Arizona's Children's System of Care Practice Review
Fiscal Year 2017 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 170 reviews were conducted across Arizona in FY2016-2017. 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 FY2016-2017, 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 FY2016-2017, a total of 170 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 almost 56% of the sample, with the overall average age at 8.6 years. With regard to race/ethnicity, half of the sample was White (51%), almost 29% was Latino/Hispanic, and almost 11% was multi-racial. The remaining 10% of the sample consisted of Black and Native American racial origins. Almost 96% of the sample spoke English as their primary language, with an additional 2.4% 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. For the 170 ALL Cases 99% were recorded as showing behavioral health system involvement. A review of the services or treatments utilized showed that almost 98% of the children received Support Services, with Case Management being received by almost 97% of the families. Treatment Services were utilized by over 76% of youth while about 47% the families utilized Medical Services. The average number of services used per child or youth was 4.24.

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 170 ALL Cases, mean scores ranged from 5.05 to 5.44 for the four SOCPR domains, with an overall case mean score of 5.19.

SOCPR Overall Domain Mean Scores ALL Cases

REGION	Case Mean (SD)	CCFF Mean (SD)	CB Mean (SD)	CC Mean (SD)	IMP Mean (SD)
Statewide (N=170)	5.19 (0.95) Min 2.04 Max 6.72	5.22 (1.08) Min 1.25 Max 6.89	5.44 (0.82) Min 2.38 Max 6.88	5.05 (1.06) Min 1.58 Max 6.47	5.07 (1.37) Min 1.25 Max 7.00

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

For FY2016-2017, all of the SOCPR domain, subdomain, and area scores for the ALL Cases fell in the mid 4 to high 5 range. All four SOCPR *domain* mean scores fell within the 5 range (representing enhanced implementation of a system of care principle). In the domain of Community Based all subdomains and areas except for the subdomain of Early Intervention (4.88), scored in the low to high 5 range, with the area of Appropriate Language scoring highest (5.96). High scoring *subdomains* included Access to Services (5.78) and Minimal Restrictiveness (5.75) from the Community Based domain. High scoring *areas* included Appropriate Language (5.96) and Convenient Times (5.86) both in the Community Based domain. Other subdomain scores in the 5 range included two scores from Child-Centered, Family-Focused (Full Participation 5.39 and Case Management 5.34) and one score from Community Based (Integration and Coordination 5.34). Other area scores in the 5 range included Convenient Locations (5.51) from Community Based domain and Awareness of Cultural Dynamics (5.34) from the domain of Culturally Competent. These scores represent strengths in the Arizona's Children's System of Care as reviewed through these 170 SOCPR ALL Cases.

Because of the geographic re-alignment within the state of Arizona, Region sample sizes were large enough to calculate, analyze, and provide data, which might be 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. Briefly the overall mean scores for each Region were in the low 5 range (5.38 for North 7; 5.22 for Central 6; and 5.04 for South 8).

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 associations in SOCPR case and domain scores across the variables examined. Associations were both positive and negative. Some of each of the demographics, service systems, and services measured showed significant differences.

Receiving Treatment Services (specifically Family Counseling and Substance Abuse Counseling), Family Support, and Other were significantly associated with Region. Gender, Age, Educational Services, Child Safety, 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=170). 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 included active participation by families, providers, and informal helpers in services and service planning; verbal communication and written documentation are in the preferred 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 that service plans are integrated across all providers, ensuring that the needs of

families are clarified early, and increasing identification of youth and family's concepts of health and family

SUMMARY RESULTS DEPARTMENT OF CHILD SAFETY (DCS) CASES

Quantitative Data Summary

Of the 170 SOCPR cases sampled during FY2016-2017, the state of Arizona was also interested in only those cases where the children and families had Department of Child Safety (DCS) involvement. The 97 DCS Cases (57%) completed during FY2016-2017 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 and females were equally represented (49.5%) , with the overall average age at 6.82 years. With regard to ethnicity/race, half of the sample was White (49.5%), almost 29% was Latino/Hispanic, and over 10% identified as Multiracial. The remaining 11% of the sample consisted of Black and Native American racial origins.. Almost 96% of the sample spoke English as their primary language, while 1% of the sample spoke Spanish as their primary language. From a total range of 0-5 systems, the average number of child-serving systems involved per child was 2.32. For the 97 DCS Cases, 99% were recorded as showing behavioral health system involvement. A review of the services or treatments utilized showed almost 97% of the children received Support Services, with Case Management being received by almost 95% of the families. Treatment Services were utilized by over 73% of youth while Medical Services were utilized by a third of the families. The average number of services used per child or youth involved with DCS services was 3.73.

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 97 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

REGION	Case Mean (SD)	CCFF Mean (SD)	CB Mean (SD)	CC Mean (SD)	IMP Mean (SD)
Statewide (N=97)	5.30 (0.84) Min 2.88 Max 6.49	5.34 (0.94) Min 2.22 Max 6.85	5.51 (0.73) Min 3.42 Max 6.88	5.10 (0.99) Min 2.43 Max 6.47	5.27 (1.24) Min 2.00 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 Child-Centered Family-Focused and Impact followed next. Providers were most tested in the Culturally Competent domain.

For FY2016-2017 SOCPR DCS Cases scores by Region ranged from the mid 4s to high 5s. All four SOCPR *domain* scores fell within the 5 range (representing enhanced implementation of a system of care principle). In the Community Based domain, all subdomains and areas scored in the mid to high 5 range with the exception of the subdomain of Early Intervention (4.97). The area of Appropriate Language had the highest mean score (5.99). High scoring *subdomains* included Minimal Restrictiveness (5.80) and Access to Services (5.79) from the Community Based domain. High scoring *areas* included Appropriate Language (5.99) and Convenient Times (5.95) both in the Community Based domain. Other subdomain scores in the 5 range included Case Management (5.48) and Full Participation (5.41) in the Child-Centered, Family-Focused domain and Integration and Coordination (5.46) from the Culturally Competent domain. Other area scores in the 5 range included Convenient Locations (5.44) and Awareness of Cultural Dynamics (5.43) from the domains of Community Based and Culturally Competent respectively. These scores represent strengths in the Arizona's Children's System of Care as reviewed through these 97 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 of interest examined. Associations were both positive and negative. Some of each of the demographics, service systems, services categories, and services measured showed significant differences.

Receiving Treatment Services (specifically Individual Counseling and Family Counseling) were significantly associated with Region. Primary Language, Gender, and Total Number of Services 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 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=97). 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 are identified consistently, communication with youth and family is in their primary language, providers are aware of the cultural dynamics essential to working collaboratively with families, and services and services and supports are meeting the needs of children/youth. Opportunities for improvement were also identified, including adequately documenting needs of family, ensuring timely identification and clarification of youth and family needs, understanding youth and families' concepts of health and family, and consistently documenting the impact of services and supports for 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.

Additionally in 2016, there was a change in the way RBHAs provided coverage in the state of Arizona. In contrast to the previous six (6) 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 beginning on page 12.

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 SOCPR reporting, the agency had been generically referred to as Child Welfare. Since 2014, the agency has been referred to as The Department of Child Safety (DCS).

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 FY2016-2017, 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-7, South-8, and Central-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 (Region 7), and Pinal County is assigned to the "South" RBHA, (Region 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.

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

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 170 cases being completed in FY2016-2017.

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 rating of 4 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 FY2016-2017 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 170 SOCPR cases completed during FY2016-2017 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=70). South-8 provided 60 cases while North-7 had the fewest cases (40).

Table 1. Demographic Characteristics ALL Cases

Demographic Characteristic	Statewide N=170	NORTH-7 (I & IV-G) N=40	SOUTH-8 (II, III, IV-P, & V) N=60	CENTRAL-6 (VI) N=70
Age (years)	8.61	7.48	8.68	9.19
Gender (Male)	55.9%	60.0%	60.0%	50.0%
Race:				
White	50.6%	70.0%	45.0%	44.3%
Black	4.7%	0.0%	5.0%	7.1%
Latino/Hispanic	28.8%	15.0%	31.7%	34.3%
Native American	5.3%	12.5%	1.7%	4.3%
Multi-racial	10.6%	2.5%	16.7%	10.0%
Primary Language:				
English	95.9%	97.5%	96.7%	94.3%
Spanish	2.4%	0.0%	3.3%	2.9%

As shown in Table 1, the overall mean age for the 170 cases was 8.61 years. The means for age across Regions ranged from 7.48 years to 9.19 years. Statewide almost 56% of the sample was male, ranging from 50% in Central-6 to 60% in both North-7 and South-8. Of the sample, almost 51% was White, almost 29% was Latino/Hispanic, and almost 11% identified as Multi-racial. The remaining 10% of the sample was Black and Native American. Statewide, almost 96% of the children and youth in the sample spoke English as their primary language. English was the only language reported in North-7. Spanish was also identified as a primary language (2.4%) in South-8 and Central-6. 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. Almost all 170 cases (99.4%) indicated having behavioral health system involvement, as shown in Table 2. The SOCPR protocols documented that a little over 57% of the cases had child safety involvement, followed by educational services involvement (21%). Juvenile justice, developmental disabilities, and "Other" rounded out service system involvement. The "Other" system category was documented by 4.7% of the Regions. The five services included Arizona Early Intervention Program (AZEIP), Children's Rehabilitative Services (CRS), Department of Economic Security/Rehabilitation Services Administration (DES/RSA), Group Home Therapeutic, and Probation.

Table 2. Service System Involvement ALL Cases

Service System	Statewide N=170	NORTH-7 (I & IV-G) N=40	SOUTH-8 (II, III, IV-P, & V) N=60	CENTRAL-6 (VI) N=70
Behavioral Health	99.4%	100.0%	100.0%	98.6%
Child Safety	57.1%	57.5%	53.3%	60.0%
Juvenile Justice	8.2%	5.0%	10.0%	8.6%
Educational Services	21.2%	20.0%	18.3%	24.3%
Developmental Disabilities	11.8%	10.0%	11.7%	12.9%
Other	4.7%	0.0%	10.0%	2.9%

The results of the 170 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 170 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 service system involvement, with the mean being 2.02. The amount of service system involvement documented ranged from 1 – 5. 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.

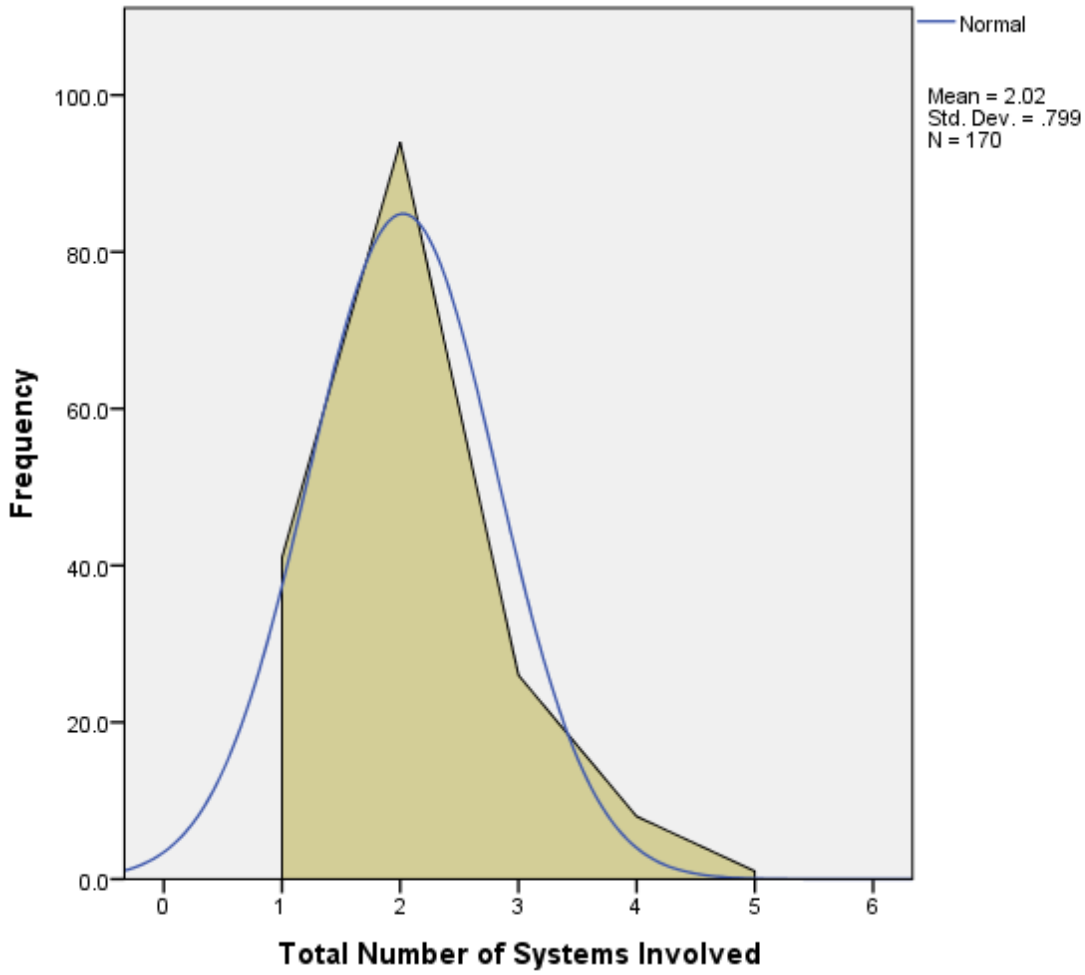

Figure 1. Histogram of child-serving system involvement ALL cases.

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=40 N (%)	SOUTH-8 (II, III, IV-P, & V) N=60 N (%)	CENTRAL-6 (VI) N=70 N (%)
Treatment Services	**130 (76.5)**	**23 (57.5)**	**49 (81.7)**	**58 (82.9)**
• Individual Counseling	113 (66.5)	22 (55.0)	39 (65.0)	52 (74.3)
• Family Counseling	63 (37.1)	3 (7.5)	29 (48.3)	31 (44.3)
• Group Counseling	22 (12.9)	3 (7.5)	9 (15.0)	10 (14.3)
• Substance Abuse Counseling	4 (2.4)	3 (7.5)	0 (0.0)	1 (1.4)
Medical Services				
• Psychiatric Medication	80 (47.1)	14 (35.0)	26 (43.3)	40 (57.1)
Support Services	**166 (97.6)**	**40 (100.0)**	**58 (96.7)**	**68 (97.1)**
• Family Support	66 (38.8)	15 (37.5)	32 (53.3)	19 (27.1)
• Peer Support	10 (5.9)	2 (5.0)	5 (8.3)	3 (4.3)
• Respite Support	22 (12.9)	4 (10.0)	11 (18.3)	7 (10.0)
• Home Care Training	12 (7.1)	3 (7.5)	3 (5.0)	6 (8.6)
• Case Management	164 (96.5)	40 (100.0)	57 (95.0)	67 (95.7)
• Skill Development & Training	84 (49.4)	22 (55.0)	35 (58.3)	27 (38.6)
Inpatient Services	**7 (4.1)**	**0 (0.0)**	**3 (5.0)**	**4 (5.7)**
• Psychiatric Hospitalization	6 (3.5)	0 (0.0)	3 (5.0)	3 (4.3)
• Level I Residential	2 (1.2)	0 (0.0)	0 (0.0)	2 (2.9)
Residential Services	**9 (5.3)**	**1 (2.5)**	**3 (5.0)**	**5 (7.1)**
• Level II Residential	8 (4.7)	1 (2.5)	3 (5.0)	4 (5.7)
• Level III Residential	1 (0.6)	0 (0.0)	0 (0.0)	1 (1.4)
Other	**64 (37.6)**	**20 (50.0)**	**25 (41.7)**	**19 (27.1)**

Across the state the most utilized service or treatment provision category was Support Services (97.6%) followed by Treatment Services (76.5 %). Inpatient Services (4.1%) 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 (97 %) followed by Individual Counseling (67 %), Skill Development and Training (49%), and Psychiatric Medication (47 %). Level III Residential (0.6%), Level I Residential (1.2%), Substance Abuse Counseling (2.4%), and Psychiatric Hospitalizations (3.5%) were the least utilized services or treatments statewide. Across all three Regions, Case Management was utilized in at least 95% of the cases in each Region. Level III Residential was utilized in only one Region (Central-6, 1 case).

Support Services was the most extensively utilized service or treatment category with all three Regions utilizing them in over 98% of the cases. As mentioned earlier in this report one

specific Support Service, Case Management, was received by families 97% in all three Regions. Treatment Services was documented as the next most frequently utilized service with over 76% 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 service provision categories except Inpatient 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, 50% of cases in North-7 had "Other" services, which represents 20 youth, as only 40 total SOCPR cases were completed for this Region. Likewise, South-8 utilized about 42% of "Other" services which accounted for 25 families. Statewide, about 38% (N=64) 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=170)= 10.488, p-value = 0.005
• Individual Counseling	
• Family Counseling	X^2 (2, N=170)= 19.820, p-value = 0.000
• Group Counseling	
• Substance Abuse Counseling	X^2 (2, N=170)= 6.318, p-value = 0.042
Medical Services	
• Psychiatric Medication	
Support Services	
• Family Support	X^2 (2, N=170)= 9.369, p-value = 0.009
• 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	X^2 (2, N=170)= 6.304, p-value = 0.043

Statewide for ALL Cases, a statistically significant relationship between Region and specific services received was shown for the category of Treatment Services, and within the categories of Support Services and Other. Specifically, Family Counseling, Substance Abuse Counseling, Family Support, and Other 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 170 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 4.24 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.

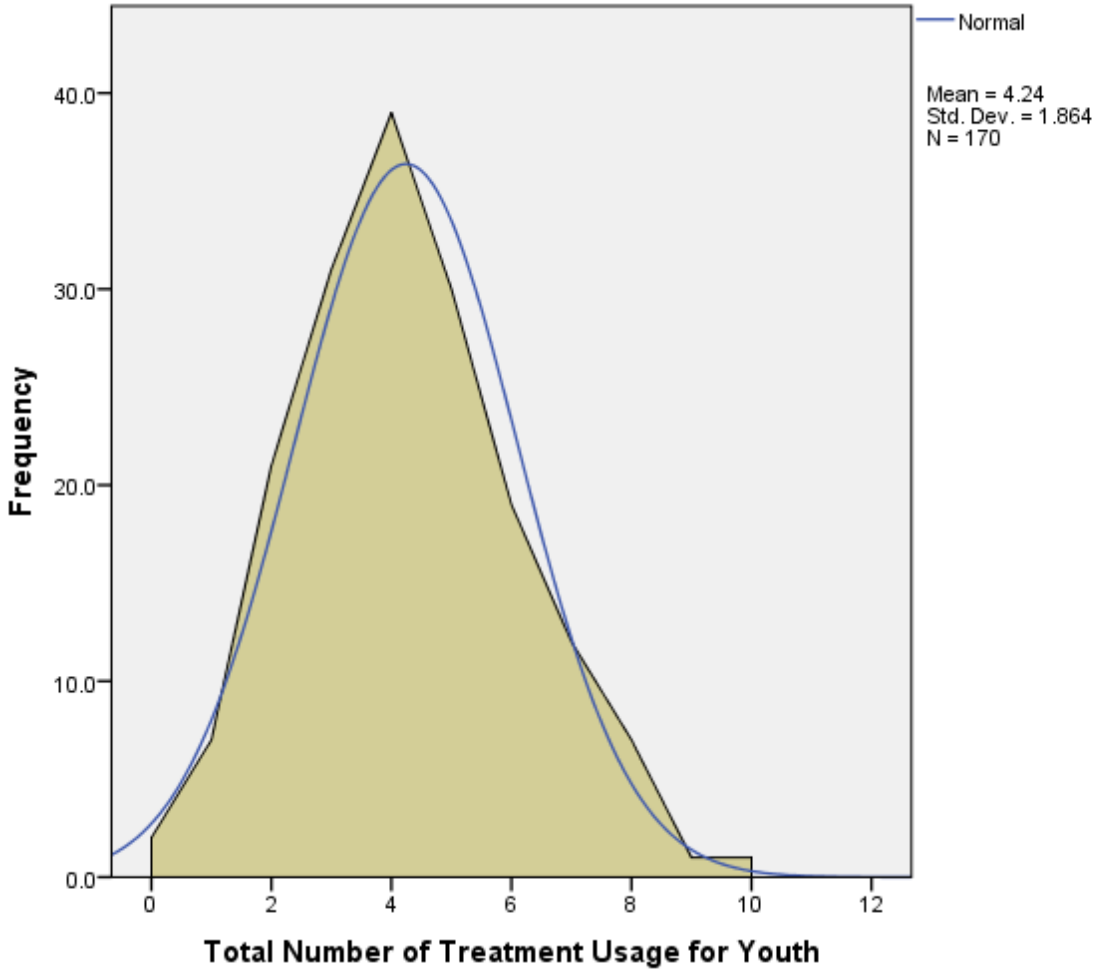

Figure 2. Histogram of service or treatment usage for youth ALL cases.

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 170 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 5.05 to 5.44 with an overall case mean score of 5.19. 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 mid 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 as well as providing services and supports that were impactful to children and families.

Table 5.0 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=170)	5.19 (0.95)	5.22 (1.08)	5.44 (0.82)	5.05 (1.06)	5.07 (1.37)
	Min 2.04	Min 1.25	Min 2.38	Min 1.58	Min 1.25
	Max 6.72	Max 6.89	Max 6.88	Max 6.47	Max 7.00
North-7 (N=40)	5.38 (0.93)	5.48 (1.01)	5.49 (0.78)	5.18 (1.10)	5.36 (1.29)
South-8 (N=60)	5.04 (1.00)	5.02 (1.15)	5.33 (0.84)	4.91 (1.06)	4.91 (1.51)
Central-6 (N=70)	5.22 (0.91)	5.24 (1.04)	5.51 (0.83)	5.10 (1.03)	5.04 (1.30)

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 = 5.44). This was followed by Child-Centered Family-Focused (Mean = 5.22), Impact (Mean = 5.07) and Culturally Competent (Mean = 5.05). Data for North-7 and South-8 show similar patterns when compared with statewide scores; however, Central-6 deviated from the statewide pattern.

The state of Arizona was also interested in an analysis on caseload and its impact on SOCPR scores. The variable caseload can be described as the number of cases that a service provider is concerned with/responsible for at one time or over a period of time.

Table 5.1 provides a summary of the results of ALL SOCPR scores by caseload. Among the 170 respondents, the minimum caseload was 10 and the maximum was 108 with a median of 23 and mean of 32.7. The standard deviation of the caseload was 22.4. The distribution substantially skews to the right with a skewness measure of 1.55. In total there are six missing responses of caseload including one zero value recoded to missing.

Table 5.1. SOCPR Case and Domain Scores and Caseload Impact ALL Cases

Domains	Case Mean (SD)	CCFF Mean (SD)	CB Mean (SD)	CC Mean (SD)	IMP Mean (SD)
CL: 10-15 (n=19)	5.64 (0.56)	5.61 (0.77)	5.67 (0.55)	5.60 (0.69)	5.68 (0.62)
CL: 16-20 (n=40)	5.24 (0.72)	5.37 (0.69)	5.43 (0.60)	5.20 (0.95)	4.98 (1.27)
CL: 21-25 (n=44)	5.21 (1.06)	5.28 (1.19)	5.45 (0.93)	4.99 (1.19)	5.12 (1.46)
CL: 26+ (n=60)	5.09 (1.04)	5.03 (1.24)	5.44 (0.90)	4.87 (1.10)	5.02 (1.49)
p-value	.19	.21	.46	.06	.28

To understand the impact of caseload on SOCPR scores for ALL cases, the values were collapsed into four categories: 10 to 15; 16 to 20; 21 to 25; and 26 and above. The counts were 19, 40, 44, and 61 respectively. Additionally, Kruskal-Wallis tests were conducted to associate Case and Domain scores with categorized caseload values. No significant associations were found. However, there was an overall trend with some exceptions: the higher the caseload, the lower the SOCPR

domain scores and the higher the variability as seen in Table 5.1.

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.

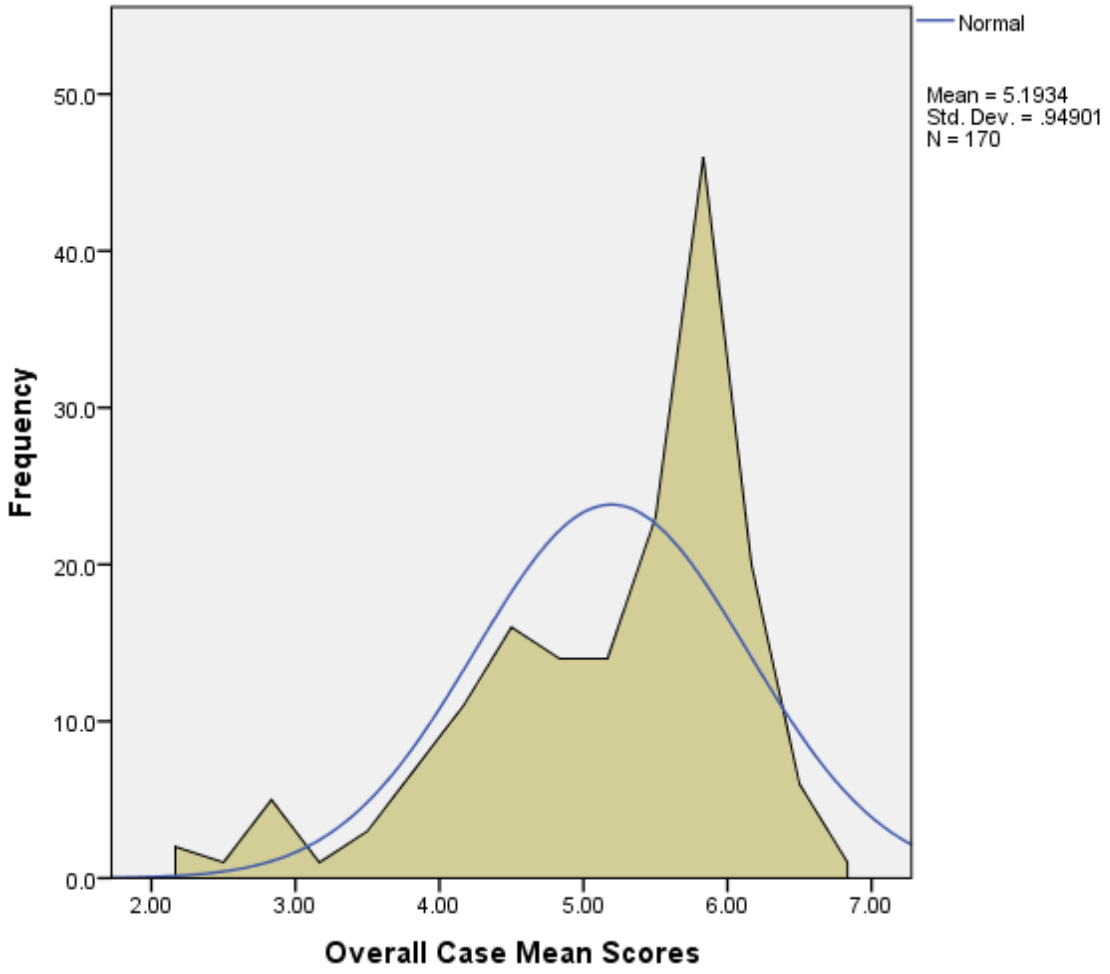

Figure 3. Histogram of SOCPR Overall case mean scores ALL cases.

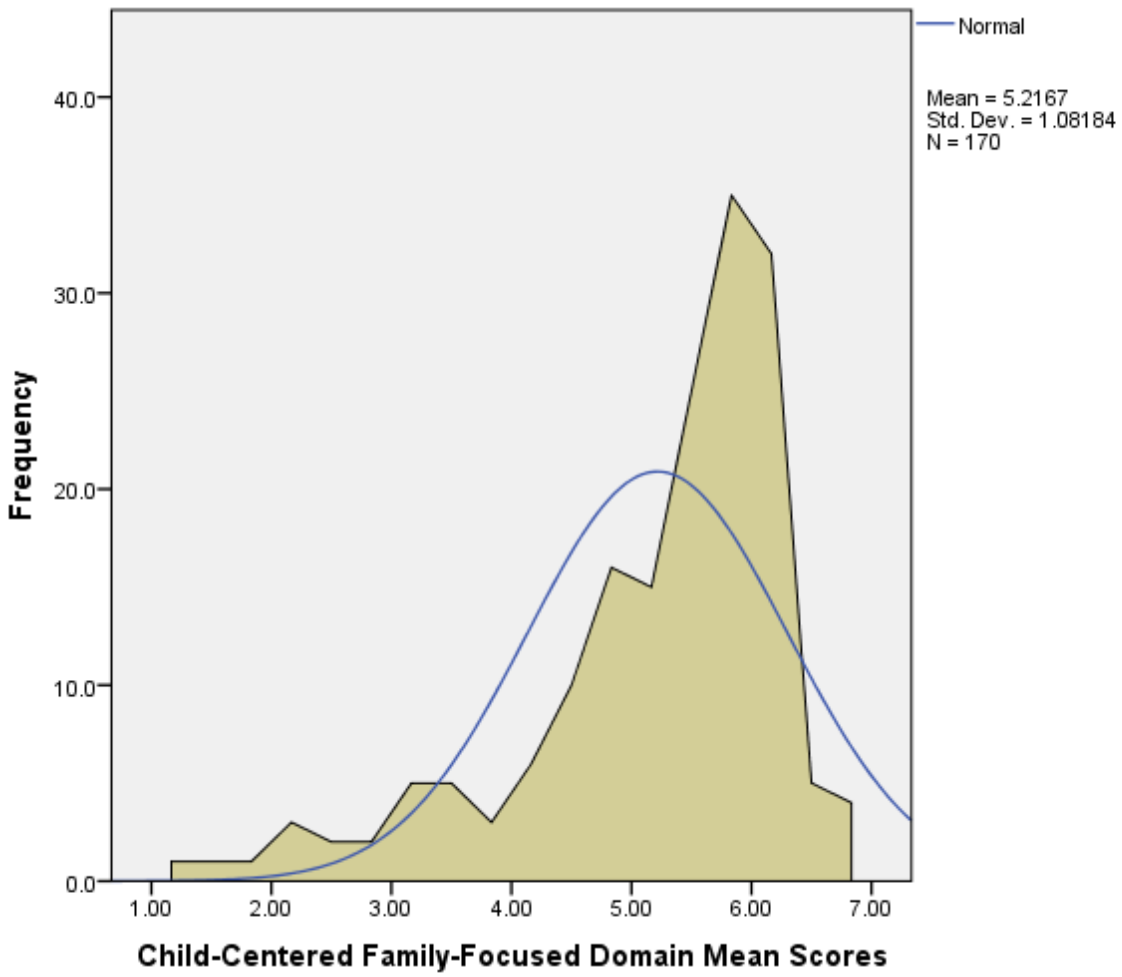

Figure 4. Histogram of SOCPR Child-Centered Family-Focused domain mean scores ALL cases.

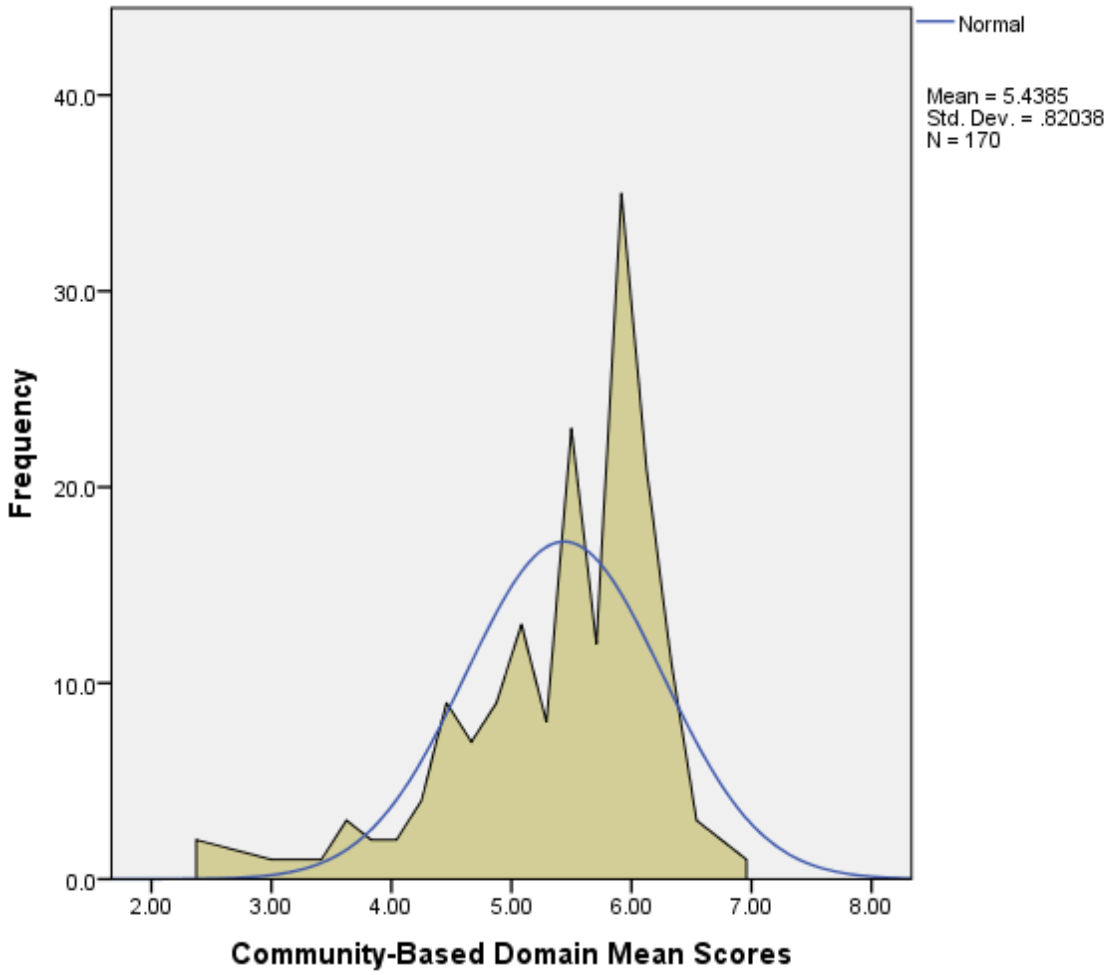

Figure 5. Histogram of SOCPR Community Based domain mean scores ALL cases.

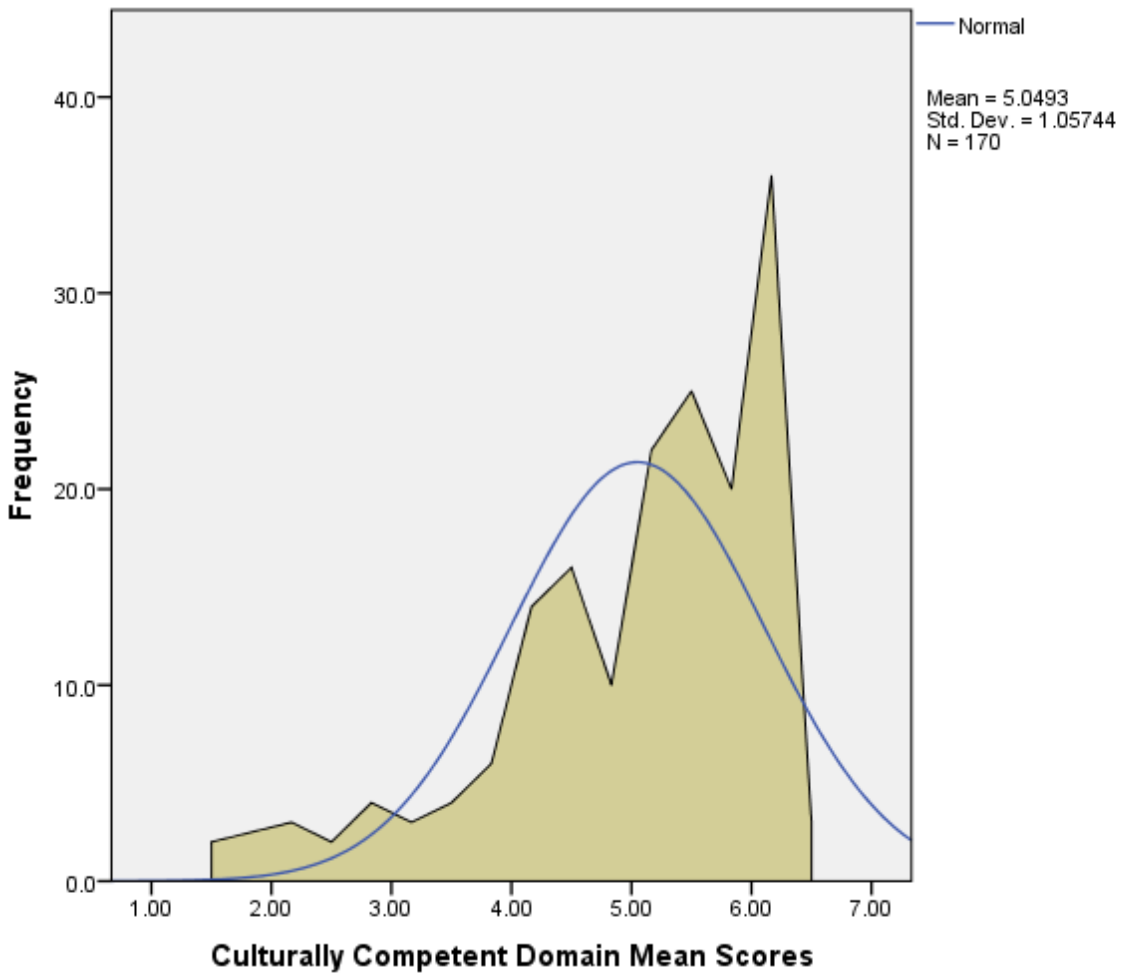

Figure 6. Histogram of SOCPR Culturally Competent domain mean scores ALL cases.

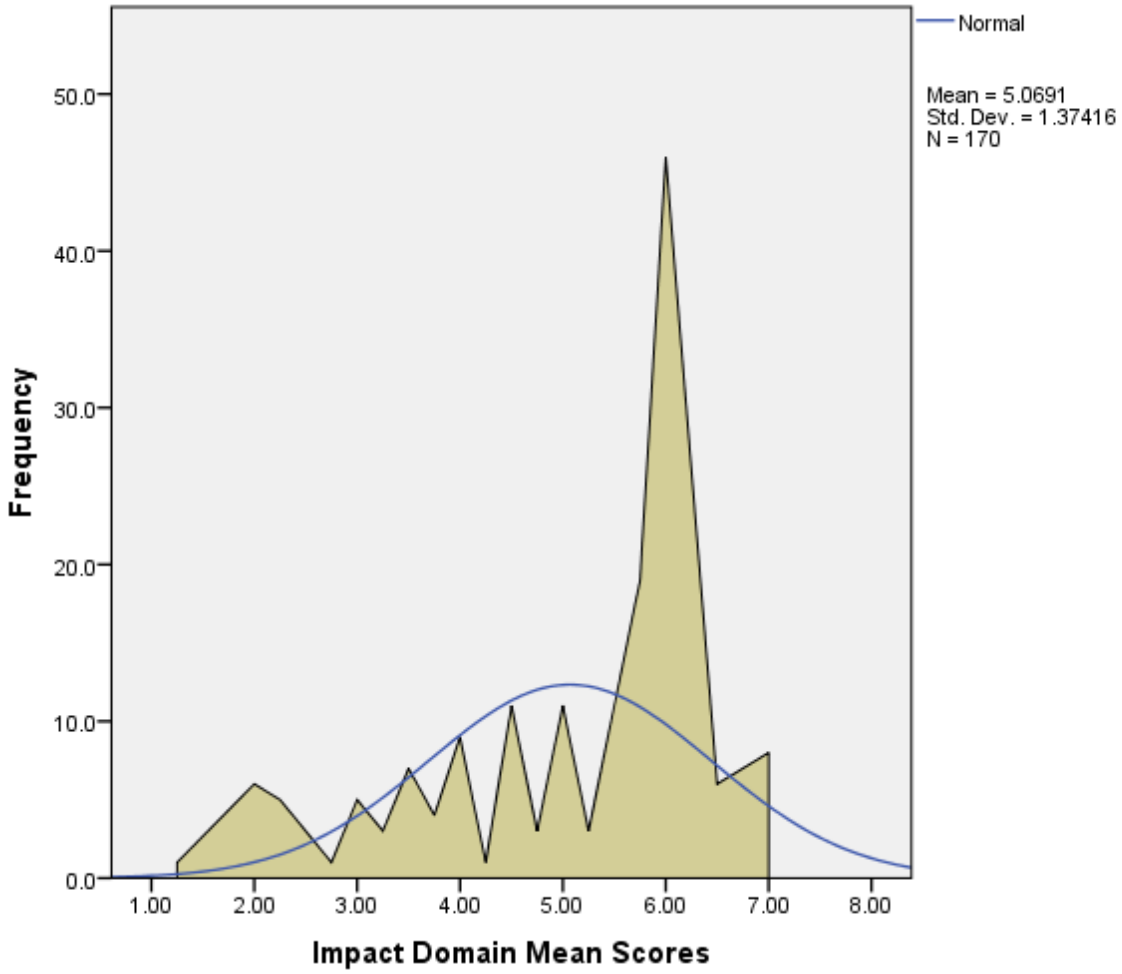

Figure 7. Histogram of SOCPR Impact domain mean scores ALL cases.

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: 5.19 (0.95)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**5.22 (1.08)**		
Individualized			4.92 (1.21)
Assessment/Inventory		5.07 (1.27)	
Service Planning/Delivery		4.83 (1.26)	
Types of Services/Supports		4.90 (1.59)	
Intensity of Services/Supports		4.89 (1.68)	
Full Participation			5.39 (1.16)
Case Management			5.34 (1.36)
Domain II: Community Based	**5.44 (0.82)**		
Early Intervention			4.88 (1.43)
Access to Services			5.78 (0.74)
Convenient Times		5.86 (1.11)	
Convenient Locations		5.51 (1.27)	
Appropriate Language		5.96 (0.58)	
Minimal Restrictiveness			5.75 (0.88)
Integration and Coordination			5.34 (1.28)
Domain III: Culturally Competent	**5.05 (1.06)**		
Awareness			4.96 (1.13)
Awareness of Child/Family's Culture		4.48 (1.50)	
Awareness of Providers' Culture		5.08 (1.38)	
Awareness of Cultural Dynamics		5.34 (1.24)	
Sensitivity and Responsiveness			4.99 (1.48)
Agency Culture			5.17 (1.30)
Informal Supports			5.06 (1.59)
Domain IV: Impact	**5.07 (1.37)**		
Improvement			5.09 (1.37)
Appropriateness			5.05 (1.50)

As reported previously, the highest scoring SOCPR domain statewide was Community Based, followed by Child-Centered Family-Focused, Impact, 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 (5.96).

In the Community Based domain all subdomains and areas except for the subdomain of Early Intervention (4.88), scored in the low to high 5 range. Further, the highest subdomain mean scores were Access to Services and Minimal Restrictiveness (5.78 and 5.75 respectively). All three areas in the subdomain of Access to Services had mean scores in the mid to high 5 range: Appropriate Language (5.96), Convenient Times (5.86), and Convenient Locations (5.51). These subdomain and area scores indicate that services and service planning are provided in the primary language of the family. The available services and supports are scheduled at times that are convenient for the family, and they take place in the least restrictive setting within the home community of the child and family. These represent strengths in Arizona's Children's System of Care, as reviewed through these 170 SOCPR ALL cases.

Two additional subdomain scores (Full Participation and Case Management) within the Child-Centered, Family-Focused domain were in the low 5s. The same was true for the area of Awareness of Cultural Dynamics in the subdomain of Awareness within the domain of Culturally Competent. These scores showed that children and families, formal providers, and informal supports actively participated and influenced the service planning process. Service providers successfully coordinated and delivered culturally competent services which were responsive to the needs of the children and families.

Two subdomains, Agency Culture (5.17) and Informal Supports (5.06), and one area, Awareness of Provider's Culture within Culturally Competent (5.08), scored in the low 5s. Additionally, both subdomains in Impact scored in the low 5s: Improvement (5.09) and Appropriateness (5.05).

The data for the remaining subdomains and areas revealed scores in the mid to high 4s. Although these scores indicate neither support for nor against implementation of system of care values and principles, they may stress the need for additional attention or support. These scores may indicate that although services are provided early and in an individualized manner, providers may be challenged by developing a service plan that reflects the needs and strengths of the child and family as well as integrates both the appropriate types and intensity of services and supports. Further, providers need to keep in mind the culture, values, and beliefs of the families and utilize these formally in both the planning and delivery of services.

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: 5.38 (0.93)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**5.48 (1.01)**		
Individualized			5.28 (1.05)
Assessment/Inventory		5.32 (1.21)	
Service Planning/Delivery		5.28 (1.03)	
Types of Services/Supports		5.28 (1.40)	
Intensity of		5.22 (1.64)	
Full Participation			5.58 (1.07)
Case Management			5.59 (1.35)
Domain II: Community Based	**5.49 (0.78)**		
Early Intervention			5.15 (1.25)
Access to Services			5.74 (0.79)
Convenient Times		6.00 (1.09)	
Convenient Locations		5.22 (1.56)	
Appropriate Language		6.00 (0.30)	
Minimal Restrictiveness			5.65 (1.06)
Integration and Coordination			5.40 (1.17)
Domain III: Culturally Competent	**5.18 (1.10)**		
Awareness			5.07 (1.08)
Awareness of Child/Family's Culture		4.52 (1.55)	
Awareness of Providers' Culture		5.18 (1.48)	
Awareness of Cultural Dynamics		5.52 (1.04)	
Sensitivity and Responsiveness			5.16 (1.48)
Agency Culture			5.35 (1.22)
Informal Supports			5.15 (1.69)
Domain IV: Impact	**5.36 (1.29)**		
Improvement			5.41 (1.24)
Appropriateness			5.30 (1.44)

For Region North-7, similar to Statewide Cases, the highest scoring SOCPR domain region-wide was Community Based, followed by Child-Centered Family-Focused, Impact, and finally Culturally Competent. All of the SOCPR domain, subdomain, and area scores fell in the mid 4 (neutral) to 6 (enhanced implementation of a system of care principle) range. Appropriate Language (6.00) and Convenient Times (6.00), in the subdomain of Access to Services had the highest mean scores.

In the Community Based domain all subdomains and areas scored in the low 5 to 6 range. Further, the subdomains of Access to Services and Minimal Restrictiveness had the highest mean scores (5.74 and 5.65 respectively). All three areas in the subdomain of Access to Services had mean scores in the low 5 to 6 range: Appropriate Language (6.00), Convenient Times (6.00), and Convenient Locations (5.22).

All subdomain and area scores for Child-Centered, Family-Focused were in the low to mid 5s. Similarly all subdomain scores for both Culturally Competent and Impact were in the low to mid 5s. Two of the three areas score in Culturally Competent scored in the low to mid 5s. These data indicate that service providers are aware of and utilize families' culture, beliefs, and values within service planning and provision. Service providers assist families and their informal supports in navigating the service system process towards improving their situations.

The data also revealed one score in the mid 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. Within the domain of Culturally Competent, the area score for Awareness of Child/Family's Culture was 4.52.

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: 5.04 (1.00)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**5.02 (1.15)**		
Individualized			4.82 (1.27)
Assessment/Inventory		4.95 (1.29)	
Service Planning/Delivery		4.76 (1.37)	
Types of Services/Supports		4.92 (1.60)	
Intensity of		4.67 (1.74)	
Full Participation			5.11 (1.23)
Case Management			5.12 (1.42)
Domain II: Community Based	**5.33 (0.84)**		
Early Intervention			4.64 (1.54)
Access to Services			5.63 (0.76)
Convenient Times		5.68 (1.10)	
Convenient Locations		5.49 (1.23)	
Appropriate Language		5.72 (0.72)	
Minimal Restrictiveness			5.68 (0.87)
Integration and Coordination			5.36 (1.20)
Domain III: Culturally Competent	**4.91 (1.06)**		
Awareness			4.88 (1.10)
Awareness of Child/Family's Culture		4.41 (1.42)	
Awareness of Providers' Culture		5.08 (1.18)	
Awareness of Cultural Dynamics		5.15 (1.33)	
Sensitivity and Responsiveness			4.97 (1.47)
Agency Culture			5.02 (1.35)
Informal Supports			4.75 (1.62)
Domain IV: Impact	**4.91 (1.51)**		
Improvement			4.92 (1.49)
Appropriateness			4.89 (1.59)

For Region South-8, the highest scoring SOCPR domain region-wide was Community Based, followed by Child-Centered Family-Focused. The mean scores for the domains of Impact and Culturally Competent were the same. 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 (5.72), 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 Early Intervention (4.64) scored in the low to mid 5 range. Further, the subdomains of Minimal Restrictiveness and Access to Services had the highest mean scores (5.68 and 5.63 respectively). All three areas in the subdomain of Access to Services had mean scores in the mid to high 5 range: Appropriate Language (5.72), Convenient Times (5.68), and Convenient Locations (5.49).

Other low 5 mean scores included the subdomains of Integration and Coordination (5.36), Case Management (5.12), Full Participation (5.11) and Agency Culture (5.02). Two area mean scores Awareness of Cultural Dynamics and Awareness of Providers' Culture were also in the low 5s. These data indicate that services are provided and delivered seamlessly through the coordination of a single person. Families actively participate in both the planning process and services through the navigation assistance of service providers.

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, the domains of Impact and Culturally Competent scored in the high 4 range (4.91). Both subdomains of Impact, Improvement and Appropriateness, scored in the high 4s (4.92 and 4.89, respectively). Other high 4 subdomains included Individualized, Awareness, Sensitivity and Responsiveness, and Informal Supports.

Other mid to high 4 mean scores included all area scores within the domain of Child-Centered Family-Focused and one area score with in the Culturally Competent domain.

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: 5.22 (0.91)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**5.24 (1.04)**		
Individualized			4.81 (1.23)
Assessment/Inventory		5.04 (1.27)	
Service Planning/Delivery		4.64 (1.23)	
Types of Services/Supports		4.67 (1.66)	
Intensity of		4.89 (1.65)	
Full Participation			5.52 (1.13)
Case Management			5.38 (1.29)
Domain II: Community Based	**5.51 (0.83)**		
Early Intervention			4.93 (1.41)
Access to Services			5.92 (0.67)
Convenient Times		5.93 (1.13)	
Convenient Locations		5.69 (1.10)	
Appropriate Language		6.15 (0.50)	
Minimal Restrictiveness			5.87 (0.76)
Integration and Coordination			5.30 (1.41)
Domain III: Culturally Competent	**5.10 (1.03)**		
Awareness			4.98 (1.20)
Awareness of Child/Family's Culture		4.53 (1.55)	
Awareness of Providers' Culture		5.01 (1.50)	
Awareness of Cultural Dynamics		5.39 (1.27)	
Sensitivity and Responsiveness			4.91 (1.52)
Agency Culture			5.21 (1.32)
Informal Supports			5.29 (1.48)
Domain IV: Impact	**5.04 (1.30)**		
Improvement			5.04 (1.33)
Appropriateness			5.04 (1.46)

Region Central-6's ranking of domains was dissimilar to Statewide Cases. The highest scoring SOCPR domain region-wide was Community Based, followed by Child-Centered Family-Focused, Culturally Competent, and lastly Impact. All of the SOCPR domain, subdomain, and area scores fell in the mid 4 (neutral) to low 6 (enhanced implementation of a system of care principle) range. Appropriate Language, in the subdomain of Access to Services had the highest mean score (6.15).

In the Community Based domain, all subdomains and areas except for the subdomain of Early Intervention (4.93) and the area of Appropriate Language scored in the low to high 5 range. Further, the subdomains of Access to Services and Minimal Restrictiveness had the highest mean scores (5.92 and 5.87 respectively). All three areas in the subdomain of Access to Services had mean scores in the mid 5 to low 6range: Appropriate Language (6.15), Convenient Times (5.93), and Convenient Locations (5.69).

Both subdomain scores in the domain of Impact (5.04) were in the low 5 range. Additionally, two subdomain scores in Culturally Competent (Agency Culture and Informal Supports) and two in Child-Centered, Family-Focused (Full Participation and Case Management) were in the low to mid 5 range. Three area scores were in the low 5 range: Awareness of Cultural Dynamics (5.39), Assessment/Inventory (5.04), and Awareness of Providers' Culture (5.01). These data indicate that service providers are not only assisting families navigate the system but they include informal and formal supports as part of the service planning process. Service providers ensure that service plans are appropriate for meeting the needs of the youth and family and help improve their current situation.

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 one domain score (4.81) and three area scores (4.89, 4.67, and 4.64) were in the mid to high 4 range. Similarly, Culturally Competent had two subdomains (Awareness and Sensitivity and Responsiveness) and one area (Awareness of Child's/Family's Culture) in the 4 range.

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				0.040	0.020
Gender					0.032
Race					
Primary Language					
Region					
Case Longevity					
Service Systems					
Behavioral Health					
Child Safety					0.034
Juvenile Justice					
Educational Services				0.029	
Developmental Disabilities		0.033			
Total Systems					0.022
Services Categories					
Treatment Services					
Medical Services					
Support Services					
Inpatient Services					
Residential Services					
Services					
Individual Counseling					0.035
Family Counseling					
Family Support					
Respite Support					
Case Management					
Psychiatric Hospitalization					0.040
Total Number of Services					0.018

There were a variety of significant associations 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 associations.

Findings indicate that demographically, females had significantly higher Impact scores than males. Age was positively associated with Culturally Competent but negatively associated with Impact. Children and youth who received Educational Services were associated with higher Culturally Competent scores. Additionally, children and youth with Child Safety and Total Systems were associated with higher Impact domain scores. However, Individual Counseling, Psychiatric Hospitalization, and Total Services were associated with lower Impact scores.

SOCPR Scores – FY2015-2016 and FY2016-2017 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 positive trend from FY2015-2016 to FY2016-2017. All except one of the statistically significant changes were in a positive direction. The majority of significant changes were in the Community-Based domain.

Table 8. SOCPR Score Comparisons between FY2015-2016 and FY2016-2017 ALL Cases

	2015-2016		2016-2017		Change	p-value[1]
	Mean	(SD)	Mean	(SD)		
Overall Score	4.98	(1.06)	5.19	(0.95)	0.22	0.04*
Domain I: Child-Centered, Family-Focused	4.92 (1.23)		5.22 (1.08)		0.29	0.01*
Individualized	4.80 (1.22)		4.92 (1.21)		0.13	0.32
Assessment/Inventory	5.22 (1.11)		5.07 (1.27)		-0.15	0.24
Service Planning/Delivery	4.69 (1.31)		4.83 (1.26)		0.14	0.29
Types of Services/Supports	4.70 (1.63)		4.90 (1.59)		0.20	0.24
Intensity of Services/Supports	4.58 (1.71)		4.89 (1.68)		0.31	0.08
Full Participation	5.18 (1.21)		5.39 (1.16)		0.21	0.09
Case Management	4.79 (1.61)		5.34 (1.36)		0.54	0.00**
Domain II: Community Based	5.15 (0.99)		5.44 (0.82)		0.28	0.00**
Early Intervention	5.06 (1.34)		4.88 (1.43)		-0.18	0.21
Access to Services	5.60 (0.86)		5.78 (0.74)		0.18	0.03*
Convenient Times	5.44 (1.41)		5.86 (1.11)		0.42	0.00**
Convenient Locations	5.55 (1.16)		5.51 (1.27)		-0.04	0.75
Appropriate Language	5.80 (0.79)		5.96 (0.58)		0.16	0.02*
Minimal Restrictiveness	5.39 (1.18)		5.75 (0.88)		0.37	0.00**
Integration and Coordination	4.57 (1.55)		5.34 (1.28)		0.77	0.00**
Domain III: Culturally Competent	4.85 (1.17)		5.05 (1.06)		0.20	0.08
Awareness	5.00 (1.15)		4.96 (1.13)		-0.03	0.77
Awareness of Child/Family's Culture	4.81 (1.33)		4.48 (1.50)		-0.33	0.03*
Awareness of Providers' Culture	5.01 (1.30)		5.08 (1.38)		0.07	0.63
Awareness of Cultural Dynamics	5.18 (1.32)		5.34 (1.24)		0.16	0.23
Sensitivity and Responsiveness	4.98 (1.39)		4.99 (1.48)		0.02	0.91
Agency Culture	4.95 (1.44)		5.17 (1.30)		0.22	0.12
Informal Supports	4.46 (1.68)		5.06 (1.59)		0.61	0.00**
Domain IV: Impact Domain Score:	4.98 (1.38)		5.07 (1.37)		0.09	0.52
Improvement	5.06 (1.36)		5.09 (1.37)		0.03	0.82
Appropriateness	4.90 (1.54)		5.05 (1.50)		0.15	0.33

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

The changes in ALL mean scores from FY2015-2016 and FY2016-2017 reflect an overall improvement, although the ranking of domain scores was not consistent. The overall score as well as two of the four domain scores showed statistically significant improvement from last year. The highest scoring SOCPR domain was Community Based across both administrations and the lowest scoring was Culturally Competent. The subdomains of Access to Services and Minimal Restrictiveness both scored high across both administrations of the SOCPR, as did the areas of Appropriate Language, Convenient Times, and Convenient Locations.

Improvement in Arizona's Children's System of Care for this year can overwhelmingly be seen in the domain of Community Based. Almost all domain, subdomain, and area mean scores show a positive trend from FY2015-2016 to FY2016-2017, with five of the seven improvements being statistically significant. Additionally, the domain of Child-Centered, Family-Focused showed significant improvement as did the subdomain of Case Management and the area of Intensity of Services. Lastly, one subdomain in Culturally Competent (Informal Supports) showed significant improvement.

These positive trends indicate that services are accessible to families and are being provided in the least restrictive and most coordinated manner as possible. These results also show that service plans and services are coordinated by one person who ensures that the intensity of services are responsive and reflect the needs and strengths of the youth and family. Lastly, service providers actively utilized informal supports in all aspects of service provision.

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=170). 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: Child-Centered Family-Focused, Community - Based, Culturally Competent, and Impact. 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. For FY2016-2017, the review of cases indicated that services for children and families were Child-Centered Family-Focused. This was evident by the individualization of services based on the needs and strengths of the child and family. Children and families fully participated in the service planning process. Planning and delivery of services was successfully coordinated by a single person. Scores indicated that the strengths of the child and family were informally acknowledged via service delivery and planning. The data also show that not only were the child and family actively participating in the planning process, but formal providers and informal helpers were as well.

When considering whether children/youth and family received *Individualized Services* within the System of Care, reviewers noted that in most cases families' strengths were informally acknowledged in the service planning process. Raters also indicated that the

strengths of both the child/youth and the family were identified; however, there was minimal acknowledgment of the families' strengths in the service planning process. A challenge related to this subdomain was evident in documents reviewed that related to the primary service plan reflecting the needs and incorporating the strengths of the child and family. Generally, the needs and strengths of the child/youth were a part of the service plan goals, but documents indicated that the needs and strengths of the family were in some instances almost nonexistent. Records showed that service plan goals failed to address the needs of the family in about 58 percent of cases with a rating of "5" (Agree Slightly) and lower. Additionally, documents noted that service plan goals lacked integration of family strengths into service plan goals in about 53 percent of these cases. Moreover, when the strengths and needs of both the child and family were noted, they were vague and minimal at best. Reviewers commented that at times it was difficult to determine the strengths from the documents in the case file. These findings provide an opportunity for growth for providers to not only address but also clearly document the needs and strengths of the family to ensure that the appropriate types and mix of services and supports are provided.

Another challenge related to this subdomain was reflected in documents related to the primary service plan being integrated across providers. Records indicated that in about 41 percent of the cases, service plans did not reflect all services and supports that were being provided to the child and family. In some cases, services were listed for only one agency/provider. In other cases plans were lacking information such as signatures, roles and responsibilities, staff, or services that were being delivered. 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 indicated that there was *Full Participation* on the part of children/youth and families in the development, implementation, and evaluation of service plans. Families and youth were full, active participants in the planning process along with their formal providers and informal helpers. Their active participation allowed them to provide input to help determine what types of services they would receive, and the level of intensity of those services and supports. In addition, records indicated that youth and families not only seemed to be actively participating in services and supports, interviews indicated that they seemed to understand the service plan. Despite overall ratings of "5" (Agree Slightly) and greater related to understanding the service plan, reviewers noted a lack of documentation when it came to recording an understanding of the service plan across all team members. Some raters noted even with discussions at team meetings and explanations of the service plan to caregivers, youth, and formal providers, understanding was still uncertain/unclear. This is evident in missing signatures on plans, team members "not sure" if they received copies of the service plan, and even absence of participants at team meetings.

With regard to the *Case Management* subdomain, data indicated that generally there was a single person responsible for coordination of the services and supports outlined in the service plan. Additionally, the service plan was responsive to the ever changing needs of the youth and family. Overall, service plans appear to be updated in response to the emerging and changing needs of the child/youth and family.

System Successes in the Provision of Child-Centered Family-Focused Services

- Children and families fully participate in the service planning process
- Formal providers and informal helpers participate in service planning
- Case managers successfully coordinate services
- Families actively participate in services
- Strengths of youth and family are informally acknowledged by providers
- Caregivers generally understand service plans
- Assessments of children/youth conducted across multiple domains
- Strengths and needs of the child/youth are identified
- Service planning is responsive to changing needs and plan is updated accordingly

Opportunities for Growth and/or Training in Domain 1

- Service plans may not always be integrated across all providers serving children and families
- Service plan goals do not consistently reflect the needs of the family
- Child and/or family strengths are not always incorporated into the service plan goals
- Lack of documentation regarding understanding of the service plan across caregivers, youth, and providers

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 the needs of youth and family are clarified at intake and services and supports are provided in appropriate combinations based on the needs of the child/youth and family. Although the data indicated that services and supports are community-based, the system at times failed families by not offering coordinated services and support as soon as they entered the service system. A small number of cases

indicated that at times there were lags in services. Sometimes there were stops and starts to services; other times there were gaps of weeks - even months - between services. Reviewers even noted no contact between formal providers and families. This challenge may indicate a need for providers to clarify the needs of families more efficiently so there is a decrease in the time between intake and services beginning.

Overall, reviewers indicated that case files demonstrated that the System of Care was ensuring *Access to Services* for children/youth and families. Scores for FY2016-2017 overwhelmingly showed that services and supports were provided in the home community of the child and family. This indicated that services and supports were easily accessible to families. Reviewers indicated agreement between caregivers, formal providers, and records when it came to services and supports being provided at convenient times and in convenient locations for youth and families. Records also showed that services were conveniently scheduled to fit the daily routines of families. Location of services were either close to where the families lived or supports such as transportation were viable options being provided to families to increase access to where services were being provided. When service providers communicate with the child and family, they are communicating both verbally and in writing in the preferred language of the family.

When assessing for *Minimal Restrictiveness* in service delivery, raters reported agreement between all that services were provided in comfortable environments that appeared to be the most appropriate and least restrictive for the child and family. Overwhelmingly, there was documented information that provided insight about the comfort level, appropriateness, and/or restrictiveness of settings where services were provided.

With regard to *Integration and Coordination* of services, reviewers generally found that there appeared to be ongoing two-way communication among and between all team members, including child/youth and family members. Additionally, they noted that linking the child/youth and family to additional services was a smooth and seamless process. However, in about 13 percent of cases, reviewers indicated challenges with the process to link the child and family with additional services. Caregivers noted that there were “hiccups” when trying to link to additional services and that it was a timely process with many delays. Providers agreed that obtaining additional services was timely and that external referrals were more difficult to obtain. This might indicate a need to provide additional training for providers to work to improve the transition and timeliness of the linkage process to additional services and supports for children and families.

System Successes in the Provision of Community Based Services

- Services and supports are provided in appropriate combinations based on needs of child and family
- Services are generally provided at convenient times and within or close to the child and family's home community
- Service providers verbally communicate in the primary language of the child/youth and family
- Written documentation regarding services and service planning is in the preferred language of the child and family
- Services are provided in environment(s) that are comfortable, the least restrictive, and the most appropriate to the child/youth and family
- There is ongoing communication between formal service providers and family members

Opportunities for Growth and/or Training in Domain 2

- Needs of families are not always clarified early so system can begin addressing them
- Linking children and families to additional services is not always a smooth and seamless process
- Linkage process is time consuming especially to external referrals

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 are attuned to the cultural values, beliefs, and lifestyles of the child and/or the family with which they work. They are also aware of the dynamics that are involved with working with families whose culture is different from their own. Generally, providers understand how culture influences the way they work and interact with families, but it continues to be an area of growth. One area that provided difficulty was documentation of a child and family's ideas of health and/or family. About 42 percent of the cases rated "5" (Agree Slightly) and lower provided minimal to no evidence in the case record on the subject especially their ideas of health. Ideas of health typically included physical health. Ideas of health from caregivers and providers included "hugs make the kids feel better"; "sports, staying active"; "problem behavior and mental capacity"; and "drugs make you sick and living right is healthier". The idea of family, when it was documented, was defined as "family first"; "family is very important"; "family is a high priority";

and “having dinner together and create a culture of encouragement and positivity”. In some of the cases, providers were unsure of families’ ideas of health and family. This might indicate a need to provide additional training for providers to provide adequate documentation of relevant information for cases.

Scores indicated that providers were minimally able to recognize the need to view the child/youth and family within the context of their community. Additionally, reviewers noted some evidence of provider awareness related to how cultural beliefs and values of families influenced their decision-making. Although ideas of culture, values, and beliefs may not have adequately been documented, providers indicted that the decision making process of families typically focused on the child. Providers may want to increase their documentation about cultural awareness because knowledge about cultural, neighborhood, and community context may provide important information about a child and family’s identity.

When evaluating the *Sensitivity and Responsiveness* of the System, raters noted that information was minimally documented regarding the cultural values and beliefs of the child/youth and family. However, many caregivers stated in interviews that they feel providers consider and are responsive to their culture. As one provider stated, “she understands that she needs to listen to the family, let them feel heard and believes that the family is the expert when it comes to what they need.” Moreover, caregivers felt that providers were responsive to their culture by adapting services whenever possible.

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 and navigating the larger service system.

With regard to *Informal Supports*, reviewers found inconsistent documentation in case files that families were asked whether they would like to include informal or natural supports in services or service planning. However, reviewers found that families declined to include natural support (e.g., supportive friends or community members/resources) involvement in about 15 percent of cases.

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

- 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 are attuned to the culture, values, and beliefs of the child and/or the family

- Providers offered families information to help them understand system/agency rules and expectations
- Providers were minimally able to recognize the need to view the child/youth and family within the context of their community
- Providers have some awareness related to how cultural beliefs and values of families influenced their decision-making.

Opportunities for Growth and/or Training in Domain 3

- Limited documentation of youth and family's concepts of health and family
- Reviewers noted that providers did not always clearly document ideas of culture, values, and beliefs
- Limited evidence of incorporating family culture into action
- Inconsistent documentation related to availability of informal supports

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 positively affected their situation. Scores indicated that services and supports also met the needs of both the children and the families. Evidence provided for this domain indicates some disagreement among the files, caregivers/family members, and providers about the amount of improvement or degree of progress made by families. A review of most cases, though, suggested that some level of improvement was made on the part of the youth and family. Raters also 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. Overall, the services provided through the System of Care appear to have produced positive outcomes for the children and families served. An opportunity for growth and training with regard to documentation may be to establish guidelines that clarify levels of improvement or progress and have discussions of these guidelines with providers and caregivers.

System Successes

- Reviewers generally agree that the services provided to children/youth have provided some level of improvement

- Reviewers generally agree that the services provided to families have provided some level of improvement
- 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 FY2016-2017. 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 FY2016-2017, 97 DCS Cases (57%) were sampled from all three Regions from the 170 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=42). South-8 provided 32 cases while North-7 had the fewest cases (23).

Table 9. Demographic Characteristics DCS Cases

Demographic Characteristic	Statewide N=97	NORTH-7 (I & IV-G) N=23	SOUTH-8 (II, III, IV-P, & V) N=32	CENTRAL-6 (VI) N=42
Age (years)	6.82	4.43	6.81	8.14
Gender (Male)	49.5%	52.2%	56.2%	42.9%
Race:				
White	49.5%	69.6%	43.8%	42.9%
Black	6.2%	0.0%	6.2%	9.5%
Latino/Hispanic	28.9%	21.7%	31.2%	31.0%
Native American	5.2%	8.7%	3.1%	4.8%
Multi-racial	10.3%	0.0%	15.6%	11.9%
Primary Language:				
English	95.9%	95.7%	100.0%	92.9%
Spanish	1.0%	0.0%	0.0%	2.4%

As shown in Table 9, the overall mean age for the 97 cases was 6.82 years. The means for age across Regions ranged from 4.43 years to 8.14 years. Statewide almost 50% of the sample was male, ranging from almost 43% in Central-6 to over 56% in South-8. Of the sample, almost 50% was White, almost 29% was Latino/Hispanic, and a little over 10% identified as Multi-racial. The remaining 11% of the sample was Black or Native American. Statewide, almost 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 South-8. Spanish was also identified as a primary language in Central-6 (2.4%). 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. Almost all 97 DCS Cases (99%) 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 that 15.5% of the cases had educational services involvement, followed by juvenile justice, developmental disabilities, and "Other". The "Other" system category was documented by over 4% of the Regions. The four services included Arizona Early Intervention Program (AZEIP) (n=3) and Department of Economic Services/Rehabilitation Services Administration (DES/RSA).

Table 10. Service System Involvement DCS Cases

Service System	Statewide N=97	NORTH-7 (I & IV-G) N=23	SOUTH-8 (II, III, IV-P, & V) N=32	CENTRAL-6 (VI) N=42
Behavioral Health	99.0%	100.0%	100.0%	97.6%
Juvenile Justice	8.2%	0.0%	12.5%	9.5%
Educational Services	15.5%	13.0%	15.6%	16.7%
Developmental Disabilities	5.2%	8.7%	3.1%	4.8%
Other	4.1%	0.0%	9.4%	2.4%

The results of the 97 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 97 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 2.32, and the number of systems involved for this sample ranged from 1 – 5. 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.

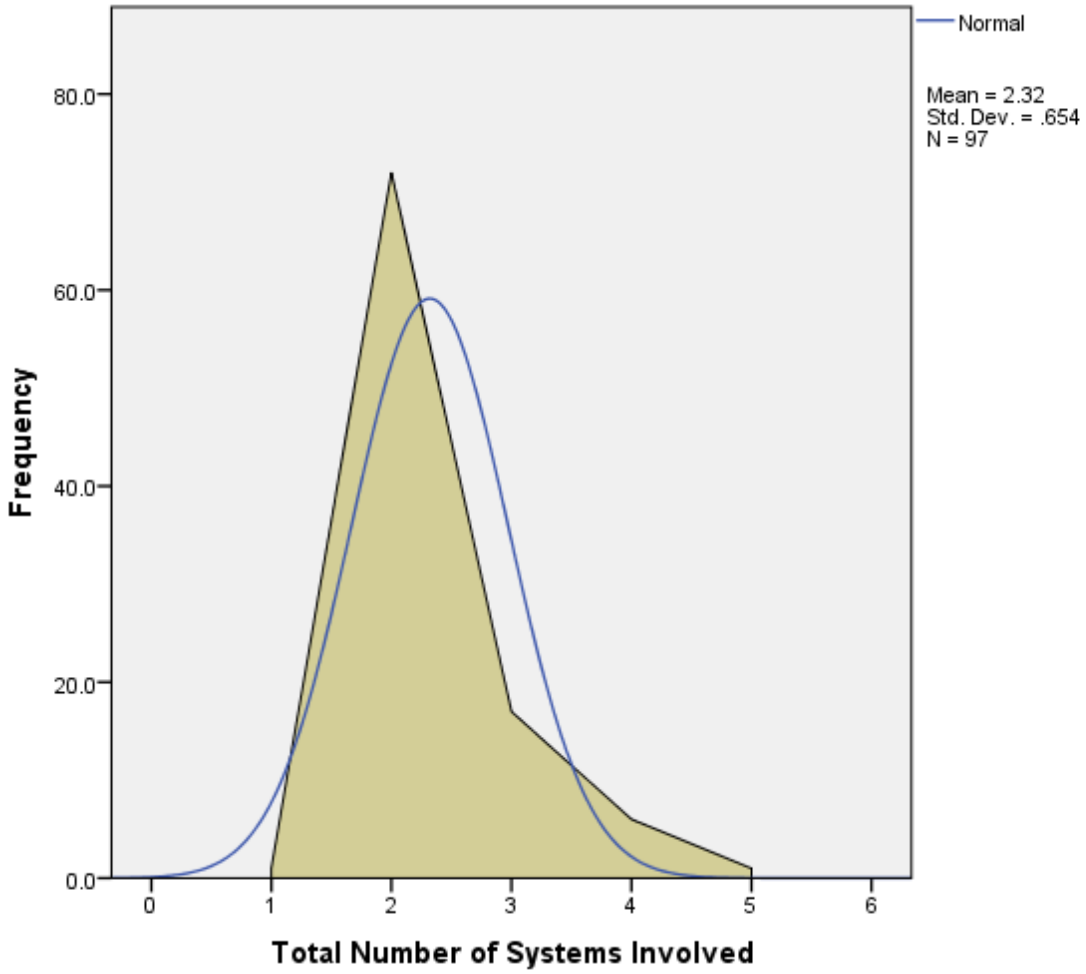

Figure 8. Histogram of child-serving system involvement DCS cases.

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=97 N (%)	NORTH-7 (I & IV-G) N=23 N (%)	SOUTH-8 (II, III, IV-P, & V) N=32 N (%)	CENTRAL-6 (VI) N=42 N (%)
Treatment Services	**71 (73.2)**	**9 (39.1)**	**28 (87.5)**	**34 (81.0)**
•Individual Counseling	59 (60.8)	8 (34.8)	21 (65.6)	30 (71.4)
• Family Counseling	35 (36.1)	1 (4.3)	18 (56.2)	16 (38.1)
• Group Counseling	7 (7.2)	0 (0.0)	3 (9.4)	4 (9.5)
• Substance Abuse Counseling	3 (3.1)	2 (8.7)	0 (0.0)	1 (2.4)
Medical Services				
•Psychiatric Medication	32 (33.0)	4 (17.4)	9 (28.1)	19 (45.2)
Support Services	**94 (96.9)**	**23 (100.0)**	**31 (96.9)**	**40 (95.2)**
• Family Support	32 (33.0)	7 (30.4)	15 (46.9)	10 (23.8)
• Peer Support	5 (5.2)	0 (0.0)	3 (9.4)	2 (4.8)
• Respite Support	8 (8.2)	3 (13.0)	3 (9.4)	2 (4.8)
• Home Care Training	6 (6.2)	2 (8.7)	1 (3.1)	3 (7.1)
• Case Management	92 (94.8)	23 (100.0)	30 (93.8)	39 (92.9)
• Skill Develop & Train	38 (39.2)	8 (34.8)	16 (50.0)	14 (33.3)
Inpatient Services	**3 (3.1)**	**0 (0.0)**	**1 (3.1)**	**2 (4.8)**
• Psychiatric Hospitalization	2 (2.1)	0 (0.0)	1 (3.1)	1 (2.4)
• Level I Residential	1 (1.0)	0 (0.0)	0 (0.0)	1 (2.4)
Residential Services	**5 (5.2)**	**0 (0.0)**	**1 (3.1)**	**4 (9.5)**
• Level II Residential	4 (4.1)	0 (0.0)	1 (3.1)	3 (7.1)
• Level III Residential	1 (1.0)	0 (0.0)	0 (0.0)	1 (2.4)
Other	**37 (38.1)**	**12 (52.2)**	**12 (37.5)**	**13 (31.0)**

Across the state the most utilized service or treatment provision category was Support Services (96.9%) followed by Treatment Services (73.2%). Inpatient Services (3.1%) 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 (95%) followed by Individual Counseling (61%), Skills Development & Training (39%), Other (38%), and Family Counseling (36%). Level III Residential (1.0), Level I Residential (1.0), Psychiatric Hospitalization (2.1%), and Substance Abuse Counseling (3.1%), were the least utilized services or treatments statewide. Across all three Regions, Case Management was utilized in a minimum of 92% of the cases in each Region.

Support Services were utilized in all three Regions with North-7 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 92% of families across all three Regions. Treatment Services was documented as the next most frequently utilized service with over 73% of cases. Inpatient Services and Residential Services were utilized the least. Inpatient Services and Residential

Services were not utilized in North-7 nor was Peer Support or Group Counseling. Level I Residential and Level III Residential were only utilized in Central-6. South-8 did not utilize Substance Abuse Counseling 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, 52% of cases in North-7 had "Other" services, which represents only 12 youth, as only 23 total SOCPR cases were completed for this Region. Statewide, a little over 38% (n=37) of the treatments or services utilized 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=97) = 18.229, p-value = 0.000 X^2 (2, N=97) = 8.838, p-value = 0.012 X^2 (2, N=97) = 15.761, p-value = 0.000
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 only 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 97 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 3.73 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.

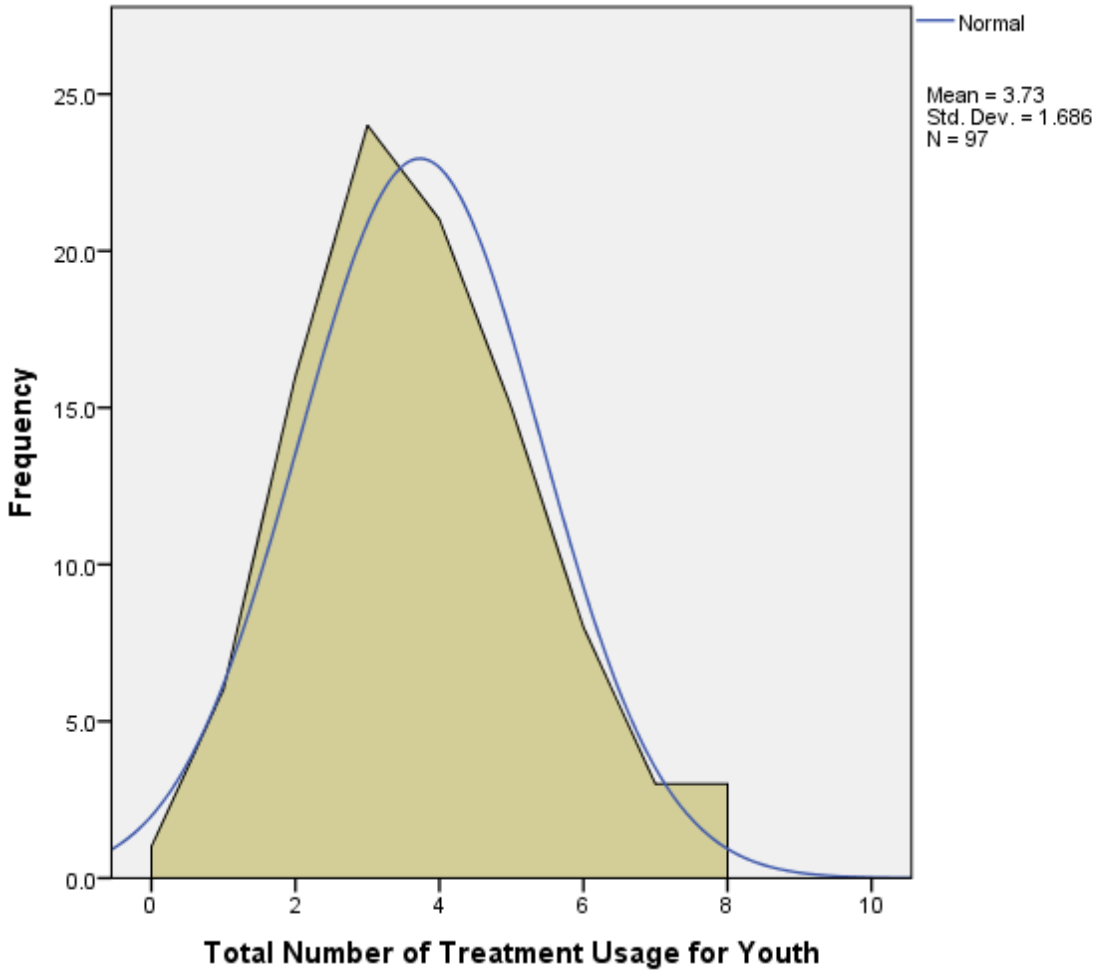

Figure 9. Histogram of service or treatment usage for youth DCS cases.

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 13.0 shows the overall case scores as well as those for each SOCPR domain for the department of child safety sample of 97 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 5.10 to 5.51 with an overall case mean score of 5.30. 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 to mid 5 range, showing an 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 13.0. 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=97)	5.30 (0.84)	5.34 (0.94)	5.51 (0.73)	5.10 (0.99)	5.27 (1.24)
	Min 2.88	Min 2.22	Min 3.42	Min 2.43	Min 2.00
	Max 6.49	Max 6.85	Max 6.88	Max 6.47	Max 7.00
North-7 (N=23)	5.39 (0.89)	5.50 (0.85)	5.49 (0.77)	5.17 (1.09)	5.40 (1.30)
South-8 (N=32)	5.17 (0.90)	5.15 (1.04)	5.39 (0.74)	4.89 (1.04)	5.23 (1.32)
Central-6 (N=42)	5.36 (0.78)	5.39 (0.92)	5.61 (0.69)	5.22 (0.88)	5.21 (1.18)

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 = 5.51). This was followed by Child-Centered, Family-Focused (Mean = 5.34), Impact (Mean = 5.27), and lastly, Culturally Competent (Mean = 5.10). Data for all three Regions deviated from the statewide pattern.

The state of Arizona was also interested in an analysis of caseload and its impact on SOCPR scores. The variable caseload can be described as the number of cases that a service provider is concerned with/responsible for at one time or over a period of time.

Table 13.1 provides a summary of the results of DCS SOCPR scores by caseload. Among the 97 respondents, the minimum caseload was 10 and the maximum was 103 with a median of 25 and mean of 35.5. The standard deviation of the caseload was 23.5. The distribution skews to the right with a skewness measure of 1.30. In total there were three missing responses resulting in 94 respondents in the analysis.

Table 13.1. SOCPR Case and Domain Scores and Caseload Impact DCS Cases

Domains	Case Mean (SD)	CCFF Mean (SD)	CB Mean (SD)	CC Mean (SD)	IMP Mean (SD)
CL: 10-15 (n=8)	5.67 (0.59)	5.65 (0.72)	5.64 (0.67)	5.65 (0.76)	5.75 (0.53)
CL: 16-20 (n=20)	5.16 (0.86)	5.28 (0.86)	5.37 (0.72)	4.96 (1.18)	5.03 (1.27)
CL: 21-25 (n=26)	5.50 (0.63)	5.49 (0.84)	5.68 (0.53)	5.24 (0.88)	5.57 (0.95)
CL: 26+ (n=40)	5.24 (0.96)	5.26 (1.07)	5.51 (0.82)	5.00 (0.99)	5.18 (1.44)
p-value	.43	.55	.56	.40	.37

To understand the impact of caseload to SOCPR scores for the DCS cases, the values were collapsed into four categories: 10 to 15; 16 to 20; 21 to 25; and 26 and above. The counts were 8, 20, 26, and 40. Additionally, Kruskal-Wallis tests were conducted to associate Case and Domain scores with categorized caseload values. No significant associations were found, and there was not an overall monotonic trend like was found in the ALL cases analysis. Those of caseload between 10 and 15 or 21 and 25 seemed to have higher scores as seen in Table 13.1.

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.

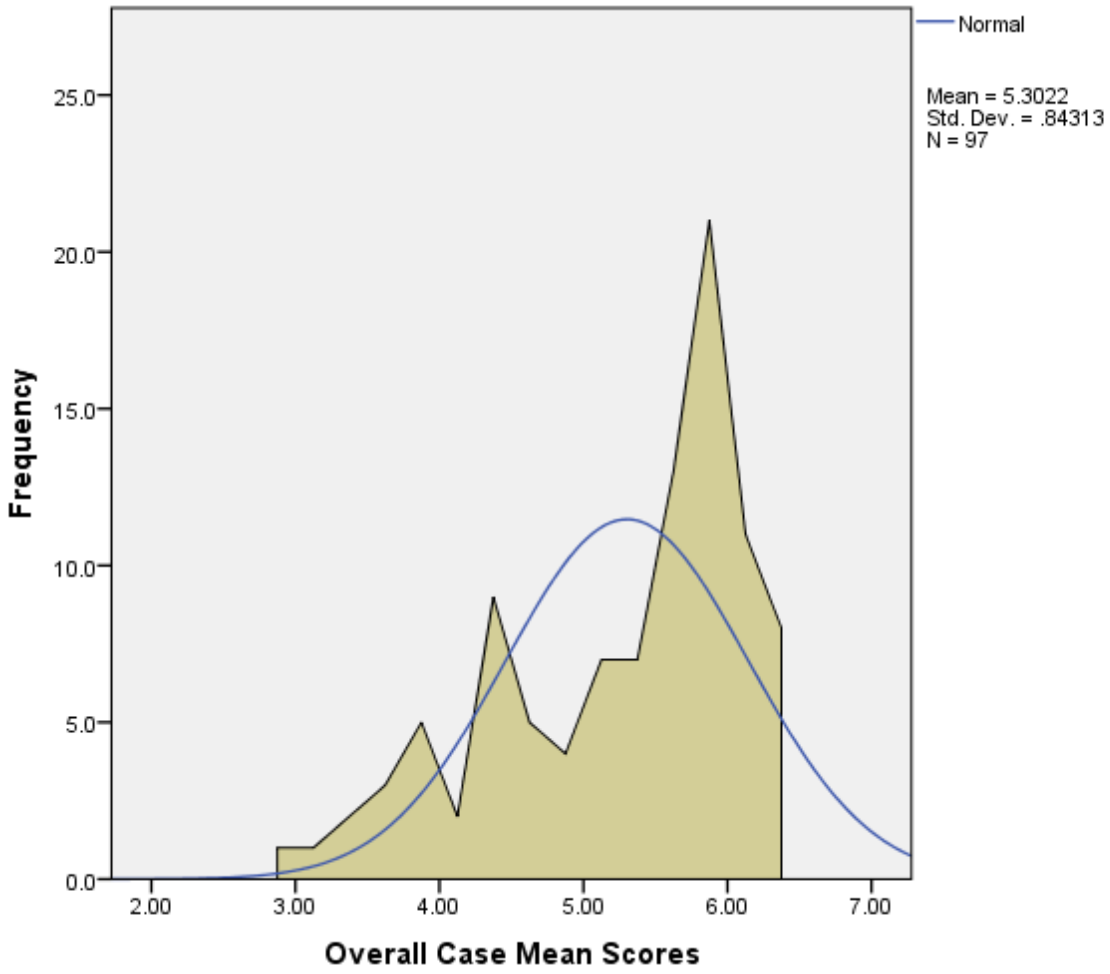

Figure 10. Histogram of SOCPR Overall case mean scores DCS cases.

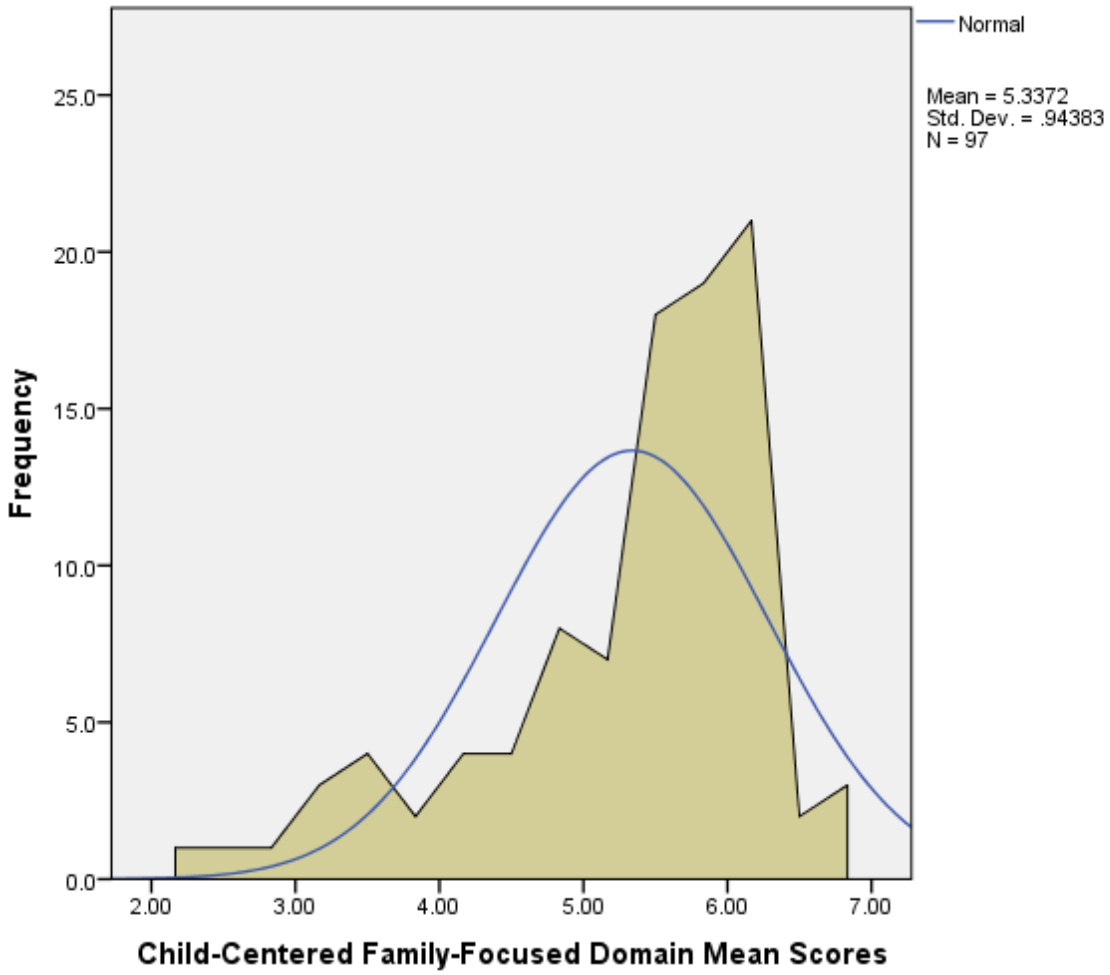

Figure 11. Histogram of SOCPR Child-Centered Family-Focused domain mean scores DCS cases.

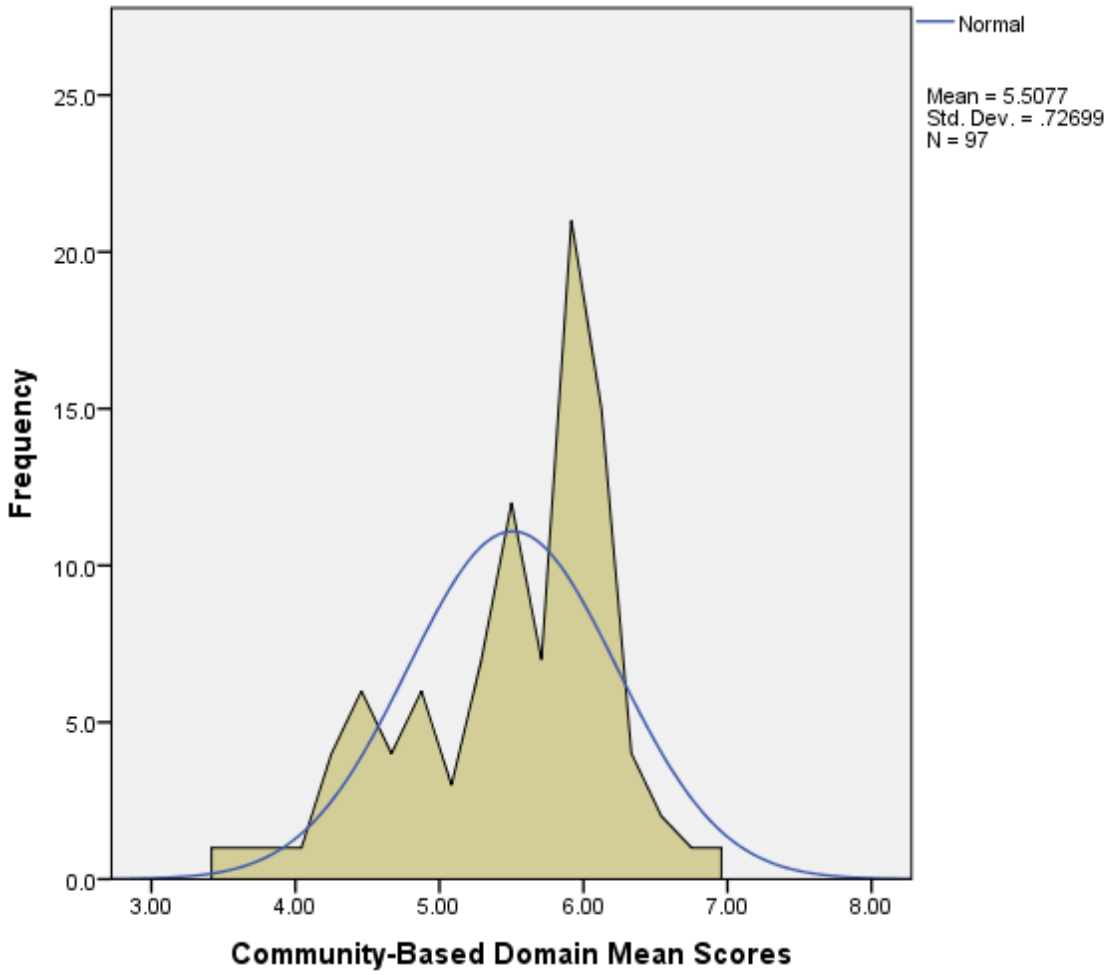

Figure 12. Histogram of SOCPR Community Based domain mean scores DCS cases.

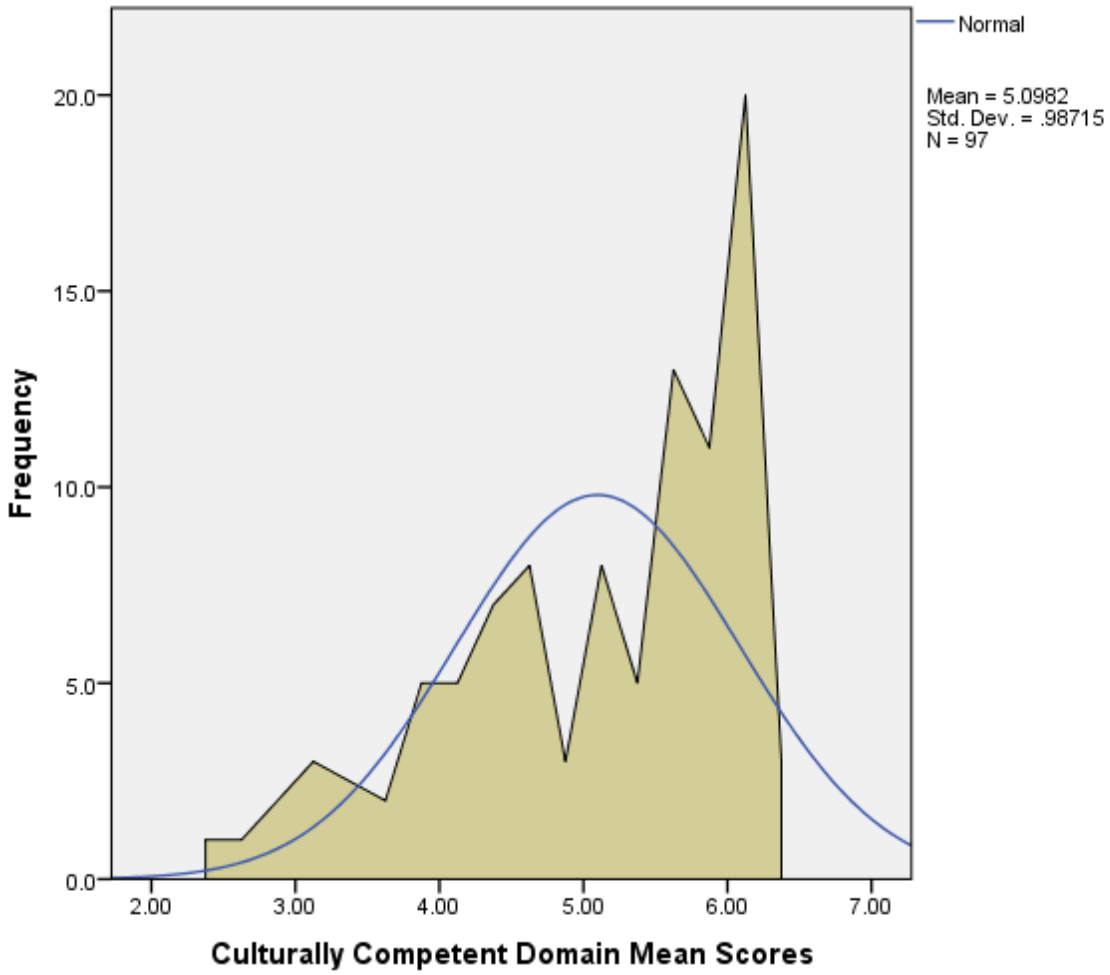

Figure 13. Histogram of SOCPR Culturally Competent domain mean scores DCS cases.

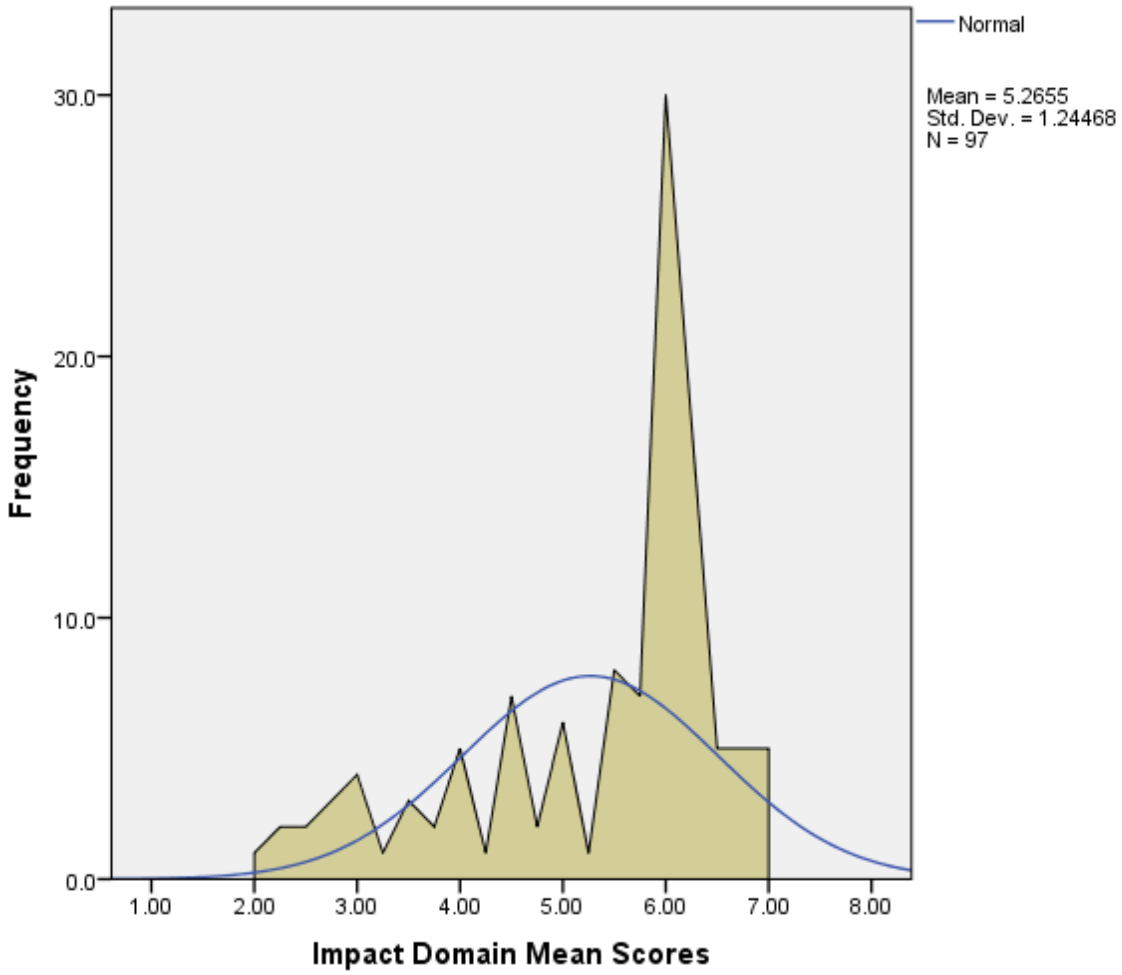

Figure 14. Histogram of SOCPR Impact domain mean scores DCS cases.

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: 5.30 (0.84)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**5.34 (0.94)**		
Individualized			5.12 (1.05)
Assessment/Inventory		5.19 (1.17)	
Service Planning/Delivery		4.92 (1.11)	
Types of Services/Supports		5.15 (1.43)	
Intensity of Services/Supports		5.22 (1.44)	
Full Participation			5.41 (1.10)
Case Management			5.48 (1.29)
Domain II: Community Based	**5.51 (0.73)**		
Early Intervention			4.97 (1.30)
Access to Services			5.79 (0.67)
Convenient Times		5.95 (0.95)	
Convenient Locations		5.44 (1.34)	
Appropriate Language		5.99 (0.44)	
Minimal Restrictiveness			5.80 (0.80)
Integration and Coordination			5.46 (1.17)
Domain III: Culturally Competent	**5.10 (0.99)**		
Awareness			5.05 (1.11)
Awareness of Child/Family's Culture		4.63 (1.51)	
Awareness of Providers' Culture		5.09 (1.47)	
Awareness of Cultural Dynamics		5.43 (1.20)	
Sensitivity and Responsiveness			5.05 (1.45)
Agency Culture			5.22 (1.23)
Informal Supports			5.07 (1.56)
Domain IV: Impact	**5.27 (1.24)**		
Improvement			5.25 (1.24)
Appropriateness			5.28 (1.37)

As previously reported, the highest scoring SOCPR domain was Community Based, followed by Child-Centered Family-Focused, Impact, and finally Culturally Competent. All DCS case mean scores were in the mid 4 (neutral) to high 5 (enhanced implementation) range. The area of Appropriate Language, in the subdomain of Access to Services, had the highest mean score (5.99), while the area of Awareness of Child/Family Culture in the subdomain of Awareness had the lowest mean score (4.63).

In the Community Based domain, the Minimal Restrictiveness subdomain was the highest scoring subdomain (5.80) with the subdomain of Access to Services just slightly behind with a mean score of 5.79. Within the subdomain of Access to Services, all three area mean scores [Appropriate Language (5.99), Convenient Times (5.95), and Convenient Locations (5.44)] scored at the enhanced implementation of a system of care principle level. These subdomain and area mean scores indicate that services and communications (both verbal and written) are being provided to youth and families in their primary language. Additionally, coordinated services are scheduled at times that are most convenient for families and are delivered in locations, which are accessible and comfortable like the youth's home community whenever possible. These represent strengths in Arizona's Children's System of Care, as reviewed through these 97 SOCPR DCS cases.

Other low to mid 5 subdomain mean scores included Full Participation (5.41) in the domain of Child-Centered, Family-Focused, Appropriateness (5.28) and Improvement (5.25) in Impact, and Agency Culture (5.22) in Culturally Competent. Children and families are actively participating not only in services but also in the service planning process. They are informed consumers about the services and the agencies that provide the services. They are an integral part of the decision making process. The services provided are appropriate and have improved the lives of youth and families served.

The data also revealed scores in the 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, the scores for the areas of Awareness of Child/Family Culture and Service Planning and the subdomain of Early Intervention were in the mid to high 4 range. These scores may indicate an increased need for service providers to take note of how culture may affect families' decision-making, service plans may need to be improved to reflect both the needs and the strengths of both the child and the family, and an improved response time for providing integrated and coordinated services as soon as families begin experiencing issues.

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				0.008	
Gender	0.026			0.006	
Race					
Primary Language	0.021	0.021		0.031	0.026
Region					
Case Longevity					
Service Systems					
Behavioral Health					
Juvenile Justice					
Educational					0.008
Developmental Disabilities					
Total Systems					
Services Categories					
Treatment Services					
Medical Services					
Support Services					
Inpatient Services					
Residential Services				0.041	
Services					
Individual Counseling					
Family Counseling					
Family Support					
Respite Support					
Case Management					
Psychiatric Hospitalization					
Total Number of Services	0.005		0.012	0.00	0.046

There were significant associations found for the measures of demographics, service systems, services categories, and services.

Findings indicate that Primary Language and Gender of the child contributed to significant associations. Females had significantly higher Case and Culturally Competent scores than males. English speakers had significantly higher scores in case and all domains except

Community-Based. Total Number of Services was positively associated with case and all domains except Child Centered and Family Focused.

SOCPR Scores – FY2016-2017 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 FY2016-2017 SOCPR administration: DCS Cases (N=97) and Non-DCS Cases (N=73). 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]

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

	Mean	(SD)	Mean	(SD)		
Overall Score	5.30	(0.84)	5.05	(1.06)	0.25	0.10
Domain I: Child-Centered Family-	5.34	(0.94)	5.06	(1.23)	0.28	0.11
Individualized	5.12	(1.05)	4.66	(1.36)	0.46	0.02*
Assessment/Inventory	5.19	(1.17)	4.93	(1.38)	0.26	0.20
Service Planning/Delivery	4.92	(1.11)	4.71	(1.44)	0.22	0.29
Types of Services/Supports	5.15	(1.43)	4.56	(1.72)	0.59	0.02*
Intensity of Services/Supports	5.22	(1.44)	4.45	(1.89)	0.76	0.00**
Full Participation	5.41	(1.10)	5.36	(1.25)	0.05	0.79
Case Management	5.48	(1.29)	5.14	(1.43)	0.34	0.12
Domain II: Community Based	5.51	(0.73)	5.35	(0.93)	0.16	0.22
Early Intervention	4.97	(1.30)	4.75	(1.58)	0.22	0.33
Access to Services	5.79	(0.67)	5.76	(0.83)	0.04	0.75
Convenient Times	5.95	(0.95)	5.74	(1.29)	0.21	0.25
Convenient Locations	5.44	(1.34)	5.60	(1.17)	-0.16	0.40
Appropriate Language	5.99	(0.44)	5.92	(0.72)	0.07	0.47
Minimal Restrictiveness	5.80	(0.80)	5.68	(0.98)	0.12	0.40
Integration and Coordination	5.46	(1.17)	5.19	(1.39)	0.27	0.19
Domain III: Culturally Competent	5.10	(0.99)	4.98	(1.15)	0.11	0.50
Awareness	5.05	(1.11)	4.85	(1.16)	0.20	0.25
Awareness of Child/Family's Culture	4.63	(1.51)	4.28	(1.47)	0.35	0.13
Awareness of Providers' Culture	5.09	(1.47)	5.05	(1.28)	0.04	0.86
Awareness of Cultural Dynamics	5.43	(1.20)	5.21	(1.29)	0.23	0.24
Sensitivity and Responsiveness	5.05	(1.45)	4.92	(1.53)	0.12	0.60
Agency Culture	5.22	(1.23)	5.11	(1.40)	0.11	0.59
Informal Supports	5.07	(1.56)	5.05	(1.64)	0.02	0.94
Domain IV: Impact	5.27	(1.24)	4.81	(1.50)	0.46	0.04*
Improvement	5.25	(1.24)	4.87	(1.51)	0.38	0.08
Appropriateness	5.28	(1.37)	4.75	(1.62)	0.53	0.03*

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 Child-Centered, Family-Focused.

Results indicated that of the comparisons across all domain, subdomain, and area levels

DCS scores were higher than Non-DCS scores, and there were five that scored significantly

	2015-2016	2016-2017	Change	p-value[1]

higher.

In all but one of the domain, subdomain, and area mean scores, DCS cases scored higher when compared to Non-DCS cases. Five of these comparisons showed significant increases. Within the domain of Child Centered, Family-Focused the subdomain score of Individualized and the area scores of Types of Services/Supports and Intensity of Services/Supports had significantly higher mean scores. Additionally, the domain of Impact and the subdomain of Appropriateness each had the same results.

The area mean score for Convenient Locations in the subdomain of Access to Services within the domain of Community Based was the only score that showed a lower though not significant different mean score when comparing DCS to non-DCS cases. Overall, domain, subdomain, and area comparisons indicate that DCS cases scored higher than non-DCS cases.

SOCPR Scores – FY2015-2016 and FY2016-2017 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 indicate a positive trend from FY2015-2016 to FY2016-2017 among DCS Cases. Some of these were statistically significant. A few of the comparisons show a downturn. All mean scores in the domain of Impact showed improvement.

	Mean	(SD)	Mean	(SD)		
Overall Score	5.00	(1.13)	5.30	(0.84)	0.31	0.03*
Domain I: Child-Centered Family-Focused	4.96 (1.29)		5.34 (0.94)		0.38	0.02*
Individualized	4.87 (1.24)		5.12 (1.05)		0.25	0.13
Assessment/Inventory	5.31 (1.03)		5.19 (1.17)		-0.13	0.41
Service Planning/Delivery	4.70 (1.35)		4.92 (1.11)		0.22	0.20
Types of Services/Supports	4.85 (1.63)		5.15 (1.43)		0.31	0.16
Intensity of Services/Supports	4.63 (1.75)		5.22 (1.44)		0.58	0.01**
Full Participation	5.18 (1.29)		5.41 (1.10)		0.23	0.17
Case Management	4.83 (1.64)		5.48 (1.29)		0.65	0.00**
Domain II: Community Based	5.16 (1.07)		5.51 (0.73)		0.34	0.01**
Early Intervention	5.12 (1.35)		4.97 (1.30)		-0.15	0.43
Access to Services	5.56 (0.94)		5.79 (0.67)		0.23	0.04*
Convenient Times	5.44 (1.47)		5.95 (0.95)		0.51	0.00**
Convenient Locations	5.41 (1.33)		5.44 (1.34)		0.03	0.86
Appropriate Language	5.83 (0.70)		5.99 (0.44)		0.16	0.05
Minimal Restrictiveness	5.30 (1.23)		5.80 (0.80)		0.50	0.00**
Integration and Coordination	4.67 (1.56)		5.46 (1.17)		0.79	0.00**
Domain III: Culturally Competent	4.85 (1.23)		5.10 (0.99)		0.25	0.12
Awareness	4.94 (1.14)		5.05 (1.11)		0.11	0.48
Awareness of Child/Family's Culture	4.77 (1.32)		4.63 (1.51)		-0.13	0.50
Awareness of Providers' Culture	4.93 (1.33)		5.09 (1.47)		0.16	0.42
Awareness of Cultural Dynamics	5.12 (1.35)		5.43 (1.20)		0.31	0.08
Sensitivity and Responsiveness	5.00 (1.37)		5.05 (1.45)		0.05	0.80
Agency Culture	4.97 (1.53)		5.22 (1.23)		0.25	0.20
Informal Supports	4.50 (1.75)		5.07 (1.56)		0.57	0.01*
Domain IV: Impact	5.01 (1.48)		5.27 (1.24)		0.26	0.18
Improvement	5.08 (1.46)		5.25 (1.24)		0.18	0.35
Appropriateness	4.94 (1.62)		5.28 (1.37)		0.33	0.11

Table 17. SOCPR Score Comparisons between FY2015-2016 and FY2016-2017 DCS Cases

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

The changes in mean scores from FY2015-2016 and FY2016-2017 reflect an overall improvement, although the ranking of domain scores was not consistent. The overall score as

well as two of the four domain scores showed statistically significant improvement from last year. The highest scoring SOCPR domain was Community Based across both administrations and the lowest scoring was Culturally Competent. The subdomains of Access to Services and Minimal Restrictiveness both scored high across both administrations of the SOCPR, as did the areas of Appropriate Language, Convenient Times, and Convenient Locations.

Improvement in Arizona's Children's System of Care for this year can overwhelmingly be seen in the domain of Community Based. Almost all domain, subdomain, and area mean scores show a positive trend from FY2015-2016 to FY2016-2017, with five of the seven improvements being statistically significant. Additionally, the domain of Child-Centered, Family-Focused showed significant improvement as did the subdomain of Case Management and the area of Intensity of Services. Lastly, one subdomain in Culturally Competent (Informal Supports) showed significant improvement.

These positive trends indicate that services are accessible to families and are being provided in the least restrictive and most coordinated manner as possible. These results also show that service plans and services are coordinated by one person who ensures that the intensity of services is responsive and reflect the needs and strengths of the youth and family. Lastly, service providers actively utilized informal supports in all aspects of service provision.

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 97 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 indicated that needs and strengths were identified and the types and intensity of services were appropriate for the needs of the youth and families. In a majority of cases reviewers noted that children and families obtained assessments across all life domains; however, scores indicated that there were some barriers when it came to service planning and delivery. In about 31 percent of cases rated “3” (Disagree Slightly) and under primary service plans showed minimal evidence of integration across all providers and agencies. Additionally, the service plan goals failed to reflect the needs of the children and families

adequately, and they did not incorporate the strengths of the youth and families in an adequate manner. Although this does not constitute a trend, providers may take this as an opportunity for growth and training to improve documentation of the primary service plan.

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. Scores indicated that families as well as providers and informal helpers had active roles not only in the service planning process but also in participation of services and supports. Overwhelmingly, reviewers indicated agreement between caregivers, providers, and records. In addition, families had input in the service planning process, and they had a general understanding of the service plan.

With regard to the Case Management subdomain, over 85% of the reviewers reported overall high ratings ("5" through "7"- Agree Slightly to Agree Very Much) indicating successful coordination of services planning and delivery, that was responsive to the emerging and changing needs of children and families. In general, evidence indicated that one person coordinated services and supports and facilitated team meetings. Additionally, raters indicated that although service plans were regularly reviewed, they might not be updated or revised when new services were added.

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

- Strengths of youth and family are identified consistently
- Thorough assessment across all life domains was conducted
- Children and families are receiving individualized services
- Types and intensity of services and supports were appropriate for the needs of the family
- Child/youth and family appear to understand service plans and actively participate in services
- Service providers and informal helpers participated in the service planning process and were active participant in services and supports
- Services for children and families are successfully coordinated by one person

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

- Service plan goals do not reflect the needs of the children and families adequately
- Minimal evidence of integration across all providers and agencies
- Service plans were not updated or revised on a regular basis
- Goals of service plan did not incorporate strengths of youth and family

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*, case files indicated that families were able to obtain the services and supports they needed in the appropriate combinations as soon as they entered into the system. Their needs were identified promptly and were clarified in an efficient manner. However, in about 21 percent of cases, reviewers noted lags between referral, intake, assessment, and receipt of services and supports. Cases records show that these gaps ranged from a couple of weeks to months. Reviewers also noted that in some of the cases during these gaps there was no documentation of any services being provided to families. This challenge provides an opportunity for growth and training of providers to ensure that the needs of youth and family are identified and clarified in a timely manner so that services and supports can begin as soon as possible.

Overall, reviewers noted that the System was ensuring *Access to Services* for children/youth and families involved in DCS. Almost 99 percent of raters noted that verbal and written communications between providers and families were in the primary language of the child and family. However, preferred language was not always noted on the service plan. Some challenge to this was voiced by families when they stated that acronyms got in the way of them understanding service plans.

Additionally, case records indicated that support for access to services was discussed, and generally, families stated they did not require additional assistance with transportation. The majority of rater indicated that providers were respectful of children and families by scheduling appointments at times and in locations that were convenient typically within their neighborhood or home community. In about 11% of cases challenges were noted around supports for transportation for families to services. Some of these challenges included what is written in the case file, what the family needs, and what they receive.

When assessing for *Minimal Restrictiveness* in service delivery, scores showed that services and supports were provided in environments that were the least restrictive for youth and families. Raters indicated that families felt that the locations where they obtained services were welcoming and inviting, appropriate and comfortable.

With regard to *Integration and Coordination* of services, reviewers generally found that there was productive and successful communication among and between all team members, including formal service providers, family members and informal supports. In addition, over 80 percent of reviewers noted that in general there are smooth and seamless processes for linking children/youth and family to additional services. In about 23 percent of the cases, reviewers noted that there was a difference of opinion between the file, caregiver, and provider around the issue of being a smooth and seamless proves linking the child and family with additional services. The disagreement was varied, but some challenges included follow-up, services not occurring, providers changing often, location of child to service providers, and time delays.

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

- 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
- Access to services is convenient for youth and families
- Services are generally provided at convenient times and in locations that are close to youth's' home community
- Services are provided in environment(s) that feel comfortable to the child/youth and family
- Communication is productive and successful among and between all team members
- Process for linking children/youth and family to additional services is smooth

<u>Opportunities for Growth and/or Training in Domain 2</u>

- 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 seamless one
- Gaps between referral, intake, assessment, and receipt of services and supports
- Child and family needs were not always clarified by the system in a timely manner

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,

understanding the family's concepts of health and family, and how their culture influenced the decision making process proved to be a challenge. In about one third of the cases rated "3" (Disagree Slightly) and below raters indicated that there was limited documentation or discussion amongst team members regrading either of these topics. As one record indicated, "Culture is not documented". 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 that providers are aware of the dynamics of working with families whose culture is different but were able to provide integrated and coordinated services and supports appropriately. Service providers also assisted families in not only understanding agencies they represent but also helping them navigate the entire service system successfully.

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 and that services and supports were responsive to the culture, values, and beliefs of the youth and family. However, in about a quarter of the case, there was limited evidence of this subject in the documentation.

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. Families generally agreed that service providers take their cultures and values into account when they are planning and providing services. Service providers seemed to understand that families would participate in services if they understood what agencies expected of them and when they were able to successfully navigate the system.

With regard to *Informal Supports*, reviewers generally found evidence that informal supports were discussed and offered to families. However, in about 31 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. Some cases indicated that there were discussions between providers and caregivers about community resources and informal supports, but there was little to no documentation to support that the team helped expand the child and family's community and natural support connections. Even when families indicated that natural supports were available or were noted in the service plan, they declined to include these natural supports (e.g. supportive friends or community members) in services.

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

- Providers generally recognize and understand the youth and family's culture and

community
- Providers are aware of the dynamics of working with families whose culture is different
- Services and supports were responsive to the culture, values, and beliefs of the youth and family
- Providers are assisting families in understanding and navigating the service systems
- Informal supports and community resources were discussed and offered to families

Opportunities for Growth and/or Training in Domain 3
- Reviewers identified limited documentation or discussion amongst team members regrading understanding the family's concepts of health and family
- Limited evidence of documentation of how the family's culture influenced the decision making process
- Raters noted minimal documentation in the service plan of natural supports or community-based activities being incorporated into the service planning and delivery 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 produced positive impacts on their situations and had met their needs. In general, raters noted that in about 85 percent of the cases providers and caregivers indicated some improvement on the part of the child/youth, while about 87 percent indicated a little improvement for families. Similarly, reviewers indicated that providers generally were able to appropriately serve youth and meet their needs; however, raters noted that the services and supports provided did not seem to be assisting the family. This may provide an opportunity for growth and training of providers to ensure that the needs of families are documented and appropriate services and supports are provided to adequately meet their needs.

System Successes
- Reviewers generally agree 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 the needs of families being met appropriately

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 FY2016-2017. 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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TECHNICAL APPENDICES

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 38% 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**
Assessment	5
Assessment, transportation	1
Behavior coach	2
Behavioral health education services	1
CFT meeting	1
Evaluations (B-5 screenings)	1
Family group support (other agency)	1
Interpreter services	1
Job training	1
Med monitoring	1
Monthly assessments	1
Out of home placement	1
Psychiatric evaluation	1
Psychiatric evaluation transportation	1
Speech therapy	1
Speech therapy from DDD	1
Transportation	37
Transportation, Great Aunt	1
Transportation, assessments	1
Transportation, Behavior. Inter. Services	1
Transportation, CFSS	1
YAP – Young Adult Program, transportation	1
Youth/Family specialist, behavior coaching	1
TOTAL	**64**

APPENDIX C

"Other" Category of Treatments and Services DCS Cases

Over 38% of the service provision treatments reported for DCS Cases were identified as "Other". Below is a list and frequency of the 15 treatments or services identified as "Other".

"Other" Category Treatments and Services DCS Cases	**N**
Assessment	5
Assessment, transportation	1
CFT meeting	1
Evaluations (B-5 screenings)	1
Family group support (other agency)	1
Interpreter services	1
Monthly assessments	1
Out of home placement	1
Psychiatric evaluation	1
Transportation	19
Transportation, Great Aunt	1
Transportation, assessments	1
Transportation, Behavior. Inter. Services	1
YAP – Young Adult Program, transportation	1
Youth/Family specialist, behavior coaching	1
TOTAL	**37**

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