Arizona's Children's System of Care Practice Review
Fiscal Year 2016 Statewide Report

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EXECUTIVE SUMMARY

BACKGROUND

Research has identified that outcome evaluation is key to achieving and sustaining transformation initiatives in Systems of Care (Hodges, Hernandez, Nesman, & Lipien, 2002). The System of Care Practice Review (SOCPR) was implemented in FY2009-2010 as the Arizona Health Care Cost Containment System (AHCCCS) practice review method of choice in Arizona. It was developed at the University of South Florida (USF) by Dr. Mario Hernandez, Ph.D. Research has demonstrated high inter-rater reliability in the use of the tool, which is based on face to face interviews with multiple informants as well as file/record reviews (Hernandez et al., 2001). A total of 205 reviews were conducted across Arizona in FY2015-2016. Because the sampling emphasis was placed on children and families involved with the Department of Child Safety (DCS) system, the outcomes of this year's SOCPR report will include two separate analyses and results sections: ALL Cases and DCS Cases.

METHODOLOGY

Interviews were drawn from a sample of children and families identified as having high/complex levels of need. For FY2015-2016, the sampling emphasis was placed on children and families involved with the DCS system. Therefore, the sample pool of cases contained all children and youth age 6 –18 years who had scores of 4 or higher on the Child and Adolescent Service Intensity Instrument (CASII). Children aged 0-5 were included if they met one or more of the following criteria: other agency involvement (Arizona Early Intervention Program [AZ EIP], Department of Child Safety [AZ DCS], Department of Developmental Disabilities [AZ DDD]); out of home placement (within past 6 months); psychotropic medication utilization (2 or more medications); and/or CGAS of ≤50. In addition, selected cases had to be enrolled in services at least 90 days, and be currently active at the time the sample was drawn. In addition, if multiple siblings were receiving services from the same agency only one child was included in the sample. For each agency under review, a case manager could have no more than two (2) of their cases identified for the SOCPR review.

The SOCPR uses a case study methodology informed by caregivers, youth, formal providers, informal supports, and extant documents related to service planning and provision. The SOCPR tool itself is comprised of four (4) domains and 13 subdomains and areas:

- *Child-Centered, Family-Focused (CCFF)*
  - *Individualized, Full Participation, and Case Management*

- *Community Based (CB)*
  - *Early Intervention, Access to Services, Minimal Restrictiveness, and Integration and Coordination*
- *Culturally Competent (CC)*
  - *Awareness, Sensitivity and Responsiveness, Agency Culture and Informal Supports*
- *Impact (IMP)*
  - *Improvement and Appropriateness*

SOCPR results include a combination of quantitative and qualitative data. Quantitative data are scored on a scale of 1–7. Scores from 1–3 represent lower implementation of a system of care principle, and scores from 5–7 represent enhanced implementation of a system of care principle. A score of 4 indicates a neutral rating, meaning a lack of support for or against implementation. Qualitative data are analyzed for themes that are identified in at least half of examined cases.

SUMMARY RESULTS ALL CASES

Quantitative Data Summary

During FY2015-2016, a total of 205 cases were sampled from three Regions in Arizona. In addition to results related to the four domains, other areas of analysis included: *demographics, service system involvement*, and *receipt of services or treatments*. The demographic profile for ALL Cases showed that males were more commonly represented, in over 63% of the sample, with the overall average age at 9.5 years. With regard to ethnicity, almost half of the sample was White (46%), almost 24% was Latino/Hispanic, and over 17% was multi-racial. The remaining 13% of the sample consisted of Black, Native American, and missing data. Almost 97% of the sample spoke English as their primary language, with an additional 1% listing Spanish as their primary language. From a total range of 0-6 systems, the average number of child-serving systems involved per child was 2.02. All 205 ALL Cases (100%) were recorded as showing behavioral health system involvement. A review of the services or treatments utilized showed that almost 96% of the children received Support Services, with Case Management being received by almost 91% of the families. Treatment Services were utilized by over 72% of youth while almost half of the families utilized Medical Services. The average number of services used per child or youth was 4.1.

Scores range from a low of 1 to a high of 7, with scores 5 and higher representing *enhanced implementation* of the item of interest. For the statewide sample of 205 ALL Cases, mean scores ranged from 4.85 to 5.15 for the four SOCPR domains, with an overall case mean score of 4.98.

SOCPR Overall Domain Mean Scores ALL Cases

STATEWIDE (N=205)	Case Mean (SD)	CCFF Mean (SD)	CB Mean (SD)	CC Mean (SD)	IMP Mean (SD)
	4.98 (1.06) Min 1.58 Max 6.57	4.92 (1.23) Min 1.55 Max 6.66	5.15 (0.99) Min 1.54 Max 6.88	4.85 (1.17) Min 1.78 Max 6.51	4.98 (1.38) Min 1.00 Max 7.00

In Arizona, provider agencies performed best at including the Community Based system of care values when serving children and families. The domains of Impact and Child-Centered Family-Focused followed next. Providers were most tested in the Culturally Competent domain.

For FY2015-2016, all of the SOCPR domain, subdomain, and area scores for the ALL Cases fell in the mid 4 to high 5 range. One of the four SOCPR *domain* mean scores fell within the 5 range (representing enhanced implementation of a system of care principle) with three domain scores in the high 4 range (neutral). In Community-Based all subdomains and areas except for the subdomain of Integration and Coordination (4.57), scored in the low to high 5 range, with the area of Appropriate Language scoring highest (5.80). High scoring *subdomains* included Access to Services (5.60) and Minimal Restrictiveness (5.39) from the Community-Based domain. High scoring *areas* included Convenient Locations (5.55) and Convenient Times (5.44) in the Community-Based domain. Other scores in the 5 range included one subdomain from Impact (Improvement 5.06) and one subdomain and one area from Child-Centered, Family-Focused. These scores represent strengths in the Arizona's Children's System of Care as reviewed through these 205 SOCPR ALL cases.

Because of the geographic re-alignment within the state of Arizona, Region sample sizes are now large enough to calculate, analyze, and provide data, which are statistically meaningful. Therefore, this report presents statewide SOCPR data for most levels of the instrument, including the total case mean score, SOCPR Domain scores, SOCPR Subdomain scores, and SOCPR Area scores for each Region (North-7, South-8, and Central-6) for ALL Cases.

A series of variables of interest were tested to identify if there was a statistically significant relationship to the outcome of the SOCPR results. There were a variety of significant differences in SOCPR case and domain scores across the variables examined. Some of each of the service systems, services categories, and services measured showed significant differences.

Receiving Treatment Services (especially Individual Counseling and Group Counseling), Respite Support, Skills Development and Training, and Level III Residential were strongly associated with Region. Educational Services, Developmental Disabilities, and Total Systems were associated with higher SOCPR case scores and domain scores for children and youth.

Summary of Qualitative Analysis

The Qualitative Analysis section presents a review of data compiled from responses to Summative Questions that SOCPR reviewers use to summarize and integrate the information gathered throughout the Document Review and a series of interviews completed with a particular child/youth and family to address each of the four SOCPR domains. The Summative Questions call for the reviewer to provide a rating for each statement and to give a brief narrative in support of that rating. Individual ratings serve as indicators of the extent to which the subdomain elements (e.g., individualized services, full family participation) or SOC principles are being implemented within the System of Care under review. The narrative portion of each Summative Question response provides evidence for a given rating and is used to determine the presence or absence of system of care principles for each subdomain. Where an overall summative rating relates to a reviewer's determination of completion of a thorough assessment, for instance, qualitative analysis examines the evidence provided to explain the rating.

In the final analysis, ratings for each item are clustered and considered in conjunction with the respective brief narrative provided to determine a general assessment for each subdomain. The compiled narratives for ALL Cases Summative Questions were coded and sorted to assess the degree to which System of Care principles were implemented in each SOCPR domain area (N=205). The frequency of Summative Question responses were examined and analyzed for emerging patterns/trends. In order to be considered a trend, at least of half of the responses associated with a particular rating had to provide similar information related to a given measurement and/or subdomain area. Trends in each subdomain are then reviewed together to provide an overall assessment for the larger domain area. This report section also highlights particular successes and challenges with regard to implementation of System of Care principles for each of the SOCPR Domain Areas.

Some notable strengths that were identified for ALL Cases include active participation of families in services and service planning, communication and documentation is in the primary language of youth and families, awareness of cultural dynamics in working with families, and improvements in child/youth functioning. Opportunities for improvement were also identified. Some of these include ensuring youth and family strengths are clearly incorporated into service planning goals, ensuring that the process for linking families to additional services is smooth and seamless, and increasing identification of and utilization of informal supports for families.

SUMMARY RESULTS DEPARTMENT OF CHILD SAFETY (DCS) CASES

Quantitative Data Summary

Of the 205 SOCPR cases sampled during FY2015-2016, the state of Arizona was also interested in only those cases where the children and families had department of child safety involvement. The 106 DCS Cases (almost 52%) completed during FY2015-2016 were sampled from all three Regions. In addition to results related to the four domains, other areas of analysis included: *demographics, service system involvement, and receipt of services or treatments.* The demographic profile showed that males were more commonly represented, over 62% of the sample, with the overall average age at 7.77 years. With regard to ethnicity/race, almost 42% was White, 15% identified as Multiracial, and 26% was Latino/Hispanic. The remaining 18% of the sample consisted of Black, Native American, and missing data. Over 96% of the sample spoke English as their primary language. From a total range of 0-5 systems, the average number of child-serving systems involved per child was 2.42. All 106 DCS Cases were recorded as showing behavioral health system involvement (100%). A review of the services or treatments utilized showed over 97% of the children received Support Services, with Case Management being received by almost 91% of the families. Treatment Services were utilized by almost 68% of youth while Medical Services were utilized by more than a third of the families. The average number of services used per child or youth involved with DCS services was 3.78.

Scores range from a low of 1 to a high of 7, with scores 5 and higher representing enhanced implementation of the item of interest. For the sample of 106 DCS Cases, mean scores ranged from 4.85 to 5.16 for the four SOCPR domains, with an overall case mean score of 5.00.

SOCPR Overall Domain Mean Scores DCS Cases

STATEWIDE (N=106)	Case Mean (SD)	CCFF Mean (SD)	CB Mean (SD)	CC Mean (SD)	IMP Mean (SD)
	5.00 (1.13) Min 1.58 Max 6.57	4.96 (1.29) Min 1.55 Max 6.66	5.16 (1.07) Min 1.54 Max 6.88	4.85 (1.23) Min 1.78 Max 6.49	5.01 (1.48) Min 1.00 Max 7.00

In Arizona, provider agencies performed best at including the Community Based system of care value when serving children and families who had department of child safety involvement. The domains of Impact and Child-Centered Family-Focused followed next. Providers were most tested in the Culturally Competent domain.

For FY2015-2016 SOCPR DCS Cases scores by Region ranged from the low 4s to low 5s. Two of the four SOCPR *domain* scores fell within the low 5 range (representing enhanced

implementation of a system of care principle) with two domains in the high 4 range (neutral). In the Community Based domain, almost all subdomains and areas scored in the low to high 5 range with the exception of area of Integration and Coordination. The area of Appropriate Language had the highest mean score (5.83) while the subdomain of Integration and Coordination scoring the lowest (4.67). High scoring *subdomains* included Access to Services (5.56) and Minimal Restrictiveness (5.30) from the Community Based domain. High scoring *areas* included Appropriate Language (5.83), Convenient Times (5.44) and Convenient Locations (5.41) in the Community Based domain. Other scores in the 5 range included one subdomain from Impact, Child-Centered, Family-Focused, and Culturally Competent and one subdomain and one area from Child-Centered, Family-Focused and Culturally Competent. These scores represent strengths in the Arizona's Children's System of Care as reviewed through these 106 SOCPR DCS Cases.

A series of variables of interest were tested to identify if there was a statistically significant relationship to the outcome of the SOCPR results. There were a variety of significant differences in SOCPR case and domain scores across the variables examined. Some of each of the demographic, service systems, and services categories measured showed significant differences.

Receiving Treatment Services (specifically Individual Counseling and Family Counseling) was strongly associated with Region Educational Services, Total Systems, and Support Services were associated with SOCPR domain scores for DCS Cases.

Summary of Qualitative Analysis

The Qualitative Analysis section presents a review of data compiled from responses to Summative Questions that SOCPR reviewers use to summarize and integrate the information gathered throughout the Document Review and the series of interviews completed with a particular child/youth and family to address each of the four SOCPR domains. The Summative Questions call for the reviewer to provide a rating for each statement and to give a brief narrative in support of that rating. Individual ratings serve as indicators of the extent to which the subdomain elements (e.g., individualized services, full family participation) or SOC principles are being implemented within the System of Care under review. The narrative portion of each Summative Question response provides evidence for a given rating and is used to determine the presence or absence of system of care principles for each subdomain. Where an overall summative rating relates to a reviewer's determination of completion of a thorough assessment, for instance, qualitative analysis examines the evidence provided to explain the rating.

In the final analysis, ratings for each item are clustered and considered in conjunction with the respective brief narrative provided to determine a general assessment for each subdomain. The compiled narratives for DCS Cases Summative Questions were coded and sorted to assess the degree to which System of Care principles were implemented in each SOCPR domain area (N=106). The frequency of Summative Question responses were examined and analyzed for emerging patterns/trends. In order to be considered a trend, at least of half of the responses associated with a particular rating had to provide similar information related to a given measurement and/or subdomain area. Trends in each subdomain are then reviewed together to provide an overall assessment for the larger domain area. This report section also highlights particular successes and challenges with regard to implementation of System of Care principles for each of the SOCPR Domain Areas.

Some notable strengths that were identified for DCS Cases include strengths of youth and family identified and utilized in service planning and delivery, services provided at convenient times and close to the child/family's home community, providers being aware of and responsive to a family's culture, and services and supports having a positive impact on youth and families. Opportunities for improvement were also identified, including adequately documenting needs of family, ensuring timely provision of services to families, increasing the inclusion of natural supports in service planning, and consistently documenting the impact of services and supports on families.

BACKGROUND

Arizona's Behavioral Health Care System

In 2016, at the request of the Governor, the Arizona Legislature mandated that the State's public healthcare system undertake an administrative simplification process. As a result of this process, it was determined that the Division of Behavioral Health Services (DBHS) would be consolidated with the State's Medicaid agency to create the Arizona Health Care Cost Containment System (AHCCCS). On July 1, 2016, DBHS and AHCCCS officially merged in order to fully integrate the oversight and implementation of physical and behavioral healthcare for the state.

The Arizona Health Care Cost Containment System (AHCCCS) is responsible for administration of Arizona's publicly funded behavioral health service system for individuals, families, and communities. As such, AHCCCS provides services both to populations eligible for federal entitlement programs such as Title XIX and Title XXI of the Social Security Act, as well as those receiving State funding only. AHCCCS funding is derived from a variety of sources: Title XIX (Medicaid), TXXI (Kids Care), federal block grants, state appropriations, and intergovernmental agreements.

Changes for FY2015-2016

In 2014, the state of Arizona reorganized the State's Child Protective Agency (CPS), resulting in a new administrative structure, and new designation as the "Department of Child Safety". In previous iterations of this reporting, the agency has been generically referred to as "Child Welfare". Beginning with this report, the agency will be referred to by its current title - The Department of Child Safety, or "DCS".

For FY2015-2016, there was also a change in the way RBHAs provided coverage in the state. In contrast to the previous six Geographic Service Area (GSA) system, there are now three (3) Regions, which are designated as follows: North-7, South-8, and Central-6. See additional detailed information on page 12.

Service Provision

AHCCCS' mission includes providing services to children and adults with substance use and/or general mental health disorders. Sub-populations include children with a serious emotional disturbance and adults with a serious mental illness. Children's Behavioral Health Services in the State of Arizona are delivered in accordance with the 12 principles of the

Children's System of Care (see Appendix A), and delivered via the "Arizona Practice Model". This "System of Care" approach to service delivery in Arizona developed in response to the JK class action lawsuit, as part of the settlement agreement between AHCCCS and the plaintiffs in the case.

The Arizona Practice Model is based on the "wrap-around" model (VanDenBerg, 2003), and includes formation of Child and Family Teams as a means of organizing and directing care. The Child and Family Team may be composed of family members, behavioral health service providers, and representatives of other child-serving agencies, as well as other identified helpers and "natural supports". Teams are typically facilitated by a case manager or other behavioral health representative, and are responsible for identifying the strengths and needs of children and families and identifying and monitoring treatment goals and tasks. Teams are also responsible for obtaining any and all covered behavioral health services *not* requiring prior authorization by the Regional Behavioral Health Authority (RBHA). Teams may also request services requiring prior authorization, which will be subject to medical necessity determination by the RBHA. Services requiring prior authorization include out of home care and psychological testing. Other AHCCCS Covered Services include (for a comprehensive list refer to the AHCCCS Covered Behavioral Health Services Guide):

- Treatment Services – behavioral health counseling and therapy
- Medical Services – medication services and laboratory
- Rehabilitation Services – living skills training
- Support Services – case management, home care training, respite, and transportation
- Crisis Intervention – AHCCCS also oversees a statewide crisis system including crisis phones, warm lines, mobile teams, and inpatient psychiatric and detoxification facilities, which operate seven (7) days a week.

AHCCCS also oversees provision of prevention programs for children and adults. These services are funded separately, and are not included as Medicaid covered services.

In Arizona, services for children and adults have separate funding streams, and state law prohibits children's services from being funded with adult monies and vice versa. For purposes of this report, the focus will be on children/youth under the age of 18 (and their families) served by AHCCCS. Quality improvement and evaluation activities related to services provided to adult populations are considered to be outside the scope of this report.

Contracting Process

Contracts are bid on a 3–5 year competitive cycle. Currently three (3) Regional Behavioral Health Authorities (RBHAs) serve the three Regions. In addition there are five (5) Tribal Intergovernmental Agreements (IGAs), which include three (3) Tribal Regional Behavioral Health Authorities (TRBHAs).

Each T/RBHA contracts with various provider agencies to deliver the full array of covered behavioral health services to children and families within its Region. Augmenting the efforts of these service providers are Family Run Organizations (FROs), who partner with AHCCCS and the T/RBHAs to promote family involvement as well as family and youth voice and choice across the system. In addition, FROs are also providers of services to support youth and families.

Geographic Coverage

Beginning in FY2015-2016, there was a consolidation of the RBHA system in Arizona. In the new RBHA structure, the previous system of four RBHAs administering behavioral health services in six geographical service areas (GSAs) covering the state was altered, and is now composed of three RBHAs which encompass those GSAs. These three RBHAs serving their respective regions are designated as follows: North (GSA 7), South (GSA 8), and Central (GSA 6). For purposes of consistency with past reporting, and maintaining geographic distributions of providers, this report will continue to categorize reviews according to the original 6 Geographic Service Area divisions, now encompassed by the three RBHA "regions" noted above.

For the most part, the geographic delineations of the previous GSAs by county are maintained in the new 3-Region RBHA structure. The exception is in what was formerly GSA 4, consisting of Gila and Pinal counties. This former GSA (consisting of two counties) was "split" between the North and South RBHAs, with each RBHA incorporating one county. In the new structure, Gila County is included in the "North" RBHA (GSA 7), and Pinal County is assigned to the "South" RBHA, (GSA 8). To reflect current boundaries, in this report, reviews in the formerly unified GSA 4 will now be referenced as occurring either in GSA IV-P (Pinal) or GSA IV-G (Gila). This is the only instance of a GSA with this type of cross-RBHA split.

In order to make comparisons between the new "3 Region" system and the previous system, this report bridges the two schemas by cross-referencing the previous and current designations. The following graphic defines the "bridge" between the six GSA divisions and new 3- Region RBHA structure.

Prior GSA Designations	Current RBHA Regions	BRIDGE
GSA I GSA IV-G (Gila)	North-(7)	North Region 7 (I) North Region 7 (IV-G Gila County)
GSA II GSA III GSA IV-P (Pinal) GSA V	South-(8)	South Region 8 (II) South Region 8 (III) South Region 8 (IV-P Pinal County) South Region 8 (V)
GSA VI	Central-6	Central Region 6 (VI)

Coordination of Care

AHCCCS works in tandem with a variety of potential stakeholders on behalf of youth and families. Child and Family Teams may include one or more of these stakeholders in addition to behavioral health system providers. These include:

- Physical healthcare providers
- Arizona Department of Economic Security (including):
  - Department of Developmental Disabilities
  - Rehabilitation Services Administration
  - Department of Child Safety
- Department of Juvenile Corrections
- Administrative Office of the Courts
- Arizona Department of Housing
- Arizona Department of Corrections
- Arizona Department of Education

Since Child Safety, Developmental Disabilities, Education, and Juvenile Justice are funded separately in Arizona, a mixture of cooperative agreements and contractual relationships have been defined. Of the stakeholder organizations, only the Department of Developmental Disabilities has established a contract with AHCCCS to provide behavioral health services for its eligible members. All other stakeholder agencies operate with collaborative agreements developed individually with each T/RBHA. These agreements define how the respective agencies are to work together to provide services such as counseling, crisis intervention, and residential treatment on behalf of individuals and families "shared" by the systems. Each T/RBHA has regular meetings with representatives of these stakeholder agencies to coordinate their collaborative efforts. In addition, AHCCCS maintains communication and collaboration through ongoing meetings involving stakeholders and state-level leadership.

Adoption of the SOCPR

Research has identified that outcome evaluation is key to achieving and sustaining transformation initiatives in Systems of Care (Hodges, Hernandez, Nesman, & Lipien, 2002). This is illustrated by a five-year study of children's mental health sponsored by the University of South Florida. In the study, researchers identified key elements for accomplishing goals and sustaining theory-based efforts at system change. These included the finding that organizations must have methods to ensure that service implementation is consistent with underlying theory, "regardless of the information source". According to the authors, it is important that organizations have a means to confirm that their theory-based strategies are actually serving intended recipients, are providing intended services and supports, and are producing desired results. Finally, the authors conclude that as a consequence of such outcome evaluation, decision makers are better equipped to identify and to anticipate challenges to implementation and sustainability.

For AHCCCS, research findings underscoring the need for outcome measures coincided with requirements of the settlement agreement entered into by AHCCCS with plaintiff's counsel in the Jason K. class action lawsuit. Under the terms of this agreement, AHCCCS committed to undertake development of a process to evaluate the quality of practice throughout the state. The J.K. Settlement Agreement, provision VIII, under "Quality Management and Improvement System", indicates that the measurement process will include as an integral component, "an in-depth case review of a sample of individual children's cases that includes interviews of relevant individuals in the child's life". In response to this agreement, in its 5th Annual JK Action Plan, AHCCCS established twelve objectives. One of these pertained to the implementation of the Practice Improvement Review process, and stipulated that AHCCCS would settle on a practice review instrument for use statewide.

As of June 2007, the practice review method in use by AHCCCS was the Wraparound Fidelity Assessment Scale (WFAS), developed by Dr. Eric Bruns of the University of Washington. The WFAS, as implemented in Arizona, consisted of two components; the Wraparound Fidelity Index (WFI), and the Document Review Measure (DRM). The WFAS was used to evaluate the degree to which services were being delivered according to the 12 Principles, and in keeping with Child and Family Team Practice. In October 2008, AHCCCS implemented a taskforce to evaluate the efficacy of the WFAS as a performance improvement measure for Arizona's System of Care. This taskforce, chaired by the AHCCCS Medical Director for Children's Services, included representatives from a number of AHCCCS functional areas including Children's System of Care, Children's Networks, Quality Management, and Clinical Practice Improvement.

The taskforce recommendations included: 1) Finalizing the Arizona-developed "Low Needs Tool", (henceforth referred to as the Brief Practice Review), and 2) Combining what had been separate moderate and high needs reviews into one process, to be referred to as the Practice Review for Children with Complex Needs. For purposes of implementing a practice review tool, AHCCCS determined that it was not practicable to employ the same method for reviewing cases with a high level of complexity/acuity as for those with a lower level of complexity. The Child and Adolescent Service Intensity Instrument (CASII) was identified as a mechanism for providers to rate levels of need/acuity on a scale from 0-6, with 6 representing the greatest intensity of need. Thus, the initial sample pool of cases deemed "high complexity" contained all children and youth age 6-18 years who had scores of 4 or higher on the CASII. Children ages 0-5 were also included if they had met the criteria of being involved in two or more child-serving systems; i.e., being involved in Behavioral Health plus an additional service such as Department of child safety, Juvenile Justice, or the Department of Developmental Disabilities. All other children not meeting these criteria were included in the sample for the Brief Practice Review.

In response to the taskforce's first recommendation, a workgroup was formed, and subsequently developed "The Practice Review for Children with Standard Needs". This tool, consisting of 15 questions, was to be administered telephonically with a child's primary caregiver. To address the second objective, the taskforce consulted with a number of local and national experts in practice review and survey development, including Mario Hernandez, Ph.D., of the University of South Florida. Ultimately, the Committee determined that the System of Care Practice Review (SOCPR) methodology developed by Dr. Hernandez would satisfy its requirements for the Complex Needs review process in Arizona. Subsequently, the SOCPR was adopted by AHCCCS as its practice review methodology with implementation beginning in FY2009-2010.

SOCPR and Quality Management/Practice Improvement

SOCPR results constitute one of the many data sources utilized by the AHCCCS Quality Management (QM) Department. These results are intended to be used as a mechanism to provide feedback to the Behavioral Health System regarding areas of strength and areas where improvement is needed in System of Care implementation. The feedback/improvement process occurs at two levels. The first is the individual provider agency level, where SOCPR feedback is utilized to develop individualized performance improvement plans. Second, as trends and common themes are identified across the state, these are incorporated into the AHCCCS System of Care Planning and Development process as goals and objectives for the T/RBHAs for the coming year.

METHODOLOGY

SOCPR Introduction

The System of Care Practice Review (SOCPR) collects and analyzes information regarding the process of service delivery to document the service experiences of children and their families, and then provides feedback and recommendations for improvement to the system. The process yields thorough, in-depth descriptions that reveal and explain the complex service environment experienced by children and their families. Feedback is provided through specific recommendations that can be incorporated into staff training, supervision, and coaching, and may also be aggregated across cases at the Regional or system level to identify strengths and areas in need of improvement within the system of care. In this manner, the SOCPR provides a measure of how well the overall system is meeting the needs of children and their families relative to system of care values and principles.

The reliability of the SOCPR has been evaluated, and high inter-rater reliability has been reported in its use (Hernandez et al., 2001). The validity of the protocol is supported through triangulating information obtained from various informants and document reviews. The SOCPR was found to distinguish between a system of care site and a traditional services site. Moreover, Hernandez et al. (2001) found in their study that the SOCPR identified system of care sites as being more child-centered and family-focused, community based, and culturally competent than services in a matched comparison site offering traditional mental health services. System of care sites were more likely than traditional service systems to consider the social strengths of both children and families and to include informal sources of support such as extended family and friends in the planning and delivery of services. In addition, Stephens, Holden, and Hernandez (2004) found that the SOCPR ratings were associated with child-level outcome measures. In their comparison study, Stephens and colleagues (2004) discovered that children who received services in systems that functioned in a manner consistent with system of care values and principles compared with traditional services had significant reductions in symptomatology and impairment one year after entry into services, whereas children in organizations that did not use system of care values demonstrated less positive change. The study also found that as system of care-based practice increased, children's impairments decreased.

SOCPR Method

The SOCPR relies on data gathered from interviews with multiple informants, as well as through case files and record reviews. Document reviews precede interviews and provide an understanding of the family's service history, including the presence and variety of services from sectors outside of behavioral health care systems. These reviews also provide the chronological context of service delivery and help to orient the reviewer to the child and family's strengths, needs, and involvement with services.

The interviews are based on a set of questions intended to obtain the child and family's perceptions of the services they have received. Questions related to accessibility, convenience, relevance, satisfaction, cultural competence, and perceived effectiveness are included. These questions are open-ended and designed to elicit both descriptive and explanatory information that might not be found through the document review. The questions provide the reviewer with the opportunity to obtain information about the everyday service experiences of the child and family and thereby gain a glimpse of the life experience of a child and family in the context of the services they have received.

The SOCPR uses a case study methodology informed by caregivers, youth, formal providers, informal supports, and extant documents related to service planning and provision. The unit of analysis is the *family case*, with each case representing a test of the extent to which the system of care is implementing its services in accordance with system of care values and principles. The family case consists of the child involved in the system of care, the primary caregiver (e.g., biological parent, foster parent, relative), the primary formal service provider (e.g., behavioral health case manager, therapist), and if present, a primary informal helper (e.g., extended family member, neighbor, friend).

Domains

The SOCPR assesses four domains relevant to systems of care: 1) Child-Centered, Family-Focused, 2) Community Based, 3) Culturally Competent, and 4) Impact.

Domain I, Child-Centered Family-Focused, is defined as having the needs of the child and family dictate the type and combination of services provided by the system of care. It is a commitment to adapt services to children and families, as opposed to expecting children and families to conform to pre-existing service configurations. Domain I has three subdomains: 1) Individualized, 2) Full Participation, and 3) Case Management.

Domain II, Community Based, is defined as having services provided within or close to the child's home community in the least restrictive and most appropriate setting possible, and coordinated and delivered through linkages between a variety of providers and service sectors. This domain is composed of four subdomains: 1) Early Intervention, 2) Access to Services, 3) Minimal Restrictiveness, and 4) Integration and Coordination.

Domain III, Culturally Competent, is defined by the capacity of agencies, programs, services, and individuals within the system of care to be responsive to the cultural, racial, and ethnic differences of the population they serve. Domain III has four subdomains: 1) Awareness, 2) Sensitivity and Responsiveness, 3) Agency Culture, and 4) Informal Supports.

Domain IV, Impact, examines the extent to which families believe that services were appropriate and meeting their needs and the needs of their children. This domain also examines whether services are seen by the family to produce positive outcomes. This domain has two subdomains: Improvement and Appropriateness.

Taken individually, these measures allow for assessment of the presence, absence, or degree of implementation of each of the domains and subdomains. Taken in combination, they speak to how close a system's services adhere to the values and principles of a system of care. The findings can also highlight which aspects of system of care-based services are in need of improvement. Ultimately, results provide the basis for feedback, thus allowing a system's stakeholders to maintain fidelity to system of care values and principles.

Organization of the SOCPR

The SOCPR is organized into four major sections: Demographics. Document Review, Interview Questions, and Summative Questions.

Section 1: Demographics includes vital and social characteristics of the child, family, and formal provider and a snapshot of the child's current array of services.

Section 2: Document Review organizes the case records review and comprises the Case History Summary and the Current Service/Treatment Plan. The Case History Summary requires the reviewer to provide a brief case history based on a review of the file. It also provides information about all of the service systems with which the child and family are involved (e.g., special education, behavioral health, juvenile justice, department of child safety). It summarizes major life events, persons involved in the child's history and current life, outcomes of interventions,

and the child's present status. Review of the Individualized Service Plan provides information about the types and intensity of the services received, integration and coordination, strengths identification, and family participation. The Document Review is completed prior to any interview so that the information gathered through the documents can inform and strengthen the interviews.

Section 3: Interviews Questions consists of the interview questions organized by the type of informant (primary caregiver, youth, formal service provider, informal helper). The interviews are designed to gather information about each of the four identified domains (Child-Centered Family- Focused, Community Based, Culturally Competent, and Impact). Questions for each of the four domains are divided into subdomains that define the domain in further detail and represent the intention of the corresponding system of care core value. Questions in each of the subdomains are designed to indicate the extent to which core system of care values guide practice. Data are gathered through a combination of closed-ended questions (i.e., quantitative) that produce ratings and explanatory responses from participants through more open-ended questions and narrative responses (i.e., qualitative). The open-ended questioning provides an opportunity for the reviewer to probe issues related to specific questions so that answers are as complete as possible. In addition, direct quotes from respondents are recorded whenever appropriate and possible.

Section 4: Summative Questions consists of the summative questions in which reviewers record their ratings and the evidence derived from the file review and interviews to support the reviewer rating for each summative question. These ratings represent the reviewer's belief of the extent to which system of care values and principles are actualized.

Training of the Interview Team

Training for the SOCPR follows strict procedural guidelines, which are outlined below. These steps were implemented and followed by the AHCCCS review team. Before data collection begins, the team conducting the SOCPR must be identified and trained. Case reviews may be conducted using single reviewers or paired review teams. The use of single reviewers allows for more cases to be reviewed at a lower cost. Pairing reviewers provides the advantage of being able to validate and discuss what is being learned through the review process. The use of paired reviewers is obviously more costly and may not always be feasible. However, when individual reviewers are conducting the SOCPR, it is recommended that reliability checks be conducted with another reviewer.

The didactic training includes a review of the values and principles of systems of care, an

orientation regarding the purpose and objectives of the SOCPR, and practice sessions for interviewing and rating the summative questions within the SOCPR. In addition, because much of the useful information about a family is collected through interviews, it was important to train reviewers in the proper methods for conducting interviews and documenting information from the responses that emerge during the review. Without this part of the training, reviewers may not probe adequately, or they may overlook information that helps with both the summative ratings and with the feedback that is later provided to the system of care. In addition, interview training was important so that the reviews are respectful, effective at ensuring that all questions are answered, and able to create a comfortable experience for informants.

During the training of reviewers, it is recommended that each trainee be shadowed by the trainer or another person with experience using the SOCPR protocol. This hands-on training includes the shadowing of a trainee by an experienced reviewer who participates in all aspects of the case review. The trainee conducts the interviews and leads the case review, and the shadow is available to provide support, clarify procedures, answer questions, and complete a separate set of ratings for comparison. Once a training case is completed, the trainee and shadow debrief about the case. It is essential that the debriefing include a discussion of why the ratings were given and the ways in which the notes resulting from the review will be used to give feedback to system stakeholders. Trainees, shadows, and the primary trainer typically meet together for group debriefing.

The coaching/shadowing of two cases per trainee allows for an examination of the trainee's ability to conduct the SOCPR in an appropriate and reliable manner. The reliability of a trainee can be examined through the calculation of three different measures: 1) the percentage of summative question ratings that were exact matches between the trainee and the shadow; 2) the percentage of summative question ratings that were scored in the same direction (i.e., positive or negative scores) by the trainee and the shadow; and 3) the discrepancy value between the trainee and shadow scores displayed as a percentage.

Selecting Cases and Informants

Implementing the SOCPR involves the selection of cases for review and the selection of the key informants for interviews. The number and type of cases to be examined is determined by the agency or system of care using the SOCPR and should be tailored to meet the specific needs and interests of that agency or system. Cases are selected based on characteristics such as the child's age, gender, and the service sector with which the child is involved. For example, an agency or system may be interested in assessing its service delivery for young children who are

not yet in school or for youth involved within the juvenile justice sector. A system of care should be purposeful in its approach to sampling to ensure the usefulness of the results. If a few cases are drawn from too large a pool of services and programs, it will be difficult to understand the results and to later know to whom and in what manner feedback should be provided. Determining the number of cases to be examined and the system's reason for implementing the SOCPR is critical to the usefulness of the results.

Arizona's sample of SOCPR cases could not be guided by examples from other communities who have used the SOCPR, as Arizona is the first state to implement the SOCPR in a systematic statewide manner. Therefore, the sample pool of cases contained all children and youth age 6 –18 years who had scores of 4 or higher on the Child and Adolescent Service Intensity Instrument (CASII). Children aged 0-5 were included if they met one or more of the following criteria: other agency involvement (Arizona Early Intervention Program [AZ EIP], Department of Child Safety [AZ DCS], Department of Developmental Disabilities [AZ DDD]); out of home placement (within past 6 months); psychotropic medication utilization (2 or more medications) and/or CGAS of ≤50. In addition, selected cases had to be enrolled in services at least 90 days, and be currently active at the time the sample was drawn. In addition, if multiple siblings were receiving services from the same agency only one child was included in the sample. For each agency under review, a case manager could have no more than two of their cases identified for the SOCPR review.

The next step involved examining the number of children who met this complexity designation at each Provider Network Organization or service agency in the state. No cases were chosen for the SOCPR from agencies who served fewer than 25 children who met the eligibility criteria. For agencies who served 25 to 400 eligible children, five cases from the agency were chosen for the SOCPR. For agencies who served more than 400 children who met the criteria, 10 cases were chosen. Agencies were contacted and asked to pull a random oversample based on the criteria described above. This oversampling was intended to provide substitute cases where families were not able to be located, chose not to participate in the process, or who upon review were found not to meet the "high complexity" designation. This process resulted in a total of 205 cases being completed in FY2015-2016.

SOCPR Data Analysis and Reporting

The analysis of the SOCPR follows a sequential process, in which data are coded, sorted, rated, and examined. Data are integrated, and ratings are determined for each question, embedded within a subdomain of one of the four main domains, with higher scores indicating that a family's experiences are more consistent with system of care principles. All of the interview

questions in the SOCPR are organized into a predetermined coding scheme. This allows for questions to be sorted by interview (e.g., primary caregiver, child, formal provider) and by domain. Once all of the required data for the protocol have been collected, the information is integrated to rate the summative questions, each relating to a specific domain. The ratings specified for each subdomain are averaged to provide a global rating for that domain. In addition, the summative questions for each domain are clustered, with their average rating representing a measurement of the individual components in each domain. Finally, reviewers support their final ratings with a brief explanation and direct quotes from the interviews.

The SOCPR produces findings such as mean ratings that reveal the extent to which the services and/or system under review adhere to the system of care philosophy (i.e., the extent to which services are child-centered and family-focused, community based, culturally competent, and impactful). A mean rating is also completed that assesses the impact of services on children and their families. The ratings are supported and explained by reviewer's detailed notes and direct quotes from respondents to provide objective, evocative, and in-depth feedback. The findings are used to document the specific components of service delivery that are effective or that need to be further developed and improved to increase fidelity to the system of care approach. One of the strengths of the SOCPR derives from its production of both quantitative and qualitative data. The mean ratings provide a discrete number to indicate the level of system of care values and principles implementation that is present within the family case. The file review data, interview contents, and reviewer reasoning to support summative question ratings provide the "why" to support the mean ratings scores. In addition, overall themes can be gleaned from these writings to provide information about larger systemic issues, community resources or needs, or other unique events that affect system of care values implementation.

TIBCO Spotfire S+® 8.2 (2010) was used to analyze the quantitative data. The results of the SOCPR are organized and presented on the basis of the four domains: Child-Centered Family-Focused, Community Based, Culturally Competent, and Impact. Each summative question is rated on a scale of –3 (disagree very much) to +3 (agree very much). These scores are then transformed on a scale from 1 (disagree very much) to 7 (agree very much) to eliminate the – and + signs. Thus, –3 is transformed to 1; –2 to is transformed to 2; –1 is transformed to 3, and so forth.

Hence, a rating ranging from 1–7 is derived for each of the domains and their embedded measurements. Scores from 1–3 represent lower implementation of a system of care principle, and scores from 5–7 represent enhanced implementation of a system of care principle. A score of 4 indicates a neutral rating, meaning a lack of support for or against implementation of system of care values and principles. Because a 4 rating does not provide any evidence raters are trained to use it as sparingly as possible when rating items.

Means were calculated for the overall case, domains, subdomains, and individual items. The range of scores, minimum and maximum values, and standard deviations for each data point were also examined. The total set of cases as well as groups of cases determined by Region were "slices" of data used to examine the relationship between SOCPR scores and a variety of demographic variables, including age, gender, race/ethnicity, child's primary language, service systems utilized, specific services accessed, and length of services at the agency. SOCPR quantitative score comparisons among Regions were not made, as each Region encompasses a unique set of children and families receiving services, and provider agencies providing services. Data are reported to provide state-level information to guide AHCCCS planning and to assist provider agencies within a specific Region to improve their services to best serve their children and families.

The qualitative analysis reports a summary of qualitative data compiled from responses to Summative Questions that SOCPR reviewers use to summarize and integrate the information gathered as a means of assessing the degree to which System of Care values and principles are implemented in four SOCPR domains. These domains are further divided and include a total of 13 subdomains. The SOCPR review includes a Document Review and a series of interviews completed with one or more service providers, as well as a particular child/youth and caregiver that are involved with the department of child safety system. The Summative Questions call for the reviewer to provide a rating for each of 41 statements and to provide a brief narrative in support of each rating. Individual ratings serve as indicators of the extent to which subdomain elements (e.g., *individualized services*, *full participation*) are being implemented. In the final analysis, ratings for each item were clustered and considered in conjunction with the respective reviewers' narrative to determine a general assessment for each subdomain and an overall rating for each domain indicating the extent to which each subdomain was achieved. The compiled narratives for all Summative Questions were coded and sorted to assess the degree to which System of Care principles were implemented in each SOCPR domain area and an explanation for the evidence provided. The frequency of Summative Question responses were examined and analyzed for emerging patterns/trends. Where an overall summative rating relates to a reviewer's determination of completion of a *thorough assessment*, for instance, qualitative analysis examines the evidence provided to explain a particular rating.

In order to be considered a trend, at least of half (50%) of the responses associated with a particular rating had to provide similar information related to a given measurement and/or subdomain area. Trends in each subdomain are then reviewed together to provide an overall assessment for the larger domain area.

Data Quality

Initial verification of data from SOCPR reports were conducted by the contractor who reviewed submitted SOCPR instruments, and identified any omissions or other obvious errors in recording. Subsequently, data were forwarded to AHCCCS for entry into the SOCPR database. The quality of the SOCPR data was checked again as data entry was completed for each provider agency. A summary of each provider's quantitative data was produced and reviewed again for errors. If errors were found, clarification was sought from the data collection team leader and corrected in the database. Quantitative data were also compared by reviewer and provided to the data collection team leader in order to ensure accuracy. As part of preparation for provider feedback sessions, data from each provider agency review were assembled into a report format, which was forwarded to the Children's System of Care Bureau Chief and staff to review prior to sending to the contractor for final report preparation. Annually, various data reports were completed as part of the quality check process to assist with training and ensure continued data integrity needs were addressed.

Qualitative data derived from Summative Questions were monitored as follows. Summaries were reviewed for clarity and edited for consistency in of use of terms, spelling, jargon, and identifying information. Additionally, a sample of responses from each rater was reviewed for consistency between the rating and the narrative summary by the Project Manager with the individual rater. The scope and quality of these brief narrative responses can vary, though initial reviewer training and ongoing training and supervision are implemented to promote consistency.

Because the sampling emphasis for FY2015-2016 was again placed on children and families involved with the Department of Child Safety system, results of this year's SOCPR report (both quantitative and qualitative) is divided into 2 sections: Results ALL Cases and Results DCS Cases. This will provide an opportunity for side-by-side comparison of the whole sample (of children and families identified as having high/complex levels of need) and the sample of interest (children and families involved with the Department of Child Safety).

RESULTS

RESULTS ALL CASES

Demographics ALL Cases

The 205 SOCPR cases completed during FY2015-2016 were sampled from all three Regions in Arizona. A summary of the demographic characteristics is presented in Table 1. Due to the sampling scheme employed by AHCCCS (previously described in the Methodology section), different numbers of cases were completed in each Region. The most populous Region, Central-6, provided the greatest number of cases for the sample (N=80). South-8 provided 70 cases while North-7 had the fewest cases (55).

Table 1. Demographic Characteristics ALL Cases

Demographic Characteristic	Statewide N=205	NORTH-7 (I & IV-G) N=55	SOUTH-8 (II, III, IV-P, & V) N=70	CENTRAL-6 (VI) N=80
Age (years)	9.50	8.27	10.23	9.70
Gender (Male)	63.4%	67.3%	58.6%	65.0%
Race:				
White	45.9%	65.5%	37.1%	40.0%
Black	8.8%	1.8%	2.9%	18.8%
Latino/Hispanic	23.9%	12.7%	37.1%	20.0%
Native American	3.4%	3.6%	4.3%	2.5%
Multi-racial	17.1%	16.4%	17.1%	17.5%
Primary Language:				
English	96.6%	94.5%	97.1%	97.5%
Spanish	1.0%	0.0%	2.9%	0.0%

As shown in Table 1, the overall mean age for the 205 cases was 9.50 years. The means for age across Regions ranged from 8.27 years to 10.23 years. Statewide over 63% of the sample was male, ranging from over 58% in South-8 to over 67% in North-7. Of the sample, almost 46% was White, almost 24% was Latino/Hispanic, and slightly over 17% identified as Multi-racial. The remaining 13% of the sample was Black, Native American, or data were missing. Statewide, almost 97% of the children and youth in the sample spoke English as their primary language. English was the only language reported in North-7 and Central-6. Spanish was also identified as a primary language in South-8. Chi-square analyses were used to look for demographic differences in cases by Region, with age bands, gender, race, and primary language under consideration.

Service System Involvement ALL Cases

Five different child-serving systems and an "Other" category were used to capture service system involvement as part of the services profiles of children and youth whose cases were chosen as part of the sample. All 205 cases (100%) indicated having behavioral health system involvement, as shown in Table 2. The SOCPR protocols documented that about 52% of the cases had child safety involvement, followed by educational services involvement (almost 31%). Juvenile justice, developmental disabilities, and "Other" rounded out service system involvement. The "Other" system category was documented by 2.0% of the Regions. The four services included Arizona Early Intervention Program (AZEIP), Court Appointed Special Advocate (CASA), Primary Care Physician (PCP) Treatment, and Refugee.

Table 2. Service System Involvement ALL Cases

Service System	Statewide N=205	NORTH-7 (I & IV-G) N=55	SOUTH-8 (II, III, IV-P, & V) N=70	CENTRAL-6 (VI) N=80
Behavioral Health	100.0%	100.0%	100.0%	100.0%
Child Safety	51.7%	54.5%	41.4%	58.8%
Juvenile Justice	10.7%	3.6%	14.3%	12.5%
Educational Services	30.7%	23.6%	38.6%	28.7%
Developmental Disabilities	7.3%	7.3%	7.1%	7.5%
Other	2.0%	3.6%	1.4%	1.2%

The results of the 205 cases were plotted by histogram to explore the distribution of cases for total number of systems involved. The results are seen in Figure 1. The horizontal axis displays the total number of services, while the vertical axis represents the number of cases with that total number of services. The 205 cases represent children and youth who either were receiving behavioral health system services or had recently completed services from the behavioral health system. In addition, cases were only chosen for SOCPR review if the youth was identified as having complex needs.

Overall, cases identified a range of 0 – 6 for the possible number of systems involvement, with the mean being 2.02, and the number of systems involved for this sample ranged from 1 – 4. The shape of the histogram resembles a normal distribution but is slightly skewed. One might expect that children and youth in this sample to be involved in a significant number of child-serving systems and thus expect the shape/distribution to skew to the right, towards a greater number of service systems. Explanations for this finding might include inadequate record documentation, differences in reviewer interpretations of how to record service system involvement, or data entry errors.

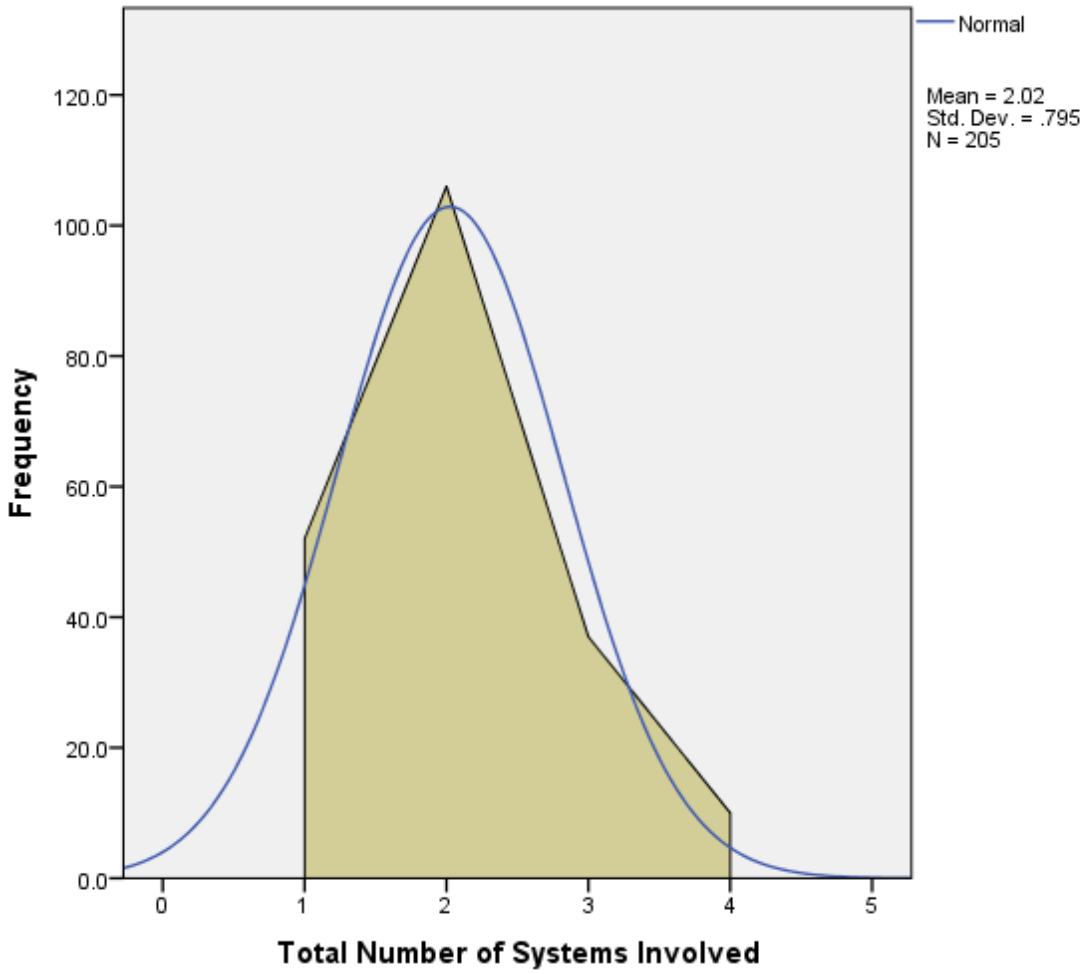

Figure 1. Histogram of child-serving system involvement ALL cases.

Receipt of Services or Treatments ALL Cases

Similar to child-serving systems, the kinds of services or treatments children and youth in the sample received were also calculated. Fifteen named types of services as well as an "Other" category (see Appendix B) were used to identify categories of service or treatment provision. These service types are shown in Table 3.

Table 3. Services or Treatments Received by Children and Youth ALL Cases

Services or Treatment	Statewide N (%)	NORTH-7 (I & IV-G) N (%)	SOUTH-8 (II, III, IV-P, & V) N (%)	CENTRAL-6 (VI) N (%)
Treatment Services	**148 (72.2)**	**31 (56.4)**	**52 (74.3)**	**65 (81.2)**
• Individual Counseling	126 (61.5)	25 (45.5)	45 (64.3)	56 (70.0)
• Family Counseling	68 (33.2)	14 (25.5)	22 (31.4)	32 (40.0)
• Group Counseling	41 (20.0)	11 (20.0)	20 (28.6)	10 (12.5)
• Substance Abuse Counseling	8 (3.9)	1 (1.8)	2 (2.9)	5 (6.2)
Medical Services				
• Psychiatric Medication	98 (47.8)	23 (41.8)	36 (51.4)	39 (48.8)
Support Services	**196 (95.6)**	**50 (90.9)**	**67 (95.7)**	**79 (98.8)**
• Family Support	87 (42.4)	25 (45.5)	32 (45.7)	30 (37.5)
• Peer Support	10 (4.9)	1 (1.8)	6 (8.6)	3 (3.8)
• Respite Support	35 (17.1)	7 (12.7)	19 (27.1)	9 (11.2)
• Home Care Training	9 (4.4)	3 (5.5)	2 (2.9)	4 (5.0)
• Case Management	186 (90.7)	48 (87.3)	63 (90.0)	75 (93.8)
• Skill Develop & Train	93 (45.4)	27 (49.1)	41 (58.6)	25 (31.2)
Inpatient Services	**15 (7.3)**	**2 (3.6)**	**5 (7.1)**	**8 (10.0)**
• Psychiatric Hospitalization	8 (3.9)	1 (1.8)	3 (4.3)	4 (5.0)
• Level I Residential	7 (3.4)	1 (1.8)	2 (2.9)	4 (5.0)
Residential Services	**11 (5.4)**	**2 (3.6)**	**2 (2.9)**	**7 (8.8)**
• Level II Residential	7 (3.4)	2 (3.6)	2 (2.9)	3 (3.8)
• Level III Residential	4 (2.0)	0 (0.0)	0 (0.0)	4 (5.0)
Other	**53 (25.9)**	**15 (27.3)**	**22 (31.4)**	**16 (20.0)**

Across the state the most utilized service or treatment provision category was Support Services (95.6%) followed by Treatment Services (72.2%). Residential Services (5.4%) was the least used service or treatment provision. More specifically, the most widely utilized service or treatment statewide, based on percentage of cases using the service, was Case Management (91%) followed by Individual Counseling (62%), Psychiatric Medication (48%), Skill Development and Training (45%) and Family Support (42%). Level III Residential, Level II Residential, Level I Residential, and Psychiatric Hospitalizations were the least utilized services or treatments (2%, 3%, 3%, and 4% respectively) statewide. Across all three Regions, Case Management was utilized in at least 87% of the cases in each Region. Level III Residential was utilized in only one Region (Central-6, 4 cases).

Support Services was the most extensively utilized service or treatment category with all three Regions utilizing them in over 90% of the cases. As mentioned earlier in this report one specific Support Service, Case Management, was received by families over 87% in all three Regions. Treatment Services was documented as the next most frequently utilized service with over 72% of cases. Inpatient Services and Residential Services were utilized the least in all three

Regions. North-7 had the smallest number of cases as a part of the overall statewide sample using services in all but one service provision category(Level III Residential), while Central-6 (n=80) had the largest number of cases.

Usage of some services *appears* to be unusually high; therefore, because Regions vary widely in the number of SOCPR cases completed, both number of cases and percentage need to be examined. For example, over 31% of cases in South-8 had "Other" services, which represents 22 youth, as only 70 total SOCPR cases were completed for this Region. Statewide, about 26% (N=53) of the treatment or service provisions reported were identified as "Other". Several of the services variables differed significantly by Region and are shown in Table 4. Only statistically significant chi-square statistics are reported.

Table 4. Significant Associations between Region and Specific Services ALL Cases

Treatment	Chi-Square Statistic
Treatment Services	X^2 (2, N=205)= 10.287, p-value = 0.006
• Individual Counseling	X^2 (2, N=205)= 8.648, p-value = 0.013
• Family Counseling	
• Group Counseling	X^2 (2, N=205)= 6.027, p-value = 0.049
• Substance Abuse Counseling	
Medical Services	
• Psychiatric Medication	
Support Services	
• Family Support	
• Peer Support	
• Respite Support	X^2 (2, N=205)= 7.663, p-value = 0.022
• Home Care Training (HCTC)	
• Case Management	
• Skills Development and Training	X^2 (2, N=205)= 11.665, p-value = 0.003
Inpatient Services	
• Psychiatric Hospitalization	
• Level I Residential	
Residential Services	
• Level II Residential	
• Level III Residential	X^2 (2, N=205)= 6.374, p-value = 0.041
Other	

Statewide for ALL Cases, a statistically significant relationship between Region and services received was shown for the category of Treatment Services, and within the categories of Support Services and Residential Services. Specifically, Individual Counseling, Group Counseling, Respite Support, Skills Development and Training, and Level III Residential were found to show strong significant associations with Region.

In order to examine the breadth of services used by children and youth in the sample, a simple summation was calculated for the 16 potential service categories. Thus, the possible range for this variable was from 0 to 16 services utilized. For the total of 205 ALL cases in the sample, the range of services used was 0 to 10. These data are displayed via histogram to examine the distribution of total number of services used. The results are displayed in Figure 2. The histogram closely resembles a normal distribution, with a mean of 4.1 services per child or youth recorded. The number of services used during the time a case is open could vary greatly, depending on the needs of the child and family, the array of services that are available, and the length of time the case is open.

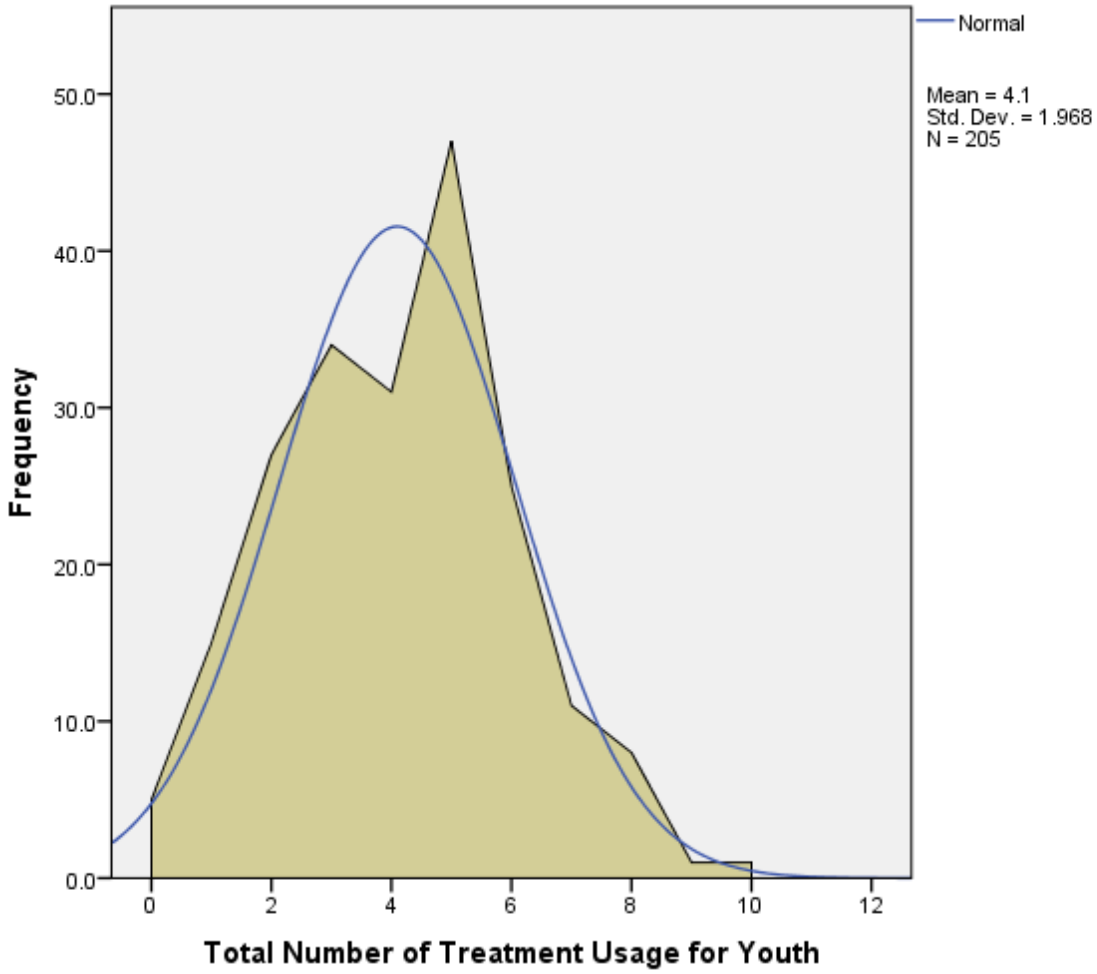

Figure 2. Histogram of service or treatment usage for youth ALL cases.

Quantitative Analysis ALL Cases

SOCPR Scores – Overall Case and SOCPR Domains ALL Cases

Mean scores were computed for the Overall case, as well as for each of the four SOCPR domains (Child-Centered Family-Focused, Community Based, Culturally Competent, and Impact). In addition, mean scores were computed for those subdomains contained within the domains. Finally, each summative question was examined individually. In general, the mean score for each item of interest was an important statistic to be examined. In addition, the minimum and maximum scores, as well as the standard deviation for each item of interest, were examined. Using these four statistics, an understanding of the range of scores, the average score, as well as an indication of the variability from case to case, could be examined. This section will report on the overall findings, and then report on specific items of interest, which demonstrate extreme scores.

Table 5 shows the Overall case scores as well as those for each SOCPR domain for the entire statewide sample of 205 cases, indicated by individual Region. As explained in the Methodology section, SOCPR scores range from a low of 1 to a high of 7. Scores from 1–3 represent lower implementation of a system of care principle, and scores from 5–7 represent enhanced implementation of a system of care principle. A score of 4 indicates a neutral rating, meaning a lack of support for or against implementation. At the statewide level, SOCPR mean scores ranged from 4.85 to 5.15 with an overall case mean score of 4.98. While the SOCPR scores for the case and domains are not normally distributed and so the standard deviation is a less useful statistic, in conjunction with minimum and maximum scores, a more complete picture of the data emerges. The statewide overall case score suggests that, like all of the SOCPR domains, great variability exists across cases. The minimum and maximum scores are to their greatest possible extremes, representing exemplary cases of good and poor system of care values implementation. The means range from the high 4s to the low 5s, showing generally enhanced implementation of system of care values. The scores indicate that across the state, behavioral health provider agencies included in the sample performed best at including the Community Based system of care values in service planning and provision. Behavioral health provider agencies were most challenged by providing culturally competent care.

Table 5. SOCPR Case and Domain Scores ALL Cases

REGION	Overall Mean (SD)	CCFF Mean (SD)	CB Mean (SD)	CC Mean (SD)	IMP Mean (SD)
Statewide (N=205)	4.98 (1.06) Min 1.58 Max 6.57	4.92 (1.23) Min 1.55 Max 6.66	5.15 (0.99) Min 1.54 Max 6.88	4.85 (1.17) Min 1.78 Max 6.51	4.98 (1.38) Min 1.00 Max 7.00
North-7 (N=55)	5.16 (0.99)	5.11 (1.20)	5.34 (0.86)	4.92 (1.16)	5.27 (1.23)
South-8 (N=70)	4.81 (1.05)	4.73 (1.21)	5.07 (1.01)	4.64 (1.26)	4.81 (1.39)
Central-6 (N=80)	4.99 (1.10)	4.96 (1.26)	5.10 (1.06)	4.98 (1.08)	4.92 (1.44)

Minimum and maximum values are not presented for individual Regions, as they are a subset of the statewide scores. At the state level, the highest scoring SOCPR domain was Community Based (Mean = 5.15). This was followed by Impact (Mean = 4.98), Child-Centered Family-Focused (Mean = 4.92), and Culturally Competent (Mean = 4.85). Data for North-7 and South-8 show similar patterns when compared with statewide scores; however, Central-6 deviated from the statewide pattern.

Histograms were drawn at the statewide level to better demonstrate the range of SOCPR scores for the overall case and the four SOCPR domains. These results are displayed in Figures 3 – 7. Scrutiny of these graphs shows a similar pattern for the overall average and each SOCPR domain. The data are not normally distributed and are skewed slightly towards the right, toward higher scores.

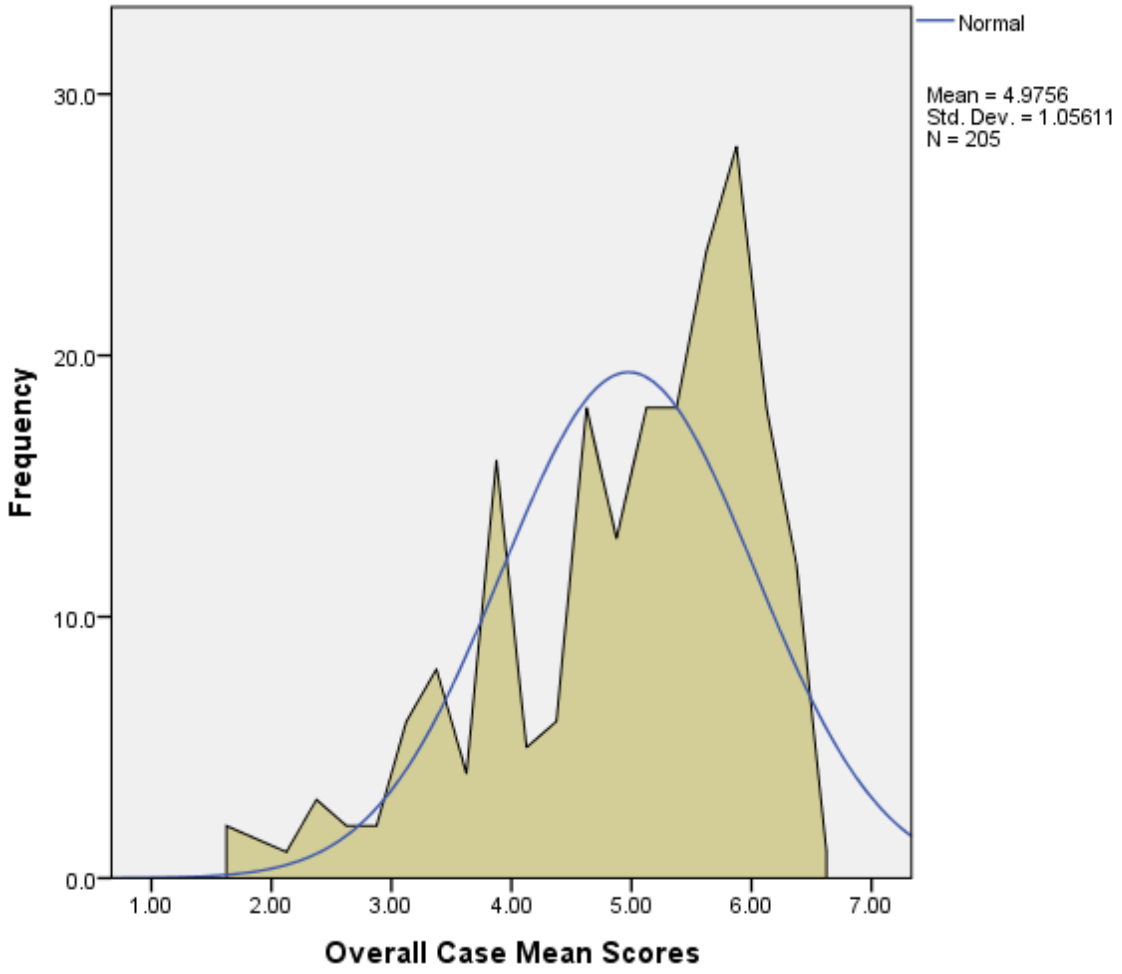

Figure 3. Histogram of SOCPR Overall case mean scores ALL cases.

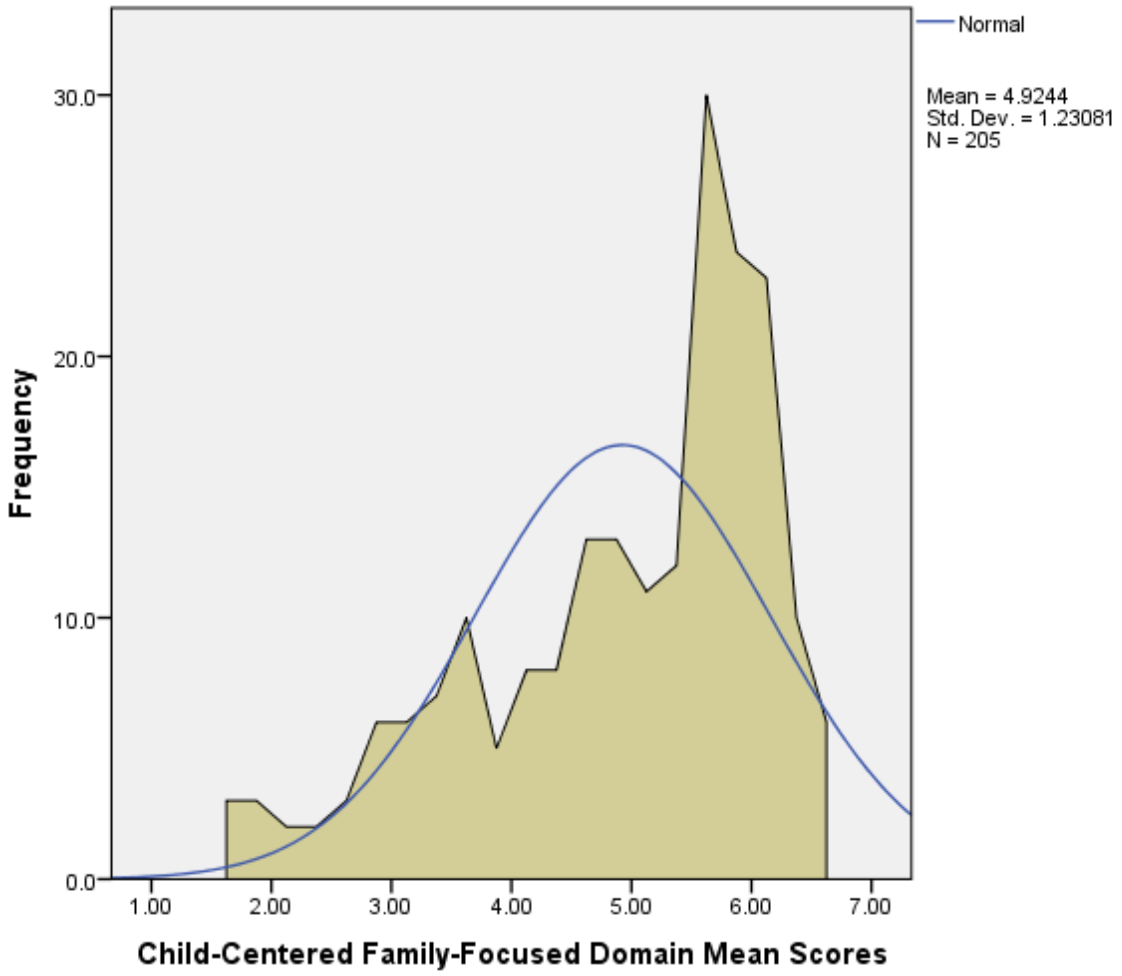

Figure 4. Histogram of SOCPR Child-Centered Family-Focused domain mean scores ALL cases.

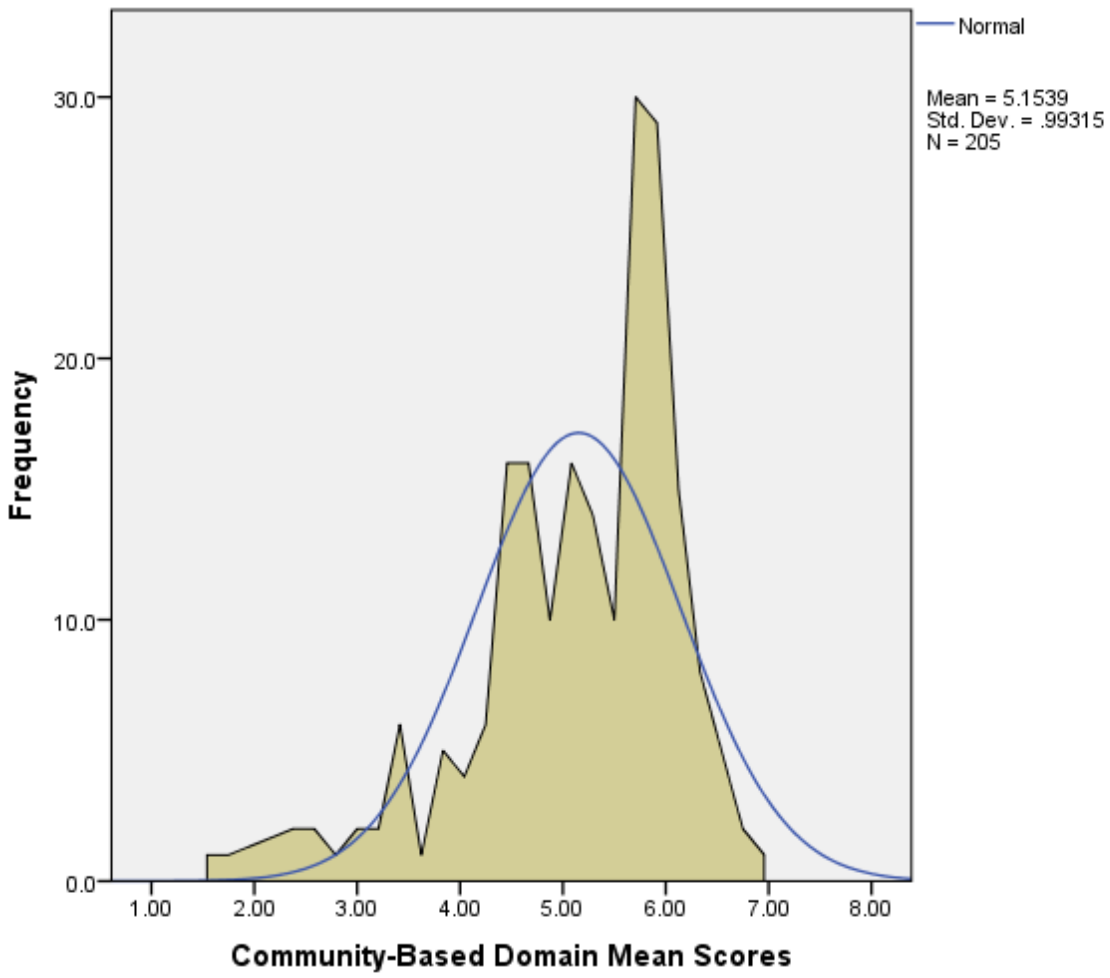

Figure 5. Histogram of SOCPR Community Based domain mean scores ALL cases.

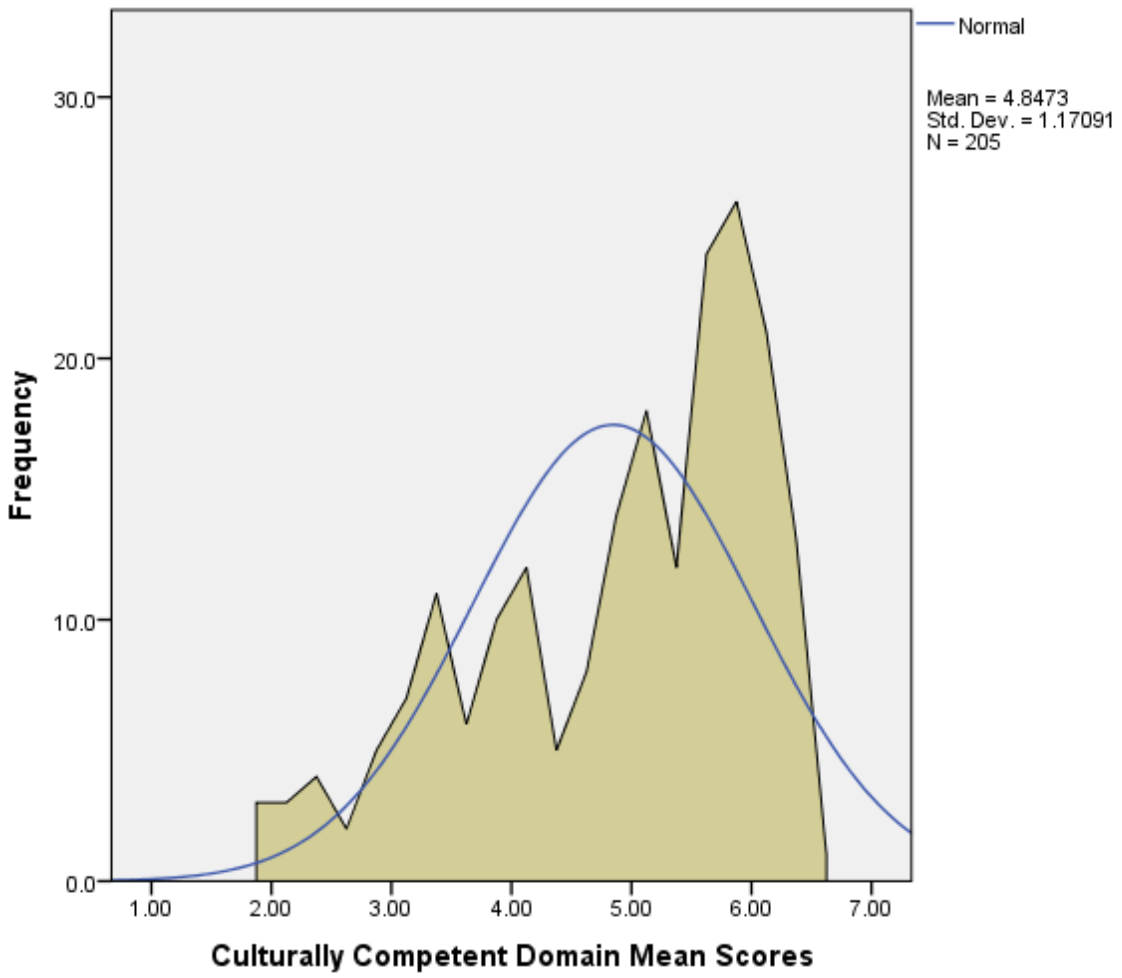

Figure 6. Histogram of SOCPR Culturally Competent domain mean scores ALL cases.

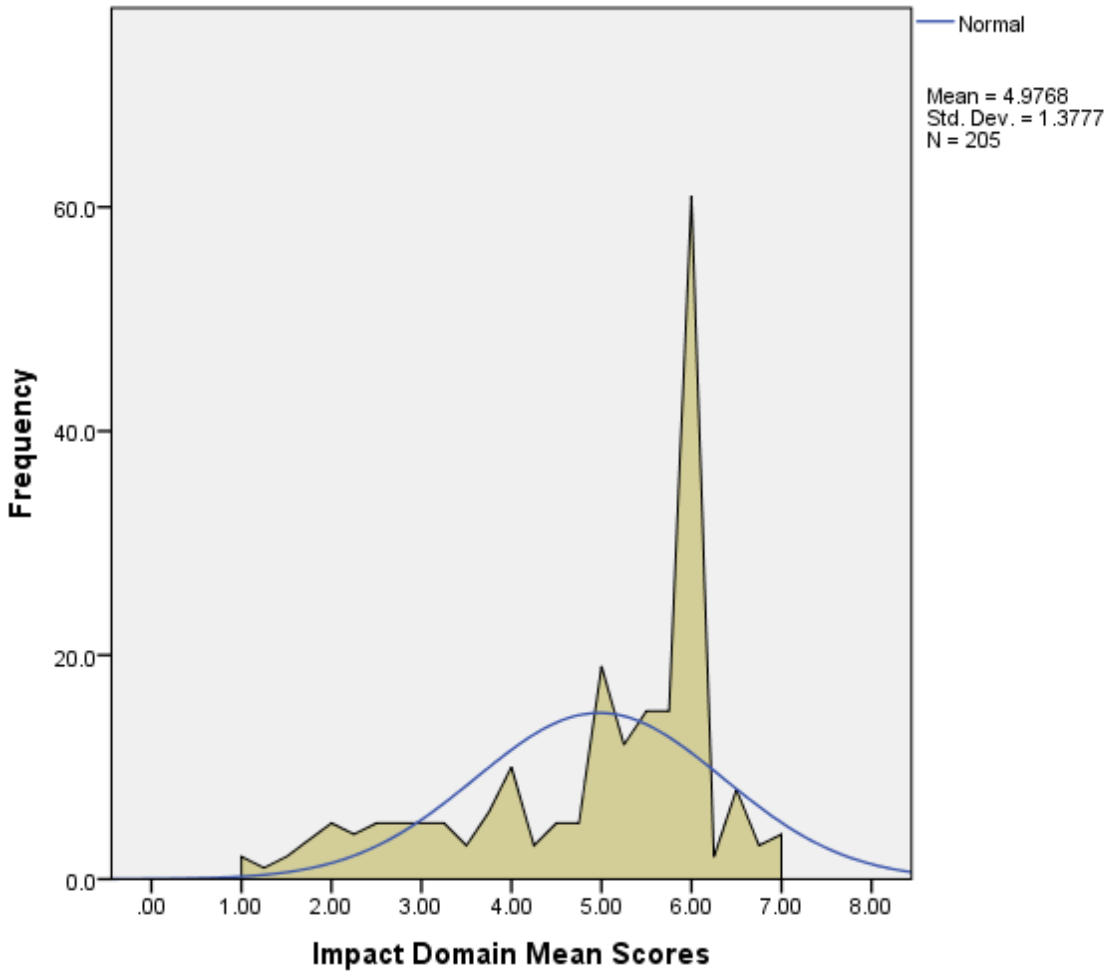

Figure 7. Histogram of SOCPR Impact domain mean scores ALL cases.

SOCPR Scores – SOCPR Domains, Subdomains, and Areas ALL Cases

Table 6.0 presents statewide SOCPR data for most levels of the instrument, including the total case or Overall mean score, SOCPR Domain scores, SOCPR Subdomain scores, and SOCPR Area scores. Because of the geographic re-alignment, Region sample sizes are now large enough to provide data, which are statistically meaningful.

Table 6.0. Statewide SOCPR Scores: Overall, Domain, Subdomain, and Area ALL Cases

Overall Score – ALL cases: 5.04 (0.93)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**4.92 (1.23)**		
Individualized			4.80 (1.22)
Assessment/Inventory		5.22 (1.11)	
Service Planning		4.69 (1.31)	
Types of Services/Supports		4.70 (1.63)	
Intensity of		4.58 (1.71)	
Full Participation			5.18 (1.21)
Case Management			4.79 (1.61)
Domain II: Community Based	**5.15 (0.99)**		
Early Intervention			5.06 (1.34)
Access to Services			5.60 (0.86)
Convenient Times		5.44 (1.41)	
Convenient Locations		5.55 (1.16)	
Appropriate Language		5.80 (0.79)	
Minimal Restrictiveness			5.39 (1.18)
Integration and Coordination			4.57 (1.55)
Domain III: Culturally Competent	**4.85 (1.17)**		
Awareness			5.00 (1.15)
Awareness of Child/Family's Culture		4.81 (1.33)	
Awareness of Providers' Culture		5.01 (1.30)	
Awareness of Cultural Dynamics		5.18 (1.32)	
Sensitivity and Responsiveness			4.98 (1.39)
Agency Culture			4.95 (1.44)
Informal Supports			4.46 (1.68)
Domain IV: Impact	**4.98 (1.38)**		
Improvement			5.06 (1.36)
Appropriateness			4.90 (1.54)

As reported previously, the highest scoring SOCPR domain statewide was Community Based, followed by Impact, Child-Centered Family-Focused, and finally Culturally Competent. All of the SOCPR domain, subdomain, and area scores fell in the mid 4 (neutral) to high 5 (enhanced implementation of a system of care principle) range. Appropriate Language, in the subdomain of Access to Services had the highest mean score.

In the Community Based domain all subdomains and areas except for the subdomain of Integration and Coordination (4.57), scored in the low to high 5 range. Further, the subdomains of Access to Services and Minimal Restrictiveness had the highest mean scores (5.60 and 5.39 respectively). All three areas in the subdomain of Access to Services had mean scores in the mid to high 5 range: Appropriate Language (5.80), Convenient Locations (5.55), and Convenient Times (5.44). These subdomain and area scores indicate that the primary language of the family was considered when coordinated services were provided. These services were accessible and available to families, and they were delivered in the most flexible and least intrusive manner possible. These represent strengths in Arizona's Children's System of Care, as reviewed through these 205 SOCPR ALL cases.

One subdomain score (Improvement) within the Impact domain was in the low 5s as was one subdomain (Full Participation) and one area score (Assessment/Inventory) in the domain of Child-Centered, Family-Focused. These scores showed that services helped to improve the family's situation. Additionally, children and families who actively participated in the service planning process dictated the types and mix of services and supports.

Within the domain of Culturally Competent, the subdomain of Awareness (5.00) and two of its areas, Awareness of Providers' Culture and Awareness of Cultural Dynamics, all scored in the low 5s (5.01 and 5.18 respectively). The data for the remaining subdomains and areas in this domain revealed scores in the mid to high 4s. Although these scores indicate neither support for nor against implementation of system of care principles, they may stress the need for additional attention or support. These scores may indicate that providers may have an awareness of the culture, values, and beliefs of the children and families that they serve, but they may be challenged to translate this awareness into action steps when adapting services and supports to meet the needs of the families. Further, providers may need to keep in mind to formally utilize informal supports in both the planning and delivery of services to youth and families.

Other high 4 scores included the subdomain of Appropriateness (4.90) in the domain of Impact and the subdomain of Individualized (4.80) in the domain of Child-Centered Family-Focused. Service providers should ensure that the needs of children and families are met appropriately through an integrated service plan whose goals incorporate the strengths and needs of the child and family.

Based on the information received from the overall and statewide data, individual analyses were conducted for each of the three Regions. These data are presented in Tables 6.1 – 6.3.

Table 6.1 presents Region North-7 data for SOCPR Overall, Domain, Subdomain, and Area mean scores.

Table 6.1. Region North-7 SOCPR Scores: Overall, Domain, Subdomain, and Area ALL Cases

Overall Score – North-7 ALL Cases: 5.16 (0.99)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**5.11 (1.20)**		
Individualized			4.99 (1.18)
Assessment/Inventory		5.36 (1.07)	
Service Planning		4.75 (1.28)	
Types of Services/Supports		5.02 (1.39)	
Intensity of		4.82 (1.76)	
Full Participation			5.27 (1.14)
Case Management			5.08 (1.57)
Domain II: Community Based	**5.34 (0.86)**		
Early Intervention			5.27 (1.21)
Access to Services			5.74 (0.59)
Convenient Times		5.62 (1.03)	
Convenient Locations		5.72 (0.87)	
Appropriate Language		5.87 (0.64)	
Minimal Restrictiveness			5.60 (0.88)
Integration and Coordination			4.76 (1.67)
Domain III: Culturally Competent	**4.92 (1.16)**		
Awareness			4.91 (1.27)
Awareness of Child/Family's Culture		4.66 (1.47)	
Awareness of Providers' Culture		4.95 (1.41)	
Awareness of Cultural Dynamics		5.11 (1.33)	
Sensitivity and Responsiveness			4.90 (1.36)
Agency Culture			5.26 (1.34)
Informal Supports			4.62 (1.58)
Domain IV: Impact	**5.27 (1.23)**		
Improvement			5.34 (1.16)
Appropriateness			5.20 (1.39)

For Region North-7, similar to Statewide Cases, the highest scoring SOCPR domain region-wide was Community Based, followed by Impact, Child-Centered Family-Focused, and finally Culturally Competent. All of the SOCPR domain, subdomain, and area scores fell in the mid 4 (neutral) to high 5 (enhanced implementation of a system of care principle) range. Appropriate Language, in the subdomain of Access to Services had the highest mean score.

In the Community Based domain all subdomains and areas except for the subdomain of Integration and Coordination (4.76), scored in the low 5 to high 5 range. Further, the subdomains of Access to Services and Minimal Restrictiveness had the highest mean scores (5.74 and 5.60 respectively). All three areas in the subdomain of Access to Services had mean scores in the mid to high 5 range: Appropriate Language (5.87), Convenient Locations (5.72), and Convenient Times (5.62).

Both subdomain scores for Impact were in the low 5s as were two subdomain (Full Participation and Case Management) and two area scores (Assessment/Inventory and Types of Services/Supports) in the domain of Child-Centered, Family-Focused. Within the domain of Culturally Competent Agency Culture (5.26) and Awareness of Cultural Dynamics (5.11) also had mean scores in the low 5s.

The data also revealed scores in the high 4s. Although these scores indicate neither support for nor against implementation of system of care principles, they may stress the need for additional attention or support. For example, within the domain of Culturally Competent, the domain mean score, two subdomain mean scores, and one area mean score were in the high 4 range.

Other high 4 scoring areas are within the subdomain of Individualized (4.99) in the domain of Child-Centered Family-Focused. These areas include Intensity of Services/Supports (4.82), and Service Planning (4.75).

Table 6.2 presents Region South-8 data for SOCPR Overall, Domain, Subdomain, and Area mean scores.

Table 6.2. Region South-8 SOCPR Scores: Overall, Domain, Subdomain, and Area ALL Cases

Overall Score – South-8 ALL Cases: 4.81 (1.05)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**4.73 (1.21)**		
Individualized			4.61 (1.18)
Assessment/Inventory		4.98 (1.26)	
Service Planning		4.54 (1.34)	
Types of Services/Supports		4.51 (1.59)	
Intensity of		4.43 (1.54)	
Full Participation			5.01 (1.24)
Case Management			4.56 (1.58)
Domain II: Community Based	**5.07 (1.01)**		
Early Intervention			4.86 (1.39)
Access to Services			5.57 (0.85)
Convenient Times		5.41 (1.42)	
Convenient Locations		5.51 (1.13)	
Appropriate Language		5.79 (0.85)	
Minimal Restrictiveness			5.31 (1.24)
Integration and Coordination			4.54 (1.46)
Domain III: Culturally Competent	**4.64 (1.26)**		
Awareness			4.79 (1.23)
Awareness of Child/Family's Culture		4.68 (1.35)	
Awareness of Providers' Culture		4.80 (1.40)	
Awareness of Cultural Dynamics		4.89 (1.53)	
Sensitivity and Responsiveness			4.82 (1.40)
Agency Culture			4.53 (1.51)
Informal Supports			4.41 (1.74)
Domain IV: Impact	**4.81 (1.39)**		
Improvement			4.84 (1.42)
Appropriateness			4.78 (1.54)

For Region South-8, similar to Statewide Cases, the highest scoring SOCPR domain region-wide was Community Based, followed by Impact, Child-Centered Family-Focused, and finally Culturally Competent. All of the SOCPR domain, subdomain, and area scores fell in the mid 4 (neutral) to high 5 (enhanced implementation of a system of care principle) range. Appropriate Language, in the subdomain of Access to Services had the highest mean score.

In the Community Based domain all subdomains and areas except for the subdomain of Integration and Coordination (4.54) and Early Intervention (4.86), scored in the low to mid 5 range. Further, the subdomains of Access to Services and Minimal Restrictiveness had the highest mean scores (5.57 and 5.31 respectively). All three areas in the subdomain of Access to Services had mean scores in the mid to high 5 range: Appropriate Language (5.79), Convenient Locations (5.51), and Convenient Times (5.41). Other low 5 scores included Full Participation in the domain of Child-Centered, Family-Focused.

The data also revealed scores in the high 4s. Although these scores indicate neither support for nor against implementation of system of care principles, they may stress the need for additional attention or support. For example, within the domain of Impact (4.81), both subdomains scored in the high 4 range (4.84 and 4.78).

Other mid to high 4 mean scores included all domain, subdomain, and area scores within the domain of Culturally Competent and the domain of Child-Centered Family-Focused with the exception of Full Participation.

Table 6.3 presents Region Central-6 data for SOCPR Overall, Domain, Subdomain, and Area mean scores.

Table 6.3._Region Central-6 SOCPR Scores: Overall, Domain, Subdomain, and Area ALL Cases

Overall Score – Central-6 ALL Cases: 4.99 (1.10)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**4.96 (1.26)**		
Individualized			4.83 (1.27)
Assessment/Inventory		5.34 (0.98)	
Service Planning		4.78 (1.31)	
Types of Services/Supports		4.65 (1.79)	
Intensity of		4.55 (1.81)	
Full Participation			5.27 (1.22)
Case Management			4.79 (1.64)
Domain II: Community Based	**5.10 (1.06)**		
Early Intervention			5.09 (1.38)
Access to Services			5.52 (1.00)
Convenient Times		5.34 (1.62)	
Convenient Locations		5.46 (1.35)	
Appropriate Language		5.76 (0.84)	
Minimal Restrictiveness			5.31 (1.29)
Integration and Coordination			4.46 (1.55)
Domain III: Culturally Competent	**4.98 (1.08)**		
Awareness			5.25 (0.94)
Awareness of Child/Family's Culture		5.03 (1.20)	
Awareness of Providers' Culture		5.24 (1.11)	
Awareness of Cultural Dynamics		5.48 (1.04)	
Sensitivity and Responsiveness			5.17 (1.38)
Agency Culture			5.11 (1.36)
Informal Supports			4.39 (1.70)
Domain IV: Impact	**4.92 (1.44)**		
Improvement			5.05 (1.42)
Appropriateness			4.79 (1.63)

Region Central-6's ranking of domains was dissimilar to Statewide Cases. The highest scoring SOCPR domain region-wide was Community Based, followed by Culturally Competent, Child-Centered Family-Focused, and lastly Impact. All of the SOCPR domain, subdomain, and area scores fell in the low 4 (neutral) to high 5 (enhanced implementation of a system of care principle) range. Appropriate Language, in the subdomain of Access to Services had the highest mean score.

In the Community Based domain all subdomains and areas except for the subdomain of Integration and Coordination (4.46), scored in the low to high 5 range. Further, the subdomains of Access to Services and Minimal Restrictiveness had the highest mean scores (5.52 and 5.31 respectively). All three areas in the subdomain of Access to Services had mean scores in the 5 range: Appropriate Language (5.76), Convenient Locations (5.46), and Convenient Times (5.34).

All subdomain scores (except for Informal Supports) in the domain of Culturally Competent (4.98) were in the low to mid 5 range. Additionally, all area scores were in the low to mid 5 range: Awareness of Cultural Dynamics (5.48), Awareness of Providers' Culture (5.24), and Awareness of Child/Family Culture (5.03).

One subdomain score for Impact was in the low 5s (Improvement – 5.05) as were one subdomain (Full Participation) and one area score (Assessment/Inventory) in the domain of Child-Centered, Family-Focused.

The data also revealed scores in the mid to high 4s. Although these scores indicate neither support for nor against implementation of system of care principles, they may stress the need for additional attention or support. For example, within the domain of Child-Centered Family-Focused, the domain mean score (4.96), two subdomain mean scores, and three area mean scores were in the mid to high 4s. The subdomain Appropriateness within the domain of Impact (4.92) had a mean score of 4.79.

SOCPR Scores and Tests of Significant Differences ALL Cases

Because the SOCPR Overall and Domain scores do not fit the pattern of a normal distribution, nonparametric statistical tests were performed to examine the data for differences between groups within a specific variable in relation to SOCPR scores. SOCPR scores are continuous data, while most of the other variables were categorical data. Thus, for statistical tests in which the variable to be examined in relation to SOCPR scores consisted of more than 3 groups, such as race, the Kruskal- Wallace test was performed. For variables with only two groups, such as gender, the Mann-Whitney U test was performed. Age was transformed into an Age Band variable with three groups: 0 through 5, 6 to 12, and 13 to 18. Table 7 shows the results of these statistical tests for a variety of variables. A value of .05 or lower indicates a significant difference between groups for the variables involved in the statistical test, with lower scores indicating a higher likelihood of true significant differences.

Table 7. SOCPR Scores and Significant Differences with Variables of Interest ALL Cases

Variable	Overall	CCFF	CB	CC	IMP
Demographics					
Age Bands					
Gender					
Race					
Primary Language					
Region					
Case Longevity					
Service Systems					
Behavioral Health					
Child Safety					
Juvenile Justice					
Educational Services	0.010	0.008		0.001	
Developmental Disabilities	0.037		0.049	0.034	
Total Systems	0.012	0.020		0.001	
Services Categories					
Treatment Services					
Medical Services					
Support Services		0.036		0.007	
Inpatient Services					
Residential Services					
Services					
Individual Counseling					
Family Counseling		0.023		0.035	
Family Support					
Respite Support	0.045	0.031			
Case Management				0.032	
Psychiatric Hospitalization					
Total Number of Services		0.037			

There were a variety of significant differences in SOCPR overall case and domain scores across the variables examined. Some of each of the service systems, services categories, and services measured showed significant differences.

Findings indicate that children and youth who received Educational Services, Developmental Disabilities, Total Systems, and Respite Support were associated with higher SOCPR case scores. Children and youth who received Educational Services, Total Systems, Support Services, and Family Counseling were associated with Child-Centered, Family-Focused, and Culturally Competent domains. Those youth with Case Management were associated with higher Culturally Competent scores. Children and youth with Developmental Disabilities Services were associated with higher Community Based and Culturally competent scores. Respite Support

as well as Total Number of Services were also associated with higher Child-Centered Family-Focused scores.

SOCPR Scores – FY2014-2015 and FY2015-2016 Comparison ALL Cases

Table 8 shows a comparison of overall, domain, subdomain, and area scores across two administrations of the SOCPR. Overall, scoring differences across all case, domain, subdomain, and area scores indicate a downward trend from FY2014-2015 to FY2015-2016. Some of these downturns were statistically significant and all were in the domain of Community Based. Five mean scores showed some improvement.

Table 8. SOCPR Score Comparisons between FY2014-2015 and FY2015-2016 ALL Cases

	2014-2015		2015-2016		Change	p-value[1]
	Mean	(SD)	Mean	(SD)		
Overall Score	5.12	(0.93)	4.98	(1.06)	-0.15	0.14
Domain I: Child-Centered, Family-Focused	5.03	(1.09)	4.92	(1.23)	-0.11	0.36
Individualized	4.88	(1.11)	4.80	(1.22)	-0.09	0.47
Assessment/Inventory	5.20	(1.07)	5.22	(1.11)	0.02	0.84
Service Planning	4.78	(1.22)	4.69	(1.31)	-0.09	0.47
Types of Services/Supports	4.78	(1.48)	4.70	(1.63)	-0.08	0.61
Intensity of Services/Supports	4.77	(1.60)	4.58	(1.71)	-0.19	0.25
Full Participation	5.35	(1.00)	5.18	(1.21)	-0.17	0.13
Case Management	4.86	(1.51)	4.79	(1.61)	-0.07	0.66
Domain II: Community-Based	5.45	(0.76)	5.15	(0.99)	-0.29	<0.01**
Early Intervention	5.29	(1.16)	5.06	(1.34)	-0.23	0.08
Access to Services	5.90	(0.75)	5.60	(0.86)	-0.31	<0.01**
Convenient Times	5.84	(1.14)	5.44	(1.41)	-0.40	<0.01**
Convenient Locations	5.76	(1.21)	5.55	(1.16)	-0.22	0.07
Appropriate Language	6.11	(0.81)	5.80	(0.79)	-0.31	<0.01**
Minimal Restrictiveness	5.65	(0.87)	5.39	(1.18)	-0.27	0.01*
Integration and Coordination	4.95	(1.32)	4.57	(1.55)	-0.38	0.01**
Domain III: Culturally Competent	4.93	(1.17)	4.85	(1.17)	-0.08	0.50
Awareness	4.97	(1.25)	5.00	(1.15)	0.03	0.82
Awareness of Child/Family's Culture	4.94	(1.27)	4.81	(1.33)	-0.13	0.31
Awareness of Providers' Culture	4.99	(1.52)	5.01	(1.30)	0.02	0.92
Awareness of Cultural Dynamics	4.97	(1.44)	5.18	(1.32)	0.20	0.15
Sensitivity and Responsiveness	4.91	(1.48)	4.98	(1.39)	0.06	0.66
Agency Culture	5.11	(1.25)	4.95	(1.44)	-0.15	0.27
Informal Supports	4.72	(1.71)	4.46	(1.68)	-0.27	0.12
Domain IV: Impact Domain Score:	5.09	(1.30)	4.98	(1.38)	-0.11	0.42
Improvement	5.21	(1.26)	5.06	(1.36)	-0.15	0.26
Appropriateness	4.97	(1.44)	4.90	(1.54)	-0.07	0.64

[1] p-values were obtained through a two-sided two independent samples t-test.

Although the change in mean scores from FY2014-2015 and FY2015-2016 reflect an overall decrease, the ranking of domain scores remains consistent. The highest scoring SOCPR domain was Community Based across both administrations. As in previous years, the subdomain of Access to Services was the highest scoring subdomain and Appropriate Language was the highest scoring area. The subdomain of Minimal Restrictiveness scored high as well across both administrations of the SOCPR, as did the areas of Convenient Locations and Convenient Times.

One of Arizona's Children's System of Care strengths for this year can be seen in the in the domain of Culturally Competent. Two of the four subdomains and two of the three areas show a positive trend from FY2014-2015 to FY2015-2016 although these improvements are not statistically significant. These upward trends indicate that providers are aware of the culture of the children and families they serve, as well as their own cultural views. They are also attuned to the fact that even if their values and beliefs are different, they will continue to be attentive and responsive to the needs of the families they serve.

Within the subdomain of Individualized within the domain of Child-Centered, Family-Focused the mean score for the area of Assessment/Inventory also showed improvement. This positive score indicates that service providers conducted assessments across the life domains, which identified the needs and strengths of the children and families, served.

As indicated in last year's report, FY2015 encompassed some marked changes in the Arizona Behavioral Health system. These included a change in the RBHA contract award for Arizona's most populous county - Maricopa County. This contract, which had been managed by Magellan Inc. was awarded to Mercy Maricopa Integrated Care in October of 2013, with implementation beginning on April 1, 2014.

This type of large-scale administrative change had significant implications for program staff at all levels, even though no structural changes were implemented until near the end of FY2015. A common artifact of these changes is often increased staff turnover, which in turn leads to disruption of established staff/client relationships. This type of system change and associated instability may have been factors contributing to overall decreases seen in SOCPR scores for FY2015. It is likely that the effects of these marked changes begun in late FY2015 continued to unfold throughout FY2016.

Qualitative Analysis ALL Cases

This section reports a summary of qualitative data compiled from responses to Summative Questions that SOCPR reviewers use to develop a case summary for a particular child and her/his family. Each case summary integrates information gathered through a

document review and a series of interviews completed with the child, a caregiver, and a provider, to address each of the four SOCPR domains. The Summative Questions call for a reviewer to provide a rating for each statement and to give a brief narrative in support of that rating. Individual ratings serve as indicators of the extent to which system of care subdomain elements (e.g., individualized, full participation) are being implemented. In the final analysis, ratings for each measurement are clustered and considered in conjunction with reviewers' narratives to determine an overall rating for each domain, indicating the extent to which each subdomain was achieved. The narrative portion of each Summative Question response is used to assess the degree to which SOCPR items tied to each domain were met and an explanation for the evidence provided. Where an overall summative rating relates to a reviewer's determination of completion of a *thorough assessment*, for instance, qualitative analysis examines the evidence provided to explain the rating.

The compiled narratives for all Summative Questions were coded and sorted to assess the degree to which System of Care principles were implemented in cases examined, in each SOCPR domain area (N=205). The frequency of Summative Question responses was examined and analyzed for emerging patterns/trends in the 13 subdomains and 10 areas which correspond to the four large SOCPR domains. In order to be considered a trend, at least half of the cases reviewed had to provide similar information for a given subdomain area. Identified trends are then reported for the entire domain. The qualitative findings section also highlights successes and opportunities for growth related to each of the SOCPR Domain Areas as reported in responses to Summative Questions.

Qualitative Findings

Domain 1: Child-Centered Family Focused Services

The first domain of the SOCPR is designed to measure whether the needs of the child/youth and family determine the types and mix of services provided within the System of Care. This domain reflects a commitment to adapt services to the child and family rather than expecting them to conform to preexisting service configurations. The review reflects the effectiveness of the site in providing services that are individualized, that families are included as full participants in the treatment process, and that the type and intensity of services provided is monitored through effective case management.

Overall, scores and descriptive comments provided by SOCPR raters suggest that providers within the System of Care are generally providing child-centered and family-focused services. The review of cases using the measures associated with *Child-Centered Family-Focused Services* suggests that children and families are generally receiving services tailored to their needs where they dictate the types and mix of services provided.

When considering whether children/youth and family received *Individualized Services* within the System of Care, reviewers noted that in most cases children received a thorough assessment across the life domains. Additionally, the strengths and needs of the child and family are identified, and generally, the needs are reflected within in the goals of the service plans. Providers reported informally acknowledging the needs and strengths of families even when these are not adequately documented within case files. Moreover, raters indicated that the types of services provided to families reflected their needs and strengths. A key challenge related to this subdomain area was reflected in discussions related to clear articulation of child/youth and family strengths in documented service plan goal statements. Such comments were evident in summative responses associated with a rating of "5" and lower. This finding provides an opportunity for growth and training of providers to more clearly identify and articulate youth and family strengths and to develop strengths-based goals that can encourage child/youth and family participation in service planning. More clearly identified and articulated strengths are necessary for the development of strengths-based goals that can encourage child/youth and family participation in service planning.

A review of responses related to whether the intensity of services provided to children/youth and their families reflect their needs and strengths suggest that reviewers felt there was inconsistent documentation in the sample. Although only 34 percent of cases received scores of "3" ("Disagree Slightly") or less regarding the intensity of services provided to children/youth and their families reflect needs and strengths, comments about inconsistent documentation were also found in those items rated "5" ("Agree Slightly") or more. A review of responses related to a primary service plan that documents service integration across providers also found that reviewers reported some inconsistent documentation among providers serving children/youth and families in this regard in about 36 percent of cases. Although these findings do not constitute a trend, as defined for the purposes of analysis, they provide another opportunity for growth and training of providers to improve service plan documentation and integration.

Overall, reviews indicate that there was *Full Participation* on the part of children/youth and families in the development, implementation, and evaluation of service plans. In general, reviewers reported that families regularly attended service-planning meetings and actively participated in services. In addition, reviewers noted that caregivers felt that they positively influenced the service planning process Reviewers also noted that most caregivers appeared to understand the service plans developed for their children/youth and families. Despite overall ratings of "5" ("Agree Slightly") or more related to the participation of formal providers and/or informal supports, reviewers noted that formal providers were not always involved in service planning although they were providing services to families. Reviewers also noted that in some cases lack of informal support participation was by request of the caregiver. Because informal

supports play such an important part in the lives of children and families, their role should be consistently emphasized by care coordinators given the support they can provide to children and families as they navigate formal service systems.

With regard to the *Case Management* subdomain, reviewers reported that one individual appeared to be responsible for coordinating child/youth and family services and was doing so successfully. Overall, service planning appears to be responsive to the changing needs of the family and that service plans are updated in a timely fashion. Where challenges have been reported to exist, reviewers noted that families reported long wait times for services when changing case managers or providers.

<u>System Successes in the Provision of Child-Centered Family-Focused Services</u>

- Assessments of children/youth conducted across multiple domains
- Service plans reflect needs and strengths of children/youth and family
- Strengths of youth and family are informally acknowledged by providers
- The types of services and supports reflects child and family needs
- Child/youth and family attend planning meetings
- Families actively participate in services
- Caregivers appear to understand service plans, generally
- Case managers successfully coordinate services
- Service planning is responsive to changing needs and plan is updated accordingly

<u>Opportunities for Growth and/or Training in Domain 1</u>

- Service plan goals do not always incorporate child/youth or family strengths
- Inconsistent documentation regarding whether intensity of services provided adequately reflect child/youth and/or family strengths and needs
- Service plans may not always be integrated across all providers serving children and families
- Families experienced long wait time for services when changing providers or case managers

Domain 2: Community-Based Services

The second SOCPR domain is designed to measure whether services are provided within or close to the child/youth's home community, in the least restrictive setting possible, and moreover, that services are coordinated and delivered through linkages between public and private providers. The subdomains in this area are used to evaluate how effective the system is at identifying needs and providing supports early, facilitating access to services, providing less restrictive services, and integrating and coordinating services for families.

When assessing whether child/youth and families received *Early Intervention* related to their identified needs, reviewers overwhelmingly reported that child/youth and family needs were identified at intake and that services were provided in a timely manner. Where reviewers

indicated a challenge with early intervention, they noted that case documentation did not clearly show how soon needs were identified and addressed. This challenge may indicate a need for providers to increase appropriate documentation of pertinent information for cases.

Overall, reviewers indicated that case files demonstrated that the System of Care was ensuring *Access to Services* for children/youth and families. In general, reviewers noted that services were scheduled at convenient times for the child/youth and family and that these services were most often provided within close proximity to the home community of the child/youth. Additionally, families and providers agreed that verbal and written communication was conducted in the primary language of the family. In about 5 percent of cases, barriers to accessibility of services were noted (specifically transportation). However, evidence was found within case files that providers were making available needed supports to increase access to services for families.

When assessing for *Minimal Restrictiveness* in service delivery, raters reported that services appeared to be provided in environments that feel comfortable to the child/youth and family, in the least restrictive and most appropriate environment. SOCPR raters also noted that case files reflected ongoing communication between formal service providers and family members and that links to additional services were made with few challenges. Reviewers noted that in about 20 percent of cases rated five (5) and below there was a lack of adequate evidence in files to determine if families were comfortable where services were provided. This challenge may indicate a need to provide additional training for providers to improve appropriate documentation of pertinent information for cases.

With regard to *Integration and Coordination* of services, reviewers generally found that there is ongoing two-way communication among and between all team members, including child/youth and family members. In addition, they also generally noted that there are smooth and seamless processes for linking the child/youth and family to additional services. In about 35 percent of cases, reviewers indicated that the process to link the child and family with additional services was not always easy. Noted challenges included capacity issues; availability of services; and quick turnaround requesting/referral for services but long wait time for implementation of additional services. Providers and families were not in concordance with what issues created these problems towards a smooth and seamless process.

<u>System Successes in the Provision of Community-Based Services</u>

- Child and family needs were identified at intake
- Services are generally provided at convenient times
- Services are provided within or close to child and family's home community

- Service providers verbally communicate in the primary language of the child/youth and family
- Written documentation regarding services/service planning is in the primary language of the child and family
- Services are provided in environment(s) that feel comfortable to the child/youth and family
- Services are provided in the least restrictive, most appropriate environment
- There is ongoing communication between formal service providers and family members

Opportunities for Growth and/or Training in Domain 2

- Documentation does not always adequately reflect whether the system was able to identify child/youth and/or family needs early and to begin addressing them
- Documentation does not always adequately indicate whether services are provided in the least restrictive, most appropriate, and most comfortable setting for children and families
- The process for linking children and families to additional services is not always a smooth and seamless one

Domain 3: Culturally Competent Services

The third domain of the SOCPR is intended to measure whether services are attuned to the cultural, racial, and ethnic background and identity of the child/youth and family. Ratings provided in each subdomain are meant to evaluate the level of cultural awareness of the service provider, whether evidence shows that efforts are made to orient the family to an agency's culture, whether sensitivity and responsiveness is shown for the cultural background of families, and whether informal supports are included in services.

Reviewers assessing for *Cultural Awareness* noted that providers generally acknowledge and understand the culture of the child and/or the family, including information about the family's beliefs related to health and family. Documentation of this awareness is minimal within the case files. Additionally, raters indicated that providers did not always clearly document or articulate that they were familiar with a child and family's neighborhood or community. Reviewers did note some evidence of provider awareness related to how cultural beliefs and values of families influenced their decision-making. They also indicated that providers generally acknowledged how their own beliefs, lifestyles, and values may influence how they interact with the families they serve. Providers may want to increase their documentation about cultural awareness because knowledge about cultural, neighborhood, and community context may help inform about a child and family's identity.

When evaluating the *Sensitivity and Responsiveness* of the System, raters noted minimal information is documented regarding cultural exploration of child/youth and family. Review of

documents provided limited evidence of incorporating family culture into action. There was some evidence of cultural assessments and awareness by the providers; however, this information was not always formally linked to action steps. Although case record documentation indicates that services were not exactly responsive to the family's values, beliefs, and lifestyle, interview responses from both providers and caregivers indicated that services and supports were adapted to meet the needs and requests of the family.

Reviewers generally gave high ratings to the subdomain *Agency Culture* suggesting that service providers generally offered families information to help them better understand their agency's rules and expectations and offered additional assistance, resources, or supports as needed. Providers also appeared to provide families with assistance in understanding of and navigating the larger service system.

With regard to *Informal Supports*, reviewers generally found documentation that families were asked whether they would like to include informal or natural supports in services or service planning. However, families declined to include natural support (e.g. supportive friends or community members) involvement in 10 percent of cases. Documentation showed that even when informal supports were available to families, they were not formally involved in the service planning process. This finding provides an opportunity for growth and training to providers to intentionally include and document informal sources of supports in the service planning and delivery process.

<u>System Successes in the Provision of Culturally Competent Services</u>

- Providers generally acknowledge and understand the culture of the child and/or the family Providers exhibit minimal awareness of youth and family's concepts of health and family
- Providers have some awareness of their own culture and the cultural dynamics involved when working with families whose culture may be different from their own
- Providers offered families information to help them understand system/agency rules and expectations
- Providers give family some assistance in understanding /navigating service system

<u>Opportunities for Growth and/or Training in Domain 3</u>

- Reviewers noted that providers did not always clearly document how cultural, neighborhood, and community context informed a child/youth and family's identity
- Limited evidence of incorporating family culture into action
- Inconsistent documentation related to availability of informal supports
- Raters noted participation of informal supports appears to be limited in formal service planning process

Domain 4: Impact

The final SOCPR domain evaluates whether services have produced positive outcomes for the child and family. This domain includes two subdomains: *Improvement* and *Appropriateness of Services*, which are meant to determine whether services have had a positive impact on the child/youth and family and if so, whether these services met their identified needs.

In general, reviewers found that services and supports provided to children and families did produce a positive impact on their situation. When reflecting on the evidence provided for this domain, raters noted that caregivers/family members and providers were not always in complete agreement as to the degree of progress and improvement that they and their child(ren) had made as a result of services. A review of most cases suggest that multiple team members in each case identified "some" improvement on the part of the youth and family. Similarly, raters generally indicated that supports and services provided to children/youth and families had been appropriate because they were found to have adequately met identified needs.

<u>System Successes</u>

- Reviewers generally agree that the accumulated evidence shows that services provided to children/youth have improved their situation to some degree
- Reviewers generally agree that the accumulated evidence shows that services provided to families have improved their situation to some degree
- Reviewers generally agree that the services and supports provided to children/youth have adequately met their needs
- Reviewers generally agree that services and supports provided to families have adequately met their needs

Overall, qualitative analysis of responses to Summative Questions suggest that the Statewide System of Care has achieved some success in its effort to implement System of Care values and principles in its service delivery to children/youth and families in FY2015-2016. Some recommendations have been made to help build on these successes by encouraging the work of providers and reviewers through ongoing training and coaching.

RESULTS DCS CASES

Demographics DCS Cases

The state of Arizona was also interested in only those cases where the children and families had Department of Child Safety involvement. During FY2015-2016, 106 DCS Cases (52%) were sampled from all three Regions from the 205 SOCPR ALL Cases. A summary of the demographic characteristics are presented in Table 9. Due to the sampling scheme employed by AHCCCS (previously described in the Methodology section), different numbers of cases were completed in each Region. The most populous Region, Central-6, provided the greatest number of cases for the sample (N=47). North-7 provided 30 cases while South-8 had the fewest cases (29).

Table 9. Demographic Characteristics DCS Cases

Demographic Characteristic	Statewide N=106	NORTH-7 (I & IV-G) N=30	SOUTH-8 (II, III, IV-P, & V) N=29	CENTRAL-6 (VI) N=47
Age (years)	7.77	5.03	9.00	8.77
Gender (Male)	62.3%	63.3%	65.5%	59.6%
Race:				
White	41.5%	70.0%	24.1%	34.0%
Black	12.3%	3.3%	0.0%	25.5%
Latino/Hispanic	25.5%	16.7%	44.8%	19.1%
Native American	4.7%	3.3%	6.9%	4.3%
Multi-racial	15.1%	6.7%	24.1%	14.9%
Primary Language:				
English	96.2%	90.0%	96.6%	100.0%
Spanish	0.9%	0.0%	3.4%	0.0%

As shown in Table 9, the overall mean age for the 106 cases was 7.77 years. The means for age across Regions ranged from 5.03 years to 9.00 years. Statewide over 62% of the sample was male, ranging from 60% in Central-6 to almost 66% in South-8. Of the sample, almost 42% was White, almost 26% was Latino/Hispanic, and 15% identified as Multi-racial. The remaining 18% of the sample was Black, Native American, or data were missing. Statewide, over 96% of the children and youth in the sample spoke English as their primary language. English was the only language reported in North-7 and Central-6. Spanish was also identified as a primary language in South-8. Chi-square analyses were used to look for demographic differences in cases by Region, with age bands, gender, race, and primary language under consideration.

Service System Involvement DCS Cases

In addition to Department of Child Safety, four different child-serving systems and an "Other" category were used to capture service system involvement as part of the services profiles of children and youth whose cases were chosen as part of the sample. All 106 DCS Cases (100%) were recorded as showing behavioral health system involvement, the system with the greatest participation across all three Regions, as shown in Table 10. The SOCPR protocols documented almost 22% of the cases had educational services involvement, followed by juvenile justice, developmental disabilities, and "Other". The "Other" system category was documented by almost 3.0% of the Regions. The three services included Arizona Early Intervention Program (AZEIP), Court Appointed Special Advocate (CASA), and Primary Care Physician (PCP) Treatment.

Table 10. Service System Involvement DCS Cases

Service System	Statewide N=106	NORTH-7 (I & IV-G) N=30	SOUTH-8 (II, III, IV-P, & V) N=29	CENTRAL-6 (VI) N=47
Behavioral Health	100.0%	100.0%	100.0%	100.0%
Juvenile Justice	13.2%	3.3%	17.2%	17.0%
Educational Services	21.7%	6.7%	27.6%	27.7%
Developmental Disabilities	4.7%	3.3%	0.0%	8.5%
Other	2.8%	6.7%	3.4%	0.0%

The results of the 106 DCS Cases were plotted by histogram to explore the distribution of cases for total number of systems involved. The results are seen in Figure 8. The horizontal axis displays the total number of services, while the vertical axis represents the number of cases with that total number of services. The 106 DCS cases represent children and youth who were involved with the department of child safety system and who were receiving behavioral health system services or had recently completed services from the behavioral health system. In addition, cases were only chosen for SOCPR review if the youth was identified as having complex needs.

Overall, cases identified a range of 0 – 5 for the possible number of systems involvement, with the mean being 2.42, and the number of systems involved for this sample ranged from 2 – 4. The shape of the histogram is symmetrical, resembling a normal distribution. One might expect that children and youth in this sample to be involved in a significant number of child-serving systems and thus expect the shape/distribution to skew to the right, towards a greater number of service systems. Explanations for this finding might

include inadequate record documentation, differences in reviewer interpretations of how to record service system involvement, or data entry errors.

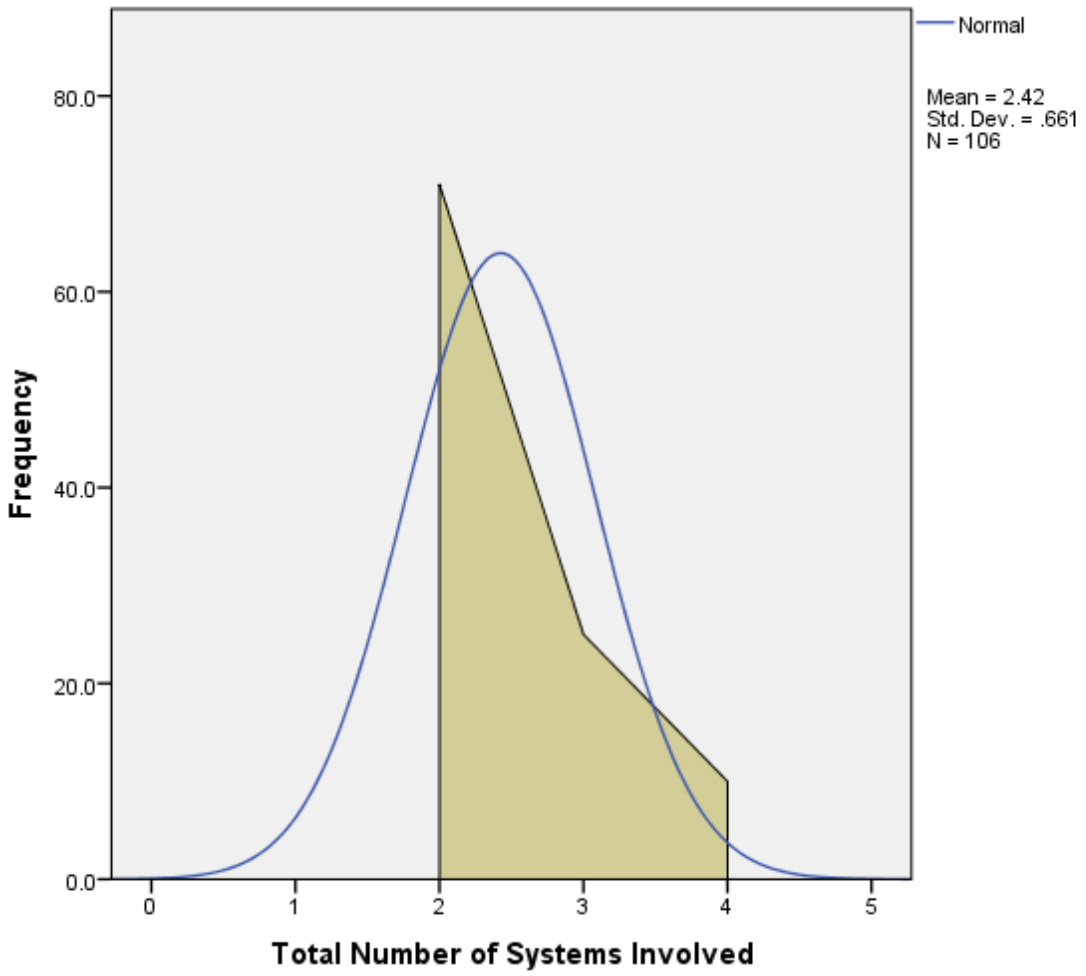

Figure 8. Histogram of child-serving system involvement DCS cases.

Receipt of Services or Treatments DCS Cases

Similar to child-serving systems, the kinds of services or treatments children and youth in the sample received were also counted. Fifteen named types of services as well as an "Other" category (see Appendix C) were used to identify service provision. These service types are shown in Table 11.

Table 11. Services or Treatments Received by Children and Youth DCS Cases

Services or Treatment	Statewide N (%)	NORTH-7 (I & IV-G) N (%)	SOUTH-8 (II, III, IV-P, & V) N (%)	CENTRAL-6 (VI) N (%)
Treatment Services	**72 (67.9)**	**12 (40.0)**	**21 (72.4)**	**39 (83.0)**
• Individual Counseling	61 (57.5)	9 (30.0)	20 (69.0)	32 (68.1)
• Family Counseling	35 (33.0)	7 (23.3)	6 (20.7)	22 (46.8)
• Group Counseling	14 (13.2)	2 (6.7)	5 (17.2)	7 (14.9)
• Substance Abuse Counseling	3 (2.8)	0 (0.0)	0 (0.0)	3 (6.4)
Medical Services				
• Psychiatric Medication	38 (35.8)	7 (23.3)	12 (41.4)	19 (40.4)
Support Services	**103 (97.2)**	**28 (93.3)**	**28 (96.6)**	**47 (100.0)**
• Family Support	44 (41.5)	12 (40.0)	14 (48.3)	18 (38.3)
• Peer Support	5 (4.7)	0 (0.0)	3 (10.3)	2 (4.3)
• Respite Support	14 (13.2)	3 (10.0)	7 (24.1)	4 (8.5)
• Home Care Training	8 (7.5)	3 (10.0)	2 (6.9)	3 (6.4)
• Case Management	96 (90.6)	28 (93.3)	25 (86.2)	43 (91.5)
• Skill Develop & Train	42 (39.6)	15 (50.0)	14 (48.3)	13 (27.7)
Inpatient Services	**7 (6.6)**	**0 (0.0)**	**3 (10.3)**	**4 (8.5)**
• Psychiatric Hospitalization	2 (1.9)	0 (0.0)	2 (6.9)	0 (0.0)
• Level I Residential	5 (4.7)	0 (0.0)	1 (3.4)	4 (8.5)
Residential Services	**8 (7.5)**	**1 (3.3)**	**1 (3.4)**	**6 (12.8)**
• Level II Residential	5 (4.7)	1 (3.3)	1 (3.4)	3 (6.4)
• Level III Residential	3 (2.8)	0 (0.0)	0 (0.0)	3 (6.4)
Other	**26 (24.5)**	**9 (30.0)**	**5 (17.2)**	**12 (25.5)**

Across the state the most utilized service or treatment provision category was Support Services (97.2%) followed by Treatment Services (67.9%). Inpatient Services (6.6%) was the least used service or treatment provision. More specifically, the most widely utilized service or treatment statewide, based on percentage of cases using the service, was Case Management (91%) followed by Individual Counseling (56%), Family Support (42%), Skills Development & Training (40%) Psychiatric Medication (36%), and Family Counseling (33%). Psychiatric Hospitalization (1.9%), Level III Residential and Substance Abuse Counseling (2.8%), and Level I Residential, Level II Residential, and Peer Support (4.7%) were the least utilized services or treatments statewide. Across all three Regions, Case Management was utilized in a minimum of 86% of the cases in each Region.

Support Services were utilized in all three Regions with Central-6 utilizing them in 100% of the cases. As mentioned earlier in this report one specific support service, Case Management, was received by a minimum of 86% of families across all three Regions. Treatment Services was documented as the next most frequently utilized service with almost 68% of cases. Inpatient Services and Residential Services were utilized the least. Inpatient

Services were not utilized in North-7 nor was Peer Support. Substance Abuse Counseling and Level III Residential were only utilized in Central-6. South-8 was the only Region to utilize Psychiatric Hospitalization services.

Usage of some services *appears* to be unusually high; therefore, because Regions vary widely in the number of SOCPR cases completed, both number of cases and percentage need to be examined. For example, 30% of cases in North-7 had "Other" services, which represents only 9 youth, as only 30 total SOCPR cases were completed for this Region. Statewide, about 25% (n=26) of the treatments or services reported were identified as "Other". Several of the services variables differed significantly by Region and are shown in Table 12. Only statistically significant chi-square statistics are reported.

Table 12. Significant Associations between Region and Specific Services DCS Cases

Treatment	Chi-Square Statistic
Treatment Services • Individual Counseling • Family Counseling • Group Counseling • Substance Abuse Counseling	X^2 (2, N=106)= 15.894, p-value < 0.001 X^2 (2, N=106)= 13.003, p-value = 0.002 X^2 (2, N=106)= 7.307, p-value = 0.026
Medical Services • Psychiatric Medication	
Support Services • Family Support • Peer Support • Respite Support • Home Care Training (HCTC) • Case Management • Skills Development and Training	
Inpatient Services • Psychiatric Hospitalization • Level I Residential	
Residential Services • Level II Residential • Level III Residential	
Other	

Statewide for DCS cases, a statistically significant relationship between Region and services received was shown for the category of Treatment Services. Specifically within this category, Individual Counseling and Family Counseling were found to show strong significant

associations with Region.

In order to examine the breadth of services used by children and youth in the sample, a simple summation was calculated for the 15 potential service categories. Thus, the possible range for this variable was from 0 to 15 services utilized. For the total 106 DCS cases in the sample, the range of services used was 0 to 8. These data are displayed via histogram to examine the distribution of total number of services used. The results are displayed in Figure 9. The histogram closely resembles a normal distribution, with a mean of 3.78 services per child or youth recorded. The number of services used during the time a case is open could vary greatly, depending on the needs of the child and family, the array of services that are available, and the length of time the case is open.

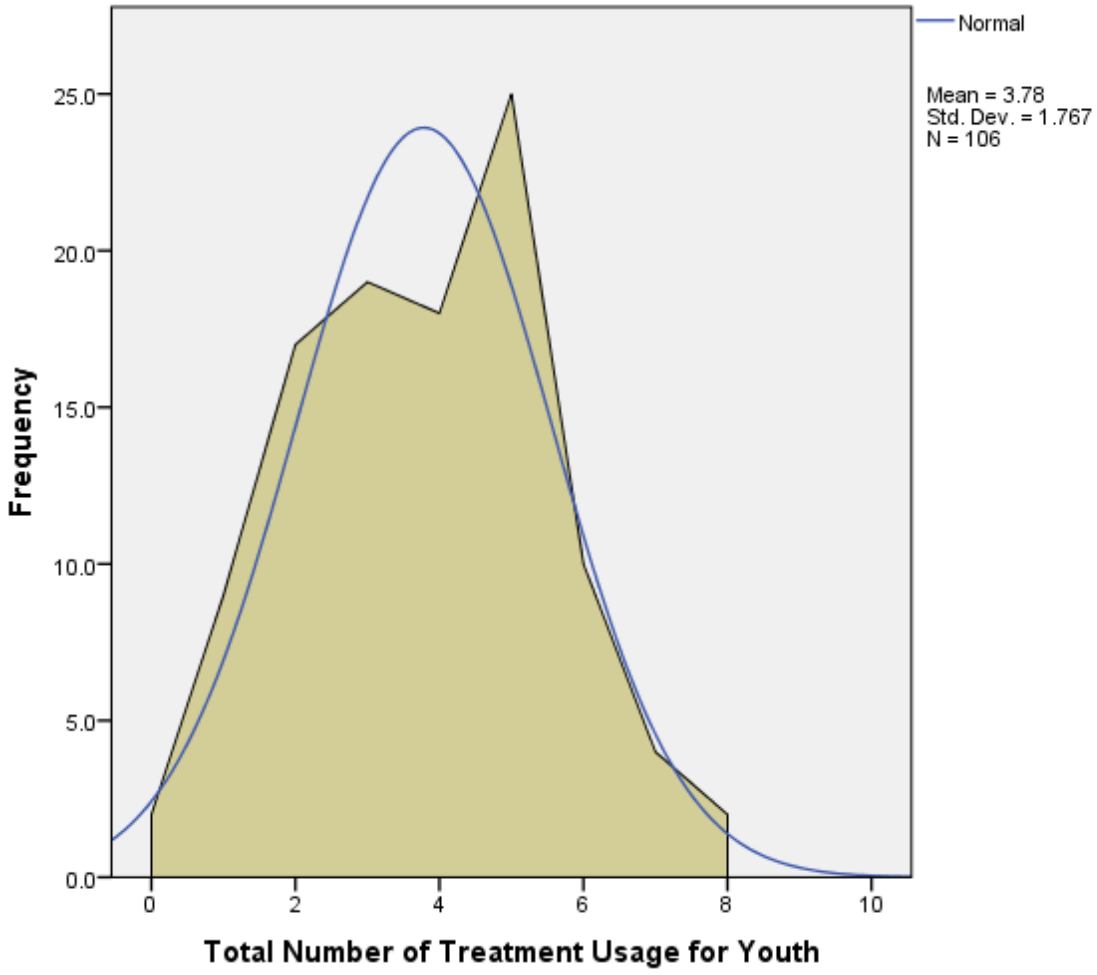

Figure 9. Histogram of service or treatment usage for youth DCS cases.

Quantitative Analysis DCS Cases

SOCPR Scores – Overall Case and SOCPR Domains DCS Cases

Mean scores were computed for the overall case, as well as for each of the four SOCPR domains (Child-Centered Family-Focused, Community Based, Culturally Competent, and Impact). In addition, mean scores were computed for those subdomains contained within the domains. Finally, each summative question was examined individually. In general, the mean score for each item of interest was an important statistic to be examined. In addition, the minimum and maximum scores, as well as the standard deviation for each item of interest, were examined. Using these four statistics, an understanding of the range of scores, the average score, as well as an indication of the variability from case to case, could be examined. This section will report on the overall findings, and then report on specific items of interest, which demonstrate extreme scores.

Table 13 shows the overall case scores as well as those for each SOCPR domain for the department of child safety sample of 106 DCS cases, indicated by individual Region As explained in the Methodology section, SOCPR scores range from a low of 1 to a high of 7. Scores from 1–3 represent lower implementation of a system of care principle, and scores from 5–7 represent enhanced implementation of a system of care principle. A score of 4 indicates a neutral rating, meaning a lack of support for or against implementation. At the statewide level, SOCPR DCS mean scores ranged from 4.85 to 5.16 with an overall case mean score of 5.00. While the SOCPR scores for the case and domains are not normally distributed and so the standard deviation is a less useful statistic, in conjunction with minimum and maximum scores, a more complete picture of the data emerges. The DCS overall case mean score suggests that, like all of the SOCPR domains, great variability exists across cases. The minimum and maximum scores are to their greatest possible extremes, representing exemplary cases of good and poor system of care values implementation. The means are all in the low 4 to low 5 range, showing a slightly enhanced implementation of system of care values. The scores indicate that across the state, behavioral health provider agencies included in the DCS sample performed best at including the Community Based system of care value in service planning and provision. Behavioral health provider agencies were most challenged by providing Culturally Competent care that was child and family focused.

Table 13. SOCPR Case and Domain Scores DCS Cases

REGION	Case Mean (SD)	CCFF Mean (SD)	CB Mean (SD)	CC Mean (SD)	IMP Mean (SD)
Statewide (N=106)	5.00 (1.13) Min 1.58 Max 6.57	4.96 (1.29) Min 1.55 Max 6.66	5.16 (1.07) Min 1.54 Max 6.88	4.85 (1.23) Min 1.78 Max 6.49	5.01 (1.48) Min 1.00 Max 7.00
North-7 (N=30)	5.17 (0.93)	5.21 (1.10)	5.37 (0.84)	4.89 (1.18)	5.22 (1.22)
South-8 (N=29)	4.68 (1.16)	4.58 (1.27)	4.92 (1.14)	4.38 (1.34)	4.84 (1.58)
Central-6 (N=47)	5.08 (1.22)	5.04 (1.38)	5.18 (1.15)	5.12 (1.12)	4.98 (1.58)

Minimum and maximum values are not presented for individual Regions, as they are a subset of the statewide scores. At the state level, the highest scoring SOCPR domain was Community Based (Mean = 5.16). This was followed by Impact (Mean = 5.01), Child-Centered, Family-Focused (Mean = 4.96) and lastly, Culturally Competent (Mean = 4.85). Data for North-7 and South-8 show similar patterns when compared with statewide scores. Central-6, however, deviated from the statewide pattern.

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Histograms were drawn at the statewide level to better demonstrate the range of SOCPR scores for the overall case and the four SOCPR domains. These results are displayed in Figures 10 – 14. Scrutiny of these graphs shows a similar pattern for the case and each SOCPR domain. The data are not normally distributed but are skewed slightly towards the right, toward higher scores.

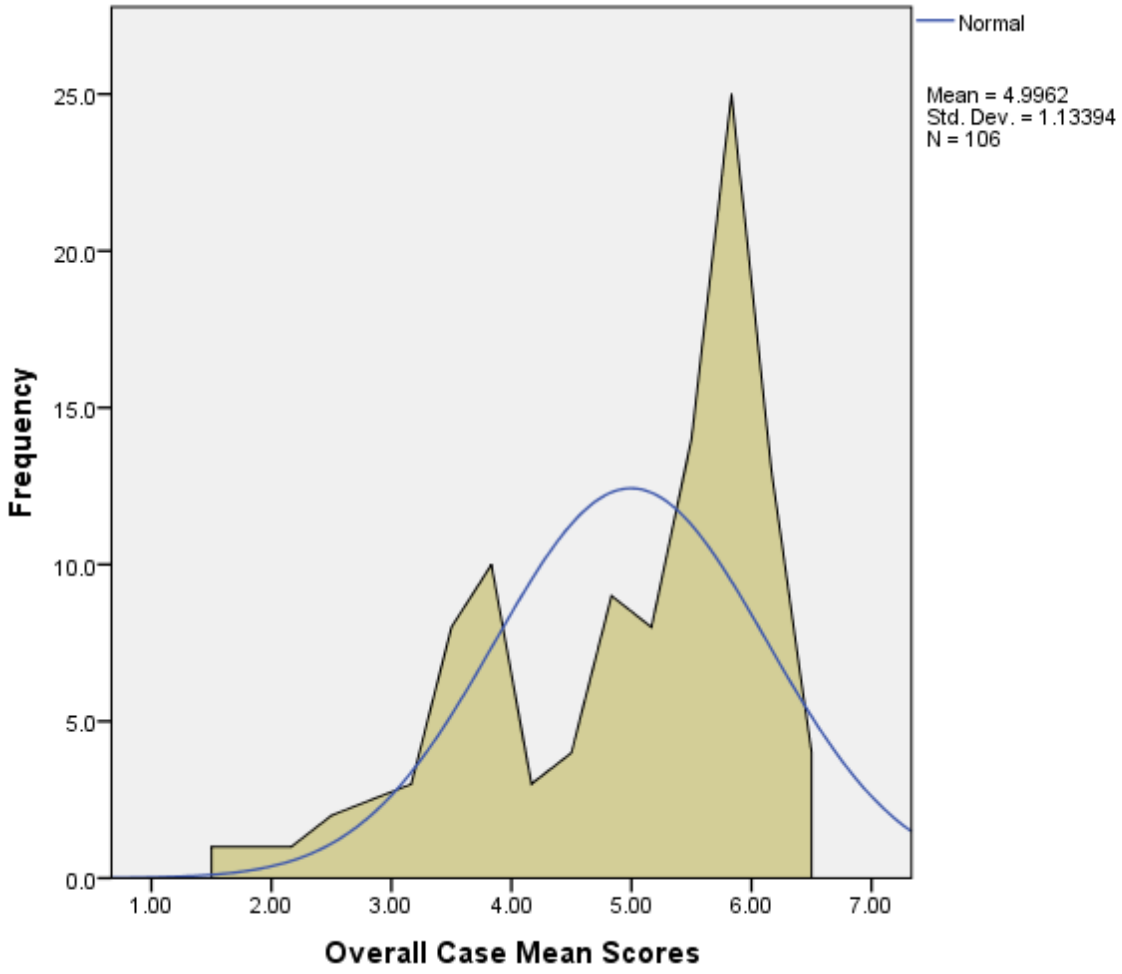

Figure 10. Histogram of SOCPR Overall case mean scores DCS cases.

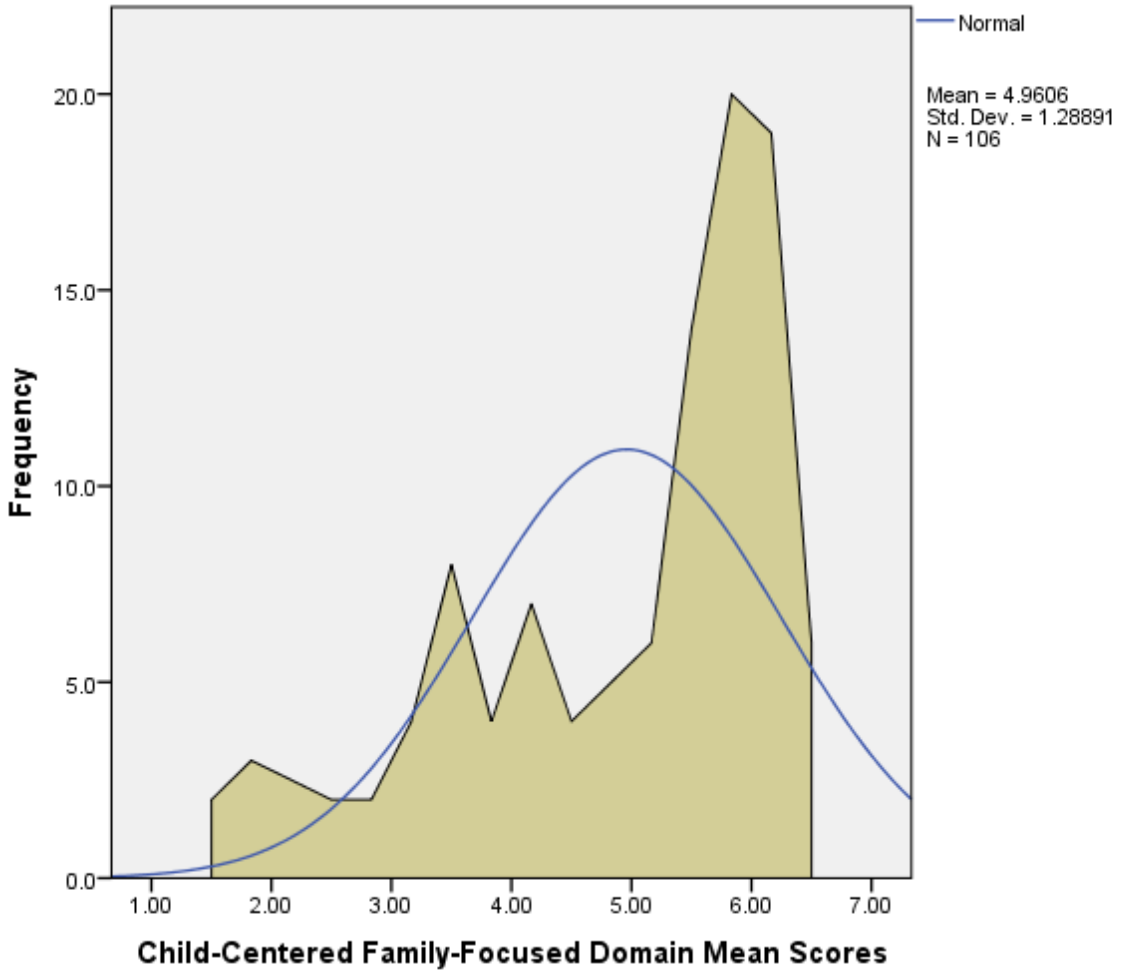

Figure 11. Histogram of SOCPR Child-Centered Family-Focused domain mean scores DCS cases.

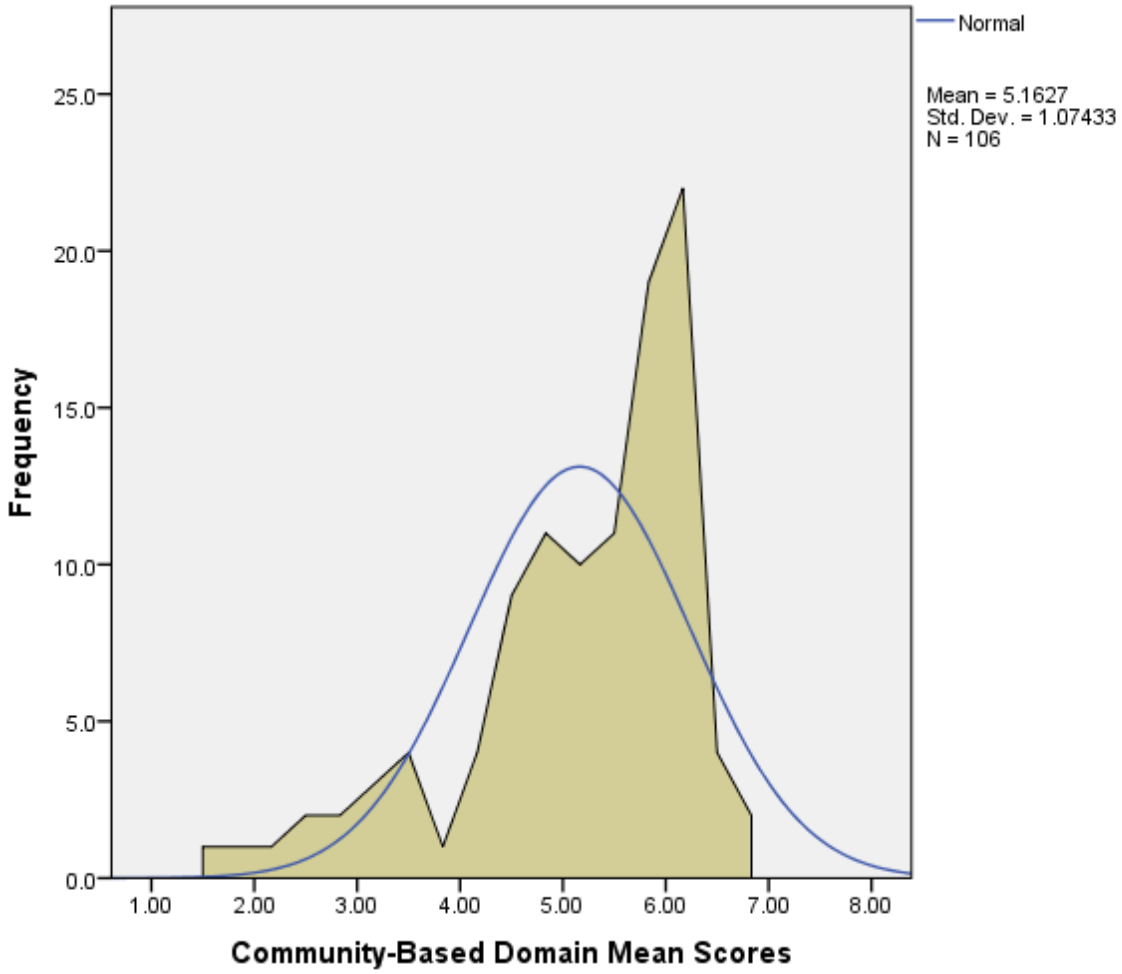

Figure 12. Histogram of SOCPR Community Based domain mean scores DCS cases.

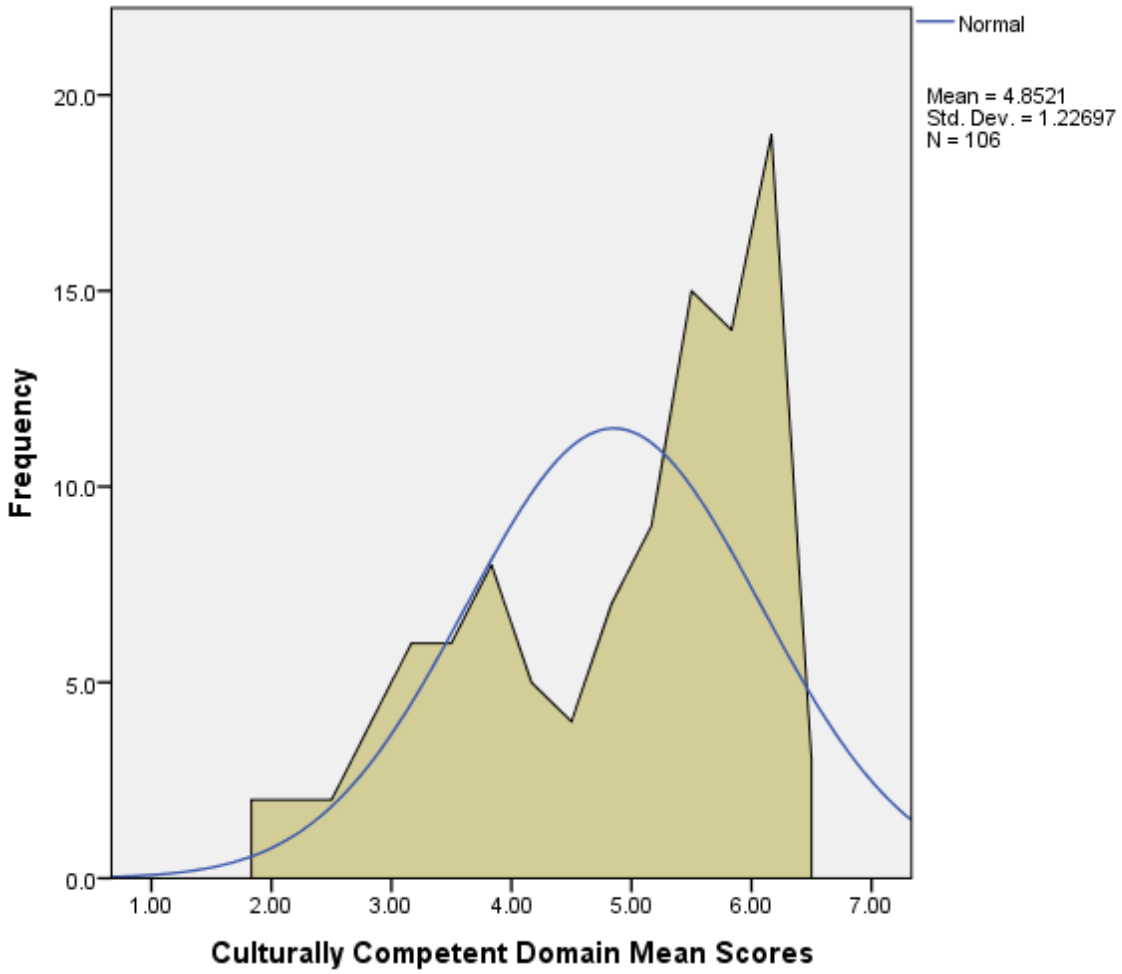

Figure 13. Histogram of SOCPR Culturally Competent domain mean scores DCS cases.

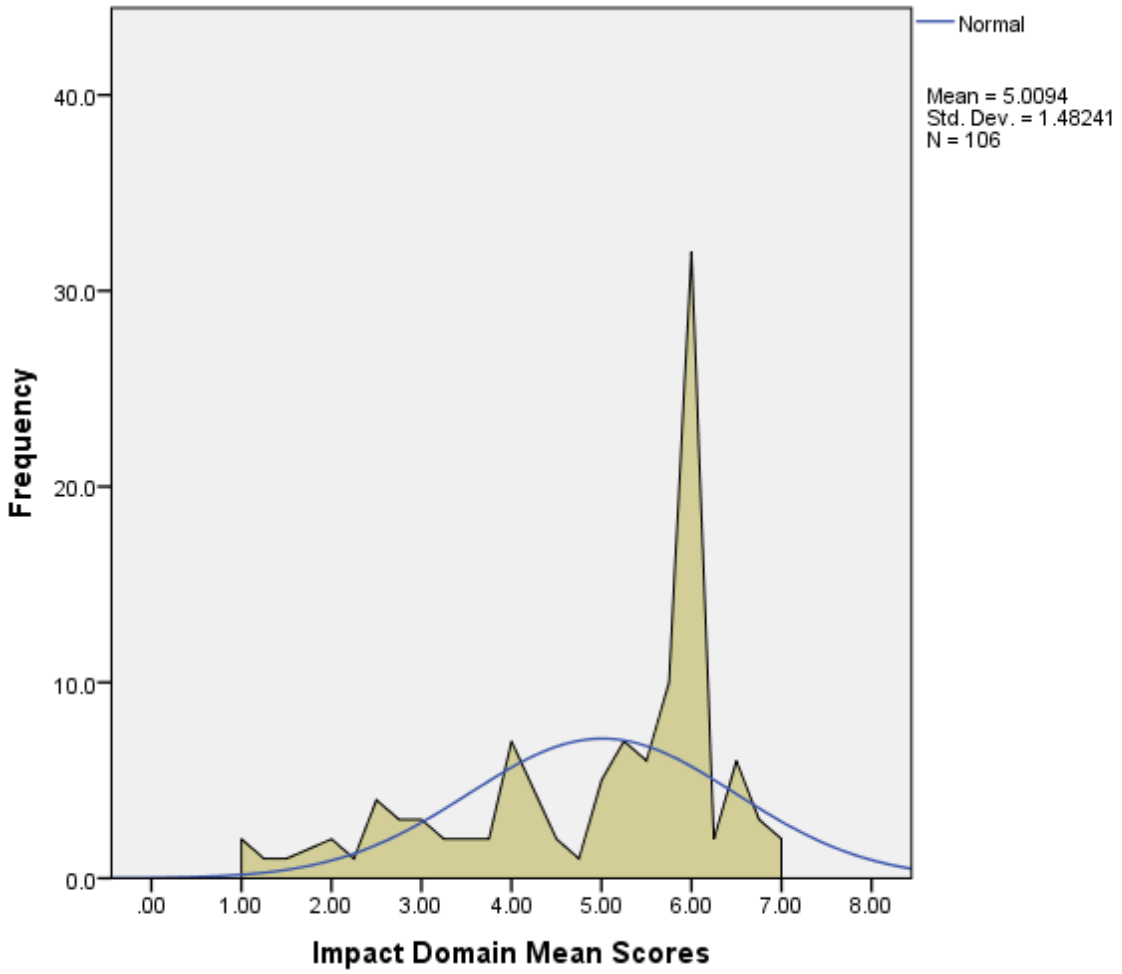

Figure 14. Histogram of SOCPR Impact domain mean scores DCS cases.

SOCPR Scores – SOCPR Domains, Subdomains, and Areas DCS Cases

Table 14 presents statewide DCS SOCPR data for most levels of the instrument, including the total case or overall mean score, SOCPR domain mean scores, SOCPR subdomain mean scores, and SOCPR area mean scores. Because the Regions may have small DCS sample sizes, the standard deviation data are not statistically meaningful; consequently, SOCPR subdomain and area mean scores are not reported at the Region level.

Table 14. Statewide SOCPR Scores: Overall, Domain, Subdomain, and Area DCS Cases

Overall Mean Score – DCS cases: 5.00 (1.13)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**4.96 (1.29)**		
Individualized			4.87 (1.24)
Assessment/Inventory		5.31 (1.03)	
Service Planning		4.70 (1.35)	
Types of Services/Supports		4.85 (1.63)	
Intensity of Services/Supports		4.63 (1.75)	
Full Participation			5.18 (1.29)
Case Management			4.83 (1.64)
Domain II: Community Based	**5.16 (1.07)**		
Early Intervention			5.12 (1.35)
Access to Services			5.56 (0.94)
Convenient Times		5.44 (1.47)	
Convenient Locations		5.41 (1.33)	
Appropriate Language		5.83 (0.70)	
Minimal Restrictiveness			5.30 (1.23)
Integration and Coordination			4.67 (1.56)
Domain III: Culturally Competent	**4.85 (1.23)**		
Awareness			4.94 (1.14)
Awareness of Child/Family's Culture		4.77 (1.32)	
Awareness of Providers' Culture		4.93 (1.33)	
Awareness of Cultural Dynamics		5.12 (1.35)	
Sensitivity and Responsiveness			5.00 (1.37)
Agency Culture			4.97 (1.53)
Informal Supports			4.50 (1.75)
Domain IV: Impact	**5.01 (1.48)**		
Improvement			5.08 (1.46)
Appropriateness			4.94 (1.62)

As previously reported, the highest scoring SOCPR domain was Community Based, followed by Impact, Child-Centered Family-Focused, and finally Culturally Competent. All DCS case mean scores were in the mid 4 (neutral) to high 5 (enhanced implementation) range. Appropriate Language, in the subdomain of Access to Services, had the highest mean score (5.83), while the subdomain of Informal Supports had the lowest mean score (4.50).

In the Community Based domain, the Access to Services subdomain was the highest scoring subdomain at 5.56 with the subdomain of Minimal Restrictiveness close behind with a mean score of 5.30. Within the subdomain of Access to Services, all three area mean scores [Appropriate Language (5.83), Convenient Times (5.44), and Convenient Locations (5.41)] scored at the enhanced implementation of a system of care principle level. These subdomain and area mean scores indicate that service providers are utilizing the family's primary language in an appropriate manner when providing services. Providers are also mindful of access and time constraints that families are under and plan accordingly when they schedule services. These represent strengths in Arizona's Children's System of Care, as reviewed through these 106 SOCPR DCS cases.

Other low 5 mean scores included Assessment/Inventory (5.31) in the subdomain of Individualized within the Child-Centered, Family-Focused domain and Minimal Restrictiveness (5.30) subdomain in domain Community Based. Service providers are conducting thorough assessments and identifying the needs and strengths of the child and family across all life domains. Further, they are providing services within non-intrusive environments where families feel at ease.

The data also revealed scores in the mid to high 4 (neutral) range. Although these scores indicate neither support for nor against implementation of system of care principles, they may emphasize the need for increased attention or support. For example, within the Culturally Competent domain, with the exception of the subdomain of Sensitivity and Responsiveness and the area of Awareness of Cultural Dynamics, all other mean scores were in the mid to high 4 range. These scores may indicate an increased need for cultural awareness of not only the child and family but also the provider and the agency. Scores may also show the need for improved utilization of the informal supports identified by the families when planning and delivering services.

SOCPR Scores and Tests of Significant Differences DCS Cases

Because the SOCPR DCS case and domain scores do not fit the pattern of a normal distribution, nonparametric statistical tests were performed to examine the data for

differences between groups within a specific variable in relation to SOCPR scores. SOCPR scores are continuous data, while most of the other variables were categorical data. Thus, for statistical tests in which the variable to be examined in relation to SOCPR scores consisted of more than 3 groups, such as race, the Kruskal-Wallace test was performed. For variables with only two groups, such as gender, the Mann-Whitney U test was performed. Age was transformed into an Age Band variable with three groups: 0 through 5, 6 to12, and 13 to 18. Table 15 shows the results of these statistical tests for a variety of variables. A value of .05 or lower indicates a significant difference between groups for the variables involved in the statistical test, with lower scores indicating a higher likelihood of true significant differences.

Table 15. SOCPR Scores and Significant Differences with Variables of Interest DCS Cases

Variable	Case	CCFF	CB	CC	IMP
Demographics					
Age Bands					
Gender					
Race					
Primary Language					
Region				0.049	
Case Longevity					
Service Systems					
Behavioral Health					
Juvenile Justice					
Educational				0.041	
Developmental Disabilities					
Total Systems				0.016	
Services Categories					
Treatment Services					
Medical Services					
Support Services				0.042	
Inpatient Services					
Residential Services					
Services					
Individual Counseling					
Family Counseling					
Family Support					
Respite Support					
Case Management					
Psychiatric Hospitalization					
Total Number of Services					

There were significant differences found for the measures of demographic, service systems, and services categories.

Findings indicate that the Region of the child contributed to significant associations. This was due to significantly higher scores in Central-6 and lower scores in South-8. Children and youth with Educational Services, Total Systems, and Support Services were associated with significantly higher Culturally Competent scores

SOCPR Scores – FY2015-2016 Comparison DCS Cases and Non-DCS Cases

Table 16 shows a comparison of overall, domain, subdomain, and area scores across two sub-samples of the FY2015-2016 SOCPR administration: DCS Cases (N=106) and Non-DCS Cases (N=99). DCS Cases included children and families involved with the Department of Child Safety system while Non-DCS Cases included children and families identified as having high/complex levels of need. Overall, scoring differences are not significant with DCS mean scores generally positive.

Table 16. SOCPR Score Comparisons between DCS Cases and Non-DCS Cases

	DCS Cases		Non-DCS Cases		Difference	p-value[1]
	Mean	(SD)	Mean	(SD)		
Overall Score	5.00	(1.13)	4.95	(0.97)	0.04	0.77
Domain I: Child-Centered Family-	4.96	(1.29)	4.89	(1.17)	0.08	0.66
Individualized	4.87	(1.24)	4.72	(1.20)	0.16	0.36
Assessment/Inventory	5.31	(1.03)	5.12	(1.20)	0.19	0.22
Service Planning	4.70	(1.35)	4.68	(1.27)	0.02	0.91
Types of Services/Supports	4.85	(1.63)	4.55	(1.61)	0.30	0.18
Intensity of Services/Supports	4.63	(1.75)	4.53	(1.66)	0.11	0.65
Full Participation	5.18	(1.29)	5.18	(1.12)	0.00	0.99
Case Management	4.83	(1.64)	4.76	(1.58)	0.07	0.76
Domain II: Community Based	5.16	(1.07)	5.14	(0.90)	0.02	0.89
Early Intervention	5.12	(1.35)	4.99	(1.34)	0.13	0.50
Access to Services	5.56	(0.94)	5.63	(0.77)	-0.07	0.55
Convenient Times	5.44	(1.47)	5.43	(1.35)	0.01	0.96
Convenient Locations	5.41	(1.33)	5.70	(0.93)	-0.30	0.07
Appropriate Language	5.83	(0.70)	5.76	(0.88)	0.07	0.52
Minimal Restrictiveness	5.30	(1.23)	5.48	(1.12)	-0.18	0.28
Integration and Coordination	4.67	(1.56)	4.47	(1.54)	0.20	0.37
Domain III: Culturally Competent	4.85	(1.23)	4.84	(1.11)	0.01	0.95
Awareness	4.94	(1.14)	5.06	(1.17)	-0.12	0.46
Awareness of Child/Family's	4.77	(1.32)	4.86	(1.35)	-0.09	0.63
Awareness of Providers' Culture	4.93	(1.33)	5.09	(1.27)	-0.16	0.39
Awareness of Cultural Dynamics	5.12	(1.35)	5.23	(1.29)	-0.11	0.55
Sensitivity and Responsiveness	5.00	(1.37)	4.96	(1.41)	0.04	0.85
Agency Culture	4.97	(1.53)	4.93	(1.34)	0.04	0.85
Informal Supports	4.50	(1.75)	4.41	(1.60)	0.09	0.71
Domain IV: Impact	5.01	(1.48)	4.94	(1.26)	0.07	0.73
Improvement	5.08	(1.46)	5.04	(1.26)	0.04	0.83
Appropriateness	4.94	(1.62)	4.85	(1.46)	0.09	0.66

[1] p-values were obtained through a two-sided two independent samples t-test.

Overall, SOCPR DCS mean scores are higher than Non-DCS mean scores when compared across all four domains. Consistent with other sample comparisons, the domain of Community Based scored highest across both samples followed by Impact, Child-Centered, Family-Focused, and lastly, the domain of Culturally Competent.

Results indicated that comparisons across all domain, subdomain, and area levels between DCS scores and Non-DCS scores were not significantly different. That is, although DCS scores were higher than Non-DCS scores, there were no statistically significant differences in the scores.

In the majority of domain, subdomain, and area mean scores, DCS cases scored higher when compared to Non-DCS cases, although there were a few exceptions. Within the domain of Community Based the subdomain scores of Minimal Restrictiveness and Access to Services as well as the area scores of Convenient Locations, DCS cases had lower although not significantly different mean scores. Additionally, the subdomain of Awareness (in the Culturally Competent domain) along with all three of its area scores (Awareness of Child/Family's Culture, Awareness of Providers' Culture and Awareness of Cultural Dynamics) had the same results.

SOCPR Scores – FY2014-2015 and FY2015-2016 Comparison DCS Cases

Table 17 shows a comparison of overall, domain, subdomain, and area mean scores across two administrations of the SOCPR. Overall, scoring differences across two-thirds of the domain, subdomain, and area scores indicate a downward trend from FY2014-2015 to FY2015-2016 among DCS Cases. A few of these downturns were statistically significant. All mean scores in the domain of Culturally Competent and two area scores in Child-Centered, Family-Focused showed improvement.

Table 17. SOCPR Score Comparisons between FY2014-2015 and FY2015-2016 DCS Cases

	2014-2015		2015-2016		Change	p-value[1]
	Mean	(SD)	Mean	(SD)		
Overall Score	5.04	(0.93)	5.00	(1.13)	-0.04	0.76
Domain I: Child-Centered Family-Focused	5.02	(1.06)	4.96	(1.29)	-0.06	0.71
Individualized	4.91	(1.12)	4.87	(1.24)	-0.03	0.84
Assessment/Inventory	5.14	(1.08)	5.31	(1.03)	0.18	0.23
Service Planning	4.68	(1.23)	4.70	(1.35)	0.02	0.91
Types of Services/Supports	4.94	(1.48)	4.85	(1.63)	-0.09	0.68
Intensity of Services/Supports	4.87	(1.59)	4.63	(1.75)	-0.24	0.31
Full Participation	5.26	(0.99)	5.18	(1.29)	-0.08	0.62
Case Management	4.90	(1.45)	4.83	(1.64)	-0.07	0.73
Domain II: Community Based	5.42	(0.74)	5.16	(1.07)	-0.26	0.05*
Early Intervention	5.26	(1.11)	5.12	(1.35)	-0.14	0.42
Access to Services	5.84	(0.81)	5.56	(0.94)	-0.28	0.02*
Convenient Times	5.84	(1.16)	5.44	(1.47)	-0.39	0.03*
Convenient Locations	5.64	(1.35)	5.41	(1.33)	-0.24	0.21
Appropriate Language	6.05	(0.95)	5.83	(0.70)	-0.21	0.07
Minimal Restrictiveness	5.63	(0.88)	5.30	(1.23)	-0.32	0.03*
Integration and Coordination	4.94	(1.28)	4.67	(1.56)	-0.28	0.16
Domain III: Culturally Competent	4.66	(1.20)	4.85	(1.23)	0.19	0.26
Awareness	4.75	(1.35)	4.94	(1.14)	0.19	0.29
Awareness of Child/Family's Culture	4.76	(1.41)	4.77	(1.32)	0.01	0.96
Awareness of Providers' Culture	4.72	(1.64)	4.93	(1.33)	0.22	0.30
Awareness of Cultural Dynamics	4.79	(1.46)	5.12	(1.35)	0.33	0.09
Sensitivity and Responsiveness	4.64	(1.59)	5.00	(1.37)	0.35	0.09
Agency Culture	4.86	(1.34)	4.97	(1.53)	0.11	0.57
Informal Supports	4.39	(1.83)	4.50	(1.75)	0.11	0.67
Domain IV: Impact	5.06	(1.35)	5.01	(1.48)	-0.05	0.80
Improvement	5.15	(1.34)	5.08	(1.46)	-0.08	0.70
Appropriateness	4.97	(1.47)	4.94	(1.62)	-0.03	0.90

[1] p-values were obtained through a two-sided two independent samples t-test

Although the changes in mean scores from FY2014-2015 and FY2015-2016 reflect an overall reduction, the ranking of domain scores remains consistent. The highest scoring SOCPR domain was Community Based across both administrations followed by Impact. The subdomain of Access to Services was the highest scoring subdomain and Appropriate Language was the highest scoring area. The subdomain of Minimal Restrictiveness scored high as well across both administrations of the SOCPR, as did the areas of Convenient Locations and Convenient Times.

Improvement in Arizona's Children's System of Care for this year can be seen in the in the domain of Culturally Competent. All domain, subdomain, and area mean scores show a positive trend from FY2014-2015 to FY2015-2016, although these improvements are not statistically significant. These positive trends indicate that providers are aware of families' neighborhood and community and their concepts of health and family and how these influence their decision making process. These results also show that providers are aware of the not only the culture of the family they are working with but their own culture and the culture of the agency they represent. Providers actively assist children, families, and people identified as informal supports as they navigate systems and participate in the service planning process.

Within the subdomain of Individualized within the domain of Child-Centered, Family-Focused the mean score for the areas of Assessment/Inventory and Service Planning also showed improvement. This positive score indicates that thorough assessments were conducted across the life domains, and a primary service plan, which identified the needs and strengths of the children and families, was integrated across service providers.

Qualitative Analysis DCS Cases

This section reports a summary of qualitative data compiled from responses to Summative Questions that SOCPR reviewers use to develop a case summary for a particular child and her/his family. Each case summary integrates information gathered through a document review and a series of interviews completed with the child, a caregiver, and a provider, to address each of the four SOCPR domains. The Summative Questions call for a reviewer to provide a rating for each statement and to give a brief narrative in support of that rating. Individual ratings serve as indicators of the extent to which system of care subdomain elements (e.g., individualized, full participation) are being implemented. In the final analysis, ratings for each measurement are clustered and considered in conjunction with reviewers' narratives to determine an overall rating for each domain, indicating the extent to which each subdomain was achieved. The narrative portion of each Summative Question response is used to assess the degree to which SOCPR items tied to each domain were met and an explanation for the evidence provided. Where an overall summative rating relates to a reviewer's determination of completion of a *thorough assessment*, for instance, qualitative analysis

examines the evidence provided to explain the rating.

The compiled narratives for all Summative Questions for this sub-sample of 106 cases were coded and sorted to assess the degree to which System of Care principles were implemented with children and families involved in the Department of Child Safety (DCS) system, by SOCPR domain area. The frequency of Summative Question responses was examined and analyzed for emerging patterns/trends in 13 subdomains and 10 areas which correspond to the four large SOCPR domains. In order to be considered a trend, at least half of the cases reviewed had to provide similar information for a given subdomain area. Identified trends are then reported for the entire domain. The qualitative findings section also highlights successes and opportunities for growth related to each of the SOCPR Domain Areas as reported in responses to Summative Questions.

Qualitative Findings

Domain 1: Child-Centered Family Focused Services

The first domain of the SOCPR is designed to measure whether the needs of the child/youth and family determine the types and mix of services provided within the System of Care. This domain reflects a commitment to adapt services to the child and family rather than expecting them to conform to preexisting service configurations. The review reflects the effectiveness of the site in providing services that are individualized; that families are included as full participants in the treatment process; and that the type and intensity of services provided is monitored through effective case management.

Overall, scores and descriptive comments provided by SOCPR raters suggest that providers within the System of Care are generally providing child-centered and family-focused services to children and families involved within the department of child safety system. The review of cases using the measures associated with *Child-Centered Family-Focused Services* suggests that children and their families are generally receiving services and supports that are adapted to their individual strengths and needs, that families actively participate in the service delivery process, and that the type and intensity of services is monitored through effective case management.

When considering whether children/youth and families received *Individualized Services* within the System of Care, reviewers noted that the strengths of the child and family were identified and were considered during the service planning and delivery process. Additionally, the needs of children were identified and prioritized; however, the needs of the family were not adequately reflected in case records. The majority of raters (about 80%) also noted that a thorough assessment had been conducted across all life domains for the children and families

served. Reviewers also indicated that service plan goals as well as intensity of services and supports generally reflected the needs and strengths of families in a meaningful and functional manner; however, raters noted some discrepancy in whether the goals were current or strengths-based and whether the right combination of services and supports was effective.

A review of responses indicated that when a primary service plan was present in the case record, it lacked integration, needed to be updated, or was incomplete. Such comments were evident in cases rated "1" through "5", by 46 percent of raters. Although this does not constitute a trend, it may provide an opportunity for growth and training of providers serving families in the current sample to improve documentation of the primary service plan (for example, clearly articulating roles and responsibilities).

Overall, reviewers indicated that there was *Full Participation* on the part of children/youth and families in this DCS sample, in the development, implementation, and evaluation of service plans. In general, reviewers reported that youth and families actively participated in all aspects of the service planning process. There is limited evidence in the case record to indicate how much or if the family influenced the service planning process. Reviewers noted that in about one third of the cases there was minimal to no involvement of natural or informal supports as part of the team or participating in the service planning process. However, raters indicated that children and families not only understood their service plan but also actively participated in services.

With regard to the *Case Management* subdomain, over 70% of the reviewers reported generally high ratings ("5" through "7") indicating successful coordination of services and supports planning and delivery, which were responsive to the emerging and ever-changing needs of children and families. Overall, evidence indicates that one person coordinated services and supports provided to families and that service plans were generally updated in a timely fashion. About 15 percent of reviewers made note of barriers to service plans and services being responsive to the changing needs of families. Some challenges included service plans not being updated regularly (11%) and limited contact/communication with providers and families (14%).

<u>System Successes in the Provision of Child-Centered Family-Focused Services</u>

- Strengths of youth and family are identified and utilized in the service planning and delivery process
- Thorough assessment across all life domains was conducted
- Children and families are receiving individualized services
- Service plans goals and intensity of services and supports reflect needs and strengths of

family
- Child/youth and family appear to understand service plans and actively participate in services
- Services for children and families are successfully coordinated by one person and updated in a timely manner

Opportunities for Growth and/or Training in Domain 1
- Inconsistent documentation regarding primary service plan integration
- Service plans reflect limited involvement of informal helpers as part of the team
- Documentation of service plan updates/completions was not consistent
- Needs of family not adequately reflected in documentation
- Goals of service plan not always current or strengths based

Domain 2: Community-Based Services

The second SOCPR domain is designed to measure whether services are provided within or close to the child/youth's home community, in the least restrictive setting possible, and moreover, that services are coordinated and delivered through linkages between public and private providers. The subdomains in this area are used to evaluate how effective the system is at identifying needs and providing supports early, facilitating access to services, providing less restrictive services, and integrating and coordinating services for families.

When assessing whether child/youth and families within the Department of Child Safety received *Early Intervention*, reviewers reported that in the majority of cases, the needs of the child and family were identified when they first entered the service system and appropriate services and supports began promptly. In approximately 20% of cases, reviews identified challenges in system clarification of and response to child/family needs. Reviewers commented on being unable to determine the amount of time it took the system to clarify needs of families due to a lack of sufficient documentation. Although this finding does not constitute a trend, it provides an opportunity for growth and training of providers to improve service plan documentation.

Overall, reviewers noted that the System was ensuring *Access to Services* for children/youth and families involved in DCS. Over 95% of raters noted that the majority of verbal and written communications were in the primary language of the child and family. Additionally, case records indicated that support for access to services was discussed and generally, families stated they did not require additional assistance with transportation. About 85 percent of raters indicated that services were scheduled at convenient times and in convenient locations for families, and services were most often provided within close proximity

to their home community. Reviewers in 15 percent of cases noted challenges related to files being incomplete, of poor quality, lacking detail, and/or not updated.

When assessing for *Minimal Restrictiveness* in service delivery, the majority of raters reported that services seemed to be provided in environments that feel comfortable to the child/youth and family, in the least restrictive and most appropriate environment. However, reviewers noted that in about 28 percent of cases rated five (5) and below there was little to no evidence in files to determine if families were comfortable where services were provided. This finding provides an opportunity for growth and training of providers to improve file documentation.

With regard to *Integration and Coordination* of services, reviewers generally found that there is ongoing two-way communication among and between all team members, including family members and informal supports. In addition, the majority of reviewers (73%) also generally noted that there are smooth and seamless processes for linking children/youth and family to additional services. In almost one quarter of cases, reviewers noted that the process to link the child and family with additional services was not always a smooth and seamless one. Although no clear pattern was evident, reviewers noted these challenges included geographic location of family to services and capacity/availability of services/providers, which increase the amount of time needed to implement the service or support. In some instances, a lack of documentation in files made it difficult for reviewers to determine if the process for linking the child and family to additional services was smooth and seamless. The record was unclear on the subject.

<u>System Successes in the Provision of Community-Based Services</u>

- Access to services is convenient and user friendly for youth and families
- Child and family needs were clarified by the system in a timely manner
- Services are generally provided at convenient times and in locations that are close to youth's' home community
- Service providers verbally communicate in the primary language of the child/youth and family
- Written documentation regarding services/service planning is in the primary language of the child and family
- Services are provided in environment(s) that feel comfortable to the child/youth and family
- Services are provided in the least restrictive, most appropriate environment

Opportunities for Growth and/or Training in Domain 2

- Documentation does not always adequately reflect how long it took to clarify and address child/youth and family needs
- Services provided to children and families were not always provided in a timely manner
- The process for linking children and families to additional services is not always a smooth and seamless one

Domain 3: Culturally Competent Services

The third domain of the SOCPR is intended to measure whether services are attuned to the cultural, racial, and ethnic background and identity of the child/youth and family receiving services. Ratings provided in each subdomain are meant to evaluate the level of cultural awareness of the service provider, whether evidence shows that efforts are made to orient the family to an agency's culture, whether sensitivity and responsiveness is shown for the cultural background of families, and whether informal supports are included in services.

Reviewers assessing for *Cultural Awareness* in this DCS sample indicated that providers generally recognize and understand the youth and family's culture and community. However, raters noted that documentation around culture and cultural awareness is limited or weak. For example, a Strengths, Needs, and Cultural Discovery document was either outdated or missing in 16 percent of cases. Additionally, about 21 percent of case files made limited references to the family's beliefs related to health and family. Although these findings do not constitute trends, they provide an opportunity for growth and training of providers to improve the documentation of culture within case files. Overall, raters reported evidence of provider awareness related to the cultural beliefs of the child/youth and family, and how these influence the family's decision-making. Reviewers also noted that providers seemed to be aware of their own cultures and acknowledged that similarities or differences might affect their interactions with families.

When evaluating the *Sensitivity and Responsiveness* of the System, raters noted that respondents provided some evidence that providers translated awareness of family culture into action within the planning process and the service plan; yet, there was limited evidence of this subject in the documentation (20 percent). The majority of reviewers did note that services were responsive to the cultural values and beliefs of the youth and family.

In the subdomain of *Agency Culture* reviewers generally noted that providers are assisting families in understanding and navigating the service systems in which they are involved. Raters also indicated that the majority of providers offered families information to help them better understand their agency's rules and expectations.

With regard to *Informal Supports*, reviewers generally found evidence that informal supports were discussed and offered to families. However, in about 32 percent of cases, there was little to no documentation in the service plan of natural supports or community-based activities being incorporated into the service planning and delivery process. Even when families indicated that natural supports were available or were noted in the service plan, there was minimal to no evidence that they were invited to join the process. Raters also noted that in a number of cases families declined to include natural supports (e.g. supportive friends or community members) in services.

<u>System Successes in the Provision of Culturally Competent Services</u>

- Providers exhibit some awareness and understanding of a child and family's culture and community
- Services were responsive to cultural values and beliefs of youth and family
- Providers are assisting families in understanding and navigating the service system
- Providers offer families information to help them understand the rules and expectations of the agencies and systems they interact with
- The availability of natural supports and community-based activities are discussed and offered to families

<u>Opportunities for Growth and/or Training in Domain 3</u>

- Reviewers identified a lack of adequate documentation related to culture, such as inclusion of a Strength, Needs, and Culture Discovery form or other documents that clearly outlines child/family cultural values and strengths within the case file
- Limited evidence of documentation of family's beliefs related to health and family
- Raters noted invited participation of informal supports appears to be minimal in the formal service planning process

Domain 4: Impact

The final SOCPR domain evaluates whether services have produced positive outcomes for the child and family. This domain includes two subdomains: *Improvement* and *Appropriateness of Services*, which are meant to determine whether services have had a positive impact on the children/youth and families and if so, whether these services met their identified needs.

The majority of raters found evidence that services and supports provided to both children and families had not only improved their situation but also had produced a positive impact. In general, raters noted that providers and caregivers indicated some improvement on the part of the child/youth (79%) and family (77%), although this was not consistently

documented in the case record. Similarly, reviewers indicated that the services and supports provided to children/youth and families were appropriate because they sufficiently met identified needs.

System Successes

- Reviewers generally agree that the evidence collected shows that services provided to children/youth and families have improved their situation to some degree
- Reviewers generally agree that the services and supports provided to children/youth and families has adequately met their needs
- Raters noted that services and supports had a positive impact on youth and families

Opportunities for Growth and/or Training in Domain 4

- Inconsistent documentation in the case files related to the impact of services and supports on child/youth and family

Overall, qualitative analysis of responses to Summative Questions suggest that the Statewide System of Care has achieved some success in its effort to implement System of Care values and principles in its service delivery to children/youth and families with DCS involvement in FY2015-2016. Some recommendations have been made to help build on these successes by encouraging the work of providers and reviewers through ongoing training.

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APPENDIX A

Twelve Principles of the Children's System of Care

Arizona Vision and 12 Principles of the Children's System of Care

In collaboration with the child, family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency and become stable and productive adults. Services will be tailored to the child and family, provided in the most appropriate setting, in a timely fashion, and in accordance with best practices, while respecting the child and family's cultural heritage.

1. Collaboration with the child and family
2. Functional outcomes
3. Collaboration with others
4. Accessible services
5. Best practices
6. Most appropriate setting
7. Timeliness
8. Services tailored to the child and family
9. Stability
10. Respect for the child and family's unique cultural heritage
11. Independence
12. Connection to natural supports

APPENDIX B

"Other" Category of Treatments and Services ALL Cases

Almost 26% of the service provision treatments reported for ALL Cases were identified as "Other". Below is a list and frequency of the 23 treatments or services identified as "Other".

"Other" Category Treatments and Services ALL Cases	**N**
Additional assessments	1
Assessment	2
Assessment - Developmental Milestones	1
Assessment- Non physician	1
Assessment, transportation	3
Behavior coaching	1
Behavioral Health Coaching	1
Correctional facility	1
Detention	1
Direct Support	1
Foster care	1
HCTC	1
HNCM at QCN	1
Infant assessment, transportation	1
Ongoing assessments	1
Other	1
Psychiatric evaluation	2
Skills group	1
Transportation	27
Transportation, anger management	1
Travel, assessment	1
Wellness and education, transportation	1
Wellness, education, transportation	1
TOTAL	**53**

APPENDIX C

"Other" Category of Treatments and Services DCS Cases

Almost 25% of the service provision treatments reported for DCS Cases were identified as "Other". Below is a list and frequency of the 13 treatments or services identified as "Other".

"Other" Category Treatments and Services DCS Cases	**N**
Assessment	2
Assessment - Developmental Milestones	1
Assessment- Non physician	1
Assessment, transportation	3
Behavior coaching	1
Behavioral Health Coaching	1
Detention	1
Foster care	1
HCTC	1
Infant assessment, transportation	1
Ongoing assessments	1
Psychiatric evaluation	2
Transportation	10
TOTAL	**26**

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