researcher from the Frank Porter Graham Center (who designed the evaluation of the North Carolina Smart Start initiative). During this meeting, Early Start goals, measures, and methodology for obtaining the data were discussed. The meeting concluded with recommendations about goals, measures, and methodology. After the meeting, the Planning and Implementation Group refined the measures and the methodology. The proposed design was submitted to the Ohio Office of Budget and Management (OBM) for review. Based on input from OBM, the evaluation was finalized.

The state has been innovative in finding resources for the Early Start evaluation. The state legislature has not targeted funds for the evaluation at the administrative level; therefore, the OFCF office used the authority granted to the OFCF initiative to encourage the Department of Human Services to loan the Department of Health a researcher to collect and analyze the Early Start data.

The Planning and Implementation Group included both short- and long-term goals in the evaluation design. The Early Start program is expected to have positive influences on the health and development of young children and on the ability of parents to enhance the development of their children. Since the program cannot assess its long-term goals for several years, the Planning and Implementation Group developed indicators to measure both short- and long-term

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<sup>18</sup> Ohio Family and Children First. (1995). *Ohio Early Start*. Columbus, OH: Author.

progress toward the goals. The short- and long-term goals are directed at different aspects of Early Start and therefore do not map onto one another directly.

The three short-term goals are:

- Creating a family environment conducive to the growth and development of children;
- Ensuring that children birth through three have proper medical care; and
- Bringing well-coordinated services to children and families who need help.

The four long-term goals that the group articulated are:

- Decreasing the number of subsequent pregnancies for teen parents;
- Decreasing the number of substantiated cases of abuse and neglect for children birth through three;
- Decreasing the number of children birth through three placed in out-of-home care; and
- Increasing the percentage of substance-abusing pregnant women, and parents of children birth through three receiving substance abuse treatment

After articulating the short- and long-term measures, the Planning and Implementation Group also determined the objectives and how to measure progress toward each goal. Table 8 provides an example of the objectives and the measures for the short-term goal of creating a family environment conducive to the growth and development of children.

**Table 8. Early Start Objectives and Measures** <sup>19</sup>

Objective	Measures
# 1: To increase parental knowledge and skills related to parent-child interactions and developmental expectations	Scores on two assessment scales: the Nursing Child Assessment Satellite Training Feeding and Teaching Scales (NCAST) and the Home Observation for Measurement of the Environment scale (HOME) to measure parental knowledge and skills
# 2: To increase parental self-referral and use of follow-up services	Parent self-referral and percent services used
# 3: To increase use of family-related support services by families	Percent family needs met

For each objective, data are collected at the county level using standardized instruments. The Early Start staff, on loan from the Human Services Department, then analyzes the data and aggregates county-level data into state summary reports.

### **Uses of Early Start Results Orientation**

Early Start was chosen as one of six programs to be part of the state's new performance review initiative, conducted by the state OBM. As part of this performance review, Early Start will be evaluated through a review of data on each participating county. Baseline data (a state aggregation of county-level data) were submitted to the OBM in 1997. This report includes target numbers for each activity for fiscal years 1997, 1998, and 1999. These target numbers will be compared with future data to determine whether the expectations have been met. Table 9 is an illustration of the data that were reviewed by OBM.

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<sup>19</sup> Ohio Department of Health. (1997). *Goals and objectives data sheet*. Columbus, OH: Author.

**Table 9. Early Start Objectives and Measures**<sup>20</sup>

Objective	Measures by Year			
	1996	1997	1998 Target	1999 Target
# 1: To increase parental knowledge and skills related to parent-child interactions and developmental expectations <i>As measured by: scores on an assessment scale*</i>	52.0	54.0	54.0	56.0
# 2: To increase parental self-referral and use of follow-up services <i>As measured by: parent self-referral</i> <i>As measured by: percent services used</i>	6.5 36.0	11.7 50.3	8.0 45.0	10.0 50.0
# 3: To increase use of family-related support services by families. <i>As measured by: percent family needs met</i>	82.0	83.0	87.0	90.0

In each instance, higher numbers indicate better results.

\* The assessment scale used for this measure is the Nursing Child Assessment Satellite Training Feeding and Teaching Scales (NCAST). This table provides examples of outcomes from the Early Start program. The full report also includes data collected using the Home Observation for Measurement of the Environment scale (HOME) to measure parental knowledge and skills.

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<sup>20</sup> Ohio Department of Health. (1997). *Goals and objectives data sheet*. Columbus, OH: Author.



## **WELLNESS BLOCK GRANT AIMED AT PREVENTING PROBLEMS BEFORE THEY OCCUR**

A relatively new effort in Ohio that focuses on improving results is the Ohio Wellness Block Grant (WBG). This block grant provides flexible funds to community-based organizations to focus on preventing problems before they occur. The block grant is designed to promote community-based, family-focused, supportive, informational, and educational and health activities to improve the well-being of families and children.<sup>21</sup> County FCF councils have been granted programmatic flexibility in spending WBG dollars on prevention services, and many focus on community awareness activities, and health and education services.

### **History of the Wellness Block Grant**

#### *WBG Began to Focus State Dollars on Prevention Services*

The Ohio WBG began in state fiscal year 1997 to "prevent problems before they occur." The legislation creating the Ohio WBG specified that the early focus of WBG would be on teen pregnancy, and in later years, as additional resources became available, additional indicators would be added. In state fiscal year 1999, the WBG is also focusing on reducing child abuse and neglect. The legislation requires that grant recipients report progress toward reaching the goal of reducing teen pregnancy.

The WBG is one of several efforts within the OFCF initiative that focuses on results. Staff for the WBG are on loan from the Department of Alcohol and Drug Addiction Services, the Department of Education, and the Department of Health, and are part of the OFCF Action Team. These staff members are responsible for developing the guidelines for the block grant and for overseeing implementation of the grant. In addition, staff work closely with county councils to provide training and technical assistance.

#### *Funding for WBG Reallocated from State Programs*

In state fiscal year 1997, the WBG funding began as a reallocation of funds that had previously been designated to other agencies. For example, Maternal and Child Health previously had funds that were designated for prevention purposes, and these funds were pooled with others allocated to county councils as WBG dollars. The available funding for the WBG began as \$6,565,269, with \$100,000 available at the state level for training, evaluation, and outreach. The pooled funding came from the Ohio Departments of Human Services; Education; Health; Alcohol and Drug Addiction Services; Youth Services; and the Ohio Children's Trust Fund. Currently, the state has allocated new dollars to the WBG.

Each OFCF Council is eligible to receive the WBG funds for the county. Funding is allocated based on the number of children under the age of 18 residing in the county, as documented in the

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<sup>21</sup> Ohio Family and Children First (1997). *Ohio Wellness Block Grant guidelines*. Columbus, OH: Author.

1990 Federal Census, and on the teen birth rates for each county, as shown in the Department of Health's Vital Statistics Summary. In fiscal year 1998-99, the state WBG allocation grew to \$28 million, with a total of \$125,000 for targeted technical assistance and evaluation, and an additional \$125,000 for a statewide media campaign.

### **Process of Identifying WBG Goals and Indicators**

#### *WBG Developed Process to Obtain "Buy-In" from Key Stakeholders*

WBG staff were responsible for developing procedures and guidelines for the block grant that were not specified in the legislation. The staff began by setting up a steering committee composed of family members, representatives from state agencies, county-level FCF representatives, and a county commissioner. It was designed to get buy-in from those who would be responsible for carrying out the effort. In addition, the state staff recognized the importance of relying on the expertise of those in different positions who could contribute to the planning of the effort.

The WBG staff developed three sub-committees responsible for the following areas: evaluation, technical assistance, and fiscal issues. These sub-committees operated as working committees that developed plans and reported recommendations to the larger group. The full group then considered the work of the sub-committees and made decisions regarding action for moving forward. The sub-committees were discontinued after the full committee took action.

Each county received a one-time \$5,000 planning grant to be spent on determining local priorities and developing a plan for meeting goals. Many county councils used the planning grant to conduct focus groups and needs assessments, and to get buy-in from the community. For example, one community held a retreat to involve people in the effort. Activities such as these helped clarify and strengthen the efforts.

#### *County Councils Encouraged to Choose Interim Indicators to Monitor Progress*

The legislation authorizing the block grant requires reports on progress toward reducing teen pregnancy and child abuse and neglect, but county councils have been granted maximum programmatic flexibility in developing wellness strategies and choosing indicators to monitor progress toward the desired results.

The state is viewing the county WBG initiatives as an experiment in giving counties flexibility in program design in exchange for achieving targeted results. As such, county councils are encouraged to experiment with strategies that they believe will be effective in their communities. The Action Team encourages county councils to use the information from the nine-stage strategic planning process to understand county needs and resources and then determine strategies that are appropriate for the county context. The Action Team then helps county councils choose indicators that are appropriate for the strategies that they are employing. Many of the FCF councils are choosing an interim indicator related to education, since many of the county strategies are educational strategies. For example, some counties have designed

curricula around increasing education about teen pregnancy in schools and communities, while others have developed education programs on teen pregnancy prevention.

*Lesson Learned: Planning Critical for the Successful Implementation of the WBG*

The state WBG Action Team staff report that planning was critical for the successful implementation of the WBG. The state staff had approximately six months for planning the implementation. Sources note that "it was important to have the flexibility of the planning time to work with people to change thinking." Having planning time gave county councils an opportunity to conduct needs assessments and to hold focus groups to determine need and get buy-in.

**Uses of WBG Results Orientation**

The WBG staff at the state level have used the process of engaging county councils in identifying results to develop technical assistance to county councils; to tailor conference calls to areas specified by the county councils; and to help plan state activities. To date, the county councils have not reported results, but have identified the interim measures. The identification of these interim measures has helped counties plan and modify their activities to ensure that they are engaged in efforts that are likely to achieve the interim results.

County councils are all reporting teen pregnancy rates to the state and are monitoring their progress toward achieving the goal set by the state: By the year 2000, teen pregnancy will be reduced by 5 percent. The state plans to provide guidance and technical assistance to those counties that are not moving toward achieving this goal. In addition, the counties themselves plan to use teen pregnancy data to monitor progress and adjust strategies if progress is not being achieved.

The OFCF also plans to use evaluation data to learn about the impact of the WBG. Selected counties have entered into a partnership with the OFCF to conduct an evaluation of the WBG. Using Youth Risk Behavior Survey data, the state will monitor changes in the sexual behavior of teens in these counties between 1993 and 1997. The information will be useful in monitoring the WBG's progress toward the goal of reducing teen pregnancy.



## **FAMILY STABILITY INCENTIVE FUND DESIGNED TO IMPROVE FAMILY STABILITY BY FOCUSING ON RESULTS**

The Family Stability Incentive Fund is a recent pilot project developed by the OFCF initiative, with the desired outcome of improving family stability. The initiative is designed to reach this outcome by reducing the number of children and adolescents removed unnecessarily from their homes. In return for the successful reduction of out-of-home placement, county councils gain access to Incentive Fund dollars. County councils are granted flexibility in using the Funds for family preservation and support services.

### **History of the Family Stability Incentive Fund**

#### *OFCE Recently Launched As a Collaborative Effort to Improve Family Stability*

In 1995, the OFCF initiative, along with the Ohio Department of Mental Health, launched a pilot Family Stability Incentive Fund program in 17 Ohio counties. The purpose of the program was to reduce the number of children and adolescents removed unnecessarily from their homes. Based on early success from the pilot program, the Incentive Fund was expanded to additional counties in 1997. The 17 original counties were awarded \$5.2 million for the pilot, and the funding increased an additional \$1.8 million annually to expand the program to counties with high per capita out-of-home placement rates.

The Incentive Fund was initiated for two reasons. First, the number of children placed in out-of-home care, the percent of children who reentered care, and the percent who stayed in out-of-home care for more than 180 days were considered alarmingly high. Second, Governor Voinovich noted that in order to achieve the third objective of the OFCF initiative (to improve family stability), changes in out-of-home placement services were needed. To that end, the FCF Cabinet Council established a state-level Family Stability Incentive Fund Program to encourage counties to reduce out-of-home placement.

The Incentive Fund was designed based on research both on existing conditions in the state and on promising practices. Research demonstrating that the most appropriate and effective place to influence out-of-home care was at the entry gate encouraged consideration of services to prevent placement. Further, research showed that to prevent entry into out-of-home placement, coordinated and integrated services were needed; to provide integrated intensive prevention services for children before they were placed in out-of-home care, flexibility in funding and services was required.

The Incentive Fund provides flexibility to counties to determine the most appropriate method of integrating prevention services. All counties are encouraged to integrate systems to prevent out-of-home placements and to pool resources to purchase assistance, which will eliminate or reduce the threat of placement. The state does not prescribe how counties should provide services, but encourages local county councils to reallocate existing resources and enhance existing

collaborative practices to reduce unnecessary out-of-home placements. The responsibility for determining how to provide such services is given to the local councils.

### **Process of Identifying Indicators of Progress**

#### *OFCF Cabinet Council Chose Target Indicators*

The OFCF Cabinet Council established the target indicator for the Family Stability Incentive Fund of reducing the number of unnecessary out-of-home placements. This target was chosen because the Cabinet Council felt that too many children in Ohio had been removed from their families unnecessarily. The Council also recognized that many placements could be prevented if service needs were addressed before children were placed in out-of-home care, either by better integrated services or through providing flexible funds for prevention services.

To be eligible for Incentive Funds, county councils are required to fulfill five project goals that were determined by the OFCF Cabinet Council. First, they must report the number of children and adolescent placement episodes during the previous state fiscal year. This information is necessary to establish a baseline for measuring progress. Second, in year two of implementation, counties are required to reduce out-of-home placements of children and adolescents by at least 10 percent of the total number placed in out-of-home care the previous year. Third, councils are required to establish a collaborative agreement among service providers to ensure that services and supports are in place to prevent placement. Fourth, in year two of implementation, counties are required to reduce placements by at least 20 percent of the total number of youth compared to the baseline year, or an additional 10 percent reduction over the 12-month program year. Fifth, in year three of implementation, counties are required to reduce placements by at least 25 percent of the total number compared to baseline, or an additional 5 percent reduction over the 12-month program year.

Technical assistance is provided to county councils when they apply for Incentive Funds. This is provided by pilot counties that have been particularly successful in the first phase of implementation and by the state Action Team. Counties are given a list of technical assistance areas with the names of county and state contacts, and counties are encouraged to request assistance in specific areas that are of interest.

### **Uses of Incentive Fund Results Orientation**

*Lesson Learned: Results Orientation Useful in Design and Implementation the Incentive Fund*  
The results orientation of the Family Stability Incentive Fund has been useful in the design and implementation of the program and will be used to make funding decisions in future years. The focus on results has been used by county councils to plan service strategies and to manage their activities.

Results from the 17 pilot counties have been used to expand the program. In addition, the lessons learned from these pilot counties have been used to issue guidance and provide technical

assistance to new counties applying for Incentive Funds. One lesson learned by the pilots is that it is critical to tailor services to the local context. Therefore, the OFCF encouraged subsequent grantees to tailor services to the available infrastructure and supports. Another lesson was that the county councils that built on the cluster model were particularly successful in engaging all local system partners, in part, because of relationships and trust established through work on the cluster. And, some used these collaborative bodies to develop strategies for reinvesting cost savings across the systems in ways that would allow the county to continue to provide prevention services to children after the grant expires. The OFCF, therefore, has encouraged new grantees to build on existing collaborative relationships.

The OFCF also plans to use the Incentive Fund data to demonstrate to the public the results of public investments. The OFCF has published data from the pilot sites. Table 10 provides results from the pilots.

**Table 10. Example of Family Stability Incentive Fund Results** <sup>22</sup>

- At the close of the 1997 program year, preliminary data are showing that sixteen of the seventeen counties met or exceeded the 10 percent reduction in out-of-home placements goal.
- Statewide, the rate of reduction in out-of-home placements in 1997, when compared to the 1995 baseline, equals a 20 percent reduction. This means there were 2,996 fewer out-of-home placements when compared to the baseline year.

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<sup>22</sup> Ohio Family and Children First. (1997). *Family Stability Incentive Fund*. Columbus, OH: Author.



**CONCLUSION: OHIO'S RBA EFFORTS RELY ON  
PERSONAL RELATIONSHIPS AND COMMITMENT FROM THE GOVERNOR**

While Ohio's RBA efforts are relatively new, the state's experiences provide important lessons regarding the early design and implementation of RBA systems. Specifically, the commitment from the governor's office has been instrumental in the design and implementation of the effort. Further, the ability of the OFCF council to grant waivers from state regulations in exchange for improved results provides an interesting example for states interested in learning about how to provide increased flexibility in exchange for results. Finally, the creation of new results-focused programs provide interesting examples of how a state with county administered social services has been able to develop RBA efforts.

As Ohio's RBA efforts develop further, the importance of building on existing relationships and continuing to have leaders who actively voice support for the effort will be key. Sources informed us that continued communication from the Governor will be critical to encourage all of those affected by RBA to shift from a rule-orientation to an orientation that focuses instead on improving outcomes for children and families.



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## OBJECTIVES, SCOPE, AND METHODOLOGY

### Objectives

The objective of this case study is to describe the design, development, and implementation of Ohio's RBA efforts, particularly those related to programs serving children and families. This report is directed toward people who are interested in learning about the efforts of this state and/or who may have a role in developing an RBA system in their own state, locality, or institution. The case study discusses the key RBA efforts in the state, the impetus for and history of these efforts, the governance structures, the design and implementation of these efforts (including the identification of goals, indicators, and targets), the current or proposed use of the systems, and some of the lessons learned.

### Scope

HFRP has produced RBA case studies of eight states: Florida, Georgia, Iowa, Minnesota, North Carolina, Ohio, Oregon, and Vermont. The research for these case studies was conducted between January 1996 and November 1997.

### Methodology

HFRP staff utilized qualitative data collection methodologies to gather the information included in these case studies. Staff began the selection of the eight states chosen for our case studies by contacting key informants from national organizations who have been working in the area of RBA. These key informants nominated a number of states that were currently planning, designing, and/or implementing RBA systems for child and family programs. HFRP staff then contacted staff in these states and reviewed documents to learn more about the nature of their efforts. Additionally, HFRP contacted staff in a number of other states to learn if they were engaged in the development of RBA systems for child and family programs and, if so, what the nature of efforts was. Based on this research, HFRP staff identified the efforts of eighteen states, which are highlighted in our publication, *Resource Guide of Results-Based Accountability Efforts: Profiles of Selected States (1997)*.

From the eighteen states profiled, HFRP selected eight states to study in-depth. The eight case study states were chosen because they represent different foci as well as various stages of development. These states are implementing a variety of accountability approaches, including statewide and agency-level strategic planning, performance-based budgeting, and performance-based contracting. Each state has conceptualized and developed its system in response to its needs, as well as the technical, organizational, and political constraints within which it operates.

To obtain information on each of the eight states' RBA efforts, HFRP staff reviewed a variety of documentation and conducted extensive telephone interviews with key informants at the state and local levels. Staff then conducted week-long site visits to each state. During each site visit, staff interviewed a number of personnel from governors' offices, state and local agencies, legislatures, advocacy groups, and universities. During these interviews, interviewees were

asked about the key aspects of the conceptualization, development, and implementation of RBA systems. They were also asked about challenges they faced in developing these efforts and the lessons that they had learned. Where possible, HFRP staff also attended planning meetings around RBA work. For each case study, HFRP interviewed at least 30 individuals with a variety of affiliations to obtain a comprehensive and varied view of the state's efforts.

Given the variety of RBA efforts in states, the multiple entities and actors involved, and the many components of these efforts, HFRP staff developed a multi-level analytic framework to examine the data. This framework enabled HFRP to code interview data by four categories: the system (for example, strategic planning, performance budgeting, performance contracting); the governance level (for example, statewide, inter-agency, agency, local entity); the aspect of the system (for example, history, design and implementation, uses, barriers and opportunities, sustainability); and the actor (for example, governor's staff; legislators/staff; agency staff; advocacy groups). In some cases, these dimensions were further refined. This multiple coding enabled HFRP staff to compile comprehensive descriptions of efforts in each state based on a variety of perspectives. This framework also enabled staff to examine a variety of cross-case themes (for example, the use of budgeting systems by legislatures across states and the processes agencies in different states have used to choose goals and indicators). A qualitative software package, NUD\*IST<sup>®</sup>, facilitated analysis of the data.

We recognize that RBA systems are evolving and will continue to evolve in response to both implementation challenges and state and national policy changes. Therefore, we stress that the information contained in these case studies describes these states' RBA initiatives as of November 1997.