Arizona's Children's System of Care Practice Review
Fiscal Year 2018 Statewide Report

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EXECUTIVE SUMMARY

BACKGROUND

Research has identified that outcome evaluation is key to achieving and sustaining transformation initiatives in Systems of Care (Hodges, Hernandez, Nesman, & Lipien, 2002). The System of Care Practice Review (SOCPR) was implemented in FY2009-2010 as the Arizona Health Care Cost Containment System (AHCCCS) practice review method of choice in Arizona. It was developed at the University of South Florida (USF) by Dr. Mario Hernandez, Ph.D. Research has demonstrated high inter-rater reliability in the use of the tool, which is based on face to face interviews with multiple informants as well as file/record reviews (Hernandez et al., 2001). A total of 205 reviews were conducted across Arizona in FY2017-2018. 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 FY2017-2018, 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 FY2017-2018, a total of 205 cases were sampled from three Regions in Arizona. In addition to results related to the four domains, other areas of analysis included: *demographics, service system involvement*, and *receipt of services or treatments*. The demographic profile for ALL Cases showed that males were more commonly represented, in almost 56% of the sample, with the overall average age at 8.95 years. With regard to race/ethnicity, a little under half of the sample was White (41%), a little under a third (31%) was Latino/Hispanic, and 16% was multi-racial. The remaining 12% of the sample consisted of Black, Native American, and Pacific Islander racial origins. Almost 99% of the sample spoke English as their primary language, with an additional 1% listing Spanish as their primary language. From a total range of 0-6 systems, the average number of child-serving systems involved per child was 1.92. For the 205 ALL Cases 99% were recorded as showing behavioral health system involvement. A review of the services or treatments utilized showed that almost 99% of the children received Support Services, with Case Management being received by almost 97% of the families. Treatment Services were utilized by over 70% of youth, while about 42% the families utilized Medical Services. The average number of services used per child or youth was 3.99.

Scores range from a low of 1 to a high of 7, with scores 5 and higher representing *enhanced implementation* of the item of interest. For the statewide sample of 205 ALL Cases, mean scores ranged from 5.36 to 5.66 for the four SOCPR domains, with an overall case mean score of 5.44.

SOCPR Overall Domain Mean Scores ALL Cases

	Case Mean (SD)	CCFF Mean (SD)	CB Mean (SD)	CC Mean (SD)	IMP Mean (SD)
Statewide (N=205)	5.44 (0.88)	5.36 (1.07)	5.66 (0.77)	5.38 (0.9)	5.38 (1.29)
	Min 1.40	Min 1.07	Min 1.79	Min 1.17	Min 1.25
	Max 6.76	Max 6.87	Max 6.88	Max 6.53	Max 7

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 FY2017-2018, all of the SOCPR domain, subdomain, and area scores for the ALL Cases fell in the high 4 to low 6 range. All four SOCPR domain mean scores fell within the 5 range (representing enhanced implementation of a system of care principle). Areas and subdomains with high 5 range scores or better include Appropriate Language (6.18), Access to Service (6.00), Minimal Restrictiveness (5.94), Convenient Times (5.92), Convenient Locations (5.92), Awareness of Cultural Dynamics (5.76), and Awareness of Providers' Culture (5.74). All the rest of the domains, subdomains, and area scores fell into the low to mid 5 range, with Awareness of Child/Family's Culture (4.99) and Intensity of Services/Supports (5.01) having the lowest mean scores.

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 mid-5 range (5.63 for North 7; 5.40 for Central 6; and 5.40 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. At least one of each of the demographics, service systems, and services measured showed significant differences.

Treatment Services, Family Counseling, Family Support, and Total Number of Services were associated with higher scores in Child-Centered Family-Focused. Case Longevity was associated with higher Community Based scores. Educational Services, Family Support, and Total Number of Services were associated with higher Culturally Competent scores.

Summary of Qualitative Analysis

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

In the final analysis, ratings for each item are clustered and considered in conjunction with the respective brief narrative provided to determine a general assessment for each subdomain. The compiled narratives for ALL Cases Summative Questions were coded and sorted to assess the degree to which System of Care principles were implemented in each SOCPR domain area (N=205). The frequency of Summative Question responses were examined and analyzed for emerging patterns/trends. In order to be considered a trend, at least 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 and children in the service planning process; services were scheduled at convenient times and in convenient locations for children and families; services were generally responsive to the child and family's values, beliefs, and lifestyle; and services provided to children and families have improved their situation. Opportunities for improvement were also identified. Some of these include improving the process for linking the child and family with additional services so that the process is smooth and conducted in a timely manner; ensuring that the needs and strengths of families are clarified early so that the services and supports provided can meet their needs; 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 205 SOCPR cases sampled during FY2017-2018, the state of Arizona was also interested in only those cases where the children and families had Department of Child Safety (DCS) involvement. The 141 DCS Cases (69%) completed during FY2017-2018 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 there were more males (53.19%) than females, with the overall average age at 7.54 years. With regard to ethnicity/race, the sample was White (41%), almost 28% was Latino/Hispanic, and 18% identified as Multiracial. The remaining 12% of the sample consisted of Black, Native American, and Pacific Islander racial origins. Of the sample 97.8% spoke English as their primary language, while 1.4% 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 2.13. For the 141 DCS Cases, 99% were recorded as showing behavioral health system involvement. A review of the services or treatments utilized showed 100% of DCS children received Support Services, with Case Management being received by 97.16% of the families. Treatment Services were utilized by over 69% of youth while Medical Services were utilized by 36% of the families. The average number of services used per child or youth involved with DCS services was 3.80.

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 141 DCS Cases, mean scores ranged from 5.35 to 5.69 for the four SOCPR domains, with an overall case mean score of 5.45.

SOCPR Overall Domain Mean Scores DCS Cases

	Case Mean (SD)	**CCFF Mean (SD)**	**CB Mean (SD)**	**CC Mean (SD)**	**IMP Mean (SD)**
Statewide (N=141)	5.45 (0.93)	5.36 (1.11)	5.69 (0.8)	5.35 (0.95)	5.4 (1.37)
	Min 1.4	Min 1.07	Min 1.79	Min 1.17	Min 1.25
	Max 6.76	Max 6.87	Max 6.88	Max 6.53	Max 7

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 domain Impact followed next. Providers were most tested in the Child-Centered Family-Focused and Culturally Competent domains.

For FY2017-2018 SOCPR DCS Cases scores by Region all were in the mid to high 5 range.

Areas and subdomains that all fell into the high 5 range or better were Appropriate Language (6.20), Access to Services (6.06), Minimal Restrictiveness (6.00), Convenient Locations (5.99), Convenient Times (5.98), and Awareness of Cultural Dynamics (5.74). All the rest, with exception of Awareness of Child/Family's Culture (4.95), fell into the low to mid 5 range. Among the low 5 range mean scores were Individualized (5.09), Types of Services/Supports (5.08), and Intensity of Services/Supports (5.06).

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.

Regions showed significantly different Overall scores, lower Child-Centered Family-Focused and Impact scores from one and other. Case Longevity and Behavioral Health where associated with higher scores and Case Management associated with lower scores for Community Based scores. Educational Services and Family Support were associated with higher Culturally Competent scores.

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=141). 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 the needs and strengths of children and families were generally identified and prioritized across a full range of life domains; services were provided at convenient times and locations and communications were in the primary language of the youth and families; service providers assisted children and families in navigating systems; and services and supports met the needs and improved the situation of children and families. Opportunities for improvement were also identified, including quickly and adequately documenting the needs of children and families so that their needs can be met in a timely and an appropriate manner; understanding youth and families' concepts of health and family; and consistently documenting the impact of services and supports for children and 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 consists of 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: Interview Questions consists of the interview questions organized by the type of informant (primary caregiver, youth, formal service provider, informal helper). The interviews are designed to gather information about each of the four identified domains (Child-Centered Family- Focused, Community Based, Culturally Competent, and Impact). Questions for each of the four domains are divided into subdomains that define the domain in further detail and represent the intention of the corresponding system of care core value. Questions in each of the subdomains are designed to indicate the extent to which core system of care values guide practice. Data are gathered through a combination of closed-ended questions (i.e., quantitative) that produce ratings and explanatory responses from participants through more open-ended questions and narrative responses (i.e., qualitative). The open-ended questioning provides an opportunity for the reviewer to probe issues related to specific questions so that answers are as complete as possible. In addition, direct quotes from respondents are recorded whenever appropriate and possible.

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

Training of the Interview Team

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

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

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

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

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

Selecting Cases and Informants

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

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

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

The next step involved examining the number of children who met this complexity designation at each Provider Network Organization or service agency in the state. No cases were chosen for the SOCPR from agencies who served fewer than 25 children who met the eligibility criteria. For agencies who served 25 to 400 eligible children, five cases from the agency were chosen for the SOCPR. For agencies who served more than 400 children who met the criteria, 10 cases were chosen. Agencies were contacted and asked to pull a random oversample based on the criteria described above. This oversampling was intended to provide substitute cases where families were not able to be located, chose not to participate in the process, or who upon review were found not to meet the "high complexity" designation. This process resulted in a total of 205 cases being completed in FY2017-2018.

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 reviewers' 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.

SAS 9.4 (2013) 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 the 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 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 FY2017-2018 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) are divided into 2 sections: Results ALL Cases and Results DCS Cases. This will provide an opportunity for side-by-side comparison of the whole sample (of children and families identified as having high/complex levels of need) and the sample of interest (children and families involved with the Department of Child Safety).

RESULTS

RESULTS ALL CASES

Demographics ALL Cases

The 205 SOCPR cases completed during FY2017-2018 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=85). South-8 provided 80 cases, while North-7 had the fewest cases (N=40).

Table 1. Demographic Characteristics ALL Cases

Demographic Characteristic	Statewide N=205	NORTH-7 (I & IV-G) N=40	SOUTH-8 (II, III, IV-P, & V) N=80	CENTRAL-6 (VI) N=85
Age (years)	8.95	9.33	9.39	8.35
Gender (Male)	55.61%	45%	56.25%	60%
Race:				
White	41.46%	52.5%	30%	47.06%
Black	7.32%	7.5%	3.75%	10.59%
Latino/Hispanic	30.73%	12.5%	46.25%	24.71%
Native American	2.44%	5%	3.75%	0%
Multi-racial	16.1%	22.5%	13.75%	15.29%
Pacific Islander	0.98%	0%	1.25%	1.18%
Primary Language:				
English	98.54%	100%	96.25%	100%
Spanish	0.98%	0%	2.5%	0%

As shown in Table 1, the overall mean age for the 205 cases was 8.95 years. The means for age across Regions ranged from 8.35 years to 9.39 years. Statewide almost 56% of the sample was male, ranging from 45% in North-7 to 60% in Central-6. Of the sample, 41% identified as White, a little under a third at 31% was Latino/Hispanic, and 16% was multi-racial. The remaining 12% of the sample consisted of Black, Native American, and Pacific Islander racial origins. Almost 99% of the sample spoke English as their primary language, with an additional 1% listing Spanish as their primary language. English was the only language reported in Central-6 and North-7. Spanish was also identified as a primary language (2.5%) in South-8. Chi-square analyses were used to look for demographic differences in cases by Region, with age bands,

gender, race, and primary language under consideration.

Service System Involvement ALL Cases

Five different child-serving systems and an "Other" category were used to capture service system involvement as part of the services profiles of children and youth whose cases were chosen as part of the sample. Almost all 205 cases (98.5%) indicated having behavioral health system involvement, as shown in Table 2. The SOCPR protocols documented that almost 69% of the cases had child safety involvement, followed by educational services involvement (11.22%). Juvenile justice, developmental disabilities, and "Other" rounded out the rest of the service system involvement. The "Other" system category was documented by 1% of the Regions. This service was the Arizona Early Intervention Program (AZEIP).

Table 2. Service System Involvement ALL Cases

Service System	Statewide N=205	NORTH-7 (I & IV-G) N=40	SOUTH-8 (II, III, IV-P, & V) N=80	CENTRAL-6 (VI) N=85
Behavioral Health	98.54%	97.50%	97.50%	100.00%
Child Safety	68.78%	70.00%	66.25%	70.59%
Juvenile Justice	6.83%	2.50%	11.25%	4.71%
Educational Services	11.22%	10.00%	10.00%	12.94%
Developmental Disabilities	5.37%	2.50%	6.25%	5.88%
Other	0.98%	0.00%	1.25%	1.18%

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

Overall, cases identified a range of 0 – 6 for the possible number of service system involvement, with the mean being 1.92. The amount of service system involvement documented ranged from 0 – 4. The shape of the histogram resembles a normal distribution but is slightly skewed. One might expect that children and youth in this sample to be involved in a significant number of child-serving systems and thus expect the shape/distribution to skew to the right, towards a greater number of service systems. Explanations for this finding might include inadequate record documentation, differences in

reviewer interpretations of how to record service system involvement, or data entry errors.

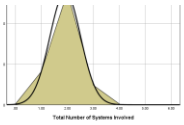

Figure 1. Histogram of child-serving system involvement ALL cases.

Receipt of Services or Treatments ALL Cases

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

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

Services or Treatment	Statewide N (%)	NORTH-7 (I & IV-G) N=40 N (%)	SOUTH-8 (II, III, IV-P, & V) N=80 N (%)	CENTRAL-6 (VI) N=85 N (%)
Treatment Services	**147 (71.71)**	**29 (72.5)**	**63 (78.75)**	**55 (64.71)**
•Individual Counseling	126 (61.46)	22 (55)	53 (66.25)	51 (60)
• Family Counseling	64 (31.22)	13 (32.5)	30 (37.5)	21 (24.71)
• Group Counseling	31 (15.12)	3 (7.5)	16 (20)	12 (14.12)
• Substance Abuse Counseling	5 (2.44)	0 (0)	4 (5)	1 (1.18)
Medical Services				
•Psychiatric Medication	**86 (41.95)**	**13 (32.5)**	**39 (48.75)**	**34 (40)**)
Support Services	**203 (99.02)**	**39 (97.5)**	**80 (100)**	**84 (98.82)**
• Family Support	86 (41.95)	11 (27.5)	43 (53.75)	32 (37.65)
• Peer Support	5 (2.44)	0 (0)	1 (1.25)	4 (4.71)
• Respite Support	26 (12.68)	5 (12.5)	12 (15)	9 (10.59)
• Home Care Training	8 (3.9)	0 (0)	3 (3.75)	5 (5.88)
• Case Management	199 (97.07)	37 (92.5)	79 (98.75)	83 (97.65)
• Skill Development & Training	96 (46.83)	21 (52.5)	43 (53.75)	32 (37.65)
Inpatient Services	**9 (4.39)**	**1 (2.5)**	**2 (2.5)**	**6 (7.06)**
•Psychiatric Hospitalization	5 (2.44)	0 (0)	1 (1.25)	4 (4.71)
• Level I Residential	4 (1.95)	1 (2.5)	1 (1.25)	2 (2.35)
Residential Services	**7 (3.41)**	**0 (0)**	**3 (3.75)**	**4 (4.71)**
• Level II Residential	6 (2.93)	0 (0)	2 (2.5)	4 (4.71)
• Level III Residential	1 (0.49)	0 (0)	1 (1.25)	0 (0)
Other	**69 (33.66)**	**13 (32.5)**	**35 (43.75)**	**21 (24.71)**

Across the state the most utilized service or treatment provision category was Support Services (99.02%) followed by Treatment Services (71.71 %). Residential Services (3.41%) 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 (97.07 %) followed by Individual Counseling (61.46 %), Skill Development and Training (46.83%), and Psychiatric Medication (41.95 %) along with Family Support (41.95). Home Care Training (3.9%), Peer Support (2.44%), Level III Residential (0.49%), Level I Residential (1.95%), Substance Abuse Counseling (2.44%), and Psychiatric Hospitalizations (2.44%) were the least utilized services or treatments statewide. Across all three Regions, Case Management was utilized in at least 92% of the cases in each Region. Level III Residential was utilized in only one Region (South-8, 1 case).

Support Services was the most extensively utilized service or treatment category with all three Regions utilizing them in 99% of the cases. As mentioned earlier in this report one specific Support Service, Case Management, was received by families 97.07% in all three Regions.

Treatment Services was documented as the next most frequently utilized service with 71.71% 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 Residential 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, 32.5% of cases in North-7 had "Other" services, which represents 13 youth, as only 40 total SOCPR cases were completed for this Region. Likewise, South-8 utilized 43.75% of "Other" services which accounted for 35 families. Statewide, about 34% (N=69) 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 • Individual Counseling • Family Counseling • Group Counseling • Substance Abuse Counseling	
Medical Services • Psychiatric Medication	
Support Services • Family Support • Peer Support • Respite Support • Home Care Training (HCTC) • Case Management • Skills Development and Training	X^2 (2, N=205)= 4.218, p-value = 0.016
Inpatient Services • Psychiatric Hospitalization • Level I Residential	
Residential Services • Level II Residential • Level III Residential	
Other	X^2 (2, N=205)= 3.298, p-value = 0.039

Statewide for ALL Cases, a statistically significant relationship between Region and specific services received was shown for the category of Other Services, and within the categories of Support Services. Specifically, Family Support was found to show strong significant associations with Region.

In order to examine the breadth of services used by children and youth in the sample, a simple summation was calculated for the 16 potential service categories. Thus, the possible range for this variable was from 0 to 16 services utilized. For the total of 205 ALL cases in the sample, the range of services used was 1 to 9. 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 3.52 services per child or youth recorded. The number of services used during the time a case is open could vary greatly, depending on the needs of the child and family, the array of services that are available, and the length of time the case is open.

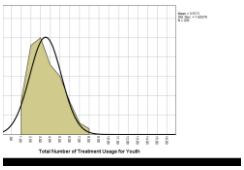

Figure 2. Histogram of service or treatment usage for youth ALL cases.

Quantitative Analysis ALL Cases

SOCPR Scores – Overall Case and SOCPR Domains ALL Cases

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

Table 5 shows the Overall case scores as well as those for each SOCPR domain for the entire statewide sample of 205 cases, indicated by individual Region. As explained in the Methodology section, SOCPR scores range from a low of 1 to a high of 7. Scores from 1–3 represent lower implementation of a system of care principle, and scores from 5–7 represent enhanced implementation of a system of care principle. A score of 4 indicates a neutral rating, meaning a lack of support for or against implementation. At the statewide level, SOCPR mean scores ranged from 5.36 to 5.66 with an overall case mean score of 5.44. 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 low 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 did relatively equal in providing services and supports that were Child-Centered Family-Focused, Culturally Competent, and Impactful.

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=205)	5.44 (0.88)	5.36 (1.07)	5.66 (0.77)	5.38 (0.9)	5.38 (1.29)
	Min 1.4	Min 1.07	Min 1.79	Min 1.17	Min 1.25
	Max 6.76	Max 6.87	Max 6.88	Max 6.53	Max 7
North-7 (N=40)	5.63 (0.85)	5.61 (1.06)	5.78 (0.70)	5.57 (0.78)	5.55 (1.32)
South-8 (N=80)	5.40 (0.76)	5.33 (0.97)	5.69 (0.62)	5.25 (0.86)	5.32 (1.22)
Central-6 (N=85)	5.40 (0.99)	5.26 (1.15)	5.58 (0.91)	5.41 (0.97)	5.35 (1.34)

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 = 5.66). The remaining domains were very close together in their statewide scores: Child-Centered Family-Focused (Mean = 5.36), Impact (Mean = 5.38), and Culturally Competent (Mean = 5.38). Data for North-7 showed the highest scores in all domains compared to the other regions with scores all being in the mid to high 5 range.

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 205 respondents, the minimum caseload was 6 and the maximum was 187, with a median of 25 and mean of 41.29. The standard deviation of the caseload was 32.32. In total there are five missing responses for caseload.

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: 1-20 (n=50)	5.57 (0.61)	5.47 (0.79)	5.75 (0.59)	5.46 (0.69)	5.61 (0.89)
CL: 21-40 (n=88)	5.63 (0.73)	5.59 (0.89)	5.83 (0.61)	5.53 (0.73)	5.56 (1.23)
CL: 41+ (n=62)	5.08 (1.12)	4.96 (1.35)	5.36 (0.99)	5.08 (1.17)	4.94 (1.47)
p-value	0.00**	0.00**	0.00**	0.01*	0.00**

To understand the impact of caseload on SOCPR scores for ALL cases, the values were collapsed into three categories: 1-20; -21-40; and 41 and above. The counts were 50, 88, and 62 respectively. Additionally, Kruskal-Wallis tests were conducted to associate Case and Domain scores with categorized caseload values. A significant association between caseload and scores was detected with all *p*-values below 0.01. There is a trend that the larger the caseload, the lower the score. There is quite a noticeable difference between those with a caseload below 21 and those

with a caseload greater than 40.

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.

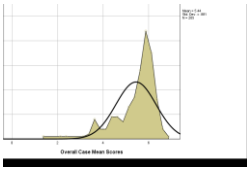

Figure 3. Histogram of SOCPR Overall case mean scores ALL cases.

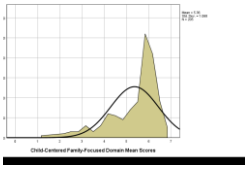

Figure 4. Histogram of SOCPR Child-Centered Family-Focused domain mean scores ALL cases.

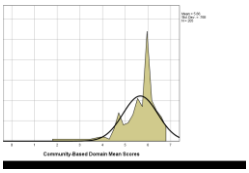

Figure 5. Histogram of SOCPR Community Based domain mean scores ALL cases.

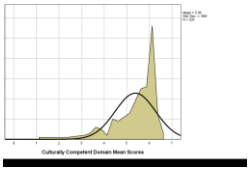

Figure 6. Histogram of SOCPR Culturally Competent domain mean scores ALL cases.

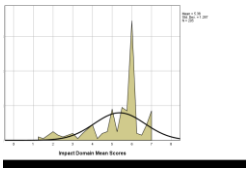

Figure 7. Histogram of SOCPR Impact domain mean scores ALL cases.

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: 5.44 (0.88)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**5.36 (1.07)**		
Individualized			5.11 (1.15)
Assessment/Inventory		5.20 (1.20)	
Service Planning/Delivery		5.15 (1.14)	
Types of Services/Supports		5.09 (1.41)	
Intensity of Services/Supports		5.01 (1.59)	
Full Participation			5.65 (0.95)
Case Management			5.31 (1.45)
Domain II: Community Based	**5.66 (0.77)**		
Early Intervention			5.29 (1.17)
Access to Services			6.00 (0.73)
Convenient Times		5.92 (1.04)	
Convenient Locations		5.92 (1.01)	
Appropriate Language		6.18 (0.57)	
Minimal Restrictiveness			5.94 (0.93)
Integration and Coordination			5.42 (1.24)
Domain III: Culturally Competent	**5.38 (0.90)**		
Awareness			5.49 (0.73)
Awareness of Child/Family's Culture		4.99 (1.40)	
Awareness of Providers' Culture		5.74 (0.71)	
Awareness of Cultural Dynamics		5.76 (0.67)	
Sensitivity and Responsiveness			5.16 (1.33)
Agency Culture			5.46 (1.18)
Informal Supports			5.40 (1.36)
Domain IV: Impact	**5.38 (1.29)**		
Improvement			5.42 (1.27)
Appropriateness			5.33 (1.40)

As reported previously, the highest scoring SOCPR domain statewide was Community Based, followed by Culturally Competent and Impact, then finally Child-Centered Family-Focused. All of the SOCPR domain, subdomain, and area scores fell in the in the low 5 to low 6 (enhanced implementation of a system of care principle) range with the exception of Awareness of Child/Family's Culture (4.99). Appropriate Language, in the subdomain of Access to Services had the highest mean score (6.18).

In the Community Based domain, all subdomains and areas scored in the low 5 to low 6 range. Further, the highest subdomain mean scores were Access to Services and Minimal Restrictiveness (6.00 and 5.94 respectively). All three areas in the subdomain of Access to Services had mean scores in the high 5 to low 6 range: Appropriate Language (6.18), Convenient Times (5.92), and Convenient Locations (5.92). 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 205 SOCPR ALL cases.

The subdomain of Full Participation within the Child-Centered, Family-Focused domain was in the mid 5s. Two areas (Awareness of Providers' Culture and Awareness of Cultural Dynamics) in the subdomain of Awareness within the domain of Culturally Competent had scores in the high 5 range. These scores indicated active participation in the service planning process by children, families, formal providers, and informal supports. Service providers recognize not only the culture, values, beliefs of the children and families with which they work but also how these may differ from their own. Providers are aware how culture influences the way they work and interact with families.

Three subdomains, Awareness (5.49), Agency Culture (5.46), and Informal Supports (5.40), scored in the mid 5s. Additionally, one subdomain, Improvement (5.42) in the Impact domain scored in the mid 5s.

The data overall shows support for implementation of system of care values and principles. These scores indicate that although services are provided early and in an individualized manner, providers need to keep innovating in the way they develop 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. Additionally, 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 the 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: 5.63 (0.85)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**5.61 (1.06)**		
Individualized			5.35 (1.09)
Assessment/Inventory		5.44 (0.96)	
Service Planning/Delivery		5.48 (0.97)	
Types of Services/Supports		5.25 (1.43)	
Intensity of Services/Supports		5.23 (1.64)	
Full Participation			5.87 (0.88)
Case Management			5.61 (1.38)
Domain II: Community Based	**5.78 (0.70)**		
Early Intervention			5.36 (0.97)
Access to Services			6.14 (0.75)
Convenient Times		6.15 (0.89)	
Convenient Locations		5.98 (1.11)	
Appropriate Language		6.30 (0.52)	
Minimal Restrictiveness			5.96 (1.00)
Integration and Coordination			5.66 (1.15)
Domain III: Culturally Competent	**5.57 (0.78)**		
Awareness			5.53 (0.57)
Awareness of Child/Family's Culture		4.97 (1.31)	
Awareness of Providers' Culture		5.78 (0.42)	
Awareness of Cultural Dynamics		5.85 (0.36)	
Sensitivity and Responsiveness			5.11 (1.45)
Agency Culture			5.90 (0.99)
Informal Supports			5.73 (1.26)
Domain IV: Impact	**5.55 (1.32)**		
Improvement			5.54 (1.43)
Appropriateness			5.56 (1.28)

For Region North-7, all of the scores with the exception of Awareness of Child/Family's Culture were higher than the Statewide Cases. Region North-7 scores followed similar patterns as the statewide case scores. The highest scoring SOCPR domain region-wide was Community Based, followed by Child-Centered Family-Focused, Culturally Competent, and then Impact. All of the SOCPR domain, subdomain, and area scores fell in the low 5 to low 6 (enhanced implementation of a system of care principle) range with the exception of Awareness of Child/Family's Culture (4.97). Appropriate Language (6.30) in the subdomain of Access to Services had the highest mean score.

In the Community Based domain, all subdomains and areas scored in the mid 5 to low 6 range. Further, the subdomain of Access to Services had the highest mean scores (6.14). All three areas in the subdomain of Access to Services had mean scores in the high 5 to low 6 range: Appropriate Language (6.30), Convenient Times (6.15), and Convenient Locations (5.98).

All but one subdomain and area scores for Child-Centered, Family-Focused, Culturally Competent, and Impact were in the low to high 5 range. Within the domain of Culturally Competent, the area score for Awareness of Child/Family's Culture was 4.97. Although this score indicates neither support for nor against implementation of system of care principles, it may stress the need for additional attention or support.

Two of the three areas in Culturally Competent scored in the high 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.

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: 5.40 (0.76)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**5.33 (0.97)**		
Individualized			5.06 (1.06)
Assessment/Inventory		5.16 (1.19)	
Service Planning/Delivery		5.11 (1.04)	
Types of Services/Supports		5.01 (1.35)	
Intensity of Services/Supports		4.98 (1.53)	
Full Participation			5.59 (0.86)
Case Management			5.34 (1.42)
Domain II: Community Based	**5.69 (0.62)**		
Early Intervention			5.35 (1.11)
Access to Services			5.99 (0.71)
Convenient Times		5.93 (1.03)	
Convenient Locations		5.85 (0.95)	
Appropriate Language		6.19 (0.57)	
Minimal Restrictiveness			6.03 (0.65)
Integration and Coordination			5.40 (1.17)
Domain III: Culturally Competent	**5.25 (0.86)**		
Awareness			5.42 (0.74)
Awareness of Child/Family's Culture		4.93 (1.40)	
Awareness of Providers' Culture		5.64 (0.82)	
Awareness of Cultural Dynamics		5.69 (0.69)	
Sensitivity and Responsiveness			5.15 (1.26)
Agency Culture			5.26 (1.10)
Informal Supports			5.19 (1.41)
Domain IV: Impact	**5.32 (1.22)**		
Improvement			5.38 (1.19)
Appropriateness			5.26 (1.37)

For Region South-8, the highest scoring SOCPR domain region-wide was Community Based, followed by Child-Centered Family-Focused, then Impact, and finally Culturally Competent. These rankings of domains were dissimilar to Statewide cases. All of the SOCPR domain, subdomain, and area scores fell in the low 5 to low 6 range with the exception of Intensity of Services/Supports (4.98) and Awareness of Child/Family's Culture (4.93). Appropriate Language (6.19) in the subdomain of Access to Services had the highest mean score.

In the Community Based domain, all subdomains and areas scored in the low 5 to low 6 range. Further, the subdomains of Minimal Restrictiveness and Access to Services had the highest mean scores (6.03 and 5.99 respectively). All three areas in the subdomain of Access to Services had mean scores in the high 5 to low 6 range: Appropriate Language (6.19), Convenient Times (5.93), and Convenient Locations (5.85).

Other mid 5 subdomain mean scores included Full Participation (5.59), Integration and Coordination (5.40), and Awareness (5.42). Two area mean scores Awareness of Cultural Dynamics and Awareness of Providers' Culture were also in the mid 5s. These data indicate that on-going communication occurs between all team members; that there is a smooth and seamless process to link families to services, which are attuned to the culture, values and beliefs of the youth and family. Further, families actively participate in both the planning process and services through the navigation assistance of service providers.

The data also revealed scores in the high 4s in the area scores of Intensity of Service/Supports from the Child-Centered Family Focused Domain and Awareness of Child/Family's Culture in the Culturally Competent Domain with scores of 4.98 and 4.93 respectively. 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.

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: 5.40 (0.99)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**5.26 (1.15)**		
Individualized			5.05 (1.26)
Assessment/Inventory		5.12 (1.30)	
Service Planning/Delivery		5.04 (1.28)	
Types of Services/Supports		5.08 (1.47)	
Intensity of Services/Supports		4.95 (1.62)	
Full Participation			5.60 (1.05)
Case Management			5.14 (1.50)
Domain II: Community Based	**5.58 (0.91)**		
Early Intervention			5.20 (1.31)
Access to Services			5.95 (0.75)
Convenient Times		5.80 (1.11)	
Convenient Locations		5.95 (1.03)	
Appropriate Language		6.11 (0.59)	
Minimal Restrictiveness			5.84 (1.10)
Integration and Coordination			5.32 (1.34)
Domain III: Culturally Competent	**5.41 (0.97)**		
Awareness			5.55 (0.79)
Awareness of Child/Family's Culture		5.05 (1.46)	
Awareness of Providers' Culture		5.81 (0.70)	
Awareness of Cultural Dynamics		5.78 (0.76)	
Sensitivity and Responsiveness			5.20 (1.34)
Agency Culture			5.44 (1.27)
Informal Supports			5.46 (1.34)
Domain IV: Impact	**5.35 (1.34)**		
Improvement			5.41 (1.28)
Appropriateness			5.28 (1.48)

Region Central-6's highest scoring SOCPR domain region-wide was Community Based, followed by Culturally Competent, Impact, and then Child Centered and Family Focused. All of the SOCPR domain, subdomain, and area scores fell in the low 5 to low 6 (enhanced implementation of a system of care principle) range with the exception of Intensity of Services/Supports (4.95). Appropriate Language in the subdomain of Access to Services had the highest mean score (6.11).

In the Community Based domain, all subdomains and areas except for 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 (5.95 and 5.84 respectively). All three areas in the subdomain of Access to Services had mean scores in the high 5 to low 6 range: Appropriate Language (6.11), Convenient Locations (5.95), and Convenient Times (5.80).

Additionally, the subdomains of Full Participation, Awareness, Agency Culture, Informal Supports, and Improvement were in the mid-5 range. Two area scores were in the high 5 range: Awareness of Provider's Culture (5.81) and Awareness of Cultural Dynamics (5.78). These data indicate that service providers are not only assisting families in navigating the system, but also they intentionally include informal and formal supports as part of the service planning process. Service provides are recognizing the cultural beliefs and values of children and families, including the intentional inclusion of informal helpers in service planning and delivery. Families understand their service plans and actively participate in the 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 one area score in the high 4s: Intensity of Services/Supports (4.95). Although this score indicates neither support for nor against implementation of system of care principles, it may stress the need for additional attention or support

SOCPR Scores and Tests of Significant Differences ALL Cases

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

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

Variable	Overall	CCFF	CB	CC	IMP
Demographics					
Age Bands					
Gender					
Race					
Primary Language					
Region					
Case Longevity			0.003		
Service Systems					
Behavioral Health					
Child Safety					
Juvenile Justice					
Educational Services				0.001	
Developmental Disabilities					
Total Systems					
Services Categories					
Treatment Services		0.018			
Medical Services					
Support Services					
Inpatient Services					
Residential Services					
Services					
Individual Counseling					
Family Counseling		0.017			
Family Support		0.048		0.006	
Respite Support					
Case Management					
Psychiatric Hospitalization					
Total Number of Services		0.005		0.005	

There were a variety of significant associations in SOCPR domain scores, though no associations with the overall case scores, across the variables examined. Some of each of the service systems, services categories, and services measured showed significant associations.

Only positive correlations were found with the associations presented in the Table 7. This indicates that involvement in the service or treatment contributed to increased scores for the domains with which the variable is associated. Being involved in Treatment Services, Family Counseling, Family Support Services, and Total Number of Services were associated with higher Child Centered and Family Focused Domain Scores. Case Longevity was associated with high Community Based Domain Scores. Being involved with Education Services, Family Support, and Total Number of Services were associated with higher Culturally Competent Domain Scores.

SOCPR Scores – FY2016-2017 and FY2017-2018 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 FY2016-2017 to FY2017-2018. All except one of the statistically significant changes were in a positive direction. The majority of significant changes were in the Community-Based and Culturally Competent domains.

Table 8. SOCPR Score Comparisons between FY2016-2017 and FY2017-2018 ALL Cases

	2016-2017		2017-2018		Change	p-value[1]
	Mean	(SD)	Mean	(SD)		
Overall Score	5.19	(0.95)	5.44	(0.88)	0.25	0.01*
Domain I: Child-Centered, Family-Focused	5.22	(1.08)	5.36	(1.07)	0.14	0.21
Individualized	4.92	(1.21)	5.11	(1.15)	0.19	0.12
Assessment/Inventory	5.07	(1.27)	5.20	(1.20)	0.13	0.33
Service Planning/Delivery	4.83	(1.26)	5.15	(1.14)	0.32	0.01*
Types of Services/Supports	4.90	(1.59)	5.09	(1.41)	0.19	0.23
Intensity of Services/Supports	4.89	(1.68)	5.01	(1.59)	0.12	0.46
Full Participation	5.39	(1.16)	5.65	(0.95)	0.26	0.02*
Case Management	5.34	(1.36)	5.31	(1.45)	-0.03	0.86
Domain II: Community Based	5.44	(0.82)	5.66	(0.77)	0.22	0.01*
Early Intervention	4.88	(1.43)	5.29	(1.17)	0.41	0.00**
Access to Services	5.78	(0.74)	6.00	(0.73)	0.22	0.00**
Convenient Times	5.86	(1.11)	5.92	(1.04)	0.06	0.6
Convenient Locations	5.51	(1.27)	5.92	(1.01)	0.41	0.00**
Appropriate Language	5.96	(0.58)	6.18	(0.57)	0.22	0.00**
Minimal Restrictiveness	5.75	(0.88)	5.94	(0.93)	0.19	0.05
Integration and Coordination	5.34	(1.28)	5.42	(1.24)	0.08	0.56
Domain III: Culturally Competent	5.05	(1.06)	5.38	(0.90)	0.2	0.00**
Awareness	4.96	(1.13)	5.49	(0.73)	0.53	0.00**
Awareness of Child/Family's Culture	4.48	(1.50)	4.99	(1.40)	0.51	0.00**
Awareness of Providers' Culture	5.08	(1.38)	5.74	(0.71)	0.66	0.00**
Awareness of Cultural Dynamics	5.34	(1.24)	5.76	(0.67)	0.42	0.00**
Sensitivity and Responsiveness	4.99	(1.48)	5.16	(1.33)	0.17	0.24
Agency Culture	5.17	(1.30)	5.46	(1.18)	0.29	0.03*
Informal Supports	5.06	(1.59)	5.40	(1.36)	0.34	0.03*
Domain IV: Impact Domain Score:	5.07	(1.37)	5.38	(1.29)	0.31	0.03*
Improvement	5.09	(1.37)	5.42	(1.27)	0.33	0.01*
Appropriateness	5.05	(1.50)	5.33	(1.40)	0.28	0.07

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

The changes in ALL mean scores from FY2016-2017 and FY2017-2018 reflect an overall improvement, although the ranking of domain scores was not consistent. The overall score, as well as three 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 different for each administration. For FY2016-2017 the domain of Culturally Competent ranked the lowest, while Child-Centered Family-Focused ranked lowest for FY2017-2018. 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 domains of Culturally Competent and Community Based. All subdomain and area scores in Culturally Competent except for Sensitivity and Responsiveness showed significantly improved scores. Two subdomains and two area scores in Community Based showed significantly improved scores.

These positive trends indicate that service providers recognize the culture, values, beliefs, and lifestyles of children and families and the role that culture, beliefs, and values play in the interactions and decisions of families. Services are accessible to families and are offered at convenient times and in the primary language of the family. These results also show that families are fully participating in the service planning process and that services are responsive and reflect the needs and strengths of the youth and family. Lastly, services and supports have improved the youth and families' situation.

Qualitative Analysis ALL Cases

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

to assess the degree to which SOCPR items tied to each domain were met and an explanation for the evidence provided. Where an overall summative rating relates to a reviewer's determination of completion of a *thorough assessment*, for instance, qualitative analysis examines the evidence provided to explain the rating.

The compiled narratives for all Summative Questions were coded and sorted to assess the degree to which System of Care principles were implemented in cases examined, in each SOCPR domain area (N=205). The frequency of Summative Question responses was examined and analyzed for emerging patterns/trends in the 13 subdomains and 10 areas which correspond to the four large SOCPR domains: 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 FY2017-2018, the review of cases indicated that services for children and families were Child-Centered and Family-Focused. Records indicate that services were identified based on the needs and strengths of the child and family. There was active participation by children and families in the service planning process. A single person coordinated the planning and delivery of services. 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 children and families received a thorough assessment of their needs across life domains. A primary service plan was integrated across providers and agencies. Additionally, the intensity of services and supports that were provided reflected family needs and strengths. Generally, child/youth and family strengths and needs were assessed, identified, and informally acknowledged in the service planning process. However, a challenge related to this subdomain was evident in documents reviewed that indicated the primary service plan goals did not always reflect the needs and incorporate the strengths of the child and family. Reviewing the records revealed that about 51 percent of cases were rated "5" (Agree Slightly) or below in regards to the service plan goals failing to address the needs of the family. Similarly, in about 53 percent of cases, reviewers noted that child and family strengths were not integrated into service plan goals, with ratings of "5" (Agree Slightly) or below. Moreover, when the strengths and needs of both the child and family were noted, they were ambiguous and, at times, it was difficult to determine the identified strengths. 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 intensity of services and supports are provided.

In addition to the service plan goals not adequately incorporating the needs and strengths of the child and family, another challenge related to this subdomain was reflected in documents related to their needs and strengths being reflected in the types of services and supports that were provided to them. Records indicated that in about 47 percent of the cases rated "5" (Agree Slightly) or below, reviewers noted that families were not provided with services and supports that integrated their needs and strengths. In some cases, strengths and needs were noted for the child, but none were noted for the family. In other cases, needs and strengths were identified for the child and family, but the services listed on the plan did not reflect those needs and strengths. Some reviewers noted the lack of documentation of services identified on the plan actually being provided, or the services were not provided as they were identified on the plan. 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 document and deliver services that meet the needs and strengths of both the child and the family.

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 participation in service planning allowed them to understand the content of the service plan and actively participate in services. Despite overall ratings of "6" (Agree Moderately) and greater related to the child and family influencing the service planning process, records indicated that about 31 percent of the cases were rated "5" (Agree Slightly)

and under. This indicated that not all children and families believed they influenced service planning. Reviewers noted instances where the documentation did not indicate whether the caregiver influenced the planning process. In other cases, it was noted that a caregiver influenced the service plan, but biological family members or a DCS guardian were minimally involved or not involved at all. Some raters noted instances where the case manager stated that the child and family influenced the service planning process, but the child and/or caregivers indicated they were not involved or were minimally involved. These findings, while not an overall trend, provide an area of growth for families to not only actively participate in services, but also provide influence in the planning process.

With regard to the *Case Management* subdomain, reviewers noted that there was one person who successfully coordinated the planning and delivery of services and supports. Additionally, the service plan and services were responsive to the emerging and changing needs of the child/youth and family.

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

- Assessments of children/youth conducted across multiple domains
- Strengths and needs of the child/youth are identified
- Service plans are typically integrated across all providers serving children and families
- Strengths of youth and family are informally acknowledged by providers
- The intensity of services and supports generally reflects child and family needs and strengths
- Children and families actively participate in the service planning process
- Children and families understand the content of the service plan
- Children and families actively participate in services
- Formal providers and informal helpers participate in service planning
- Planning and delivery of services was successfully coordinated by a single person
- Service planning is responsive to changing needs and plan is updated accordingly

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

- Reviewers noted that service plan goals do not consistently reflect the needs of the family
- Reviewers noted that child and/or family strengths are not always incorporated into the service plan goals
- Reviewers noted that the types of services and supports provided to the child and family do not always reflect their needs and strengths
- Reviewers noted that the service planning process is not always influenced by the children or 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 received *Early Intervention* related to their identified needs, reviewers reported that, generally, child and family needs are clarified as soon as they began experiencing problems. Although the data indicated that, overall, services and supports are community-based, in about 42 percent of the cases, the system did not respond by offering the appropriate combinations of services and supports as soon as the child and family entered the service system. This is indicated by ratings of "5" (Agree Slightly) or below. Reviewers noted instances of periods where months passed between services. 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 FY2017-2018 overwhelmingly showed that services and supports were provided in convenient locations, including within or close to the home community, with increased access to service locations. Services were also scheduled at convenient times for the child and family. Records also indicated that services were provided in the primary language of the child and family, including verbal communication and written documentation regarding services and service planning.

When assessing for *Minimal Restrictiveness* in service delivery, raters reported agreement between children/youth, family, and services providers that services were provided in comfortable environments. Additionally, services were provided in the least restrictive and most appropriate environment. 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, family members, formal service providers, and informal supports. Additionally, there was a smooth a seamless process for linking the child and family with additional services, when necessary. However, in about 32 percent of cases, reviewers indicated challenges with the process to link the child and family with additional services, with ratings of "5" (Agree Slightly) or below. Caregivers and providers both noted that there were

barriers when trying to link to additional services and that it was a timely process with many delays, especially when external referrals were needed. Some reviewers also noted issues in communication between caregivers, case managers, and providers, which further delayed the process of linking the child and family to additional services. 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

- Generally, the system clarified the child and family's needs as soon as the child and family began experiencing problems
- Services were scheduled at convenient times for the child and family
- Services were provided within or close to the home community
- Supports were provided to increase access to service locations
- Service providers verbally communicated in the primary language of the child and family
- Written documentation regarding services/service planning was in the primary language of the child and family
- Services were provided in a comfortable environment
- Services were provided in the least restrictive and most appropriate environment
- Generally, there was ongoing two-way communication among and between all team members and family members

Opportunities for Growth and/or Training in Domain 2

- Reviewers noted that the system does not always respond by offering the appropriate combination of services and supports as soon as the child and family enter the service system
- Reviewers noted that there is not always a smooth and seamless process to link the child and family with additional services
- Reviewers noted that the linkage process is time consuming, especially when external referrals are needed

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.

Overall, reviewers assessing for *Cultural Awareness* noted that service providers recognize that the family's culture, values, beliefs, and lifestyle influence the family's decision-making process and, thus, they must be viewed within the context of their own cultural group and their neighborhood and community. Service providers are also aware of their own cultural values, beliefs, and lifestyles and how these influence the way they interact with the child and family. Additionally, providers are aware of the dynamics inherent when working with families whose culture, values, belief, and lifestyle may be different from or similar to 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 service providers' knowledge about the family's concepts of health and family. About 49 percent of the cases rated "5" (Agree Slightly) and lower provided minimal to no evidence in the case record on the subject, especially family's ideas of health. In some instances, the child and family's perception of health were not included in the documentation and, when asked, providers had "no idea" or were "not sure" how families viewed health. When documented, ideas of health typically included physical health. Ideas of health from caregivers and providers included regular doctor check-ups, abstaining from drug use, being physically active, and healthy eating. The idea of family, when it was documented, was defined as having dinner together, attending church and church activities, supporting each other, and communication. 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, generally, service providers translated their awareness of and were responsive to the family's values, beliefs, and lifestyle into action. In some cases, 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 caregiver stated, "We talked about our culture at the intake. It seems to be a focus about us when we talk." Moreover, caregivers felt that providers were responsive to their culture by adapting services whenever possible.

Overall, reviewers gave high ratings to the subdomain *Agency Culture.* Generally, service providers recognized that the family's participation in service planning and in the decision-making process is impacted by their knowledge and understanding of the expectations of the agencies, programs, and providers. Additionally, service providers assist the child and family in understanding and navigating the agencies they represent.

With regard to *Informal Supports*, reviewers found that service planning and delivery intentionally included informal sources of support for the child and family. In several cases, families and caregivers chose to decline informal supports. However, reviewers noted limited documentation of the incorporation of informal supports in about 33 percent of the cases, with ratings of "5" (Agree Slightly) or below.

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

- Service providers generally recognize that the child and family must be viewed within the context of their own cultural group and their neighborhood and community
- Service providers generally recognize that the family's culture, values, beliefs, and lifestyle influence the family's decision-making process
- Service providers are aware of their own cultural values, beliefs, and lifestyles and how these influence the way they interact with the child and family
- Service providers are aware of the dynamics inherent when working with families whose cultural values, beliefs, and lifestyle may be different from or similar to their own
- Service providers generally translate their awareness of the family's values, beliefs, and lifestyle into action
- Services are generally responsive to the child and family's values, beliefs, and lifestyle
- Service providers recognize that the family's participation in the service planning and in the decision-making process is impacted by their knowledge and understanding of the expectations of the agencies, programs, and providers
- Service providers assist the child/youth and family in understanding and navigating the agencies they represent

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

- Reviewers found limited documentation of service providers knowing about child/youth and family's concepts of health and family
- Reviewers noted that providers did not always clearly document child/youth and family's ideas of culture, values, and beliefs
- Reviewers noted that service planning and delivery did not always intentionally include informal sources of support for the child and family

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 have improved their situation. Overall, the services and supports provided to the child and family appropriately met their needs. However, in about 36 percent of cases rated "5" (Agree Slightly) and below, reviewers noted that services and supports did not appropriately meet child and family needs. Although this finding does not constitute a trend, it provides an opportunity for growth and training with regard to establishing guidelines that clarify levels of improvement or progress and have discussions of these guidelines with providers and caregivers.

<u>System Successes</u>

- Reviewers generally agree that the services provided to children/youth have improved their situation
- Reviewers generally agree that the services provided to families have improved their situation
- Reviewers generally agree that the services and supports provided to children/youth have appropriately met their needs
- Reviewers generally agree that services and supports provided to families have appropriately 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 FY2017-2018. 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 FY2017-2018, 141 DCS Cases (69%) were sampled from all three Regions from the 205 SOCPR ALL Cases. A summary of the demographic characteristics are presented in Table 9. Due to the sampling scheme employed by AHCCCS (previously described in the Methodology section), different numbers of cases were completed in each Region. The most populous Region, Central-6, provided the greatest number of cases for the sample (N=60). South-8 provided 53 cases while North-7 had the fewest cases (28).

Table 9. Demographic Characteristics DCS Cases

Demographic Characteristic	Statewide N=141	NORTH-7 (I & IV-G) N=28	SOUTH-8 (II, III, IV-P, & V) N=53	CENTRAL-6 (VI) N=60
Age (years)	7.54	7.68	7.96	7.1
Gender (Male)	53.19%	39.29%	54.72%	58.33%
Race:				
White	41.13%	53.57%	33.96%	41.67%
Black	7.09%	7.14%	1.89%	11.67%
Latino/Hispanic	28.37%	10.71%	37.74%	28.33%
Native American	3.55%	7.14%	5.66%	0%
Multi-racial	18.44%	21.43%	18.87%	16.67%
Pacific Islander	0.71%	0%	0%	1.67%
Asian	0%	0%	0%	0%
Primary Language:				
English	97.87%	100%	94.34%	100%
Spanish	1.42%	0%	3.77%	0%

As shown in Table 9, the overall mean age for the 141 cases was 7.54 years. The means for age across Regions ranged from 7.1 years to 7.96 years. Statewide over 50% of the sample was male, ranging from almost 39% in North-7 to over 58% in Central-6. Of the sample, 41.13% was White, 28.37% was Latino/Hispanic, and 18.44% identified as Multi-racial. The remaining 12% of the sample was Black, Native American, or Pacific Islander. Statewide, almost 98% of the children and youth in the sample spoke English as their primary language. English was the only language reported in Central-6 and North-7. Spanish was also identified as a primary language

in South-8 (3.77%). 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 141 DCS Cases (98.58%) 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 7.09% of the cases had educational services involvement, followed by juvenile justice, developmental disabilities, and "Other". The "Other" system category was documented by over 1% of the Regions. This service was the Arizona Early Intervention Program (AZEIP).

Table 10. Service System Involvement DCS Cases

Service System	Statewide N=141	NORTH-7 (I & IV-G) N=28	SOUTH-8 (II, III, IV-P, & V) N=53	CENTRAL-6 (VI) N=60
Behavioral Health	98.58%	96.43%	98.11%	100.00%
Juvenile Justice	3.55%	3.57%	5.66%	1.67%
Educational Services	7.09%	3.57%	5.66%	10.00%
Developmental Disabilities	2.13%	0.00%	3.77%	1.67%
Other	1.42%	0.00%	1.89%	1.67%

The results of the 141 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 141 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 2.13, 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.

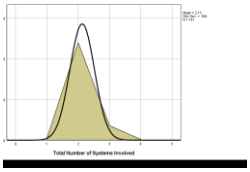

Figure 8. Histogram of child-serving system involvement DCS cases.

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=141 N (%)	NORTH-7 (I & IV-G) N=28 N (%)	SOUTH-8 (II, III, IV-P, & V) N=53 N (%)	CENTRAL-6 (VI) N=60 N (%)
Treatment Services	**97 (68.79)**	**18 (64.29)**	**41 (77.36)**	**38 (63.33)**
•Individual Counseling	83 (58.87)	12 (42.86)	35 (66.04)	36 (60.0)
• Family Counseling	45 (31.91)	9 (32.14)	23 (43.4)	13 (21.67)
• Group Counseling	20 (14.18)	1 (3.57)	10 (18.87)	9 (15.0)
• Substance Abuse Counseling	2 (1.42)	0 (0)	1 (1.89)	1 (1.67)
Medical Services				
•Psychiatric Medication	51 (36.17)	7 (25.0)	23 (43.4)	21 (35.0)
Support Services	**141 (100)**	**28 (100)**	**53 (100)**	**60 (100)**
• Family Support	56 (39.72)	9 (32.14)	27 (50.94)	20 (33.33)
• Peer Support	4 (2.84)	0 (0)	1 (1.89)	3 (5.0)
• Respite Support	17 (12.06)	3 (10.71)	11 (20.75)	3 (5.0)
• Home Care Training	4 (2.84)	0 (0)	2 (3.77)	2 (3.33)
• Case Management	137 (97.16)	26 (92.86)	52 (98.11)	59 (98.33)
• Skill Develop & Training	57 (40.43)	14 (50.0)	25 (47.17)	18 (30.0)
Inpatient Services	**6 (4.26)**	**1 (3.57)**	**1 (1.89)**	**4 (6.67)**
• Psychiatric Hospitalization	3 (2.13)	0 (0)	1 (1.89)	2 (3.33)
• Level I Residential	3 (2.13)	1 (3.57)	0 (0)	2 (3.33)
Residential Services	**5 (3.55)**	**0 (0)**	**2 (3.77)**	**3 (5.0)**
• Level II Residential	5 (3.55)	0 (0)	2 (3.77)	3 (5.0)
• Level III Residential	0 (0)	0 (0)	0 (0)	0 (0)
Other	**49 (34.75)**	**11 (39.29)**	**23 (43.4)**	**15 (25.0)**

Across the state the most utilized service or treatment provision category was Support Services (100%) followed by Treatment Services (68.79%). Residential Services (3.55%) 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 (97.16%) followed by Individual Counseling (58.87%), Skills Development & Training (40.43%), Family Support (39.72%), and Psychiatric Medication (36.17%). Level III Residential (0%), Substance Abuse Counseling (1.42%), Level I Residential (2.13%), Psychiatric Hospitalization (2.13%), Peer Support (2.84%), and Home Care Training (2.84%) 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 each 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 a minimum of 63% of cases in all

three Regions. Inpatient Services and Residential Services were utilized the least. Residential Services along with Peer Support, Substance Abuse Counseling, Home Care Training, and Psychiatric Hospitalizations were not utilized in North-7. Level III Residential was not utilized in any Region.

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, 39% of cases in North-7 had "Other" services, which represents about 11 youth, as only 28 total SOCPR cases were completed for this Region. Statewide, a little over 34% (n=49) of the treatments or services utilized were identified as "Other". None of the services variables differed significantly by Region as shown in Table 12.

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	
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	

Results show that usage of services did not differ significantly by Region. Although not statistically significant, Family Counseling and Respite Support with p-values just above .05 are worth considering as being utilized differently by different regions.

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 141 DCS cases in the sample, the range of services used was 1 to 9. 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 3.8 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.

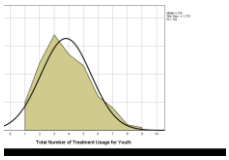

Figure 9. Histogram of service or treatment usage for youth DCS cases.

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 141 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 5.35 to 5.69 with an overall case mean score of 5.45. 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=141)	5.45 (0.93)	5.36 (1.11)	5.69 (0.80)	5.35 (0.95)	5.40 (1.37)
	Min 1.40	Min 1.07	Min 1.79	Min 1.17	Min 1.25
	Max 6.76	Max 6.87	Max 6.88	Max 6.53	Max 7.00
North-7 (N=28)	5.77 (0.79)	5.79 (0.89)	5.91 (0.65)	5.57 (0.76)	5.81 (1.30)
South-8 (N=53)	5.32 (0.80)	5.23 (1.04)	5.65 (0.64)	5.20 (0.86)	5.21 (1.36)
Central-6 (N=60)	5.42 (1.08)	5.28 (1.23)	5.62 (0.97)	5.39 (1.08)	5.38 (1.40)

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 = 5.69). This was followed by Impact (Mean = 5.40), Child-Centered Family-Focused (Mean = 5.36), and lastly, Culturally Competent (Mean = 5.35). Data for the three regions overall followed a similar pattern as the statewide data.

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 137 respondents, the minimum caseload was 6 and the maximum was 162 with a median of 25.0 and mean of 35.5. The standard deviation of the caseload was 25.0. The distribution skews to the right with a skewness measure of 1.47. In total there were four missing responses resulting in 137 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: 1-20 (n=31)	5.68 (0.63)	5.52 (0.84)	5.86 (0.57)	5.58 (0.68)	5.74 (0.95)
CL: 21-40 (n=61)	5.63 (0.70)	5.62 (0.8)	5.83 (0.62)	5.47 (0.73)	5.6 (1.24)
CL: 41+ (n=45)	5.05 (1.21)	4.91 (1.46)	5.37 (1.05)	5.01 (1.26)	4.92 (1.57)
p-value	0.00**	0.00**	0.01*	0.01*	0.01*

To understand the impact of caseload to SOCPR scores for the DCS cases, the values were collapsed into three categories: 1 to 20; 21 to 40; and 41 and above. The counts were 31, 61, and 45. Additionally, Kruskal-Wallis tests were conducted to associate Case and Domain scores with categorized caseload values. A significant association was found between SOCPR scores and caseload; that is, as caseload increased average SOCPR score decreased. This same trend occurred for all the domain 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.

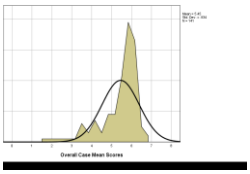

Figure 10. Histogram of SOCPR Overall case mean scores DCS cases.

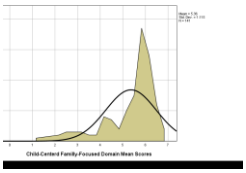

Figure 11. Histogram of SOCPR Child-Centered Family-Focused domain mean scores DCS cases.

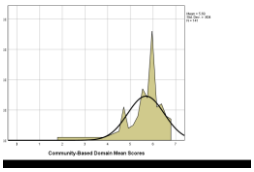

Figure 12. Histogram of SOCPR Community Based domain mean scores DCS cases.

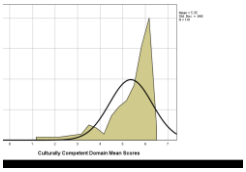

Figure 13. Histogram of SOCPR Culturally Competent domain mean scores DCS cases.

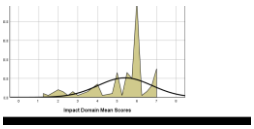

Figure 14. Histogram of SOCPR Impact domain mean scores DCS cases.

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: 5.45 (0.93)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**5.36 (1.11)**		
Individualized			5.09 (1.20)
Assessment/Inventory		5.11 (1.24)	
Service Planning/Delivery		5.12 (1.18)	
Types of Services/Supports		5.08 (1.46)	
Intensity of Services/Supports		5.06 (1.58)	
Full Participation			5.65 (1.02)
Case Management			5.35 (1.50)
Domain II: Community Based	**5.69 (0.80)**		
Early Intervention			5.23 (1.22)
Access to Services			6.06 (0.73)
Convenient Times		5.98 (1.02)	
Convenient Locations		5.99 (0.99)	
Appropriate Language		6.20 (0.60)	
Minimal Restrictiveness			6.00 (0.97)
Integration and Coordination			5.48 (1.22)
Domain III: Culturally Competent	**5.35 (0.95)**		
Awareness			5.46 (0.78)
Awareness of Child/Family's Culture		4.95 (1.48)	
Awareness of Providers' Culture		5.69 (0.76)	
Awareness of Cultural Dynamics		5.74 (0.75)	
Sensitivity and Responsiveness			5.07 (1.39)
Agency Culture			5.47 (1.21)
Informal Supports			5.42 (1.35)
Domain IV: Impact	**5.40 (1.37)**		
Improvement			5.45 (1.36)
Appropriateness			5.35 (1.49)

As previously reported, the highest scoring SOCPR domain was Community Based, followed by Impact, Child-Centered Family-Focused, and finally Culturally Competent. All DCS case mean scores were in the low to mid 5 (enhanced implementation) range. The area of Appropriate Language, in the subdomain of Access to Services, had the highest mean score (6.20), while the area of Awareness of Child/Family Culture in the subdomain of Awareness had the lowest mean score (4.95), which was the only score that was not at least in the 5 range.

In the Community Based domain, the Access to Services subdomain was the highest scoring subdomain (6.06), with the subdomain of Minimal Restrictiveness just slightly behind with a mean score of 6.00. Within the subdomain of Access to Services, all three area mean scores [Appropriate Language (6.20), Convenient Locations (5.99), and Convenient Times (5.98)] scored at the high 5 to low 6 range. 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 141 SOCPR DCS cases.

Other mid 5 subdomain mean scores included Full Participation (5.65) in the domain of Child-Centered, Family-Focused; Integration and Coordination (5.48) in the domain of Community Based; Agency Culture (5.47), Awareness (5.46), and Informal Supports (5.42) in Culturally Competent; and Improvement (5.45) in Impact. Children and families are actively participating in services and in the service planning process. There is on-going communication between providers and families as they work together towards a common goal. Service providers are aware of the cultural context of themselves and the families they work with. The services provided have improved the lives of youth and families served.

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 to 12, and 13 to 18. Table 15 shows the results of these statistical tests for a variety of variables. A value of .05 or lower indicates a significant difference between groups for the variables involved in the statistical test, with lower scores indicating a higher likelihood of true significant differences.

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

Variable	Case	CCFF	CB	CC	IMP
Demographics					
Age Bands					
Gender					
Race					
Primary Language	0.01	0.024			0.043
Region			0.016		
Case Longevity					
Service Systems			0.037		
Behavioral Health					
Juvenile Justice					
Educational				0.018	
Developmental Disabilities					
Total Systems					
Services Categories					
Treatment Services					
Medical Services					
Support Services					
Inpatient Services					
Residential Services					
Services					
Individual Counseling					
Family Counseling					
Family Support				0.007	
Respite Support					
Case Management			0.015		
Psychiatric Hospitalization					
Total Number of Services					

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

Findings indicate that Case, Child-Centered Family-Focused, and Impact had significantly different scores across Primary Language. Significantly different scores for Community Based were found to be related to Region, Service Systems, and Case Management Services. Culturally Component Scores showed significantly different scores related to participation in Education Services and Family Support.

SOCPR Scores – FY2017-2018 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 FY2017-2018 SOCPR administration: DCS Cases (N=141) and Non-DCS Cases (N=64). DCS Cases included children and families involved with the Department of Child Safety system while Non-DCS Cases included children and families identified as having high/complex levels of need. Overall, scoring differences are not significant, with DCS mean scores generally positive.

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

	DCS Cases		Non-DCS Cases		Difference	p-value[1]
	Mean	(SD)	Mean	(SD)		
Overall Score	5.45	(0.93)	5.43	(0.76)	0.02	0.86
Domain I: Child-Centered Family-	5.36	(1.11)	5.34	(0.97)	0.02	0.90
Individualized	5.09	(1.20)	5.16	(1.03)	-0.07	0.70
Assessment/Inventory	5.11	(1.24)	5.20	(1.20)	-0.09	0.13
Service Planning/Delivery	5.12	(1.18)	5.15	(1.14)	-0.03	0.49
Types of Services/Supports	5.08	(1.46)	5.09	(1.41)	-0.01	0.88
Intensity of Services/Supports	5.06	(1.58)	5.01	(1.59)	0.05	0.51
Full Participation	5.65	(1.02)	5.65	(0.95)	0.00	0.95
Case Management	5.35	(1.50)	5.31	(1.45)	0.04	0.58
Domain II: Community Based	5.69	(0.80)	5.61	(0.68)	0.08	0.47
Early Intervention	5.23	(1.22)	5.29	(1.17)	-0.06	0.25
Access to Services	6.06	(0.73)	6.00	(0.73)	0.06	0.14
Convenient Times	5.98	(1.02)	5.92	(1.04)	0.06	0.21
Convenient Locations	5.99	(0.99)	5.92	(1.01)	0.07	0.13
Appropriate Language	6.20	(0.60)	6.18	(0.57)	0.02	0.45
Minimal Restrictiveness	6.00	(0.97)	5.94	(0.93)	0.06	0.17
Integration and Coordination	5.48	(1.22)	5.42	(1.24)	0.06	0.34
Domain III: Culturally Competent	5.35	(0.95)	5.44	(0.78)	-0.09	0.54
Awareness	5.46	(0.78)	5.49	(0.73)	-0.03	0.32
Awareness of Child/Family's Culture	4.95	(1.48)	4.99	(1.40)	-0.04	0.58
Awareness of Providers' Culture	5.69	(0.76)	5.74	(0.71)	-0.05	0.14
Awareness of Cultural Dynamics	5.74	(0.75)	5.76	(0.67)	-0.02	0.56
Sensitivity and Responsiveness	5.07	(1.39)	5.16	(1.33)	-0.09	0.14
Agency Culture	5.47	(1.21)	5.46	(1.18)	0.01	0.85
Informal Supports	5.42	(1.35)	5.40	(1.36)	0.02	0.83
Domain IV: Impact	5.40	(1.37)	5.32	(1.09)	0.08	0.70
Improvement	5.45	(1.36)	5.42	(1.27)	0.03	0.67
Appropriateness	5.35	(1.49)	5.33	(1.40)	0.02	0.75

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

Overall, SOCPR DCS mean scores are higher than Non-DCS mean scores when compared across all four domains. Consistent with other sample comparisons, the domain of Community Based scored highest across both samples.

No significant differences were found between scores for DCS cases and Non DCS cases. There is an overall trend that DCS cases have slightly higher scores than Non DCS cases. Only in the Domain of Culturally Competent did Non DCS cases seem to have slightly higher scores than DCS cases. Again, none of the comparisons on any level (domain, subdomain, or area) were deemed significantly different.

SOCPR Scores – FY2016-2017 and FY2017-2018 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 FY2016-2017 to FY2017-2018 among DCS Cases. Some of these were statistically significant. A few of the comparisons show a downturn.

Table 17. SOCPR Score Comparisons between FY2016-2017 and FY2017-2018 DCS Cases

	2016-2017		2017-2018		Change	p-value[1]
	Mean	(SD)	Mean	(SD)		
Overall Score	5.30	(0.84)	5.45	(0.93)	0.15	0.21
Domain I: Child-Centered Family-Focused	5.34 (0.94)		5.36 (1.11)		0.02	0.85
Individualized	5.12 (1.05)		5.09 (1.20)		-0.03	0.86
Assessment/Inventory	5.19 (1.17)		5.11 (1.24)		-0.08	0.65
Service Planning/Delivery	4.92 (1.11)		5.12 (1.18)		0.20	0.21
Types of Services/Supports	5.15 (1.43)		5.08 (1.46)		-0.07	0.69
Intensity of Services/Supports	5.22 (1.44)		5.06 (1.58)		-0.16	0.45
Full Participation	5.41 (1.10)		5.65 (1.02)		0.24	0.09
Case Management	5.48 (1.29)		5.35 (1.50)		-0.13	0.48
Domain II: Community Based	5.51 (0.73)		5.69	(0.80)	0.18	0.08
Early Intervention	4.97 (1.30)		5.23	(1.22)	0.26	0.13
Access to Services	5.79 (0.67)		6.06	(0.73)	0.27	0.01*
Convenient Times	5.95 (0.95)		5.98	(1.02)	0.03	0.82
Convenient Locations	5.44 (1.34)		5.99	(0.99)	0.55	0.00**
Appropriate Language	5.99 (0.44)		6.20	(0.60)	0.21	0.00**
Minimal Restrictiveness	5.80 (0.80)		6.00	(0.97)	0.20	0.11
Integration and Coordination	5.46 (1.17)		5.48	(1.22)	0.02	0.92
Domain III: Culturally Competent	5.10 (0.99)		5.35	(0.95)	0.25	0.04*
Awareness	5.05 (1.11)		5.46	(0.78)	0.41	0.00**
Awareness of Child/Family's Culture	4.63 (1.51)		4.95	(1.48)	0.32	0.11
Awareness of Providers' Culture	5.09 (1.47)		5.69	(0.76)	0.6	0.00**
Awareness of Cultural Dynamics	5.43 (1.20)		5.74	(0.75)	0.31	0.02*
Sensitivity and Responsiveness	5.05 (1.45)		5.07	(1.39)	0.02	0.90
Agency Culture	5.22 (1.23)		5.47	(1.21)	0.25	0.12
Informal Supports	5.07 (1.56)		5.42	(1.35)	0.35	0.07
Domain IV: Impact	5.27 (1.24)		5.40	(1.37)	0.13	0.44
Improvement	5.25 (1.24)		5.45	(1.36)	0.2	0.25
Appropriateness	5.28 (1.37)		5.35	(1.49)	0.07	0.72

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

The changes in mean scores from FY2016-2017 and FY2017-2018 reflect an overall improvement, although the ranking of domain scores was not consistent. Only the domain of Culturally Competent 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, though it is .01 below Child-Centered Family-Focused.

Improvement in Arizona's Children's System of Care for this year can be seen in the domains of Community Based and Culturally Competent. Improvement was shown in Access to Services with an increase in average score of 0.27. This result was driven by significant increases of Convenient Locations and Appropriate Language (0.55 and 0.21 respectively). The domain of Culturally Competent showed a significant increase of 0.25. This result is driven by significant increases in Awareness (0.41), with increases in Awareness of Providers' Culture and Awareness of Cultural Dynamics at 0.60 and 0.31 respectively. Although no other significant differences were found, an overall positive trend was shown between past scores and present scores. In the domain of Child-Centered, Family-Focused several average scores decreased across administrations; however, these decreases were not significant.

These positive trends indicate that services continue to be accessible to children and families and are being provided in a culturally appropriate manner. These results also show that service plans and coordinated services are responsive to the needs and strengths of the youth and families. Lastly, service providers intentionally include informal supports in all aspects of service planning and delivery.

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 141 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 families' needs and strengths are being identified, that families fully participate in the service delivery process, and that the type and intensity of services reflects the needs and strengths of the child and family.

When considering whether children/youth and families received *Individualized Services* within the System of Care, reviewers indicated that needs and strengths were identified through a thorough assessment across life domains 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 54 percent of cases rated "5" (Agree Slightly) and under, reviewers noted that the service plan

goals did not always reflect the needs of the child and family. Additionally, in about 53 percent of the cases rated "5" (Agree Slightly) and below, service plan goals did not incorporate the strengths of the youth and families in an adequate manner. Providers may take this as an opportunity for growth and training to improve documentation of the primary service plan to ensure it formally reflects the needs and strengths of the child and family.

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, 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, the reviewers reported that there was successful coordination of service planning and delivery. Additionally, service plans and services were 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.

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

- Thorough assessment across all life domains was conducted
- The needs of the child and family were generally identified and prioritized across a full range of life domains
- Strengths of youth and family are identified consistently
- The primary service plan was generally integrated across providers and agencies
- The service planning and delivery informally acknowledges and considers the strengths of the child and family
- Types and intensity of services and supports generally reflected the needs and strengths of the child and family for the needs of the family
- Children and families are receiving individualized services
- Children and families actively participate in and influence the service planning process
- Children and families appear to understand service plans
- Children and families actively participate in services
- Service providers and informal helpers participated in the service planning process and were active participants in services and supports
- Services for children and families are successfully coordinated by one person
- Service plans and services were responsive to the emerging and changing needs of the child and family

Opportunities for Growth and/or Training in Domain 1

- Reviewers noted that service plan goals do not always reflect the needs of the children and families
- Reviewers noted that goals of the service plan did not always incorporate the strengths of children 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, generally the system clarified the child and family's needs as soon as they began experiencing problems. Additionally, overall, the system responded by offering the appropriate combination of services and supports when the child and family entered the service system. However, in about 44 percent of cases, rated 5 ("Slightly Agree") and below, reviewers noted instances where the appropriate combinations of services and supports were not offered as soon as the child and family entered the service system. Further, in about 43% of cases, rated 5 ("Slightly Agree") and below, ratings indicated that child and family needs were not always clarified as soon as they began experiencing problems. Case reviews show that there were gaps in services that sometimes lasted several months. Although this does not constitute a trend for the purposes of this analysis, these challenges may provide an opportunity for growth and training of providers to ensure that the needs of children and families are 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. Reviews indicated that services were scheduled at convenient times for the child and family and were provided in convenient locations within or close to the home community. Additionally, service providers communicated both verbally and in written documentation with the child and family in their primary language.

When assessing for *Minimal Restrictiveness* in service delivery, scores showed that services and supports were provided in environments that were the least restrictive and most appropriate for youth and families. Raters indicated that services were provided in an

environment that was comfortable and welcoming.

With regard to *Integration and Coordination* of services, reviewers generally found that there was ongoing two-way communication among and between all team members, including formal service providers, informal supports, and the child and family. Additionally, there was a smooth and seamless process in place to link the child and family with additional services when necessary. In about 30 percent of the cases rated 5 ("Slightly Agree") and lower, reviewers noted that there was a difference of opinion between the file, caregiver, and provider around the issue of there being a smooth and seamless process linking the child and family with additional services. Some challenges included follow-up, services not occurring, services not being added to the service plan, and time delays in referrals for assessment and other services.

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

- Services are generally provided at convenient times and in locations that are close to youth's home community
- Service providers verbally communicate in the primary language of the child/youth and family
- Written documentation regarding services/service planning is in the primary language of the child and family
- Services are provided in environment(s) that feel comfortable to the child/youth and family
- Services are provided in the least restrictive and most appropriate environment
- Communication is generally productive and successful among and between all team members

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

- Reviewers noted that the appropriate combination of services and supports were not always provided to children and families in a timely manner
- Reviewers noted that child and family needs were not always clarified by the system in a timely manner
- Reviewers noted that there was not always a seamless process to link the child and family with additional services, which, in some cases, resulted in gaps and lags in services

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 and how these factors influence the family's decision-making process. Overall, raters reported evidence that service providers are aware of their own cultural values, beliefs, and lifestyles and how these influence the way they interact with the child and family. Service providers also are aware of the dynamics inherent when working with families whose cultural values, beliefs, and lifestyle are different from or similar to their own. However, understanding the family's concepts of health and family proved to be a challenge. In about 48 percent of the cases rated "5" ("Agree slightly") and below, raters indicated that there was limited documentation or discussion amongst team members regrading this topic. In several cases, reviewers noted that there was no documentation of culture or concepts of health and family. Although this finding does not constitute a trend, it provides an opportunity for growth and training of providers to improve the documentation of culture within case files.

When evaluating the *Sensitivity and Responsiveness* of the system, raters noted that respondents provided some evidence that providers generally translated their awareness of the family's values, beliefs, and lifestyle into action. Additionally, services and supports were generally responsive to the values, beliefs, and lifestyle of the youth and family. However, in both of these areas about 43 percent of the cases were rated 5 ("Slightly Agree") and below. Records indicate that, although providers often communicated in the family's preferred language, in some cases, there was little documentation of other areas of family values, beliefs, and lifestyle being translated in to action or being provided in a responsive manner.

In the subdomain of *Agency Culture* reviewers generally noted that providers recognize that the family's participation in service planning and in the decision-making process is impacted by their knowledge and understanding of the expectations of the agencies, programs, and providers. Service providers are also generally successful in assisting the child and family in understanding and navigating the agencies they represent.

With regard to *Informal Supports*, reviewers generally found evidence that service planning and delivery intentionally includes informal sources of support for the child and family. Overall, reviewers noted that caregivers were adequately provided with options, including informal supports, in both the service planning and delivery.

System Successes in the Provision of Culturally Competent Services

- Providers generally recognize that the child and family must be viewed within the context of their own cultural group and their neighborhood and community
- Providers generally recognize that the family's culture, values, beliefs, and lifestyle influence the family's decision-making process
- Providers are aware of their own cultural values, beliefs, and lifestyles and how these influence the way they interact with the child and family
- Service providers recognize that the family's participation in service planning and in the decision-making process is impacted by their knowledge and understanding of the expectations of the agencies, programs, and providers
- Service providers assist the child and family in understanding and navigating the agencies they represent
- 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
- Reviewers noted instances where service providers did not translate their awareness of the family's values, beliefs, and lifestyle into action
- Reviews noted instances where services were not always responsive to the child and family's values, beliefs, and lifestyle

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. Reviewers also noted that, overall, the services and supports provided to the child and family have appropriately met their needs. Although reviewers generally indicated that both children and families improved their situation and their needs were appropriately met, reviewers noted some instances where the needs of the family were not appropriately met. In these cases, the parent or caregiver had limited satisfaction with the coordination of services. 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

- Reviewers noted some instances where families felt that services and supports were not appropriately meeting 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 with DCS involvement in FY2017-2018. 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 34% of the service provision treatments reported for ALL Cases were identified as "Other". Below is a list and frequency of the 26 treatments or services identified as "Other".

"Other" Category Treatments and Services ALL Cases	N
ABA, Transportation	1
Art Therapy	1
Assessment	15
Assessment, Transportation	4
Assessment, Transportation, Psych Review	1
Behavior, Coaching	2
Crisis Stabilization	1
Direct Support	1
Early intervention	1
Education Services B/H	1
Mentor	1
Mileage	1
OT/PT	1
Parenting Skills	1
Positive Behavior Intervention Support	1
Psychotherapy Assessment	2
Psych Evaluation	3
Speech Habilitation	1
Support Rehab	1
Transportation	22
Transportation & Interpreter Services	2
Transportation, Assessment, PCKA	1
Transportation, MST-Multi Systemic Treatment	1
Transportation, Psych Eval	1
Transportation, Wellness/Education	1
Trauma Therapy	1
TOTAL	**69**

APPENDIX C

"Other" Category of Treatments and Services DCS Cases

Over 34% of the service provision treatments reported for DCS Cases were identified as "Other". Below is a list and frequency of the 22 treatments or services identified as "Other".

"Other" Category Treatments and Services DCS Cases	**N**
ABA, Transportation	1
Art Therapy	1
Assessment	13
Assessment, Transportation	4
Assessment, Transportation, Psych Review	5
Behavior, Coaching	2
Crisis Stabilization	1
Direct Support	1
Early intervention	1
Mentor	1
OT/PT	1
Parenting Skills	1
Positive Behavior Intervention Support	1
Psych Assessment	1
Psych Evaluation	3
Speech Habilitation	1
Support Rehab	1
Transportation	11
Transportation & Interpreter Services	2
Transportation, Assessment, PCKA	1
Transportation, Psych Eval	1
Trauma Therapy	1
TOTAL	**49**

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