A report prepared for the Supreme Court of Ohio
and the Department of Job and Family Services

Ohio Legal Representation Pilot Program: Year One Evaluation Report

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The opinions expressed in this report are those of the authors, who are solely responsible for the report's content.

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Executive Summary

At the request of the Supreme Court of Ohio and in partnership with the Ohio Department of Job and Family Services, Action Research is evaluating six pilot programs in Ohio that provide multidisciplinary legal representation to parents involved or at-risk of involvement with the child welfare system. This report provides an overview of the key findings from data collected during the first year of this four-year evaluation.

During this first year, we conducted a process evaluation to understand the challenges in implementation faced by the Ohio pilots and the solutions pilot programs used to address these challenges. Should Ohio choose to replicate one or more of the pilots in the future, this process evaluation can inform the Supreme Court of Ohio and Ohio counties on how best to scale the initiative. This report is based on six focus groups and one interview involving a total of 36 stakeholders, a review of program proposals, analysis of program reports, observations of technical assistance sessions, and analysis of aggregate program data.[1]

As is common in initiatives of this type, the pilots had varied experiences implementing their programs in the first year. Some pilots implemented all parts of their model and others had to make mid-course corrections primarily due to low client enrollment. Below, we've summarized our key findings from the first-year data.

Key Findings:

MDT's require significant staff time to ensure strong implementation

The goal of the pilot programs is to achieve the standards of high-quality representation recommended by the American Bar Association and the Family Justice Initiative, which "are intended to promote quality representation and uniformity of practice for parents' attorneys in child abuse and neglect cases" (Thornton & Gwin, 2012). In the first program year, most pilots made significant progress in implementing programs designed to meet this goal, overcame challenges, and demonstrated that the Multidisciplinary Team (MDT) model can be effective in helping families achieve permanency goals and/or avoid a formal filing of a petition through their various accomplishments. However, one thing became clear: the importance of dedicated, experienced staff to fill each of the roles. Implementing an MDT takes time, staff, and resources; this cannot be viewed as a side project. It requires strong leadership, specific staff with expertise in their profession, knowledge of the community in which they serve, and overall, staff passionate about the program's mission. Developing, implementing, and sustaining an MDT program requires significant time. In addition to the responsibilities of each role on the team, staff must also consider the time required for internal and external team meetings, relationship building with clients and partners, and the work of continuously engaging with stakeholders. And lastly, MDTs also require significant staff time and investment at the state level to coordinate a multi-pilot effort. This includes planning for time partnering with other state-level entities for funding, securing a technical assistance consultant with appropriate expertise, hiring formal program evaluators, and having dedicated state level-staff throughout the life of the project to coordinate and manage efforts across the pilot sites.

[1] For more detail on the methodology, please contact the report authors.

Pilots experienced challenges developing their programs while serving clients
The findings of our first-year evaluation strongly support staggering program implementation. We recommend incorporating at least six months as a "ramp-up" period before engaging clients. This period can be used to define and write job descriptions for each MDT position, hire and train program staff, define the program's target client population, develop a written list of exclusionary criteria, build relationships with key partners and referral sources, plan out the referral process in detail, and develop program branding materials and an outreach plan.

Pilots struggled to collect information to inform implementation
Several programs reported difficulties in tracking and managing client data throughout the year. Most kept client data in Excel spreadsheets that have limited capacity to collect and report on client experiences. Some of the year-end aggregate data contained discrepancies in the data and not all programs were able to report accurately on client flow and status. This suggests a need for a standardized, pilot-wide case management system to track client experiences and inform implementation and outcomes to be in place before client engagement begins.

Conclusion:
Although there have been many challenges in the past year, teams have remained committed to the original mission and have grown, adapted, and continued to serve clients and the communities in which they operate. This experience is typical of many initiatives with pilot programs, as programs usually encounter challenges in staffing, training, collaboration, data collection, and more. The body of this report provides detailed information on each of these areas.

Introduction

This report begins with overviews of the six pilot programs, followed by a brief description of the first-year evaluation methodology, and then moves into a discussion of findings and recommendations organized by the following sections: staffing and training, stakeholder collaboration, client engagement, and other results.

Program Descriptions

Background

Many national child welfare and legal experts believe that effective representation for parents in child welfare cases serves the vital purpose of engaging parents, supports the safety and well-being of children and families, reduces the need for foster care, and saves government dollars (e.g., American Bar Association, 2017). Yet few jurisdictions in the country have secured steady funding for it. The current quality and practice of parent representation in many jurisdictions can be described as inconsistent at best (American Bar Association, 2009), and this lack of consistent, high-quality representation can have devastating consequences, such as needlessly separating children from their families and delaying reunification for children already in foster care (Pecora et al., 2005; Fowler et al., 2006; Doyle, 2007; Gerber et al., 2019).

In 2006, the ABA approved Standards of Practice for Attorneys Representing Parents in Abuse and Neglect Cases [Practice Standards]. These standards "are intended to promote quality representation and uniformity of practice for parents' attorneys in child abuse and neglect cases" (Thornton & Gwin, 2012). They emphasize appointing an attorney early in the court process and encouraging attorneys to engage parents outside of court to build stronger attorney-client relationships, clearly explain legal issues the client may be facing, solutions to correcting the issues, and strategies for improving client's ancillary issues, while using a multidisciplinary approach.

The Ohio pilots are an aggressive effort to expand parent access to the multidisciplinary approach, which incorporates additional professionals into the legal team, such as social workers and parent advocates. Social workers can help connect families to community resources and services, assess client needs and help create plans to prevent court and/or child welfare involvement, and provide case management services. Parent advocates have lived experience navigating the child welfare system and can provide support for clients facing similar challenges. These professionals can address issues outside the courtroom to support the family unit, such as applying for public benefits, Individual Education Plan (IEP) advocacy, identifying kin that can support the family, and connecting clients to valuable services like education testing for children, domestic violence resources, employment training, housing, mental health counseling, and substance abuse treatment. Studies indicate that children whose parents are represented by multidisciplinary teams have been returned to their families more quickly than those whose parents who are represented by attorneys alone, without diminishing child safety (Gerber et al 2019; Courtney & Hook, 2012).

Additionally, by improving representation and access to services, multidisciplinary representation has the potential to address longstanding racial disparities in the child welfare system. Historically, children of color have been overrepresented in the child welfare system. Federal estimates show the trend of disproportionality is persistent (Children's Bureau, 2019). In

2019, Black children made up 15 percent of the general U.S. child population but comprised 31 percent of children in the U.S. foster care system. Similarly, the annual KIDS Count (2020) data show that the share of Black children (30%) in Ohio's foster care population is two times more than Black children's share in the general Ohio children's population.

As a consequence of structural racism in the United States, Black, Hispanic, and American Indian and Alaska Native children are far more likely to live in poverty compared to white children (ChildrensDefense.org, 2021). Many families come to the attention of Children's Services due to poverty-related concerns such as lack of housing, transportation, or quality education and childcare. These poverty-related issues are often conflated with child neglect and can be the grounds for a child being removed from their home. Oftentimes, the consequences of poverty can be solved with material supports such as new eyeglasses for children, clothing, beds and mattresses, or access to quality childcare. One of the main goals of the MDTs is to connect families to material resources and other supports to prevent involvement with Children's Services and/or Juvenile Courts.

Overviews

Below are descriptions of the six pilot programs in Ohio that base their work on the multidisciplinary legal representation model, each of which provides multidisciplinary legal representation to caregivers involved or at-risk of involvement with the child welfare system.

Four of the programs (Cuyahoga, Stark, Wayne, and Clark) focus on working with families before the filing of a petition ("pre-petition pilots"), which means they aim to intervene before child welfare attorneys file court petitions to remove children from their home. Their goal is to prevent families' further entanglement with the child welfare system, such as reducing the number of children unnecessarily placed in foster care, keeping families intact with pre-petition services, avoiding unnecessary filings, decreasing subsequent maltreatment reports, and ultimately reducing the trauma and cost associated with child welfare involvement. For more information on the pre-petition program framework, see Appendix A.

> The Cuyahoga County Public Defender's Office had already been providing multidisciplinary representation to caregivers after the Department of Children and Family Services (DCFS) received a complaint. They used the grant to expand their model to serve pre-petition families through their newly created Family Intervention Representation and Services Team (FIRST) program.
>
> The Stark County Family Court partnered with the county's Public Defender's Office, Department of Job and Family Services, Family Council, and Community Legal Aid to develop and implement the Boosting Understand, Interventions & Legal Defense (BUILD) program. In addition to the shared goals of the other pre-petition programs, they also aim to demonstrate a decrease in the racial disproportionality of child removal in the county.
>
> The Wayne County Juvenile Court (WCJC) partnered with the Wayne County Children's Services Board (WCCSB) to address the gap in legal representation for families affected

by the child welfare system. The WCJC Legal Representation Pilot aims to divert families from the dependency system by avoiding a formal court filing.

The Clark County Juvenile Court (CCJC) has partnered with Advocates for Basic Legal Equality (ABLE) to provide comprehensive pre-petition civil legal services to families with elementary school aged children at-risk of child welfare system involvement due to attendance issues. By partnering with the Juvenile Court's Mediation Program and school truancy officers, the team identifies and addresses educational, social, and economic barriers through civil legal services to prevent further involvement in the child welfare and/or justice systems.

One program (Summit County) works with families after the filing of petitions and placement of children into foster care ("post-petition pilot"). The Multidisciplinary Representation Team (MRT) program's goal is to improve and expedite positive outcomes for children and their families; including, reducing the time to permanency and increasing reunification rates. For more information on the post-petition program framework, see Appendix B.

The final program (Erie County) works with both pre- and post-petition families. In addition to the pre- and post-petition goals stated above, the Erie County Public Defender's Office designed Project STRENGTH ("Solving Truancy Related Educational Needs & Generating Teachable Homes) with the aim of identifying gaps in the service delivery system, including those created by the COVID-19 pandemic. The team focuses on identifying clients' strengths and empowering families while decreasing harm to children and families.

While programs' organizational structures may vary, with some pilots housed in Public Defender's Offices and others in Family and Juvenile Courts, all multidisciplinary teams are comprised of at least an attorney, a social worker, and a parent advocate. See Table 1 below for the total number of full-time equivalent (FTE) staff funded by the pilot grant across the six pilot sites. Note that pilots housed in courts rely on panel attorneys who are funded by the courts.

Table 1. Number of FTE Staff Across All Pilot Programs

	Attorneys	Social Workers	Parent Advocates	Other Staff	Total Staff
Pilot Programs (all sites)	8	7	6	1	22

Note: "Other Staff" category includes administrative staff.

The Supreme Court of Ohio awarded pilot counties between $127,000 and $158,500 for first-year program implementation. These awards included Federal Court Improvement Program grant funds, Federal Criminal Justice Act grant funds, and Federal Community-Based Child Abuse Prevention funds. In-kind contributions from the pilot sites played a significant role in supporting the initiative as grant funding covered only a small portion of the projects' total costs. In-kind contributions included, but were not limited to, staffing costs for pilot management and program services.

Research Methodology

In the first year of this four-year evaluation, Action Research conducted a process evaluation to describe the successes and challenges of program implementation. The team examined how closely the pilots implemented the plans outlined in their proposals and why changes in implementation occurred. The research aimed to answer the following questions:

Key Questions

1. What challenges did the pilots encounter in implementing their programs?
2. How did the pilots grapple with these challenges?
3. What solutions to these challenges produced the most promising results? The least promising results?
4. How did implementation impact the services the pilots provided?
5. How can the answers to these questions help other jurisdictions in Ohio and elsewhere implement innovative parent representation models?

Data Sources and Methods

In the beginning of 2022, the team met informally with each program to learn about their staff, program design, and referral processes. In addition, we also reviewed their program proposals, analyzed quarterly and monthly reports submitted by the six pilot programs to the Supreme Court of Ohio, and participated in monthly technical assistance calls during which the progress of the pilot programs was discussed. The team conducted seven semi-structured focus groups and one interview, speaking with a total of 36 program staff and stakeholders across the six pilot programs, the Supreme Court of Ohio, the Department of Job and Family Services, and with the initiative's technical consultant. We used a framework analysis approach to derive key themes from the focus groups and interview, and synthesized our findings with the other data collected.[2] At the end of the program year, we reviewed and analyzed aggregate program data on participant demographics, referrals, and case information.

Limitations

This approach has some limitations:

- The report does not include feedback from program participants.
- Due to the COVID-19 pandemic, the research team did not have the opportunity to visit program sites or meet with stakeholders in-person. All data were collected virtually through emails, video calls, and by phone.
- Due to scheduling conflicts, not all program staff were able to attend the focus groups.
- The lack of a case management database system which could be used by all of the pilots limited the amount and detail of quantitative data collected.

To remedy these limitations in Year 2, the research team will:

- Coordinate with program staff and stakeholders to distribute an IRB-approved Caregiver Survey to gather participant perspectives
- Attend an in-person convening sponsored by the Supreme Court of Ohio during which we will meet with program staff and conduct in-person focus groups for the Year 2 report

[2] For more information on the methodology used to produce this report, please contact the authors.

- Continue to refine the aggregate program data template and work with pilot staff on quantitative data gathering

Findings and Recommendations

The six pilots faced many implementation challenges in the first year of operation, as is typical of most new programs. In many situations, pilots innovated to overcome specific challenges. Below, we have organized our key findings by the following topic areas: staffing and training, stakeholder collaboration, client engagement, and additional findings. We begin by describing program strengths, identify common challenges shared by the pilots, the adaptations used to address those challenges, and close each section with tips for other jurisdictions looking to implement similar programs.

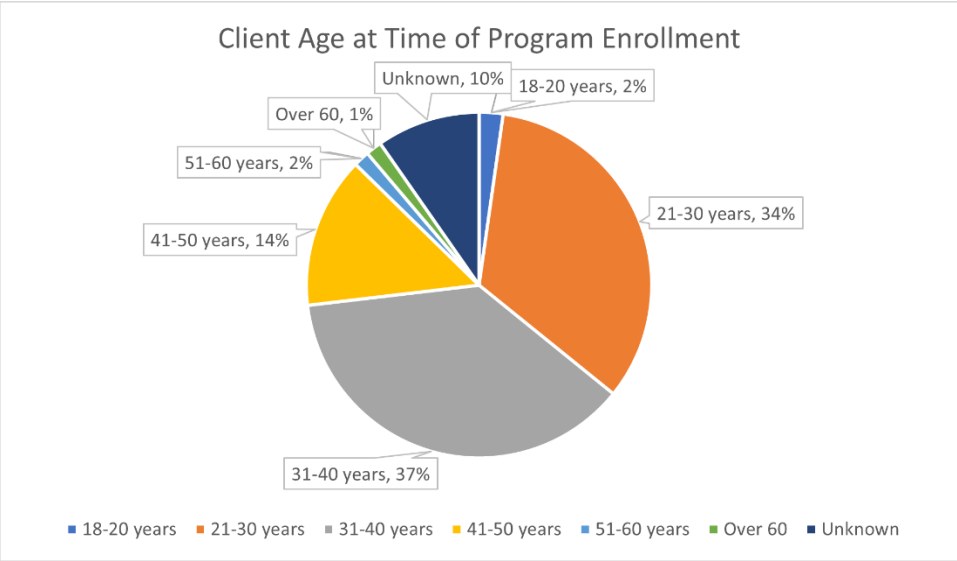
Client Demographics

In the first year of program implementation, pilots served a total of 134 clients and impacted the lives of over 300 children. They served significantly more clients that identified as female (91%) than male (9%). No clients identified as a gender other than female or male.

At the time of program enrollment, most clients were between the ages of 21 to 40 years old (71%). Clients aged 31-40 years made up 37% of all clients served during the program year, followed by clients aged 21-30 years (34%), clients aged 41-50 years (14%), clients whose age was unknown at the time of program enrollment (10%), and all others (5%), as seen in Figure 1 below.

Figure 1. Age of Clients at Time of Program Enrollment

Source: Ohio Pilot Programs



The race of program clients breaks down as follows: 45% (60) identified as White, 39% (52) identified as Black/African American, 10% (13) identified as Other or race was unknown at the time of program enrollment, 5% (7) identified as Multiple Races, 1% (2) identified as

Asian/Pacific Islander, and no clients identified as American Indian/Alaska Native, as seen in Table 2 below. We were unable to report on ethnicity or tribal affiliation as most pilot programs did not consistently collect this information. We recommend pilots collect this data at program intake and hope to include this information in future reports.

Table 2. Race of Program Clients (all sites)

Source: Ohio Pilot Programs

Race	Number	Percent
White	60	45%
Black/African American	52	39%
Asian/Pacific Islander	2	1%
American Indian/Alaska Native	0	0%
Multiple Races	7	5%
Other/Unknown	13	10%
Total	134	100%

Staffing and Training

Throughout the country, family representation organizations have employed various approaches to staffing and training MDTs to achieve organizational alignment while meeting families' legal and non-legal needs (Gerber et al., 2019; Pott, 2016). In Ohio, the pilot programs were tasked with recruiting, hiring, and training staff to create their multidisciplinary teams, and their approaches reflect this variability. Some pilots are housed within preexisting public defenders' offices and comprised of staff already employed through the court system. Other pilots functioned as entirely new teams, bringing together professionals sourced from different county agencies sectors throughout the county. Similarly, while all the pilots attended primary trainings hosted by the Supreme Court of Ohio and the technical consultant, each program took a different approach to supplemental trainings; some largely relied on their professional background and experiences to inform implementation, while others scoured the literature for resources to share among the team, attended trainings from the American Bar Association, and/or networked with peers in similar roles to share best practices.

Strengths

Serving Families and Exemplifying the Value of the MDT

Pilot programs reported providing intensive and holistic support to many families by utilizing variations of the MDT model to address child welfare concerns and prevent families' further entanglement into the child welfare system. In Clark County, for example, pilot staff advocated for a student and their sibling to be transferred to another school based on disability discrimination. The pilot found that navigating the school district could be challenging; knowing which school official to send a request to and who had the power to grant certain requests was often unclear. After learning about the discrimination occurring at the school, the MDT staff sent a letter to the Superintendent requesting that both children be transferred to a new school. Because staff were able to swiftly and efficiently navigate the school system and send the request to the right person, both children were transferred to the new school over the course of a single weekend. Pilot staff reported that the client was overjoyed and thanked the MDT for their help.

Navigating community resources

Pilots reported that staff knowledge and experience navigating community resources proved important to successful implementation. Connecting clients with the resources and services necessary to mitigate child welfare concerns and satisfy child welfare case plans is a hallmark of multidisciplinary family representation programs, and all pilot sites reported progress in this area. For example, social workers at the FIRST program in Cuyahoga County drew upon their prior work experience and connections to amass an index of community resources. After completing an intake session with a client facing allegations of medical neglect, the FIRST Team learned that the client's child experienced complex medical needs that were going unmet due to the client's co-morbid substance use and mental health challenges. The team's social workers and parent advocate linked the client to medical services and to the county's Board of Developmental Disabilities. Additionally, pilot staff continued to provide holistic support to the client, including attending telehealth visits and reminding the client of upcoming appointments. After monitoring the client's progress over time, the team closed the case with the FIRST program.

Unique contributions from staff with lived experience

Parent advocates provide support for families through "advocacy, emotional, informational, and concrete support" (Lalayants, 2019). They have lived experience navigating the child welfare system and can provide support for clients facing similar challenges. The parent advocates also helps the team become more effective by cultivating trust and empathizing with clients. Pilot staff stressed the importance of the parent advocate role in their work. Pilots found that initial meetings with attorneys or social workers could be intimidating for clients and led to challenges in achieving engagement from potential clients. Therefore, several pilots designed their programs so that parent advocates conducted the first meetings with potential clients, introducing them to the program in an empathic, non-judgmental way. They found that parent advocates were usually more successful than other team members at building initial relationships by forming connections with participating families, gaining both their trust and belief in the program. Once families enrolled, parent advocates helped clients make and attend appointments and served as empathic allies by validating thoughts and feeling as clients navigated the child welfare system.

Limited staff turnover within MDTs

Despite a tumultuous economy marked by high turnover rates in social services and other professions (Ember & Casselman, 2023), turnover was not a significant challenge for pilot programs. Only one pilot reported turnover of two or more staff members within the first implementation year. At the time of this writing, none of the pilots have vacant positions. Encountering little turnover helped pilot sites serve clients consistently throughout implementation. This finding is significant as past multidisciplinary family representation teams have reported staff turnover challenges due to contentious team environments (Pott, 2016). This indicates the importance of not only locating qualified staff candidates, but also candidates that can contribute to the collaborative nature of an MDT. While pilot programs experienced little turnover, pilot staff reported that partner organizations with which pilots collaborated often suffered significant turnover in some counties (see *Stakeholder Collaboration* section below).

Challenges

Recruiting and hiring qualified, dedicated staff

As program implementation began, several pilots encountered unexpected challenges in recruiting and filling essential staff roles. Three pilot sites struggled to recruit people with lived experience to fill parent advocate roles. These pilot sites, two of which are in rural counties, reported difficulties recruiting someone with lived experience with the child welfare system to take on the role of parent advocate. Additionally, one rural pilot struggled to hire an attorney, which put a significant workload on the lead attorney during early implementation. Pilots reported two primary contributors to the hiring challenges: job location (in rural counties) and the volatile COVID-19 job market.[3]

Additional trainings needed

Pilot staff believed that additional formal trainings related to implementing MDTs after programs were fully staffed and before beginning to serve clients would have strengthened their work. Pilots reported having to rely on their own professional experiences to guide early implementation efforts. Although pilots received initial training and attended monthly technical assistance meetings to address common challenges regarding team roles, role confusion, and teamwork in an MDT, the field is understudied and instructive literature on the teaming process is scant (Pott, 2016). As this initiative involves simultaneously implementing MDTs across six counties, we are hopeful that this process can help establish a set of best practices necessary to creating effective MDTs for future jurisdictions.

Adaptations

Partnering to overcome hiring challenges

To address the challenge of hiring parent advocates, the pilots asked community partner organizations to contact people with lived experience who might have an interest in filling the role of parent advocate. This method proved more effective than traditional advertising. However, while most pilots were able to fill these vital roles with people with lived experience, in at least one instance the contracted peer support specialist did not have experience with the child welfare system. This indicates that in some situations, programs may need to deviate from the MDT family representation model to staff teams fully.

Tips

MDTs require significant staff time to ensure strong implementation

In the first program year, the pilots have made significant progress in program implementation, overcome challenges, and demonstrated that the MDT model can be successful through various accomplishments. However, one thing became clear: the importance of dedicated, experienced staff to fill each of the roles. Implementing an MDT takes time, staff, and resources; this cannot be viewed as a side project. It requires strong leadership, specific staff with expertise of their profession, experience and knowledge of the community in which they serve, and overall, staff passionate about the program's mission. Developing, implementing, and sustaining an MDT program requires a substantial investment of staff time. In addition to the responsibilities of each role on the team, staff must also consider the time required for internal team meetings to brainstorm, discuss case strategies, and coordinate roles and responsibilities; schedule and attend external team meetings; relationship building with clients and partners; and the work of continuously engaging with stakeholders.

[3] Action Research has seen challenges in hiring parent advocates elsewhere, as well as in Ohio.

Benefits from targeted trainings

Pilots identified ethical dilemmas such as client-attorney privilege and mandated reporting requirements as barriers to effective MDT practice. Pilots reported that they benefitted from targeted trainings to address these issues. Helpful trainings included sessions at the American Bar Association's (ABA) National Conference on Parent Representation, training videos distributed by the ABA, and virtual training sessions hosted by pilot stakeholders and the program's technical assistance consultant. Staff that attended the ABA Conference reported that the activities and associated networking opportunities about MDT operations and best practices from across the country were particularly valuable. Parent advocates and social workers from attending pilots used the conference to connect with peers to gain insight into how MDTs in other jurisdictions address challenges. New pilot sites may find it especially helpful to compile a comprehensive list of MDT-related resources so they can direct new team members to state and national organizations, listservs, and training opportunities.

Peer networking

Since utilizing MDTs in family representation is still an emerging practice area, networking with peers is a valuable avenue for learning. Pilot programs learned best practices from peers working in the same roles across the country. Several pilots reported that communicating with peers helped their pilot teams when more specific trainings could not. While some teams connected with colleagues in their communities, others reached out to peers in other states after accessing their contact information through an American Bar Association training video.

Stakeholder Collaboration

In the multidisciplinary approach to parent representation, stakeholders include child welfare agencies, courts, community-based organizations, and staff from the MDTs. These stakeholders work together to create plans for parents to meet the needs of their children and to help them access a network of services in their communities (Sankaran, 2014). For most of the Ohio pilots, stakeholder collaboration is vital to success, as programs rely primarily on referrals from county child welfare agencies and community partners. Maintaining collaboration and communication across the various organizations and within the MDT is important to ensure that clients are receiving the services they need and to quickly address challenges as they arise.

Strengths

Relationships with county child welfare agencies

Most pilot teams reported having strong, collaborative relationships with county child welfare agencies, which resulted in greater cooperation on individual cases and in increased program referrals. This is especially important because 76% of all program referrals from the first year of implementation came from county child welfare agencies. Table 3 below shows the total number of referrals from the various referral sources for all pilot sites.

Table 3. Sources of Program Referrals (all sites)

Source: Ohio Pilot Programs

	Number	Percent
Child Welfare Agencies	158	76%
Community Agencies	14	7%

Schools	18	9%
Word-of-mouth	4	2%
Courts	14	7%
Other	1	<1%
Total	209	100%

Note: Total may not add up to 100 percent due to rounding.

Relationships with community partners

Several pilots developed strong relationships with community partners, which resulted in increased referrals and access to resources provided by these partners. As a result of these relationships, pilots have been able to provide clients with necessary services such as in-patient substance use treatment, housing assistance, and material resources such as children's clothing. These pilots employed several strategies to build and maintain their relationships with community partners, such as holding regular meetings with key partners, attending community events, and maintaining consistent and proactive communications through phone calls and e-mails.

Regular and consistent communication within MDTs

Pilots reported that consistent communication *within* teams has been essential to program implementation. Most pilots found that holding weekly team meetings was especially useful as their program grew and required adaptability. They used these meetings to discuss client needs, determine the responsibilities of each MDT member for different cases, discuss challenges with program implementation, and decide what changes should be made to address those challenges.

Challenges

Consistent engagement with county child welfare agencies

For many of the pilots, keeping staff at the county child welfare agencies consistently engaged with the program has been challenging due to high turnover of their staff, lack of experience in new staff positions, and limited knowledge of child welfare in newly hired staff.[4] These factors decreased the flow of referrals at times. With the high turnover at child welfare agencies, pilot teams have also found it challenging to keep caseworkers and other staff informed about the design and developments in their programs, the process of making referrals, and client eligibility requirements. Additionally, one pilot program has faced difficulty building and maintaining a collaborative relationship with their county child welfare agency, which has resulted in fewer referrals from the agency.

Consistent engagement with community partners

One of the pilots reported challenges in maintaining program engagement and awareness with community partners, which resulted in barriers to meeting client needs. Turnover at partner organizations contributed to this lack of engagement because new employees at the agencies were not aware of the program or how to make referrals.

Adaptations

[4] See Casey Family Programs, "How does turnover affect outcomes and what can be done to address retention?," (2017): https://www.casey.org/turnover-costs-and-retention-strategies/.

Expanding referral sources

In the county that has experienced challenges in their relationship with the county child welfare agency, the pilot team adapted by broadening their referral sources. While the pilot received 14 percent of its referrals from the child welfare agency, the program obtained most of their referrals (39%) from the family court. While other pilot programs have one to three referral sources, this program has over six—more than any other pilot.

Tips

Develop multiple referral sources

Pilot programs should develop multiple sources of referrals as staffing allows. This will increase the number of referrals and provide programs with other options if a referral source relationship deteriorates or has few clients that meet eligibility criteria. This can also limit the impact of staff turnover at community partners: while newly hired staff are learning about the program and the referral process, the pilot can work with other partners to ensure an appropriate flow of referrals.

Develop early relationships

Staff may find it helpful to develop relationships with community partners and referral sources before program launch. One pilot drafted their grant application with the county child welfare agency, which led to a shared sense of ownership, many referrals, and access to resources for clients. Pilot staff reported that working with clients is made easier by having access to local resources and having prior relationships with the providers of those resources.

Continuous engagement with stakeholders

It is beneficial for pilot staff to hold regular meetings with county child welfare agencies or other referral sources, and to attend community events to build stronger relationships with community partners. Some pilot staff found that attending child welfare agency department meetings to explain the multidisciplinary approach and the roles of the MDT mitigated the effects of high staff turnover as all levels of the child welfare agency need to be educated on the MDT pilot, from administration to front line intake staff and case workers. Ongoing communication helped partners keep the pilot program in mind in terms of referrals and access to the resources provided by these partners.

Weekly team meetings

Pilots that held weekly team MDT meetings were able to address questions or challenges as they arose in program implementation and improved team communications.

Client Engagement

Teams engage clients when they build trusting relationships with them and demonstrate that they are loyal to the clients, which makes clients more willing to access needed services (Sankaran, 2014). Client engagement entails parents participating in open and honest conversations with the MDT members, showing an understanding of the information provided to them, and accepting or seeking out the services of the team (Lalayants, 2019). This engagement must be maintained for the pilots to identify the needs of families, to provide the appropriate resources to meet those needs, and to reassure the county child welfare agencies that clients are making progress without their intervention.

Strengths

Initial in-person meetings

The pilot teams reported that having a parent advocate attend an initial meeting with clients face-to-face to explain the pilot program has helped them build stronger relationships with clients. Parent advocates report that these meetings have made it easier to build trust and a connection with clients. They believe that without an in-person meeting, it is more difficult to express their support for the clients.

Discretionary funds for material resources

Pilot staff expressed that having discretionary funds on hand to provide clients with material resources enabled them to meet client needs quickly, which is consistent with findings from other interventions.[5] The Ohio pilots spent grant funds on items such as food, furniture, diapers, and other hygienic products for the clients and reported that without the grant funds, providing these items could have taken weeks or months. In many instances, the team provided these items immediately.

Challenges

Timing and location of initial client contact

The timing and location of the pilot team's initial contact with families can be a barrier to building trust. One pilot team has staff that first meet clients after the shelter care hearing and inside the courthouse, resulting in clients viewing them as an extension of the court. In other cases, clients sometimes assume that the team is involved with the county child welfare agency, regardless of where the first meeting takes place.

Inconsistent client engagement

Pilot staff reported that some clients were inconsistent in their engagement with the program after initial enrollment, citing clients' struggles with mental illness, substance use, and other challenges. Some team members believed that clients were not willing or able to maintain contact with the team or to access recommended services, and others explained that many clients engaged only enough to avoid discharge from the program. The team reported feeling as though they were unable to help these clients but that they also could not close the cases. This challenge limited enrollment of new clients.

Lack of community resources

Some of the pilots faced a lack of community resources such as affordable housing that meets building code standards, transportation, and juvenile mental health services. While the team identified the resources needed to meet a family's needs, the resources were not available. This led clients and staff to experience frustration.

Inappropriate client referrals

Pilots reported that referral sources often sent inappropriate clients to their programs because the pilots did not have clearly documented inclusion and exclusion criteria; this also resulted in

[5] See Indiana Evaluation Team and Indiana Department of Social Services, "*Indiana Department of Child Services Child Welfare Title IV-E Waiver Demonstration Project,"* (2018) and Rostad, Rogers, and Chaffin, "The influence of concrete support on child welfare program engagement, progress, and recurrence." *Child and Youth Services Review*. 72 (2017): 26-33.

missing potential clients who could have benefitted from the programs. While pilots tried their best to help clients that were not in the target population, they were often unable to prevent further involvement with the county child welfare agency. For example, one program described a client who had been referred to their program with severe mental health issues and cognitive deficits. A doctor had previously deemed the client inappropriate to parent a child and the client had already had a child removed from their home in the past. The pilot team tried their best to help the client by creating support systems, but the case ultimately ended in a formal filing. As the pilot team devoted time and resources on this case, staff believed there were other families that they could have helped who had not been referred to them.

Adaptations

Growing referrals by expanding eligibility criteria

Some pilot programs expanded their eligibility criteria to accept a wider range of cases. One pilot initially offered their pre-petition services only to custodial parents but expanded to serving non-custodial parents after realizing that they could also benefit from the program. Another program expanded from only accepting pre-petition cases to accepting post-petition cases so they could serve more families.

Using the UpTrust app to improve client communication

Several pilot programs used part of their grant funding to purchase a monthly subscription to UpTrust, a mobile application which allows multidisciplinary teams to communicate directly with clients through a chat app, refer clients to community-based social services, and includes a calendar feature to organize clients' meetings and appointments. The pilots adopted the app partway through the first year with the aim of improving communication between clients and MDT members; pilots are continuing to test the application and weigh the cost-benefit of using it for their programs in year two.

Tips

Plan for a "ramp-up" period before engaging clients

Reflecting on their experiences, pilot staff recommend incorporating a "ramp-up" period before engaging clients. This period could be used to train and hire program staff, build relationships with key partners and referral sources, plan out the referral process, and develop program branding materials and an outreach plan. Additionally, new programs could use this time to define the target population, write inclusion and exclusion criteria, set conditions for discharge, and implement a standardized, pilot-wide case management system to track and retain client data.

Branding the program is important

Programs should not underestimate the importance of branding their programs and its effect on increasing awareness within the community. Program branding involves selecting a program name, defining a mission, creating brochures, and/or other activities to increase program awareness among partners and the client community. The Ohio pilots have engaged in several program branding strategies, including meeting with community-based organizations to explain their program, participating in community events, and developing informational materials such as videos and pamphlets to distribute to potential partners and clients. Branding within the MDT can also help staff connect with clients. One social worker, for example, refers to themselves as

the "case coordinator" when speaking to clients, which helps to avoid association or confusion with social workers at the county child welfare agency. Additionally, communicating success stories to the community can increase the number of referrals and encourage program approval or aid from funders, legislators, and community leaders—but requires a deliberate strategy.

Assess available services before program start

Assessments of available community services conducted before implementing programs make teams aware of the needs they can and cannot meet for potential clients.

Additional Findings

First year progress demonstrates that counties can implement the model

During the first year of implementation, pilots encountered unexpected challenges related to staffing, stakeholder collaboration, and client engagement, but most demonstrated their adaptability and ability to remain flexible as programs progress into their second year. Pilots served a total of 134 clients, including 93 pre-petition clients and 41 post-petition clients.

Of all cases closed in the first program year, more than half (59%) were closed after clients successfully completed the program (see Table 4 below for more detail on case closure reasons). The pilots successfully resolved 41 cases with child welfare or truancy concerns; 27 of the 41 cases avoided a formal filing of a petition, 9 resulted in reunification with parents, and 5 resulted in kinship legal custody.[6]

Table 4. Reasons for Case Closures (all sites)

	Number	Percent
Case successfully resolved	41	59%
Client unresponsive	10	14%
Client requested termination	3	4%
Program decision	3	4%
Unsuccessful outcome / client did not avoid formal filing	12	17%
Total	69	100%

Note: percent total may not add up to 100 due to rounding.

Pilots struggled to collect information to inform implementation

Several programs reported difficulties in tracking and managing client data throughout the year. Additionally, when submitting year-end aggregate data to the evaluation team, some submissions contained discrepancies in the data and not all programs tracked the data fields requested. This suggests the need for a standardized, pilot-wide case management system to track and retain client data prior to engaging clients. A case management system would allow pilot staff to prepare for client meetings more quickly, promote sharing of data within the MDT, ensure smooth transitions in the event of staff turnover, inform program decision making, and improve reporting to funders and evaluators.

Navigating ongoing challenges related to the COVID-19 pandemic

[6] Definitions of client success varied depending on the program design and client population.

High COVID-19 infection rates forced the Supreme Court of Ohio to postpone an annual convening of all program staff in October 2022. The postponement disappointed many pilot staff as the meeting promised to be the first opportunity for all pilot sites to meet in-person. COVID-19 also prevented in-person peer-to-peer meetings and in-person technical assistance and training sessions. COVID-19 also contributed to the challenging job market, making recruitment of qualified and dedicated personnel difficult, especially for pilots located in rural counties.

Program funding challenges

Staff reported facing challenges with program funding. While one program helped clients purchase material resources, the staff used their own money and obtained reimbursement afterwards. Paperwork and significant delays in reimbursement discouraged this practice and shut off an effective means of support in some situations. Program staff recommended that discretionary funds to meet client needs should be easier to access. One pilot described the current reimbursement process as "challenging" and "lengthy." Pilot staff suggested that to provide material resources to clients quickly, pilots should be allowed to stockpile commonly needed items, such as clothing, household items, and hygienic products in a storage room. Additionally, one program stated that they were able to expand and add more staff, but their funding has not increased with that expansion. This raised concerns about future sustainability.

Conclusion

This report marks the completion of the first year of the Ohio Legal Representation Pilot Program. Although there have been many challenges over the course of the past year, the teams remained committed to the original mission and have grown, adapted, and continued to serve clients and the community. Launching the pilots took sustained effort and considerable time, as is typical of new initiatives. Action Research is excited to learn more about pilot progress and development in the coming year.

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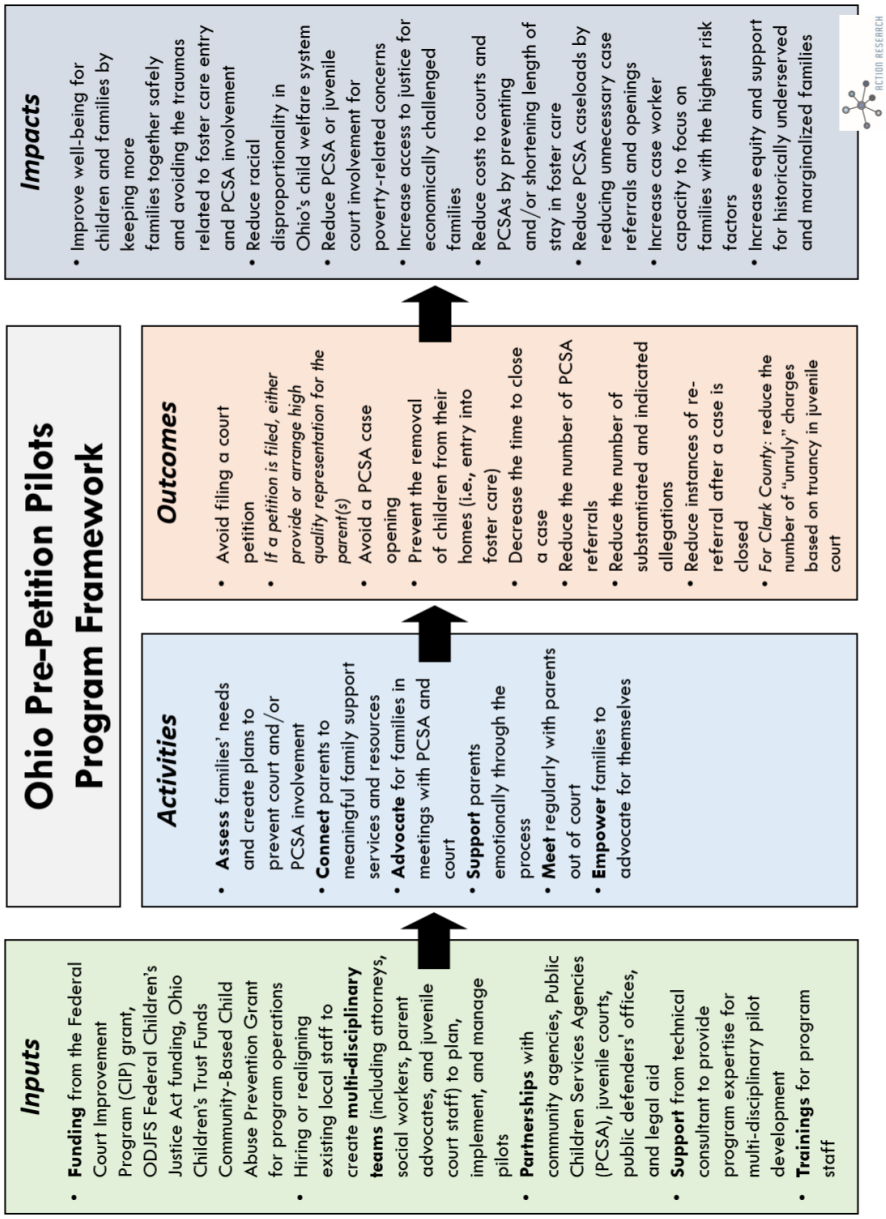
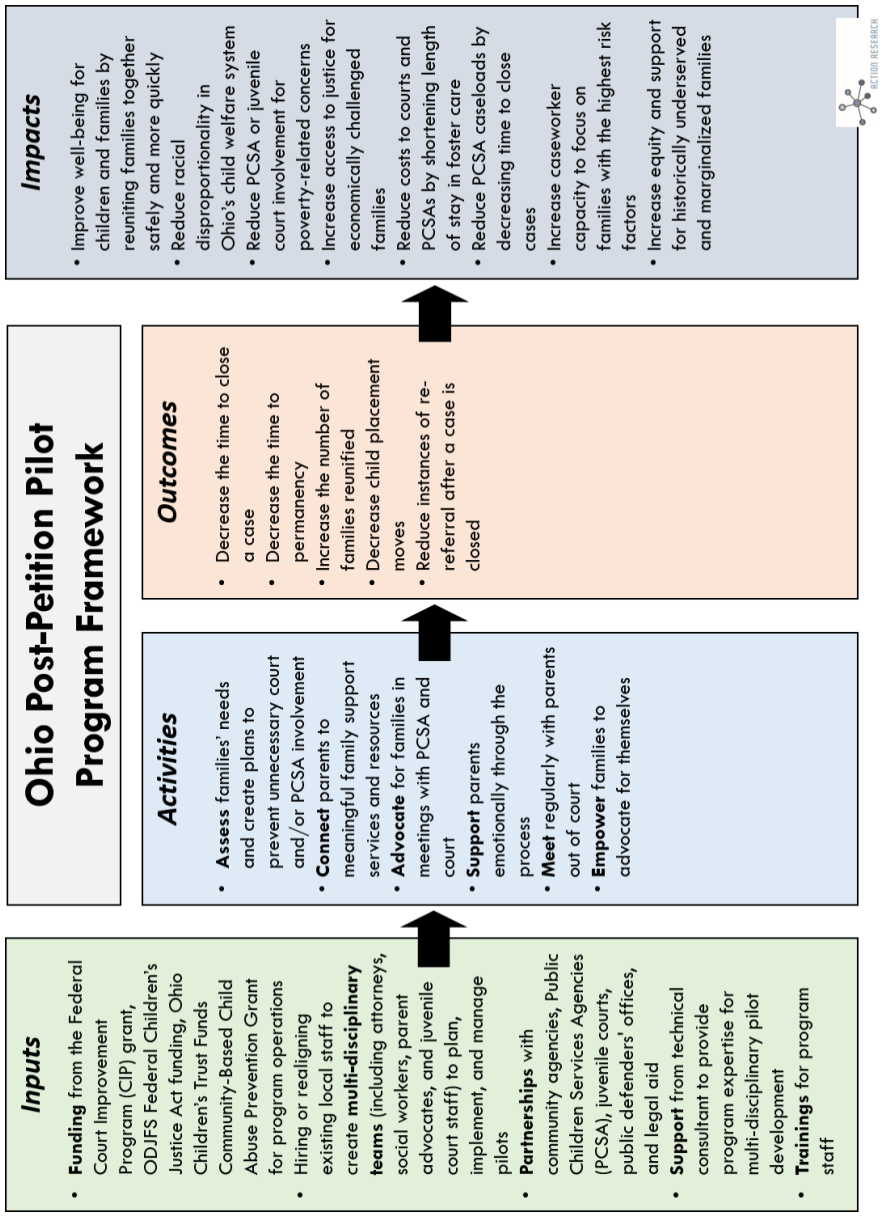
Appendices

Appendix A. Pre-Petition Program Framework



Appendix B. Post-Petition Program Framework



Evaluation of Ohio CIP Legal Representation Pilot Programs Focus Group Consent Form

Action Research is partnering with the Supreme Court of Ohio to learn more about the six pilot programs ("the pilots") focused on improving legal representation and supports for families involved in the child welfare system.

Purpose
The purpose of the study is to learn about pilot programs' challenges, solutions, and recommendations for the future.

Procedure
If you agree, you will take part in a 90-minute focus group. We will write down or type what you say during the interview. We'd also like to request your permission to audio record our conversation. What you say during the interview will be used only for the goals of this study. The Action Research team will be the only ones who will listen to the recordings, only to catch anything missed during the notetaking. Like the notes, the audio recordings will be kept anonymous and confidential. No one outside of Action Research will have access to them. The recording from this interview will be encrypted and stored on a HIPAA-compliant cloud services provider. All recorded interviews will be destroyed three years after the study is completed. However, you may still participate in the focus group if you decline to be recorded.

You may choose to participate in the focus group, can skip questions, ask for clarification, or stop at any time. If you choose not to be part of the focus group, it will not affect your relationship with the program or with program participants.

Benefits and Risks
Your participation may help to improve services for future program participants. There will not be any risks beyond those experienced during an average conversation.

Confidentiality
All information provided during this conversation will be kept confidential and secure; only researchers at Action Research will have access to notes and recordings. We will summarize findings from the focus groups in reports that will be shared with stakeholders. If we use quotes, names will not be included.

If you have any questions or concerns about the project, please contact Jessica Pak Mortega of Action Research at jessica@actionresearch.io. If you have questions about your rights as a participant, please contact the Solutions Institutional Review Board (IRB) at (855) 226-4472 or participants@solutionsirb.com.

I understand this information and agree to participate fully under the conditions stated above.

Please indicate whether you agree to be audio recorded (circle the response): YES / NO

_____

Participant Name Printed

X _____

Participant Signature

_____

Research Interviewer Name Printed

X _____

Research Interviewer Signature

We have provided two copies of this form. One is for you to sign and return to us. The other is for you to keep for your records.

Appendix D. Focus Group Researcher Guide

Ohio Pilot Staff Focus Group Guide

SCRIPT FOR BEGINNING THE INTERVIEW: **[10 minutes to log in and get through the script]**

Thanks so much for taking the time to talk with us today! I'm ***[name]*** *and this is* ***[name].*** *We work at Action Research, an independent research organization that provides data analysis and evaluation to improve human services for children, youth, and their families.*

[*Purpose*:] As you may know, we are partnering with the Supreme Court of Ohio Court Improvement Program to learn more about the implementation and outcomes of six pilot programs ("the pilots") focused on improving legal representation and supports for families involved in the child welfare system. Our purpose is to gather information to understand what works for the clients participating in the pilots and learn about program implementation challenges.

[*Time*:] This discussion should last about one and a half hours.

[*Confidentiality/Voluntary*]: We will be summarizing everything we learn through our conversations. If we reach a topic you prefer not to discuss, please let us know, and we will move on to the next question. Please let us know if there is anything you prefer we not share or attribute to you, and we will be sure to keep that information confidential. Our notes will be kept secure, and no one outside of Action Research will have access to them.

[*Request for permission to digitally record*:] Before we get started, we'd like to request your permission to record our conversation. The Action Research team will be the only ones who will listen to the recordings, only to catch anything missed during the notetaking. As a reminder, please let us know if there is anything you prefer we not share or attribute to you, and we will be sure to keep that information confidential. Like the notes, recordings will be kept secure, and no one outside of the Action Research team will have access to them.

Are you willing to participate in this discussion?
[*Wait to ensure that you receive a verbal YES from all participants*.]

Do we have your permission to record this discussion?
[*Wait to ensure that you receive a verbal YES from all participants*.]

Again, we are pleased to have you here today, and we thank you for your time in sharing your opinions.

[Begin recording if permission received (notetaker)]

Opening Question [5 minutes]

1. We'd like to make sure we all know who's participating in the conversation with us today. Please share your name and organization—[Facilitator is a timekeeper and moves the group forward].

Questions [45-60 minutes]

We have read program proposals and the monthly reports, so we are familiar with the framework of the pilot programs. Now we'd like to learn more about the specific challenges you have faced in the program's work over the past year and how they have been addressed.

2. In implementing the pilot program this past year, what would you describe as the pilot's biggest successes? Prompts:
    a. Staffing the project?
    b. Collaborating with other organizations or departments?
    c. Learning about clients?
    d. Individual client successes?
    e. Other?
3. What would you describe as the biggest challenges to implementing the pilot?
    a. Staffing?
    b. Training?
    c. Collaborating with other organizations or departments?
    d. Budget?
    e. Communicating with clients?
    f. Physical space, technology?
    g. Client flow?
    h. Other?
4. When you think back to when the pilot started today, what were the biggest surprises you encountered?
    a. Why were they unexpected?
    b. How did you change the pilot program?
    c. Did your adaptions succeed? Why or why not?
5. If you could easily make changes to the pilot, what would they be?
    a. Increase budget?
    b. Begin interactions with clients earlier in the process? Later in the process?
    c. Training?
    d. Services available for clients?
    e. Changes in the law or regulations?
6. How would you describe your interactions with staff from the child welfare agency?
7. How would you describe your interactions with the courts?
8. Like most states, Ohio's foster care population is disproportionately composed of children of color. How have issues of race and ethnicity impacted the implementation of the pilot?
9. What else would you like the evaluation team to understand about the pilot program's implementation?