Arizona's Children's System of Care Practice Review
Five-year Retrospective Report: Child Welfare Cases

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BACKGROUND

Arizona's Behavioral Health Care System

The Arizona Department of Health Services/Department of Behavioral Health Services (ADHS/DBHS) is responsible for administration of Arizona's publicly funded behavioral health service system for individuals, families, and communities. As such, ADHS/DBHS 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. ADHS/DBHS funding is derived from a variety of sources: Title XIX (Medicaid), TXXI (Kids Care), federal block grants, state appropriations, and intergovernmental agreements.

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 eventually be consolidated with the State's Medicaid agency; 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. Because this report retrospectively reviewed data from FY2009-2010 through FY2013-2014, this report will refer to the Arizona behavioral health service system as ADHS/DBHS.

Service Provision

ADHS/DBHS' 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 ADHS/DBHS 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 ADHS/DBHS Covered Services include (for a comprehensive list refer to the ADHS/DBHS 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 – ADHS/DBHS 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.

ADHS/DBHS 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 ADHS/DBHS. 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. There are six Geographic Service Areas (GSAs) across the state. Currently, four (4) Regional Behavioral Health Authorities (RBHAs) serve the 6 GSAs. In addition there are five (5) Tribal Regional Behavioral Health Authorities (TRBHAs) and Tribal Contractors. 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, who partner with ADHS/DBHS and the T/RBHAs to promote family involvement as well as family and youth voice and choice across the system. Additionally,

they are also providers of services to support youth and families.

Coordination of Care

ADHS/DBHS 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 (child welfare)
- Department of Juvenile Corrections
- Administrative Office of the Courts
- Arizona Department of Housing
- Arizona Department of Corrections
- Arizona Department of Education

Since Child Welfare, 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 ADHS/DBHS 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, ADHS/DBHS 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 ADHS/DBHS, research findings underscoring the need for outcome measures coincided with requirements of the settlement agreement entered into by ADHS/DBHS with plaintiff's counsel in the Jason K. class action lawsuit. Under the terms of this agreement, ADHS/DBHS 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, ADHS/DBHS established twelve objectives. One of these pertained to the implementation of the Practice Improvement Review process, and stipulated that ADHS/DBHS would settle on a practice review instrument for use statewide.

As of June of 2007, the practice review method in use by ADHS/DBHS 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, ADHS/DBHS 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 ADHS/DBHS Medical Director for Children's Services, included representatives from a number of ADHS/DBHS 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, ADHS/DBHS 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 Child Welfare, 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 ADHS/DBHS as its practice review methodology with implementation beginning in FY2010.

SOCPR and Quality Management/Practice Improvement

SOCPR results constitute one of the many data sources utilized by the ADHS/DBHS 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 ADHS/DBHS 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 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 4 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 were 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 4 major sections.

Section 1:
Includes demographic information and a snapshot of the child's current array of services.

Section 2:
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, child welfare). 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:
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:
Consists of the Summative Questions, the section 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 ADHS/DBHS 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. Also 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 2 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.

For this five year retrospective project, the state of Arizona placed an emphasis on children and families involved with the child welfare system. Therefore, from each fiscal year sample, only cases with child welfare involvement were selected and analyzed as a part of this study.

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

TIBCO Spotfire S+® 8.2 (2010) was used to analyze the quantitative data. The results of the SOCPR are organized and presented on the basis of the four domains: Child-Centered Family-

Focused, Community Based, Culturally Competent, and Impact. Each summative question is rated on a scale of –3 (disagree very much) to +3 (agree very much). These scores are then transformed on a scale from 1 (disagree very much) to 7 (agree very much) to eliminate the – and + signs. Thus, –3 is transformed to 1; –2 to is transformed to 2; –1 is transformed to 3, and so forth.

Thus, 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.

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 GSA 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 GSAs were not made, as each GSA 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 ADHS/DBHS planning and to assist provider agencies within a specific GSA 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 child welfare system. The Summative Questions call for the reviewer to provide a rating for each of 41 statements and to provide a brief narrative in support of each rating. Individual ratings serve as indicators of the extent to which subdomain elements (e.g., *individualized services*, *full participation*) are being implemented. In the final analysis, ratings for each item were clustered and considered in conjunction with the respective reviewers' narrative to determine a general assessment for each subdomain and an overall rating for each domain indicating the extent to which each subdomain was achieved. The compiled narratives for all Summative Questions were coded and sorted to assess the degree to which System of Care principles were implemented in each SOCPR domain area and an explanation for the evidence provided. The frequency of Summative Question responses were examined and

analyzed for emerging patterns/trends. Where an overall summative rating relates to a reviewer's determination of completion of a *thorough assessment*, for instance, qualitative analysis examines the evidence provided to explain a particular rating.

In order to be considered a trend, at least of half 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 ADHS/DBHS for entry into the SOCPR database. The quality of the SOCPR data was checked again as data entry was completed for each provider agency. A summary of each provider's quantitative data was produced and reviewed again for errors. If errors were found, clarification was sought from the data collection team leader and corrected in the database. Quantitative data were also compared by reviewer and provided to the data collection team leader in order to ensure accuracy. As part of preparation for provider feedback sessions, data from each provider agency review were assembled into a report format, which was forwarded to the Children's System of Care Bureau Chief and staff to review prior to sending to the contractor for final report preparation. Annually, various data reports were completed as part of the quality check process to assist with training and ensure continued data integrity needs were addressed.

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

Purpose of Retrospective Project

Because an emphasis was placed on children and families involved with the child welfare system, the State of Arizona requested a separate and supplementary retrospective report of the last five fiscal years of SOCPR data to examine the child welfare only cases and

then compare these results with the non-child welfare cases as well as compare results of child welfare cases only across years. A retrospective study looks backwards at *existing* data to assist in describing a sample of interest over time or to obtain preliminary measures of associations or relationships.

This report provides a separate section for each fiscal year from FY2009-2010 through FY2013-2014 and includes both quantitative and qualitative analyses of the CW cases from these five fiscal years. Demographic, Service System, and SOCPR score data are provided as well as comparisons between and across fiscal years. This supplemental project in conjunction with the overall SOCPR report for each fiscal year should provide a more complete picture of the children and families served by the State of Arizona.

RESULTS

YR1: FY2009-2010

Demographics CW Cases

For purposes of this review, the state of Arizona was primarily interested in those cases where the children and families had child welfare involvement. During FY2009-2010, 54 CW cases were sampled from all six GSAs from the 205 SOCPR All Cases. A summary of the demographic characteristics are presented in Table FY2009-2010.1. Due to the sampling scheme employed by ADHS/DBHS (previously described in the Methodology section), different numbers of cases were completed in each GSA. The most populous area, GSA 6, provided the greatest number of cases for the sample (n=19). The other GSAs provided between 1 and 12 cases.

Table FY2009-2010.1. Demographic Characteristics CW Cases

Demographic Characteristic	Statewide N=54	GSA 1 n=8	GSA 2 n=1	GSA 3 n=4	GSA 4 n=10	GSA 5 n=12	GSA 6 n=19
Age (years)	10.20	12.62	12.00	11.75	6.50	12.08	9.53
Gender (Male)	68.5%	37.5%	100.0%	50.0%	60.0%	100.0%	68.4%
Race:							
White	48.1%	75.0%	0.0%	75.0%	70.0%	50.0%	21.1%
Black	11.1%	0.0%	100.0%	0.0%	10.0%	0.0%	21.1%
Latino/Hispanic	27.8%	25.0%	0.0%	0.0%	20.0%	41.7%	31.6%
Native American	1.9%	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%
Multi-racial	11.1%	0.0%	0.0%	25.0%	0.0%	8.3%	21.1%
Primary Language:							
English	96.3%	100.0%	100.0%	100.0%	100.0%	100.0%	89.5%
Spanish	3.7%	0.0%	0.0%	0.0%	0.0%	0.0%	10.5%

As shown in Table FY2009-2010.1, the overall mean age for the 54 cases was 10.20 years. The means for age across GSA ranged from 6.50 years to 12.62 years. Statewide, almost 69% of the CW sample was male, ranging from 37.5% in GSA 1 to 100% in GSA 2 and GSA 5. Of the sample, over 48% was White, almost 28% was Latino/Hispanic, and a little over 11% each identified as Black and as Multi-racial. The remaining 2% of the sample was Native American. Statewide, over 96% of the children and youth in the sample spoke English as their primary language and Spanish was identified as being a primary language in almost 4% of families. English was the only language reported in five of the GSAs. GSA 6 was the exception.

Service System Involvement CW Cases

In addition to child welfare, 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 54 cases (over 98%) indicated having behavioral health system involvement, as shown in Table FY2009-2010.2.

Table FY2009-2010.2. Service System Involvement CW Cases

Service System	Statewide N=54	GSA 1 n=8	GSA 2 n=1	GSA 3 n=4	GSA 4 n=10	GSA 5 n=12	GSA 6 n=19
Behavioral Health	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%	94.7%
Juvenile Justice	18.5%	25.0%	0.0%	25.0%	0.0%	16.7%	26.3%
Educational Services	53.7%	12.5%	100.0%	50.0%	40.0%	58.3%	73.7%
Developmental Disabilities	9.3%	0.0%	0.0%	0.0%	0.0%	16.7%	15.8%
Other	7.4%	0.0%	0.0%	0.0%	0.0%	0.0%	21.1%

The SOCPR protocols documented that almost 54% had educational services involvement, followed by juvenile justice (18.5%), and developmental disabilities (9.3%). The "Other" system category was documented by 7.4% of the GSAs with all cases from GSA 6. These four services included Child Welfare and Juvenile Justice (not currently receiving), Child Welfare Specialist Advocate, coordination with caregiver's therapist, and special education classes.

The results of the 54 CW cases were plotted by histogram to explore the distribution of cases for total number of systems involved. The results are seen in Figure FY2009-2010.1. 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 54 cases represent children and youth who were involved with the child welfare system and 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, the possible number of systems involvement ranged from 0 – 6. For this sample the mean was 2.87, while the number of systems involved 1 –6. The shape of the histogram resembles 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.

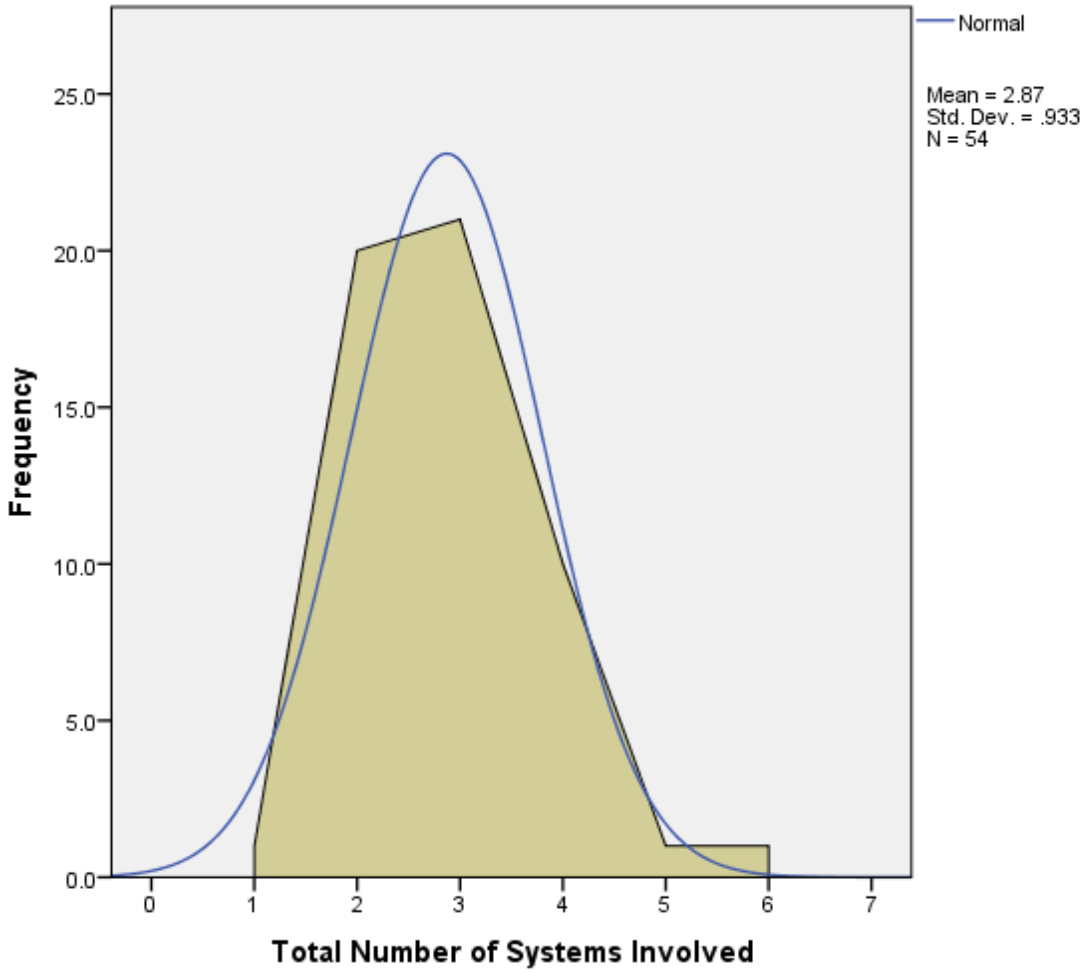

Figure FY2009-2010.1. Histogram of child-serving system involvement CW cases.

Receipt of Services or Treatments CW Cases

Similar to child-serving systems, the kinds of services or treatments children and youth in the sample received were also calculated. Fourteen named types of services as well as an "Other" category (see list in Appendix B) were used to identify categories of service or treatment provision. These service types are shown in Table FY2009-2010.3.

Table FY2009-2010.3. Services or Treatments Received by Children and Youth CW Cases

Services or Treatment	Statewide N (%)	GSA 1 n (%)	GSA 2 n (%)	GSA 3 n (%)	GSA 4 n (%)	GSA 5 n (%)	GSA 6 n (%)
Treatment Services	39 (72.2)	6 (75.0)	1 (100.0)	3 (75.0)	5 (50.0)	8 (66.7)	16 (84.2)
• Individual Counseling	33 (61.1)	6 (75.0)	1 (100.0)	3 (75.0)	4 (40.0)	4 (33.3)	15 (78.9)
• Family Counseling	26 (48.1)	4 (50.0)	1 (100.0)	3 (75.0)	2 (20.0)	5 (41.7)	11 (57.9)
• Group Counseling	8 (14.8)	0 (0.0)	0 (0.0)	2 (50.0)	2 (20.0)	1 (8.3)	3 (15.8)
• Alcohol/Drug Counseling	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Medical Services							
• Psychiatric Medication	24 (44.4)	2 (25.0)	1 (100.0)	3 (75.0)	2 (20.0)	7 (58.3)	9 (47.4)
Support Services	51 (94.4)	8 (100.0)	1 (100.0)	4 (100.0)	10 (100.0)	12(100.0)	16 (84.2)
• Family Support	14 (25.9)	3 (37.5)	1 (100.0)	1 (25.0)	1 (10.0)	3 (25.0)	5 (26.3)
• Peer Support	4 (7.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (8.3)	3 (15.8)
• Respite Support	11 (20.4)	2 (25.0)	1 (100.0)	0 (0.0)	1 (10.0)	5 (41.7)	2 (10.5)
• Home Care Training	9 (16.7)	2 (25.0)	0 (0.0)	1 (25.0)	1 (10.0)	3 (25.0)	2 (10.5)
• Case Management	49 (90.7)	7 (87.5)	1 (100.0)	4 (100.0)	9 (90.0)	12(100.0)	16 (84.2)
Inpatient Services	6 (11.1)	1 (12.5)	0 (0.0)	1 (25.0)	0 (0.0)	3 (25.0)	1 (5.3)
• Psychiatric Hospitalization	4 (7.4)	1 (12.5)	0 (0.0)	1 (25.0)	0 (0.0)	1 (8.3)	1 (5.3)
• Level I Residential	3 (5.6)	0 (0.0)	0 (0.0)	1 (25.0)	0 (0.0)	2 (16.7)	0 (0.0)
Residential Services	2 (3.7)	0 (0.0)	0 (0.0)	1 (25.0)	0 (0.0)	1 (8.3)	0 (0.0)
• Level II Residential	2 (3.7)	0 (0.0)	0 (0.0)	1 (25.0)	0 (0.0)	1 (8.3)	0 (0.0)
• Level III Residential	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Other	16 (29.6)	2 (25.0)	1 (100.0)	1 (25.0)	0 (0.0)	4 (33.3)	8 (42.1)

Across the state the most utilized service or treatment provision was Support Services (94%) followed by Treatment Services (72%). Residential Services (4%) was the least used service or treatment provision. More specifically, the most widely utilized service or treatment statewide, based on percentage of cases using the service, was Case Management (91%) followed by Individual Counseling (61%), Family Counseling (48%), and Psychiatric Medication (44%). Level II Residential (3.7%), Level I Residential (5.6%), Peer support and Psychiatric Hospitalization (7.4% respectively) were the least utilized services or treatments statewide. Across GSAs, Case Management, Individual Counseling, Family Counseling, Psychiatric Medication, and Family Support were utilized in six out of six GSAs. Case Management was utilized in a minimum of 84% of the cases in each GSA. Level III Residential and Alcohol/Drug Counseling were not utilized by any participants in any of the six GSAs.

Support Services were utilized in all six GSAs with 5 of the six GSAs utilizing them in 100% of the cases. As mentioned earlier in this report one specific support service, Case Management, was received by families almost 85% by all GSAs. GSA 2 utilized Family Support,

Respite Support, and Case Management with 100% of its families (1 case). Treatment Services were also used in all six GSAs. Treatment Services were documented as the next most frequently utilized service with over 72% of cases. GSA 2 utilized both Individual Counseling and Family Counseling in 100% of its families (1 case). Inpatient Services were not utilized in GSAs 2 and 4. Residential Services were not utilized in GSAs 1, 2, 4, and 6. GSAs 2 and 3 had the smallest number of cases as a part of the overall statewide sample (1 case and 4 cases respectively), while GSA 6 (n=19) had the largest number of cases using services.

Usage of some services *appears* to be unusually high; therefore, because GSAs vary widely in the number of SOCPR cases completed, both number of cases and percentage need to be examined. For example, 100% of cases in GSA 2 had "Other" services, which represents only 1 youth which was the total number of cases for this GSA. Statewide, about 30% (n=16) of the treatments or services reported were identified as "Other". Several of the services variables differed significantly by GSA and are shown in Table FY2009-2010.4. Only statistically significant chi-square statistics are reported.

Table FY2009-2010.4. Significant Associations between GSA and Specific Services CW Cases

Treatment	Chi-Square Statistic
Treatment Services • Individual Counseling • Family Counseling • Group Counseling • Alcohol/Drug Counseling	
Medical Services • Psychiatric Medication	
Support Services • Family Support • Peer Support • Respite Support • Home Care Training (HCTC) • Case Management	
Inpatient Services • Psychiatric Hospitalization • Level I Residential	
Residential Services • Level II Residential • Level III Residential	
Other	

Statewide for CW cases, there were no statistically significant relationships between GSA

and services received.

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 54 cases total in the sample, the range of services used was 1 to 7. These data are displayed via histogram to examine the distribution of total number of services used. The results are displayed in Figure FY2009-2010.2. The histogram closely resembles a normal distribution, with a mean of 3.76 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.

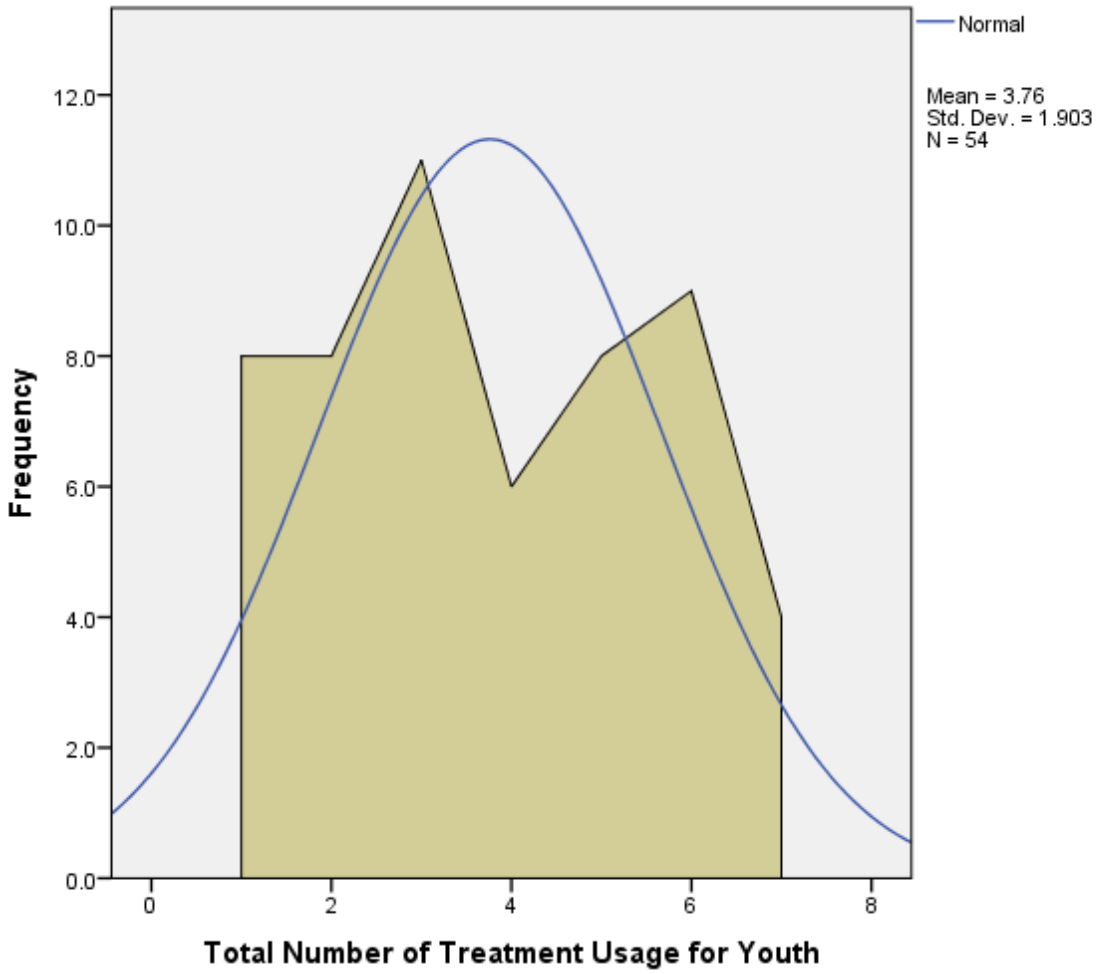

Figure FY2009-2010.2. Histogram of service or treatment usage for youth CW cases.

Quantitative Analysis CW Cases

SOCPR Scores – Overall Case and SOCPR Domains CW Cases

Mean scores for CW cases 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 FY2009-2010.5 shows the overall case scores as well as those for each SOCPR domain for the child welfare sample of 54 cases, indicated by individual GSA. 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 CW mean scores ranged from 4.64 to 5.50 with an overall case mean score of 4.99. 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 CW 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 3s to high 6s. This range indicates that scores fall between a lower implementation of system of care values to an emerging enhanced implementation of system of care principles. The scores indicate that across the state, behavioral health provider agencies included in the CW sample performed best at including the Community Based values of service planning and provision. Behavioral health provider agencies were most challenged by demonstrating that services and supports have an Impact on children and families.

Table FY2009-2010.5. SOCPR Case and Domain Scores CW Cases

GSA	Case Mean (SD)	CCFF Mean (SD)	CB Mean (SD)	CC Mean (SD)	IMP Mean (SD)
Statewide (N=54)	4.99 (1.37) Min 1.17 Max 6.81	5.11 (1.55) Min 1.28 Max 6.86	5.50 (1.23) Min 1.42 Max 7.00	4.68 (1.48) Min 1.00 Max 6.75	4.64 (1.72) Min 1.00 Max 7.00
1 (n=8)	5.00	5.04	5.80	4.35	4.81
2 (n=1)	6.01	6.44	6.88	4.21	6.50
3 (n=4)	4.42	5.18	5.38	3.29	3.81
4 (n=10)	4.14	4.12	4.55	4.05	3.85
5 (n=12)	5.50	5.66	5.84	5.19	5.29
6 (n=19)	5.17	5.24	5.62	5.15	4.64

Minimum and maximum values are not presented for individual GSAs, as they are a subset of the statewide scores. At the state level, the highest scoring SOCPR domain was Community Based (Mean = 5.50). This was followed by Child-Centered Family-Focused (Mean = 5.11), Culturally Competent (Mean = 4.68), and finally, Impact (Mean = 4.64). The GSA data show similar patterns when compared with statewide scores; i.e., the domain Community Based had the highest mean score for all six GSAs. Additionally, standard deviation data are not presented at the GSA level because some of the GSAs had small sample sizes; therefore, presenting standard deviation data would not be statistically meaningful. Because of the sample size variance among the GSAs, comparisons between GSAs are not possible.

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 Figure FY2009-2010.3 – Figure FY2009-2010.7. 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.

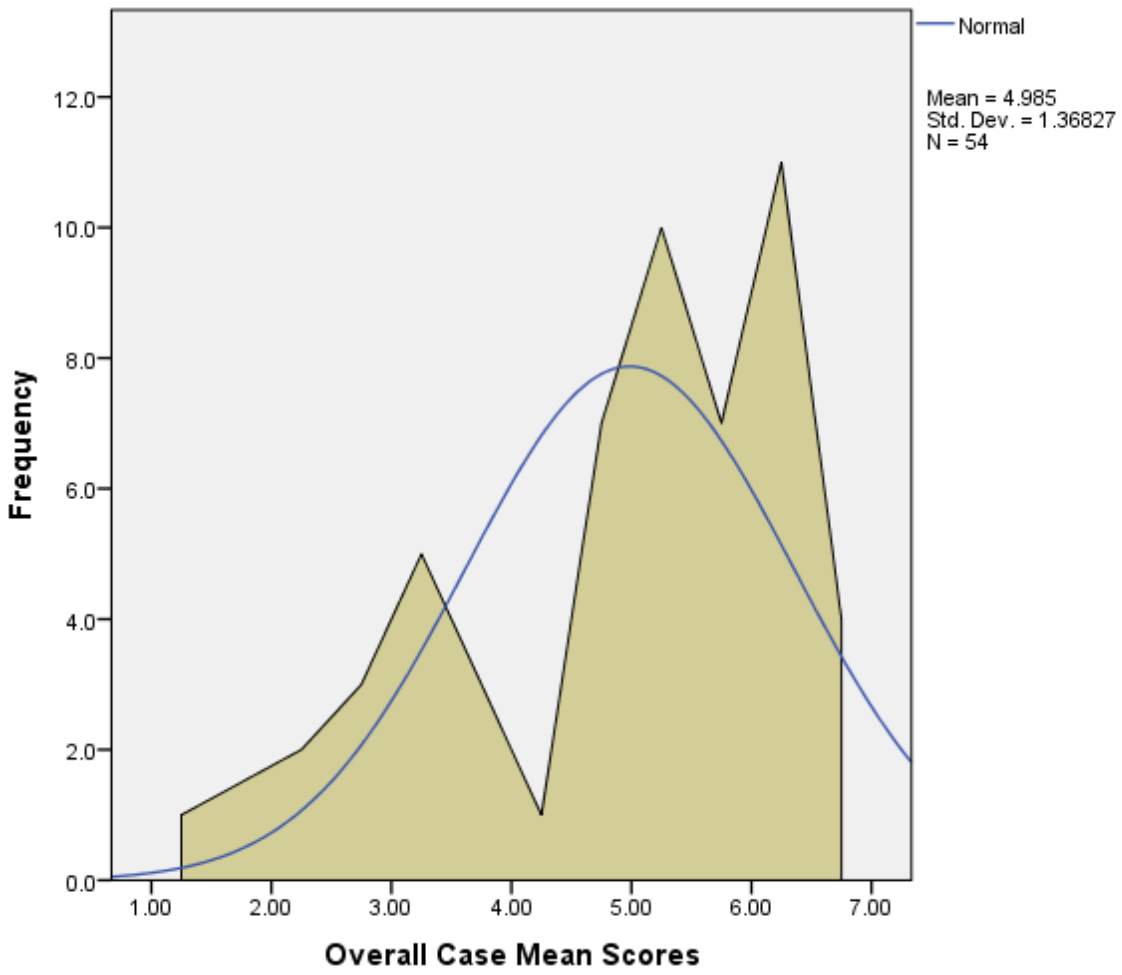

Figure FY2009-2010.3. Histogram of SOCPR Overall case mean scores CW cases.

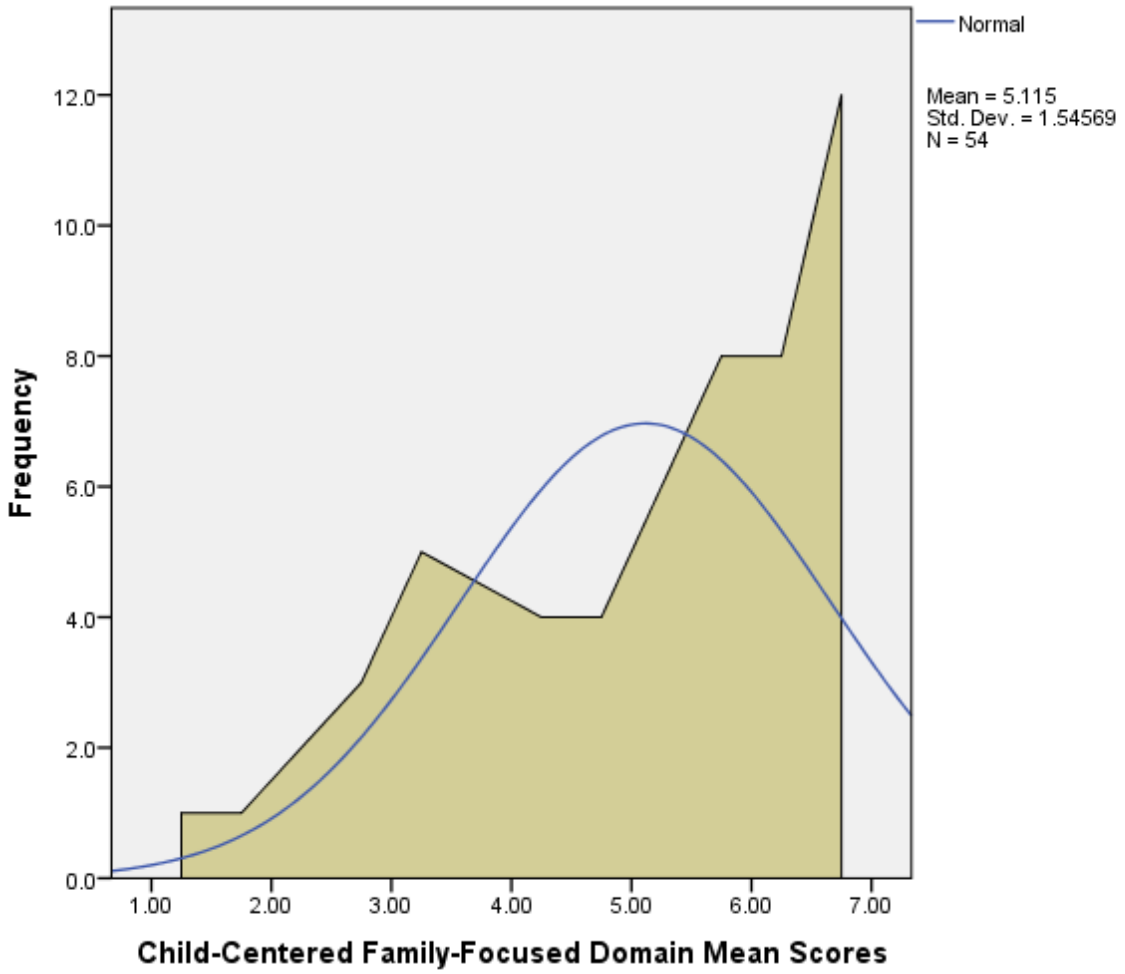

Figure FY2009-2010.4. Histogram of SOCPR Child-Centered Family-Focused domain mean scores CW cases.

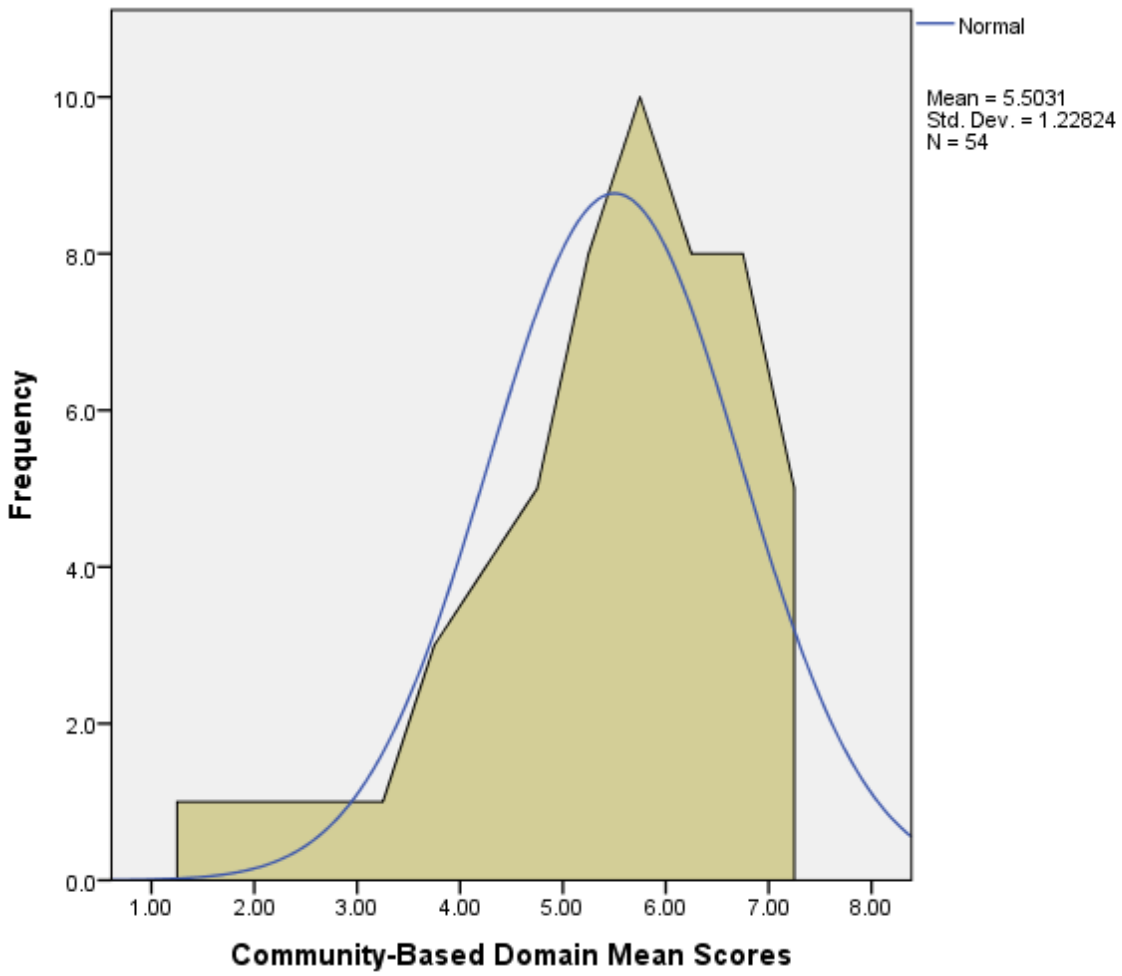

Figure FY2009-2010.5. Histogram of SOCPR Community Based domain mean scores CW cases.

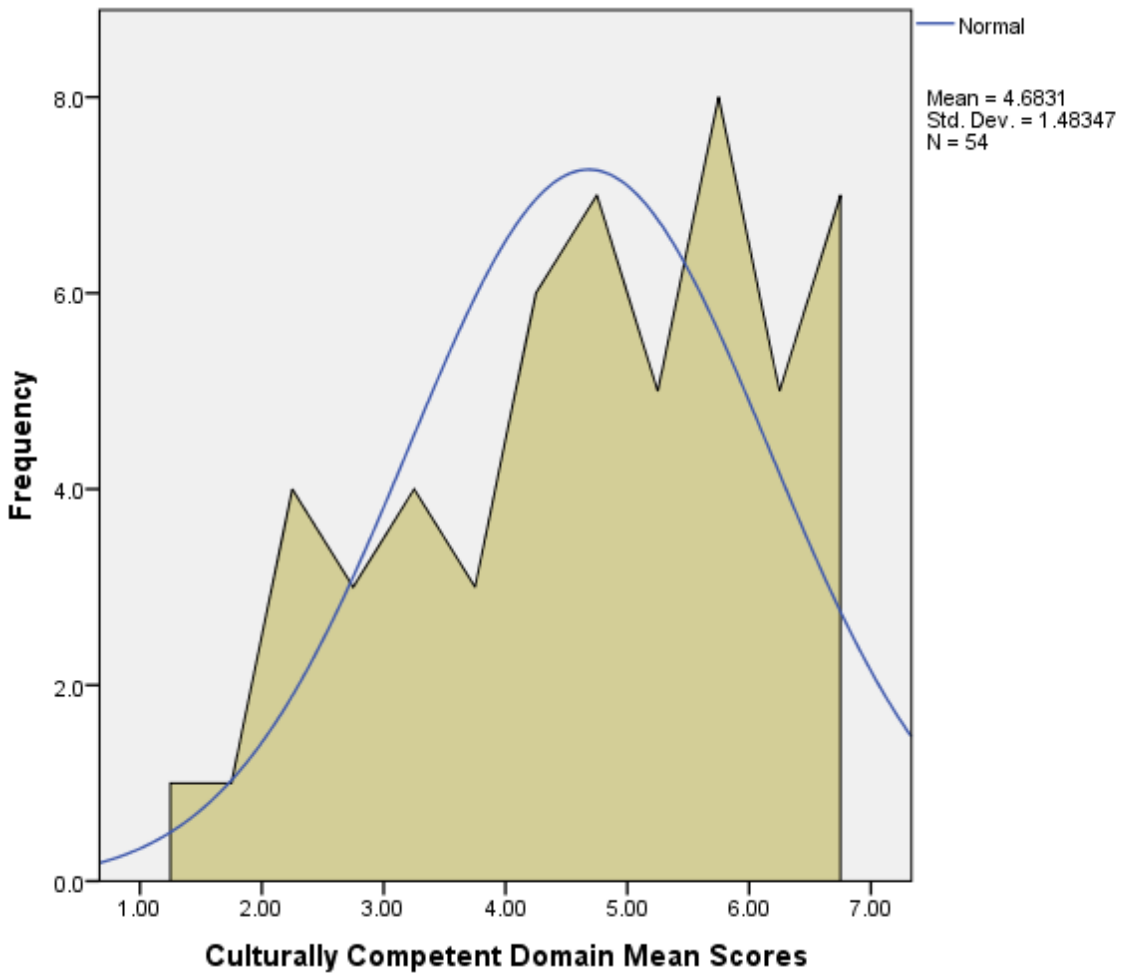

Figure FY2009-2010.6. Histogram of SOCPR Culturally Competent domain mean scores CW cases.

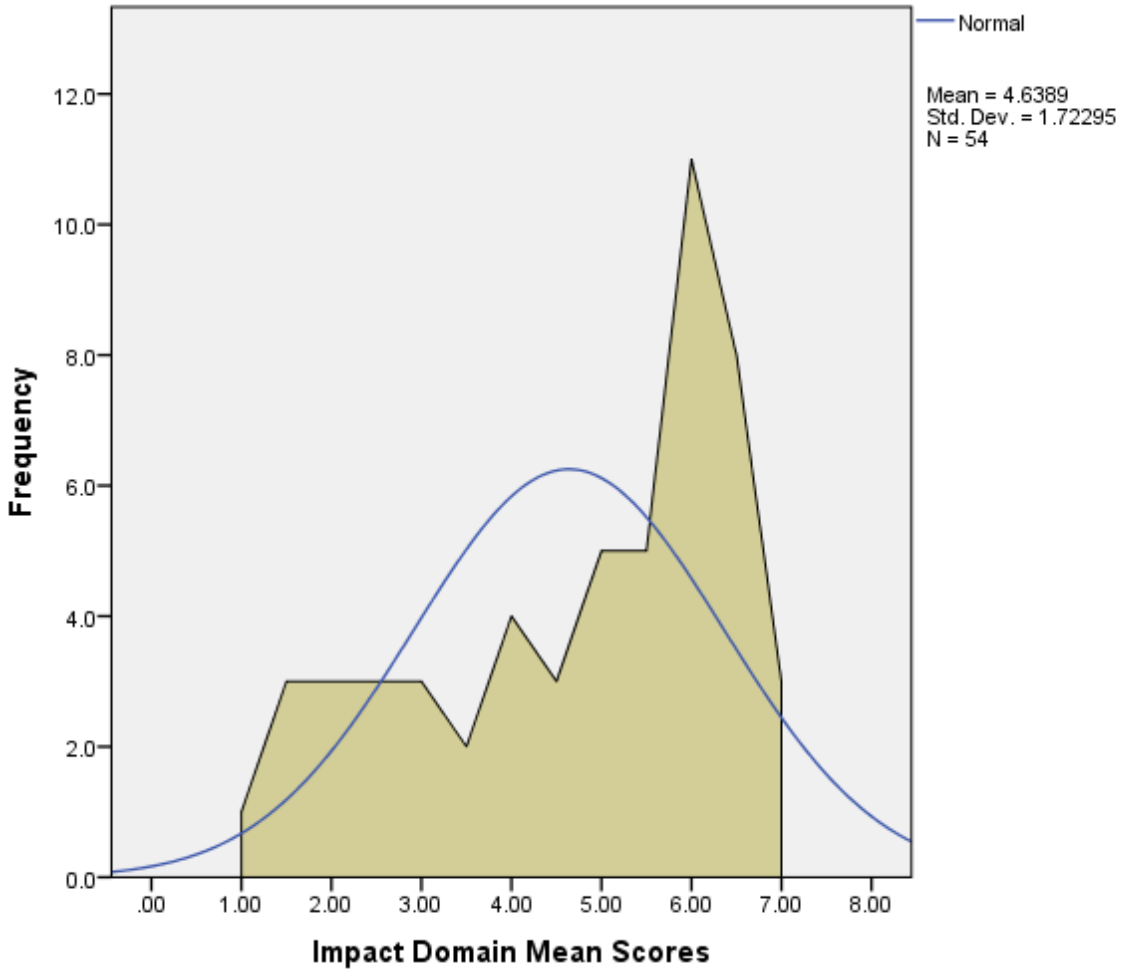

Figure FY2009-2010.7. Histogram of SOCPR Impact domain mean scores CW cases.

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

Table FY2009-2010.6 presents statewide CW SOCPR data for most levels of the instrument, including the total case mean score, SOCPR domain mean scores, SOCPR subdomain mean scores, and SOCPR Area mean scores. Because some of the GSAs had very small sample sizes, the standard deviation data are not statistically meaningful; consequently, SOCPR subdomain and area mean scores are not reported at the GSA level.

Table FY2009-2010.6. Statewide SOCPR Scores by Domain, Subdomain, and Area CW Cases

Overall Score – CW cases: 5.04 (0.93)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**5.11 (1.55)**		
Individualized			5.05 (1.46)
Assessment/Inventory		5.59 (1.10)	
Service Planning		4.91 (1.54)	
Types of Services/Supports		4.96 (1.81)	
Intensity of Services/Supports		4.74 (1.85)	
Full Participation			5.38 (1.48)
Case Management			4.92 (1.97)
Domain II: Community Based	**5.50 (1.23)**		
Early Intervention			5.00 (1.70)
Access to Services			6.10 (1.01)
Convenient Times		5.81 (1.60)	
Convenient Locations		5.74 (1.53)	
Appropriate Language		6.76 (0.66)	
Minimal Restrictiveness			6.04 (1.33)
Integration and Coordination			4.87 (1.82)
Domain III: Culturally Competent	**4.68 (1.48)**		
Awareness			4.68 (1.82)
Awareness of Child/Family's Culture		4.64 (1.80)	
Awareness of Providers' Culture		4.65 (2.00)	
Awareness of Cultural Dynamics		4.74 (1.95)	
Sensitivity and Responsiveness			4.34 (1.96)
Agency Culture			5.31 (1.54)
Informal Supports			4.41 (1.88)
Domain IV: Impact	**4.64 (1.72)**		
Improvement			4.77 (1.64)
Appropriateness			4.51 (1.91)

As reported previously, the highest scoring SOCPR domain was Community Based. This was followed by Child-Centered Family-Focused, Culturally Competent, and finally Impact. All of the SOCPR domain, subdomain, and area scores fell in the low 4 (neutral) to high 6 (enhanced implementation of a system of care principle) range. The highest area score, Appropriate Language in the subdomain of Access to Services, had a mean score of 6.76.

In the Community Based domain all subdomain and area scores except for the subdomain of Integration and Coordination (4.97) scored in the low 5 to high 6 range. Further, the subdomains of Access to Services and Minimal Restrictiveness had the highest mean scores (6.10 and 6.04 respectively). All three areas in the subdomain of Access to Services had mean scores in the high 5 to high 6 range: Appropriate Language (6.76), Convenient Times (5.81), and Convenient Locations (5.74). These subdomain and area scores indicate that service providers are cognizant of a family's primary language and utilize it when providing services. They also take into account time commitment and transportation issues families may have and schedule appointments accordingly.

The data for these CW cases also revealed mean scores in the low to high 4 range (15 out of 27). Although these scores indicate neither support for nor against implementation of system of care principles, they may emphasize the need for added awareness, responsiveness, or assistance. For example, within the domain of Culturally Competent almost all domain, subdomain, and area mean scores were in the 4 range. Agency Culture was the exception with a mean score of 5.31 which also happened to be the highest subdomain mean score. The subdomains of Sensitivity and Responsiveness and Informal Supports had the lowest mean scores (4.34 and 4.41 respectively).These subdomain scores show that service providers maybe aware of families' values and beliefs but they may not be able to translate this awareness into action steps that are responsive to families' needs. Also, service providers may not be fully utilizing the informal supports as identified by the families when service planning and delivery occurs.

Other high 4 scoring areas were within the subdomain of Individualized in the domain of Child-Centered Family-Focused. These areas include Types of Services/Supports (4.96), Service Planning (4.91), and Intensity of Services/Supports (4.74). In creating an integrated service plan the types and intensity of services and supports must reflect the needs and strengths of the family.

Finally within the domain of Impact both subdomains had mean scores in the mid-4 range (4.77 and 4.51 respectively). Although services and supports provided to families may be impactful, whether they improve the child's and/or family's situation or appropriately meet their needs is not clear.

SOCPR Scores and Tests of Significant Differences CW Cases

Because the SOCPR 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 2 groups, such as gender, the Mann-Whitney U test was performed. Age was transformed into an Age Band variable with 3 groups: 0 through 5, 6 to 12, and 13 to 18. Table FY2009-2010.7 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 FY2009-2010.7. SOCPR Scores and Significant Differences with Variables of Interest CW Cases

Variable	Case	CCFF	CB	CC	IMP
Demographics					
Age Bands					
Gender				0.037	
Race					
Primary Language					
GSA					
Case Longevity					
Service Systems					
Behavioral Health					
Juvenile Justice					
Educational					
Developmental Disabilities					
Total Systems					
Services Categories					
Treatment Services		0.034			
Medical Services		0.001	0.011		
Support Services					
Inpatient Services					
Residential Services					
Services					
Individual Counseling					
Family Counseling		0.043			
Family Support					
Respite Support	0.026	0.009			
Case Management	0.026	0.024			0.027
Psychiatric Hospitalization					
Total Number of Services					

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

Findings indicate that children and youth who received Respite Support and Case Management were associated with higher SOCPR case and domain scores. Treatment Services and Medical Services were associated with both Child-Centered Family-Focused and Community Based domains. Males had higher average scores in the Culturally Competent domain than females. Children and youth who utilized Family Counseling were associated with higher Child-Centered Family-Focused scores while Case Management contributed to higher Impact scores.

SOCPR Scores –FY2009-2010 Comparison: CW Cases and non-CW Cases

Table FY2009-2010.8 shows a comparison of domain, subdomain, and area scores across two samples of the FY2009-2010 SOCPR: CW cases (N=54) and non-CW cases (N=151). CW cases included children and families involved with the child welfare system while non-CW cases included children and families identified as having high/complex levels of need. Overall, scoring differences are not significant across the samples with CW mean scores being generally lower.

Table FY2009-2010.8. SOCPR Score Comparisons between CW Cases and non-CW Cases

	CW Cases		Non-CW Cases		Difference	p-value[1]
	Mean	(SD)	Mean	(SD)		
Overall Score	4.99	(1.37)	5.23	(1.10)	-0.24	0.24
Domain I: Child-Centered Family-Focused	5.11	(1.55)	5.30	(1.28)	-0.18	0.44
Individualized	5.05	(1.46)	5.02	(1.27)	0.03	0.90
Assessment/Inventory	5.59	(1.10)	5.42	(1.18)	0.17	0.34
Service Planning	4.91	(1.54)	4.93	(1.34)	-0.02	0.93
Types of Services/Supports	4.96	(1.81)	4.95	(1.60)	0.01	0.97
Intensity of Services/Supports	4.74	(1.85)	4.78	(1.83)	-0.04	0.89
Full Participation	5.38	(1.48)	5.63	(1.21)	-0.26	0.25
Case Management	4.92	(1.97)	5.24	(1.70)	-0.32	0.29
Domain II: Community Based	5.50	(1.23)	5.74	(0.94)	-0.24	0.20
Early Intervention	5.00	(1.70)	5.17	(1.61)	-0.17	0.53
Access to Services	6.10	(1.01)	6.30	(0.78)	-0.20	0.19
Convenient Times	5.81	(1.60)	6.11	(1.31)	-0.30	0.22
Convenient Locations	5.74	(1.53)	6.01	(1.23)	-0.27	0.24
Appropriate Language	6.76	(0.66)	6.78	(0.57)	-0.03	0.80
Minimal Restrictiveness	6.04	(1.33)	6.25	(0.88)	-0.21	0.27
Integration and Coordination	4.87	(1.82)	5.23	(1.61)	-0.36	0.21
Domain III: Culturally Competent	4.68	(1.48)	4.83	(1.46)	-0.14	0.54
Awareness	4.68	(1.82)	4.97	(1.58)	-0.29	0.30
Awareness of Child/Family's Culture	4.64	(1.80)	4.99	(1.64)	-0.35	0.21
Awareness of Providers' Culture	4.65	(2.00)	4.90	(1.73)	-0.25	0.41
Awareness of Cultural Dynamics	4.74	(1.95)	5.01	(1.71)	-0.27	0.38
Sensitivity and Responsiveness	4.34	(1.96)	4.68	(1.89)	-0.34	0.28
Agency Culture	5.31	(1.54)	5.28	(1.61)	0.03	0.91
Informal Supports	4.41	(1.88)	4.38	(1.76)	0.02	0.94
Domain IV: Impact	4.64	(1.72)	5.05	(1.40)	-0.41	0.12
Improvement	4.77	(1.64)	5.13	(1.41)	-0.36	0.15
Appropriateness	4.51	(1.91)	4.97	(1.55)	-0.46	0.11

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

Overall, the difference in CW SOCPR mean scores are lower than non-CW mean scores when compared across all four domains albeit none of the differences are significant between the samples. Consistent with other comparisons, the domain of Community Based scored highest across both samples followed by Child-Centered Family-Focused.

In the majority of domain, subdomain, and area mean scores CW cases were lower when compared to non-CW cases, although there were a few exceptions. Within the domain of Child-Centered Family-Focused, the subdomain of Individualized had marginally higher although not significantly different CW mean scores. This finding is also true of the subdomains Agency Culture and Informal Supports within the domain of Culturally Competent. Additionally, in the subdomain of Individualized, the areas of Assessment/Inventory and Types of Services/Supports had higher mean scores for CW cases than non-CW cases.

Qualitative Analysis CW Cases

This section reports a summary of qualitative data compiled from responses to Summative Questions for FY2009-2010 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 child welfare system. The Summative Questions call for the reviewer to provide a rating for each of 41 statements and to provide a brief narrative in support of each rating. Individual ratings serve as indicators of the extent to which subdomain elements (e.g., *individualized services*, *full participation*) are being implemented. In the final analysis, ratings for each item 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 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 a particular 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 each SOCPR domain area for child welfare involved cases only (N=54). The frequency of Summative Question responses were examined and analyzed for emerging patterns or trends. In order to be considered a trend, at least of half of the cases reviewed had to provide similar information for a given

subdomain area or item. The qualitative findings section also highlights successes and opportunities for growth related to each of the SOCPR Domain Areas for FY2009-2010 as reported in responses to Summative Questions.

Qualitative Findings

Domain 1: Child-Centered Family Focused Services

The first domain of the SOCPR, *Child-Centered and Family-Focused,* 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 care coordination. The sub-domains, which reflect system of care principles and contain measurements of practice or system of care implementation, are: *Individualized*, *Full Participation*, and *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 child welfare system. The review of cases using the measures associated with Child-Centered Family-Focused Services suggests that children and families are generally receiving services that are individualized, that families are included as full participants in the service delivery process, and that the type and intensity of services is monitored through effective case management.

When considering whether children/youth and families received *Individualized Services* within the System of Care, reviewers noted that service plans generally reflect that the needs and strengths of the child/youth are being documented and addressed, but that service plans and assessments are lacking for the family. Informally family strengths were discussed, but formally they are not always incorporated into service plan and goals and therefore, remain unmet. Reviewers indicated that not enough supports are provided for families. Some families were not able to obtain services that are requested even in emergency situations. This finding provides an opportunity for growth and training of providers serving the families in the current sample to improve service plan documentation.

Overall, reviewers indicated that there was *Full Participation* on the part of children/youth and families in this sample, in the development, implementation, and evaluation of service plans. In general, reviewers noted that children/youth and caregivers

attended service-planning meetings regularly and felt that parent/caregivers influenced the service planning process. Despite high ratings (at the minimum 70% fell in the "5" to "7" range), reviewers noted some inconsistencies in documentation regarding participation in service planning. In one case there was no clear documentation that extra help was provided to assist a youth with processing issues in understanding the service plan. Generally, informal supports were included in service planning and delivery. Rater comments suggested that informal supports including siblings and grandparents were not utilized to the fullest. They were not asked for their input whether they attended planning meetings or not. Informal supports typically play an important role in the lives of children and families with multiple and severe needs, as well as in their interactions with formal service systems and should be consistently emphasized and encouraged

With regard to the *Case Management* subdomain, reviewers reported that one individual, usually the case manager, appeared to be responsible for coordinating child/youth and family services and was doing so successfully. Overall, service planning appears to be responsive to the changing needs of the family. Reviewer comments revealed that when there was a change, consistency became an issue. One example in the record indicated that changes in services were slow to occur once a new case manager was appointed to a family. Therapies that were in already place became varied and inconsistent. In some cases, documentation indicated that there was a lack of services or follow through with family which resulted in failure to address some family issues like transportation and home situations making it difficult for reviewers to verify that service plans were responsive to family needs.

Domain 2: Community Based Services

The second SOCPR domain, *Community Based*, 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 sub-domains in this area are used to evaluate the effectiveness of the site in identifying needs and providing supports early (*Early Intervention)*, facilitating *Access to Services*, providing less restrictive services (*Minimal Restrictiveness)*, and integrating and coordinating services for families (*Integration and Coordination*).

When assessing whether child/youth and families within the child welfare system received *Early Intervention*, reviewers reported that in the majority of cases child/youth needs were identified at intake and that services were provided in a timely manner. Reviewers noted that assessments and intake were thorough with the strengths of the child/youth identified. However, reviewers noted that the focus was on the youth and not on the strengths or needs of the family.

The majority of reviewers indicated that the system was ensuring *Access to Services* for children/youth and families involved in the child welfare system. Case records indicated agreement from caregivers and providers alike that services and supports were scheduled at convenient times for the child/youth and family and that these services were most often provided in the home, at school, or within walking distance. Documents indicated that caregivers were able to select providers that were close and easy to access. Overall, reviewers noted that for most of the children and families in this subsample English was their primary language and that verbal and written communications were conducted in English.

When assessing for *Minimal Restrictiveness* in service delivery, the majority of raters reported that services seemed to be provided in settings that were comfortable to the child/youth and family, in the least restrictive and most appropriate environment. Caregivers indicated being comfortable where services happen especially since it was close to home with limited interruptions, and they were comfortable with therapists.

With regard to *Integration and Coordination* of services, reviewers generally found that there is ongoing two-way communication (via phone, fax, email, reports, or face to face) among and between all team members, including family members. However, several case records indicated that communication efforts were lacking with school or informal supports. This resulted in a lack of follow through with services. In addition, reviewers generally noted that there are smooth and seamless processes for linking children/youth and family to additional services. In almost 13% of cases though reviewers noted that the process for linking families with additional services was not always smooth or seamless. Reviewers noted that in two cases therapy was not provided and in another two cases wait times for services were long ("a few months"; "mom has been waiting on services for a very long time"). All team members did agree that collaboration between caregivers and formal providers and coordination of services was appropriate.

Domain 3: Culturally Competent Services

The third domain of the SOCPR, *Culturally Competent Services*, 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 sub-domain 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. The sub-domains associated with Culturally Competent Services are: *Awareness*, *Sensitivity and Responsiveness*, *Agency Culture*, and *Informal Supports.*

Reviewers assessing for *Cultural Awareness* noted that case files provided some documentation related to the culture of the child and/or the family. Reviewers stated that case documents revealed that service providers recognized the spiritual, health, and physical culture of the youth and family. In a few instances it was noted that providers were not always aware of the caregiver values but were respectful of families' views. One case record example showed that for one case "family" was the most important issue for them; therefore decisions were made around that value. Reviewers noted some evidence of provider awareness related to the child/youth and family's cultural beliefs and how this awareness shaped and influenced their decision-making. Reviewers noted that about 11% of cases indicated a lack of understanding and/or knowledge around culture which might limit a service provider's ability to utilize the strengths of families when planning and providing services and supports. As one reviewer noted the family feels the service provider "looks down on them and their family culture".

When evaluating *Sensitivity and Responsiveness*, case records generally indicated that family culture was formally acknowledged and discussed on an on-going basis, although sometimes the culture of the child was not. Records also showed agreement among families and formal providers about awareness of different cultures and how this awareness allowed families and providers to work together with mutual respect and for the mutual benefit of the child/youth.

Generally, reviewers noted that providers offered families information to help them better understand their agency's rules and expectations when assessing *Agency Culture*. Reviewers noted that families were informed so they could choose what was appropriate for their family and felt that providers gave information to them on an ongoing basis. One reviewer did note that one case was not referred to support groups that could have benefitted them in understanding or navigating specific services.

With regard to *Informal Supports*, reviewers generally found documentation that families were asked whether they would like to include informal or natural supports in services. However, in a number of cases there was no evidence of intentionally including informal supports as a part of the service planning and delivery process. In one particular case, a grandmother was not included as an informal support informant although she is a support system for the child and family. There was no additional information provided as to why she was not included.

Domain 4: Impact

The final SOCPR domain, *Impact*, evaluates whether services have produced positive outcomes for the child and family. This domain includes two sub-domains: *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 the child/youth and family's identified needs.

The majority of raters found that providers and caregivers generally agreed that services provided had improved the situation of both children and families and also produced a positive impact. Reviewers found that in most cases, providers and caregivers indicated some *improvement* on the part of the child/youth and family. Behaviors, daily living skills, and communications were examples of improved outcomes.

Similarly, raters generally indicated that the services provided to children/youth and families had been *appropriate* because they were found to have adequately met identified needs. Raters indicated that the services provided mostly focused on the youth, but did not always adequately meet the needs of the family. For example, raters noted in one case that supports during transition were lacking and community resources were insufficient for the family. Two additional cases also indicated requests for needs that remained unmet: therapeutic assistance for a caregiver and financial assistance to stabilize housing for the family.

Overall, qualitative analysis of responses to Summative Questions suggest that the Statewide System of Care has achieved some success in its effort to implement System of Care values and principles in its service delivery to children/youth and families in FY 2009-2010. These findings indicate that these successes are most evident in the SOCPR Domain associated with Community-Based Service Delivery, especially with regard to the Access subdomain. A number of recommendations have been made to help build on these successes by encouraging the work of providers and reviewers through ongoing training and coaching.

RESULTS

YR2: FY2010-2011

Demographics CW Cases

For purposes of this review, during FY FY2010-2011 the state of Arizona was primarily interested in those cases where the children and families had child welfare involvement. There were 73 SOCPR CW cases sampled from all 6 GSAs in Arizona from the 170 SOCPR All Cases. A summary of the demographic characteristics are presented in Table FY2010-2011.1. Due to the sampling scheme employed by ADHS/DBHS (previously described in the Methodology section), different numbers of cases were completed in each GSA. The most populous area, GSA 6, provided the greatest number of case for the sample (n=24). The other GSAs provided between 2 and 19 cases.

FY2010-2011.1 Demographic Characteristics CW Cases

Demographic Characteristic	Statewide N=73	GSA 1 n=7	GSA 2 n=2	GSA 3 n=7	GSA 4 n=14	GSA 5 n=19	GSA 6 n=24
Age (years)	10.22	10.86	6.50	11.14	8.21	12.37	9.54
Gender (Male)	67.1%	42.9%	100.0%	71.4%	57.1%	68.4%	75.0%
Race:							
White	42.5%	85.7%	0.0%	42.9%	28.6%	36.8%	45.8%
Black	11.0%	0.0%	0.0%	28.6%	7.1%	5.3%	16.7%
Asian	2.7%	0.0%	0.0%	0.0%	0.0%	5.3%	4.2%
Latino/Hispanic	20.5%	0.0%	0.0%	28.6%	50.0%	21.1%	8.3%
Native American	2.7%	14.3%	0.0%	0.0%	7.1%	0.0%	0.0%
Multi-racial	20.5%	0.0%	100.0%	0.0%	7.1%	31.6%	25.0%
Primary Language:							
English	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	95.8%
Spanish	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	4.2%

As shown in FY2010-2011.1, the overall mean age for the 73 cases was 10.22 years. The means for age across GSA ranged from 6.50 years to 12.37 years. A little over 67% of the sample was male, ranging from 43% in GSA 1 to 100% in GSA 2. Of the sample, 42.5% was White, and 20.5% identified as Latino/Hispanic and as Multi-racial. The remaining 16% of the sample was Black, Asian, and Native American. Statewide, almost 99% of the children and youth in the sample spoke English as their primary language. In five GSAs, English was the only language reported as the primary language in the 73 cases. Spanish was reported as a primary language in GSA 6.

Service System Involvement CW Cases

In addition to child welfare, four different child-serving systems and an "Other" category were used to capture service system involvement as part of the services profiles of children and youth whose cases were chosen as part of the sample. All 73 cases (100%) were recorded as showing behavioral health system involvement, the system with the greatest participation across all six GSAs, as shown in Table FY2010-2011.2.

Table FY2010-2011.2. Service System Involvement CW Cases

Service System	State wide N=73	GSA 1 n=7	GSA 2 n=2	GSA 3 n=7	GSA 4 n=14	GSA 5 n=19	GSA 6 n=24
Behavioral Health	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Juvenile Justice	17.8%	14.3%	0.0%	14.3%	21.4%	21.1%	16.7%
Educational Services	35.6%	42.9%	50.0%	14.3%	50.0%	10.5%	50.0%
Developmental Disabilities	12.3%	14.3%	50.0%	42.9%	0.0%	0.0%	16.7%
Other	5.5%	0.0%	0.0%	0.0%	0.0%	10.5%	8.3%

The SOCPR protocols documented almost 36% of the cases had educational services involvement, followed by juvenile justice, developmental disabilities, and "Other". The "Other" system category was documented by two GSAs. The four services included adoption agency, CRS (Community Rehabilitation Services), corrections, and medical.

The results of the 73 CW cases were plotted by histogram to explore the distribution of cases for total number of systems involved. The results are seen in Figure FY2010-2011.1. 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 73 CW cases represent children and youth who were involved with the child welfare system and who either were receiving behavioral health system services or had recently completed services from the behavioral health system. In addition, cases were only chosen for SOCPR review if the youth was identified as having complex needs.

Overall, cases identified a range of 0 – 6 for the possible number of systems involvement, with the mean being 2.71, and the number of systems involved for this sample ranged from 2 – 4. The shape of the histogram is symmetrical, resembling a normal distribution. One might expect that children and youth in this sample to be involved in a significant number of child-serving systems and thus expect the shape/distribution to skew to the right, towards a greater number of service systems. Explanations for this finding might

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

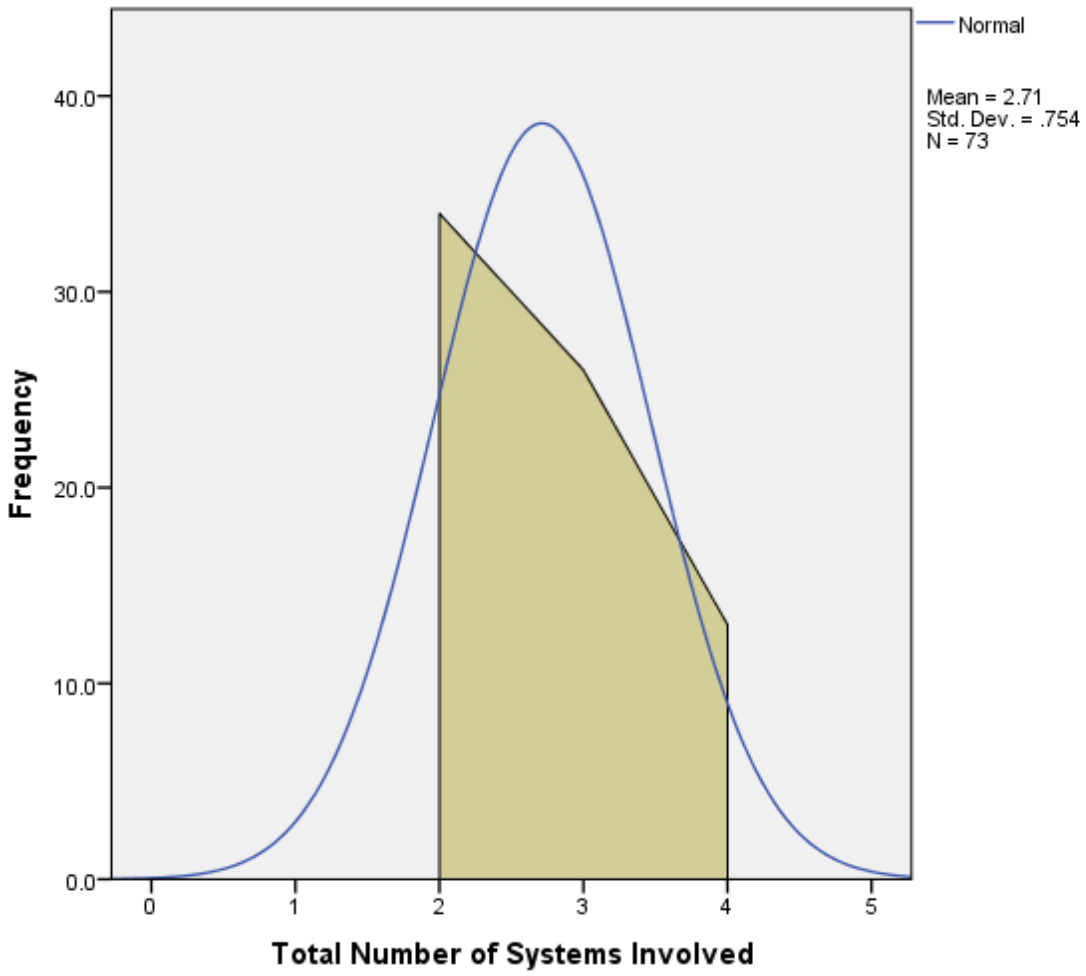

Figure FY2010-2011.1. Histogram of child-serving system involvement CW cases.

Receipt of Services or Treatments CW Cases

Similar to child-serving systems, the kinds of services or treatments children and youth in the sample received were also counted. Fourteen named types of services as well as an "Other" category (see list in Appendix B) were used to identify service provision. These service types are shown in Table FY2010-2011.3.

Table FY2010-2011.3. Services or Treatments Received by Children and Youth CW Cases

Services or Treatment	Statewide N (%)	GSA 1 n (%)	GSA 2 n (%)	GSA 3 n (%)	GSA 4 n (%)	GSA 5 n (%)	GSA 6 n (%)
Treatment Services	64 (87.7)	6 (85.7)	0 (0.0)	6 (85.7)	13 (92.9)	18 (94.7)	21 (87.5)
• Individual Counseling	58 (79.5)	5 (71.4)	0 (0.0)	6 (85.7)	12 (85.7)	17 (89.5)	18 (75.0)
• Family Counseling	30 (41.1)	3 (42.9)	0 (0.0)	2 (28.6)	8 (57.1)	8 (42.1)	9 (37.5)
• Group Counseling	12 (16.4)	1 (14.3)	0 (0.0)	1 (14.3)	1 (7.1)	5 (26.3)	4 (16.7)
• Alcohol/Drug Counseling	5 (6.8)	0 (0.0)	0 (0.0)	0 (0.0)	1 (7.1)	1 (5.3)	3 (12.5)
Medical Services							
• Psychiatric Medication	41 (56.2)	4 (57.1)	0 (0.0)	4 (57.1)	5 (35.7)	12 (63.2)	16 (66.7)
Support Services	72 (98.6)	7 (100.0)	2 (100.0)	7 (100.0)	13 (92.9)	19 (100.0)	24 (100.0)
• Family Support	27 (37.0)	3 (42.9)	0 (0.0)	2 (28.6)	7 (50.0)	7 (36.8)	8 (33.3)
• Peer Support	4 (5.5)	0 (0.0)	0 (0.0)	1 (14.3)	0 (0.0)	1 (5.3)	2 (8.3)
• Respite Support	21 (28.8)	1 (14.3)	0 (0.0)	4 (57.1)	3 (21.4)	8 (42.1)	5 (20.8)
• Home Care Training	11 (15.1)	2 (28.6)	1 (50.0)	4 (57.1)	1 (7.1)	2 (10.5)	1 (4.2)
• Case Management	70 (95.9)	7 (100.0)	1 (50.0)	7 (100.0)	12 (85.7)	19 (100.0)	24 (100.0)
Inpatient Services	9 (12.3)	1 (14.3)	0 (0.0)	0 (0.0)	1 (7.1)	3 (15.8)	4 (16.7)
• Psychiatric Hospitalization	7 (9.6)	1 (14.3)	0 (0.0)	0 (0.0)	0 (0.0)	3 (15.8)	3 (12.5)
• Level I Residential	2 (2.7)	0 (0.0)	0 (0.0)	0 (0.0)	1 (7.1)	0 (0.0)	1 (4.2)
Residential Services	7 (9.6)	0 (0.0)	0 (0.0)	0 (0.0)	1 (7.1)	5 (26.3)	1 (4.2)
• Level II Residential	4 (5.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (15.8)	1 (4.2)
• Level III Residential	3 (4.1)	0 (0.0)	0 (0.0)	0 (0.0)	1 (7.1)	2 (10.5)	0 (0.0)
Other	19 (26.0)	1 (14.3)	1 (50.0)	1 (14.3)	4 (28.6)	6 (31.6)	6 (25.0)

Across the state the most utilized service or treatment provision was Support Services (98.6%) followed by Treatment Services (87.7%). Residential Services (9.6%) was the least used service or treatment provision. More specifically, the most widely utilized service or treatment statewide, based on percentage of cases using the service, was Case Management (96%) followed by Individual Counseling (79.5%), Psychiatric Medication (56%), and Family Counseling (41%). Level I Residential (2.7%), Level III Residential (4%) Level II Residential (5.5%), Peer Support (5.5%), and Alcohol/Drug Counseling (6.8%) were the least utilized services or treatments statewide. Across GSAs, Home Care Training and Case Management were utilized in six out of six GSAs. Case Management was utilized in a minimum of 50% of the cases in each GSA. Level I Residential and Level III Residential were utilized in 2 and 3 cases respectively in only 2 GSAs.

Support Services were utilized in all six GSAs with 5 of the six GSAs utilizing them in

100% of the cases. As mentioned earlier in this report one specific support service, Case Management, was received by 100% of families in 4 GSAs. Treatment Services was documented as the next most frequently utilized service with almost 88% of cases. Residential Services were not utilized in GSAs 1, 2, and 3. Inpatient Services were not utilized in GSAs 2 and 3. GSA 2 with the smallest number of cases (n=2) only utilized service or treatment provisions in the areas of Support Services and Other. GSA 6 (n=24) had the largest number of cases using services in all but one service area (Level III Residential).

Usage of some services *appears* to be unusually high; therefore, because GSAs vary widely in the number of SOCPR cases completed, both number of cases and percentage need to be examined. For example, 50% of cases in GSA 2 had "Other" services, which represents only 1 youth, as only 2 total SOCPR cases were completed for this GSA. Statewide, about 26% (n=19) of the treatments or services reported were identified as "Other". Several of the services variables differed significantly by GSA and are shown in Table FY2010-2011.4. Only statistically significant chi-square statistics are reported.

Table FY2010-2011.4. Significant Associations between GSA and Specific Services CW Cases

Treatment	Chi-Square Statistic
Treatment Services • Individual Counseling • Family Counseling • Group Counseling • Alcohol/Drug Counseling	X2 (5, N=73)= 15.498, p-value = 0.008
Medical Services • Psychiatric Medication	
Support Services • Family Support • Peer Support • Respite Support • Home Care Training (HCTC) • Case Management	X2 (5, N=73)= 15.809, p-value = 0.007 X2 (5, N=73)= 16.810, p-value = 0.005
Inpatient Services • Psychiatric Hospitalization • Level I Residential	
Residential Services • Level II Residential • Level III Residential	
Other	

Statewide for CW cases, a statistically significant relationship between GSA and services received was shown for Treatment Services and Support Services. Specifically within Support Services, Home Care Training (HTC) and Case Management were found to show strong significant associations with GSA. Home Care Training services were more frequently recorded in GSA 4. Case Management was less frequently documented in GSAs 2 and 4.

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 73 CW cases in the sample, the range of services used was 1 to 8. These data are displayed via histogram to examine the distribution of total number of services used. The results are displayed in Figure FY2010-2011.2. The histogram closely resembles a normal distribution, with a mean of 4.30 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.

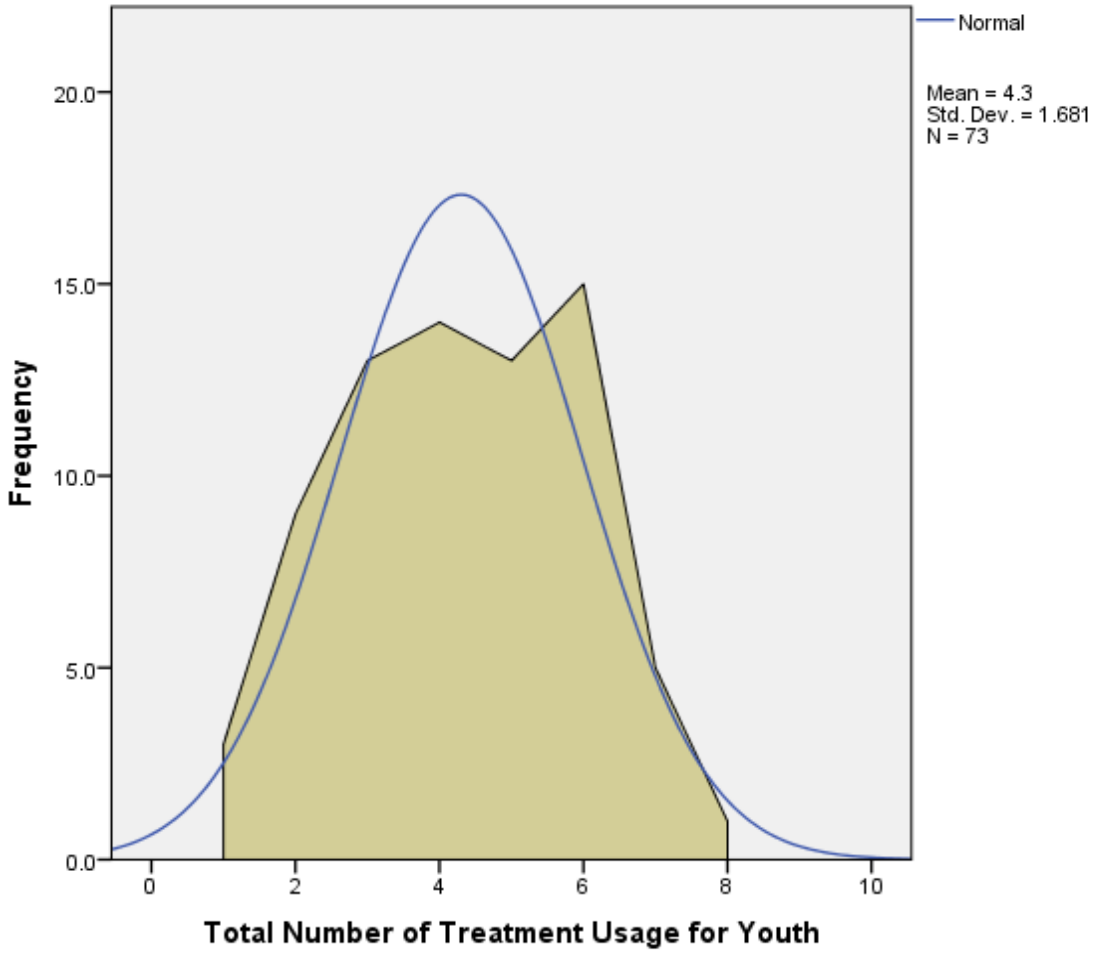

Figure FY2010-2011.2. Histogram of service or treatment usage for youth CW cases.

Quantitative Analysis CW Cases

SOCPR Scores – Overall Case and SOCPR Domains CW 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 FY2010-2011.5 shows the overall case scores as well as those for each SOCPR domain for the child welfare sample of 73 cases, indicated by individual GSA. As explained in the Methodology section, SOCPR 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. At the statewide level, SOCPR CW mean scores ranged from 5.13 to 5.80 with an overall case mean score of 5.39. 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 CW 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 high 5 range, showing a slightly enhanced implementation of system of care values. The scores indicate that across the state, behavioral health provider agencies included in the CW 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 Impactful to children and families.

Table FY2010-2011.5. SOCPR Case and Domain Scores CW Cases

GSA	Case Mean (SD)	CCFF Mean (SD)	CB Mean (SD)	CC Mean (SD)	IMP Mean (SD)
Statewide (N=73)	5.39 (0.65) Min 3.43 Max 6.76	5.48 (0.86) Min 3.30 Max 6.92	5.80 (0.62) Min 4.42 Max 6.75	5.14 (0.84) Min 2.82 Max 6.88	5.13 (1.14) Min 1.50 Max 7.00
1 (n=7)	5.77	5.98	6.18	5.38	5.54
2 (n=2)	5.86	5.71	6.08	5.65	6.00
3 (n=7)	5.30	5.33	5.49	5.06	5.32
4 (n=14)	5.42	5.29	5.98	5.44	4.96
5 (n=19)	5.35	5.57	5.81	5.01	5.03
6 (n=24)	5.28	5.42	5.65	4.99	5.05

Minimum and maximum values are not presented for individual GSAs, as they are a subset of the statewide scores. At the state level, the highest scoring SOCPR domain was Community Based (Mean = 5.80). This was followed by Child-Centered Family-Focused (Mean = 5.48), Culturally Competent (Mean = 5.14), and lastly, Impact (Mean = 5.13). The GSA data show similar patterns when compared with statewide scores; i.e., the domain Community Based had the highest mean score for all six GSAs. Additionally, standard deviation data are not presented at the GSA level because some of the GSAs had small sample sizes; therefore, presenting standard deviation data would not be statistically meaningful. Because of the sample size variance among the GSAs, comparisons between GSAs are not possible.

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 FY2010-2011.3 – FY2010-2011.7. 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.

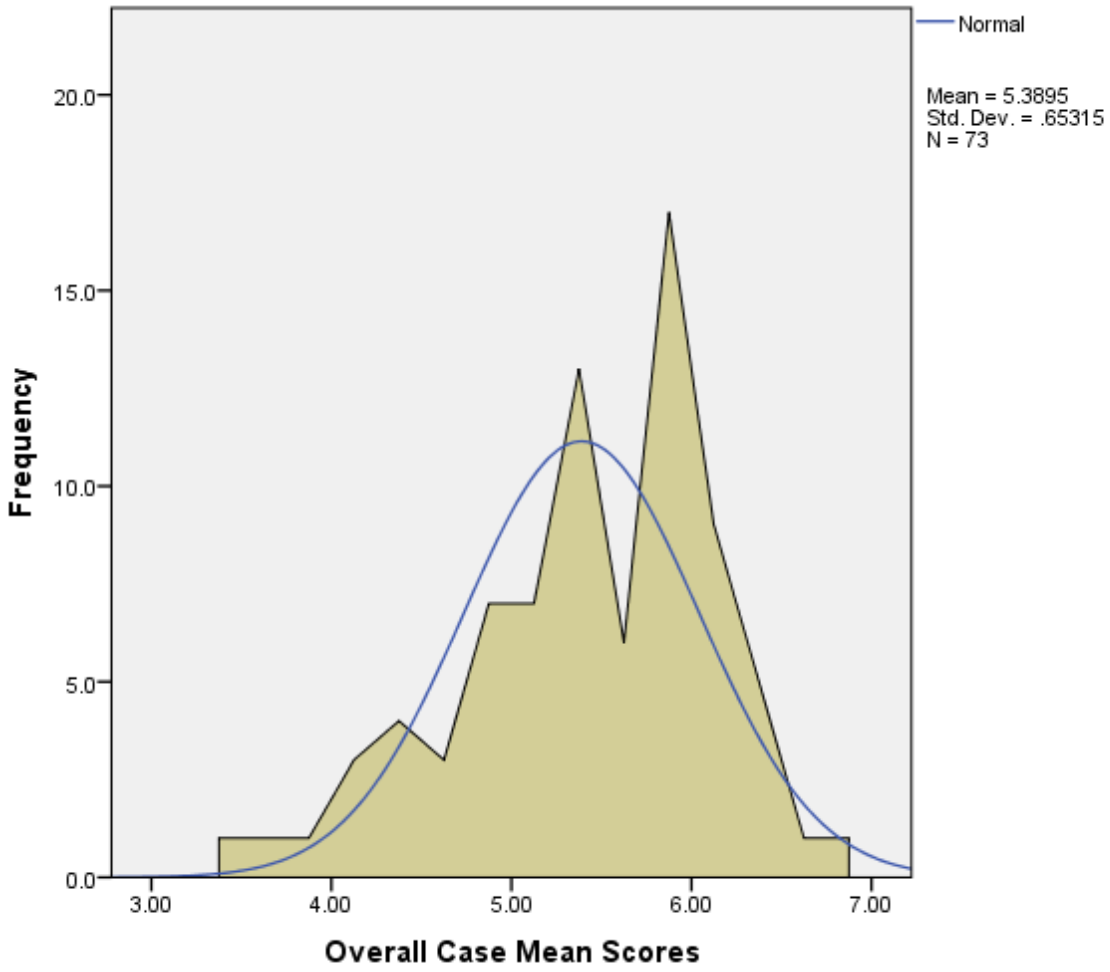

Figure FY2010-2011.3. Histogram of SOCPR Overall case mean scores CW cases.

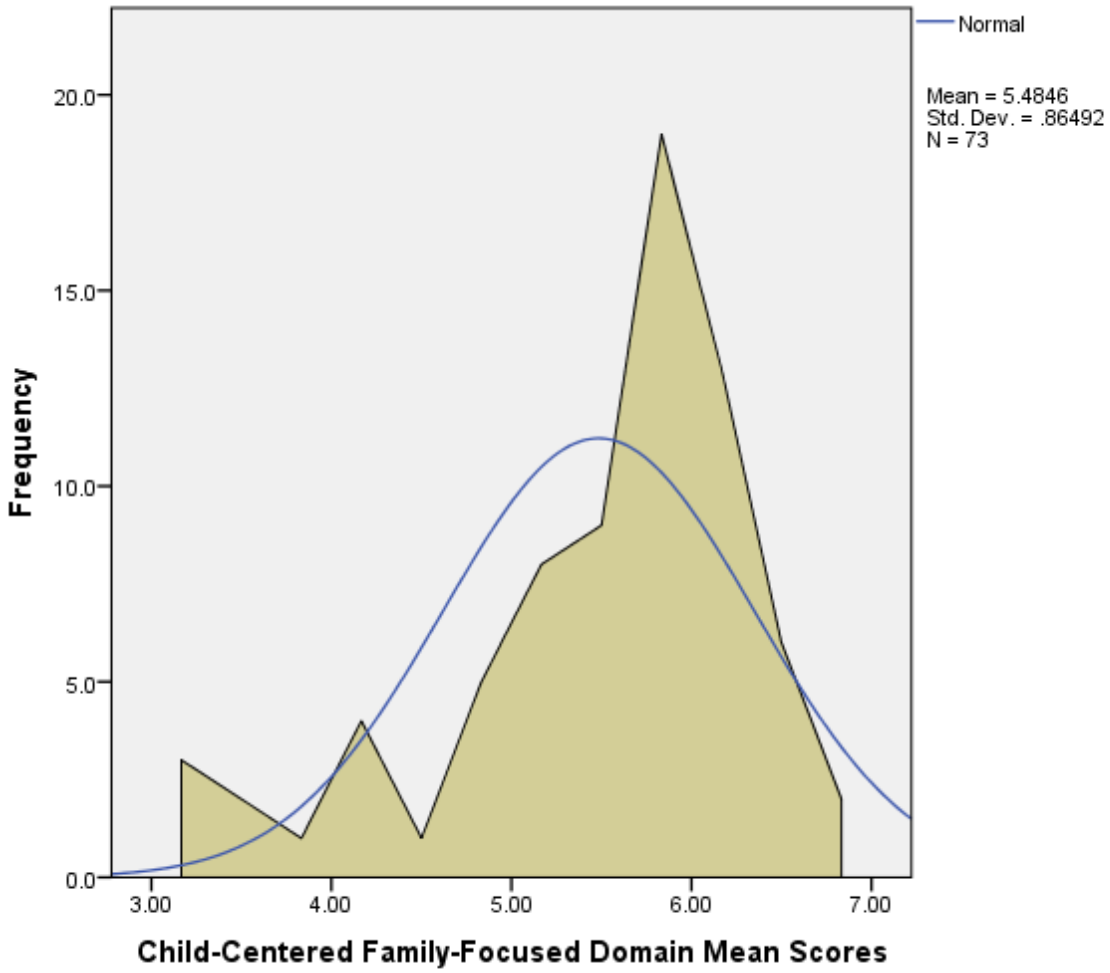

Figure FY2010-2011.4. Histogram of SOCPR Child-Centered Family-Focused domain mean scores CW cases.

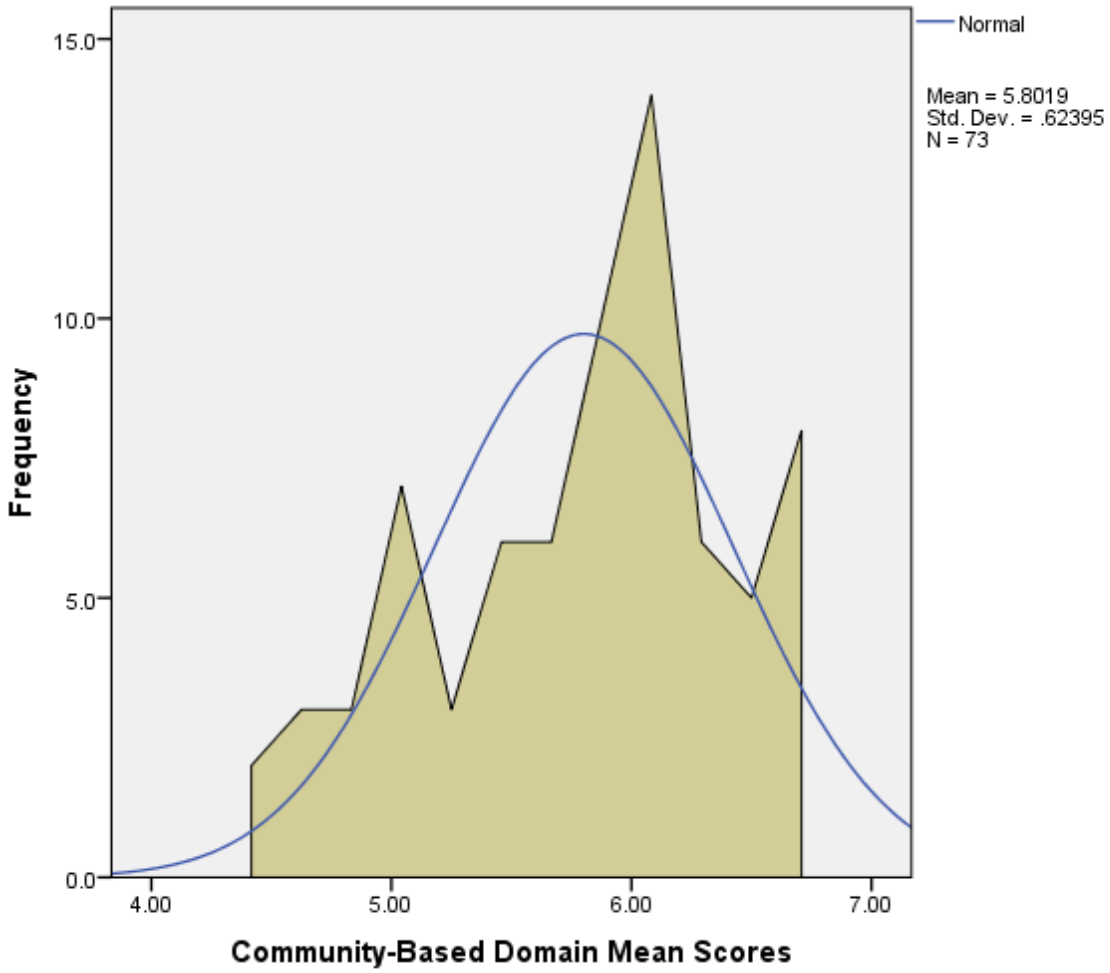

Figure FY2010-2011.5. Histogram of SOCPR Community Based domain mean scores CW cases.

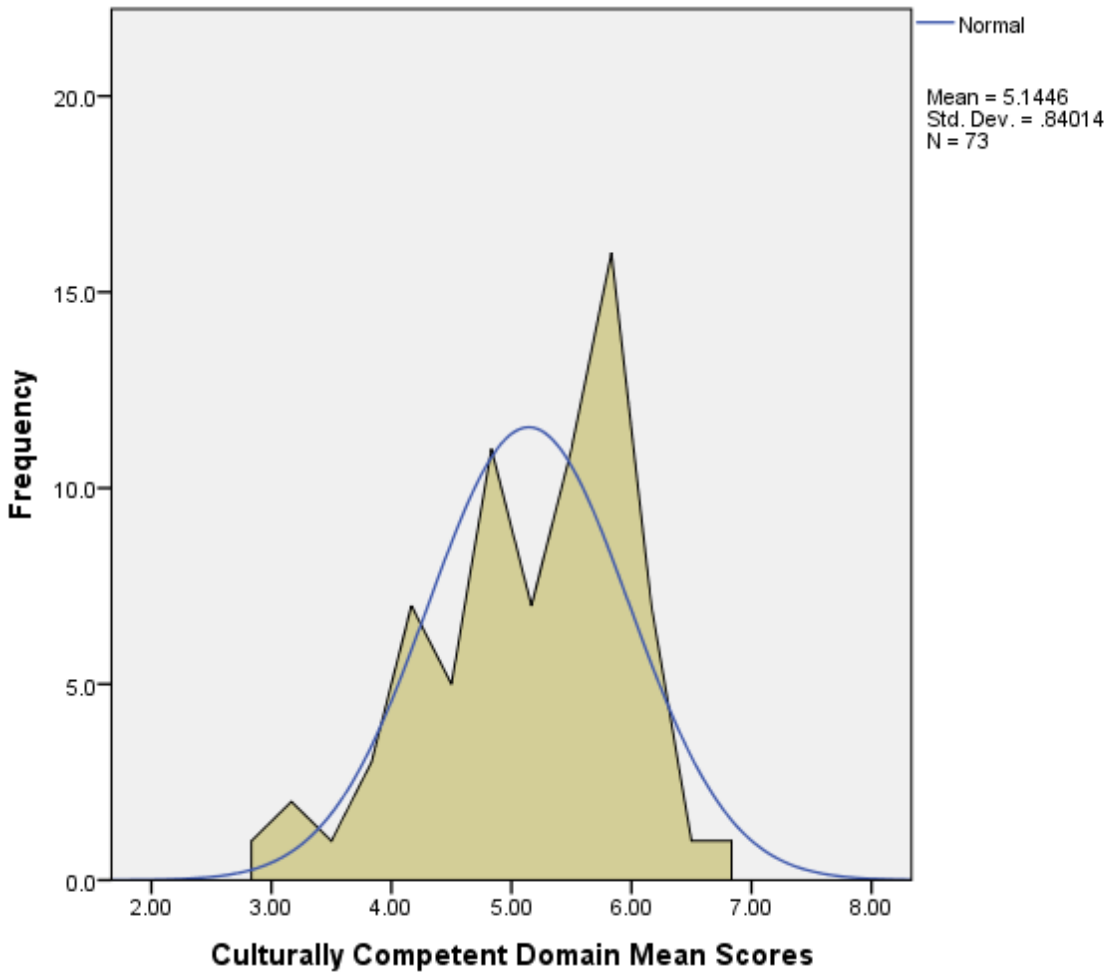

Figure FY2010-2011.6. Histogram of SOCPR Culturally Competent domain mean scores CW cases.

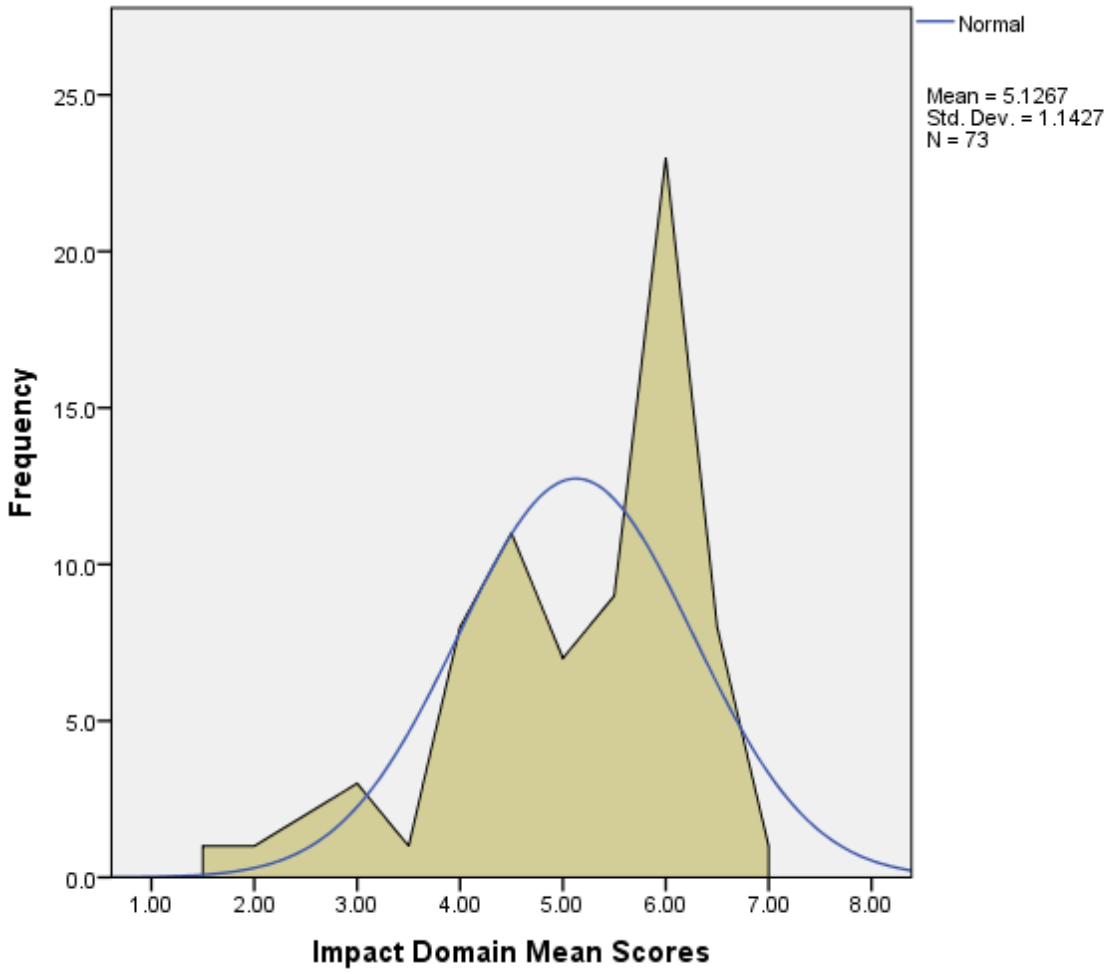

Figure FY2010-2011.7. Histogram of SOCPR Impact domain mean scores CW cases.

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

Table FY2010-2011.6 presents statewide CW SOCPR data for most levels of the instrument, including the total case mean score, SOCPR domain mean scores, SOCPR subdomain mean scores, and SOCPR area mean scores. Because some of the GSAs had very small sample sizes, the standard deviation data are not statistically meaningful; consequently, SOCPR subdomain and area mean scores are not reported at the GSA level.

Table FY2010-2011.6. Statewide SOCPR Scores by Domain, Subdomain, and Area CW Cases

Overall Score – CW cases: 5.39 (0.65)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**5.48 (0.86)**		
Individualized			5.26 (0.86)
Assessment/Inventory		5.60 (0.68)	
Service Planning		5.12 (0.95)	
Types of Services/Supports		5.18 (1.39)	
Intensity of		5.14 (1.51)	
Full Participation			5.72 (0.98)
Case Management			5.48 (1.28)
Domain II: Community Based	**5.80 (0.62)**		
Early Intervention			5.44 (1.18)
Access to Services			6.22 (0.68)
Convenient Times		5.97 (1.30)	
Convenient Locations		5.95 (1.21)	
Appropriate Language		6.75 (0.46)	
Minimal Restrictiveness			6.14 (0.89)
Integration and Coordination			5.40 (1.02)
Domain III: Culturally Competent	**5.14 (0.84)**		
Awareness			5.22 (0.97)
Awareness of Child/Family's Culture		5.27 (1.03)	
Awareness of Providers' Culture		5.04 (1.34)	
Awareness of Cultural Dynamics		5.36 (1.22)	
Sensitivity and Responsiveness			4.89 (1.53)
Agency Culture			5.68 (1.01)
Informal Supports			4.78 (1.55)
Domain IV: Impact	**5.13 (1.14)**		
Improvement			5.25 (1.15)
Appropriateness			5.00 (1.28)

As previously reported, the highest scoring SOCPR domain was Community Based. This was followed by Child-Centered Family-Focused, Culturally Competent, and Impact. All CW case mean scores were in the low to high 5 range, while mean scores for the subdomain scores fell in the high 4 to low 6 range and low 5 to high 6 range for the mean area scores. Appropriate Language, in the subdomain of Access to Services, was the highest mean score (6.75), while the subdomain of Informal Supports had the lowest mean score (4.78).

In the Community Based domain, the Access to Services subdomain was the highest scoring subdomain at 6.22 with the subdomain of Minimal Restrictiveness close behind with a mean score of 6.14. Within the subdomain of Access to Services, all three area mean scores [Appropriate Language (6.75), Convenient Times (5.97), and Convenient Locations (5.95)] scored at the enhanced implementation of a system of care principle level. These subdomain and area mean scores indicate that service providers are cognizant of a family's primary language and utilize it when providing services. They also take into account time and access issues families may have and schedule appointments accordingly.

The data also revealed scores in the high 4 (neutral) range. Although these scores indicate neither support for nor against implementation of system of care principles, they may emphasize the need for increased attention or support. For example, within the Culturally Competent domain, the subdomain scores for Sensitivity and Responsiveness and Informal Supports were in the high 4 range. These scores may indicate an increased need for understanding and respectfulness to family lifestyles and traditions as well as more fully utilizing the informal supports identified by the families when service planning and delivery occurs.

SOCPR Scores and Tests of Significant Differences CW Cases

Because the SOCPR CW 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 2 groups, such as gender, the Mann-Whitney U test was performed. Age was transformed into an Age Band variable with 3 groups: 0 through 5, 6 to 12, and 13 to 18. Table FY2010-2011.7 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 FY2010-2011.7. SOCPR Scores and Significant Differences with Variables of Interest CW Cases

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

There was only one significant difference in SOCPR case and domain scores across the variables examined. Those children and youth with juvenile justice involvement had lower Impact scores. There were no significant difference found for demographic measures, services categories, or services.

SOCPR Scores – FY2010-2011 Comparison CW Cases and Non-CW Cases

Table FY2010-2011.8 shows a comparison of domain, subdomain, and area scores across two samples of the FY2010-2011 SOCPR: CW cases (N=73) and non-CW cases (N=97). Overall, scoring differences are significant with CW mean scores generally positive.

Table FY2010-2011.8. SOCPR Score Comparisons between CW Cases and non-CW Cases

	CW Cases		Non-CW Cases		Difference	p-value[1]
	Mean	(SD)	Mean	(SD)		
Overall Score	5.39	(0.65)	5.11	(0.93)	0.28	0.02*
Domain I: Child-Centered Family-	5.48	(0.86)	5.10	(1.11)	0.38	0.01**
Individualized	5.26	(0.86)	4.81	(1.16)	0.45	<0.01**
Assessment/Inventory	5.60	(0.68)	5.49	(0.79)	0.11	0.35
Service Planning	5.12	(0.95)	4.57	(1.22)	0.55	<0.01**
Types of Services/Supports	5.18	(1.39)	4.62	(1.65)	0.56	0.02*
Intensity of Services/Supports	5.14	(1.51)	4.55	(1.88)	0.59	0.02*
Full Participation	5.72	(0.98)	5.49	(1.10)	0.23	0.15
Case Management	5.48	(1.28)	5.01	(1.62)	0.47	0.03*
Domain II: Community Based	5.80	(0.62)	5.64	(0.81)	0.16	0.15
Early Intervention	5.44	(1.18)	5.31	(1.41)	0.12	0.54
Access to Services	6.22	(0.68)	6.18	(0.81)	0.05	0.69
Convenient Times	5.97	(1.30)	6.01	(1.40)	-0.04	0.86
Convenient Locations	5.95	(1.21)	5.99	(1.20)	-0.05	0.79
Appropriate Language	6.75	(0.46)	6.52	(1.11)	0.23	0.07
Minimal Restrictiveness	6.14	(0.89)	6.19	(0.88)	-0.04	0.76
Integration and Coordination	5.40	(1.02)	4.89	(1.54)	0.51	0.01**
Domain III: Culturally Competent	5.14	(0.84)	4.74	(1.17)	0.40	0.01**
Awareness	5.22	(0.97)	5.00	(1.27)	0.22	0.20
Awareness of Child/Family's	5.27	(1.03)	5.04	(1.35)	0.23	0.21
Awareness of Providers' Culture	5.04	(1.34)	4.77	(1.61)	0.27	0.24
Awareness of Cultural Dynamics	5.36	(1.22)	5.19	(1.44)	0.17	0.40
Sensitivity and Responsiveness	4.89	(1.53)	4.51	(1.66)	0.39	0.12
Agency Culture	5.68	(1.01)	5.30	(1.42)	0.39	0.04*
Informal Supports	4.78	(1.55)	4.18	(1.85)	0.61	0.02*
Domain IV: Impact	5.13	(1.14)	4.94	(1.38)	0.19	0.33
Improvement	5.25	(1.15)	5.05	(1.39)	0.20	0.30
Appropriateness	5.00	(1.28)	4.82	(1.52)	0.18	0.40

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

Overall, SOCPR CW mean scores are higher than non-CW mean scores when compared across all four domains. Consistent with other sample comparisons, the domain of Community Based scored highest across both samples followed by Child-Centered Family-Focused. In contrast to other sample comparisons the Impact domain scored lower than the domain of Culturally Competent.

Results indicated that comparisons at the domain, subdomain, and area levels between CW scores and non-CW scores were statistically significant. Comparisons for Overall Score and the domains of Community Based and Culturally Competent were significantly different. There were also four subdomain score comparisons that were statistically significant. These included Individualized and Case Management within Child-Centered Family-Focused, Integration and Coordination within Community Based, and Agency Culture and Informal Supports within the Culturally Competent Domain. Lastly the areas of Service Planning, Types of Services/Supports, and Intensity of Services/Supports (all within the domain of Child-Centered Family-Focused) were significantly different. These mean differences indicate that CW scores were significantly higher than non-CW scores in these domains, subdomains, and areas.

In the majority of domain, subdomain, and area mean scores, CW cases scored higher when compared to non-CW cases, although there were a few exceptions. Within the domain of Community Based the subdomain score of Minimal Restrictiveness and area scores of Convenient Times and Convenient Locations, CW cases had lower although not significantly different mean scores.

SOCPR Scores – FY2009-2010 and FY2010-2011 Comparison CW Cases

Table FY2010-2011.9 shows a comparison of domain, subdomain, and area mean scores across two administrations of the SOCPR. Overall, scoring differences across all domain, subdomain, and area scores indicate a positive trend from FY2009-2010 to FY2010-2011 among CW Cases. A few of these were statistically significant.

Table FY2010-2011.9. SOCPR Score Comparisons between FY2009-2010 and FY2010-2011 CW Cases

	2009-2010		2010-2011		Change	p-value[1]
	Mean	(SD)	Mean	(SD)		
Overall Score	4.99	(1.37)	5.39	(0.65)	0.40	0.05*
Domain I: Child-Centered Family-Focused	5.11	(1.55)	5.48	(0.86)	0.37	0.12
Individualized	5.05	(1.46)	5.26	(0.86)	0.21	0.35
Assessment/Inventory	5.59	(1.10)	5.60	(0.68)	0.01	0.94
Service Planning	4.91	(1.54)	5.12	(0.95)	0.21	0.38
Types of Services/Supports	4.96	(1.81)	5.18	(1.39)	0.22	0.47
Intensity of Services/Supports	4.74	(1.85)	5.14	(1.51)	0.40	0.20
Full Participation	5.38	(1.48)	5.72	(0.98)	0.34	0.15
Case Management	4.92	(1.97)	5.48	(1.28)	0.56	0.07
Domain II: Community Based	5.50	(1.23)	5.80	(0.62)	0.30	0.11
Early Intervention	5.00	(1.70)	5.44	(1.18)	0.44	0.11
Access to Services	6.10	(1.01)	6.22	(0.68)	0.12	0.46
Convenient Times	5.81	(1.60)	5.97	(1.30)	0.16	0.55
Convenient Locations	5.74	(1.53)	5.95	(1.21)	0.20	0.42
Appropriate Language	6.76	(0.66)	6.75	(0.46)	-0.01	0.90
Minimal Restrictiveness	6.04	(1.33)	6.14	(0.89)	0.11	0.61
Integration and Coordination	4.87	(1.82)	5.40	(1.02)	0.53	0.06
Domain III: Culturally Competent	4.68	(1.48)	5.14	(0.84)	0.46	0.04*
Awareness	4.68	(1.82)	5.22	(0.97)	0.55	0.05*
Awareness of Child/Family's Culture	4.64	(1.80)	5.27	(1.03)	0.63	0.02*
Awareness of Providers' Culture	4.65	(2.00)	5.04	(1.34)	0.39	0.21
Awareness of Cultural Dynamics	4.74	(1.95)	5.36	(1.22)	0.62	0.04*
Sensitivity and Responsiveness	4.34	(1.96)	4.89	(1.53)	0.55	0.09
Agency Culture	5.31	(1.54)	5.68	(1.01)	0.38	0.12
Informal Supports	4.41	(1.88)	4.78	(1.55)	0.37	0.24
Domain IV: Impact	4.64	(1.72)	5.13	(1.14)	0.49	0.07
Improvement	4.77	(1.64)	5.25	(1.15)	0.48	0.07
Appropriateness	4.51	(1.91)	5.00	(1.28)	0.49	0.11

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

There is consistency in Arizona's Children's System of Care as evident in the ranking of domain scores across both FY2009-2010 and FY2010-2011 CW Cases. The highest scoring SOCPR domain was Community Based across both administrations followed by Child-Centered Family-Focused. Again, Access to Services and Minimal Restrictiveness were the highest scoring subdomains across both years and Appropriate Language was the highest scoring area.

One of Arizona's Children's System of Care strengths is the overall positive progression across all (except for one) mean scores. These continued upward trends indicate that services and supports are individualized and that children/youth and families are fully participating in the development, implementation, and evaluation of service plans and care management activities. They also indicate that the community based services are provided early to families and they are accessible and convenient in the least restrictive conditions possible.

Another strength is evident in the Impact Domain score. There is an overall improvement across both administrations of the SOCPR and for both subdomains. These positive changes are an indication that the services and supports provided to children and families have not only properly met their needs but have also enhanced their overall situations.

A final strength is in the domain of Culturally Competent. The statistically significant positive improvement in this domain is evident in the significant increases in not only the subdomain of Awareness but also in the areas of Awareness of Child and Family's Culture and Cultural Dynamics. This is an indication that providers are aware of families' neighborhood and community and concepts of health and family and how these influence their decision making process and that providers are aware that the values, beliefs, and lifestyles of the child and family they are working with maybe different from their own and how that may influence how they work with families.

Qualitative Analysis CW Cases

This section reports a summary of qualitative data compiled from responses to Summative Questions for FY2010-2011 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 child welfare system. The Summative Questions call for the reviewer to provide a rating for each of 41 statements and to provide a brief narrative in

support of each rating. Individual ratings serve as indicators of the extent to which subdomain elements (e.g., *individualized services*, *full participation*) are being implemented. In the final analysis, ratings for each item 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 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 a particular 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 each SOCPR domain area for child welfare involved cases only (N=73). The frequency of Summative Question responses were examined and analyzed for emerging patterns or trends. In order to be considered a trend, at least of half of the cases reviewed had to provide similar information for a given subdomain area or item. The qualitative findings section also highlights successes and opportunities for growth related to each of the SOCPR Domain Areas for FY2010-2011 as reported in responses to Summative Questions.

Qualitative Findings

Domain 1: Child-Centered Family Focused Services

The first domain of the SOCPR, *Child-Centered and Family-Focused,* 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 care coordination. The sub-domains, which reflect system of care principles and contain measurements of practice or system of care implementation, are: *Individualized*, *Full Participation*, and *Case Management.*

Overall, descriptive comments provided by SOCPR raters, suggest that providers within the System of Care are generally providing child-centered and family-focused services. The review of cases using the measures associated with the *Child-Centered and Family-Focused* domain suggests that assessments of youth in this sample were completed across multiple life domains.

When considering whether youth and family received *Individualized Services* within the System of Care, reviewers noted that service plans generally reflect the appropriate types of services for families, and that providers, generally, informally acknowledged child/family needs even when these were not adequately documented in case files. The review of cases using the measures associated with this subdomain suggests that assessments of youth in this sample were completed across multiple life domains. Most raters indicated that the combination of services and supports provided to the youth and family were appropriate, but there was some disagreement between the caregivers and providers as to whether the intensity (too intense vs. not intense enough) of the services reflected the needs and strengths of the child and family.

A key challenge identified in this subdomain area by reviewers (in case records; youth, caregiver, and provider interviews) was that goals did not incorporate the strengths of the child or the family or both. This issue was found in 60 out of 73 cases rated 1 through 7. Although one item was coded a "7", the reviewer comment stated, “There is no evidence to support that strengths are incorporated into the goals for either the child or the family”. Reviewers also noted that deficit-based language was occasionally used to write goals and objectives, while characteristics instead of strengths of youth were at times utilized to write the service plan. Although strengths were not incorporated in goals, they were discussed at all service planning meetings. There was an effort to address strengths, but they were not always integrated in a meaningful way into the goals or objectives of the service plans for the youth and family. These findings provide an opportunity for growth and training of providers serving families to improve service plan documentation by consistently incorporating the strengths of both youth and family into the service plan goals and objectives in a meaningful way.

Overall, reviewers reported finding *Full Participation* on the part of children/youth and families in the development, implementation, and evaluation of service plans. In general, reviewers reported that children/youth and caregivers participated in services and regularly attended service planning meetings that most often included multiple providers but not always informal supports. In addition, reviewers noted that most caregivers appeared to understand the service plans developed for their children and families. However, reviewers also noted children/youth were less likely to attend service planning meetings (in about 15% of the cases) and/or did not fully understand service plans (in about 5% of the cases). In general though, reviewers suggested that cases reflected adequate participation in service planning on the part of providers and caregivers who were working toward reaching common goals. However, there was disagreement about the extent to which families influence the planning process. Case notes for one family indicated that agency providers were meeting separately to change the treatment plan without the entire service planning team or family being present. Documents also indicted that families requested additional or different services on multiple occasions over

an extended period of time (months sometimes up to a year) but there were no changes. Generally, informal supports were included in service planning and delivery. Informal supports typically play an important role in the lives of children and families with multiple and severe needs, as well as in their interactions with formal service systems and should be consistently emphasized and encouraged

With regard to the *Case Management* subdomain, reviewers reported that one individual appeared to be responsible for coordinating child/youth and family services and was doing so successfully. Overall, service planning appeared to be responsive to the changing needs of the family and that service plans are updated in a timely fashion. Where challenges were reported to exist, reviewers noted turnover of agency staff/personnel was an issue. Case files showing multiple case managers indicated, according to reviewers, that families were not receiving consistent coordination of services. Another challenge was in the area of transition planning. Several case managers reported that planning did not reflect the family or was difficult to arrange and was somewhat vague.

Domain 2: Community-Based Services

The second SOCPR domain, *Community Based*, 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 sub-domains in this area are used to evaluate the effectiveness of the site in identifying needs and providing supports early (*Early Intervention)*, facilitating *Access to Services*, providing less restrictive services (*Minimal Restrictiveness)*, and integrating and coordinating services for families (*Integration and Coordination*).

When assessing whether child/youth and families received *Early Intervention* related to the child and/or family's identified needs, reviewers overwhelmingly reported that child/youth and family needs were identified fairly quickly at intake and that services were provided within four weeks of intake. Reported issues that hindered clarification of needs at intake included changes in staff, inability to engage caregiver, and multiple, complex needs of children or youth served.

Overall, reviewers reported that case files demonstrated that the system was ensuring *Access to Services* for children/youth and families. In general, reviewers noted that services were scheduled at convenient times for the child/youth and family and that these services were

most often provided within or close to the home community of the child/youth or they were provided at a location that was convenient for the family. Because of the success in providing services that were located within or in close proximity to the child's home community, providers reported that they did not need to provide additional support to increase access to service locations. When evaluating the appropriateness of the verbal and written communication of service delivery, reviewers assigned consistently high ratings. The majority of reviewers noted that case files presented ample evidence that service providers made every effort to verbally communicate with and provide written documentation to families in their primary language.

When assessing for *Minimal Restrictiveness* in service delivery, raters reported that overall, services appeared to be provided in environments that feel comfortable to the child/youth and family, in the least restrictive and most appropriate environment. SOCPR raters also noted that case files reflected ongoing communication between formal service providers and family members and that links to additional services were made with few challenges. In cases where challenges were reported, caregivers felt as though services offered were limited to what was available.

With regard to *Integration and Coordination* of services, reviewers generally found that there was ongoing two-way communication (via phone, email, and at meetings) among and between all service planning team members (e.g., caregiver, youth, informal supports, case manager, CPS, therapist, education, family support services). In addition, reviewers generally noted that there were smooth and seamless processes for linking children/youth and family to additional services with minimal challenges. There were some barriers though to obtaining additional services. One barrier was related to wait times for specific services as indicated both in the case record and by caregivers. Another barrier identified by a case manager was funding - "It depends on what service. Outside of (our agency) is difficult because of budget cuts. It has been very difficult." Reviewers also reported these delays including discharge from a residential facility, obtaining prescribed medications, and counseling for the family.

One response out of 73 in the subdomain of *Community Based: Appropriate Language* was rated a value of 4 (neutral) meaning a lack of support for or against implementation a system of care principle. The reviewer stated that all service providers communicated in the primary language of the child and family. Although only one response, this may indicate an opportunity for growth and training for raters to review response scoring procedures.

Domain 3: Culturally Competent Services

The third domain of the SOCPR, *Culturally Competent Services*, 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 sub-domain 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. The sub-domains associated with Culturally Competent Services are: *Awareness*, *Sensitivity and Responsiveness*, *Agency Culture*, and *Informal Supports.*

Reviewers assessing for *Cultural Awareness* noted that providers informally understand the culture and community of the child/youth and family; however, reviewers noted that case files provided minimal documentation related to provider awareness or consideration of the child's or family's culture. Reviewers noted that providers did not always clearly document how cultural, neighborhood, and community context informed a child/youth and family's identity. Overall, raters reported limited documentation as well as minimal provider knowledge related to youth and family concepts of health and how these beliefs influence the family's decision-making. Raters also noted that providers generally reflected awareness of their own culture during interviews, but a few records noted that some were unclear how this awareness influenced the planning and delivery of services to children, youth and families.

When evaluating the *Sensitivity and Responsiveness* of the System, raters noted that there was limited to no documentation indicating that providers translated awareness of family culture into action. Case records noted that both caregivers and providers agreed that the information pertaining to services being responsive to the child and family's culture was "superficial", not useful in treatment planning, and not documented consistently to provide sufficient information.

Generally, reviewers noted that providers offered families information to help them better understand their agency's rules and expectations when assessing *Agency Culture*. Limited evidence indicated that little to no support or explanation was provided to families to help them in understanding and navigating service systems. According to one reviewer, "There appears to be a huge misunderstanding between what the family's expectation and desire is and what the provider understands about the family's needs." Although not a trend, about 10% of caregivers expressed frustration and dissatisfaction with the service planning process, which affected their decision making and their level of participation in services. Records indicated generally there were signed policy and procedure forms, but some families still did not understand services or had issues navigating the system. As one caregiver reported during their interview, "I don't understand the point of some of the services and I don't understand how the places work."

With regard to *Informal Supports*, a majority of raters indicated that case files lacked documentation of informal support participation in service planning. Raters indicated having little to no documentation that informal supports were ever intentionally identified or included in service planning, even if family members reported relying on such support outside of the service planning process. There was little evidence to suggest that informal supports, even when identified, had been adequately engaged in service planning. Raters also noted that many family members had declined offers to include informal supports in the service planning process even when the child/youth would benefit from their participation. The findings related to this particular subdomain suggest that more training and support for providers is needed to help them develop ways to discuss the importance of informal supports in the service planning process and to help families identify them.

Four responses in the following subdomains, *Culturally Competent: Awareness* (2) and *Agency Culture* (2), were rated a value of 4 (neutral). This occurred when there was "no family" – child had a foster family or caregiver was a professional service provider. Reviewers in these instances felt they could not answer this question. Although this finding does not constitute a trend, it does identify an opportunity for growth and training for providers with regard to the evaluation of cultural awareness and the understanding of agency culture.

Domain 4: Impact

The final SOCPR domain, *Impact*, evaluates whether services have produced positive outcomes for the child and family. This domain includes two sub-domains: *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 the child/youth and family's identified needs.

In general, raters found that services provided to children and families had produced a positive impact. When reflecting on the evidence provided for *Impact: Improvement* for child and family, raters noted that family members and providers were mostly in agreement that there was some improvement, overall, and some progress towards goals. Because of the complexity of CW cases, progress in real life goals and improvements in child and family situations were slow to appear.

Three responses in the subdomain of *Impact: Improvement* were rated a value of 4 (neutral). This occurred when there was "no family" – child lived in a group home situation or child had a foster family. Therefore, reviewers felt they could not answer this question. This finding identifies a training opportunity for providers to assist them in evaluating the impact

services have on positively improving the circumstances of children and families.

In the subdomain for *Impact: Appropriateness*, reviewers noted there was disagreement between formal providers and caregivers about appropriateness of services. Most agreed that the services and supports adequately met the needs of the child or youth but were not addressing the needs of the family. In many of these cases, families had experienced multiple and difficult challenges and felt that providers had not yet adequately identified their needs or that services did not adequately meet needs even when identified correctly. Reasons for this included inappropriate services, families not participating in services, and too many staff/personnel changes.

Three responses in the subdomain of *Impact: Appropriateness* were rated a value of 4 (neutral). This occurred when there was "no family" – child lived in a group home situation or child had a foster family. Therefore reviewers felt they could not answer this question. This finding suggests the need for additional training for providers to assist them in evaluating the impact services have on appropriately meeting the needs of children and families.

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 FY 2010-2011. These findings indicate that these successes are most evident in the SOCPR Domain associated with Community-Based Service Delivery, especially with regard to the Access subdomain. A number of recommendations have been made to help build on these successes by encouraging the work of providers and reviewers through ongoing training and coaching.

RESULTS

YR3: FY2011-2012

Demographics CW Cases

For purposes of this review, the state of Arizona was again primarily interested in those cases where the children and families had child welfare involvement. During FY2011-2012, 80 CW cases were sampled from all six GSAs from the 180 SOCPR All Cases. A summary of the demographic characteristics are presented in Table FY2011-2012.1. Due to the sampling scheme employed by ADHS/DBHS (previously described in the Methodology section), different numbers of cases were completed in each GSA. The most populous area, GSA 6, provided the greatest number of case for the sample (n=25). The other GSAs provided between 1 and 20 cases.

Table FY2011-2012.1. Demographic Characteristics CW Cases

Demographic Characteristic	Statewide N=80	GSA 1 n=6	GSA 2 n=1	GSA 3 n=12	GSA 4 n=20	GSA 5 N=16	GSA 6 n=25
Age (years)	9.24	9.17	8.00	12.00	10.00	7.56	8.44
Gender (Male)	67.5%	50.0%	100.0%	75.0%	90.0%	62.5%	52.0%
Race:							
White	48.8%	66.7%	0.0%	58.3%	65.0%	37.5%	36.0%
Black	13.8%	16.7%	0.0%	0.0%	20.0%	6.2%	20.0%
Latino/Hispanic	25.0%	0.0%	100.0%	41.7%	10.0%	37.5%	24.0%
Native American	2.5%	0.0%	0.0%	0.0%	0.0%	0.0%	8.0%
Multi-racial	10.0%	16.7%	0.0%	0.0%	5.0%	18.8%	12.0%
Primary Language:							
English	92.5%	100.0%	100.0%	91.7%	95.0%	87.5%	92.0%
Spanish	6.2%	0.0%	0.0%	8.3%	5.0%	12.5%	4.0%
Multiple Languages	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%

As shown in Table FY2011-2012.1, the overall mean age for the 80 cases was 9.24 years. The means for age across GSA ranged from 7.56 years to 12.00 years. Statewide almost 68% of the sample was male, ranging from 50% in GSA 1 to 100% in GSA 2. Of the sample, almost 49% was White, 25% was Latino/Hispanic, and almost 14% identified as Black. The remaining 12.5% of the sample was Native American and Multi-racial. Statewide, almost 93% of the children and youth in the sample spoke English as their primary language. English was the only language reported in GSA 1 and GSA 2. Spanish (6.2%) was identified as a primary language in GSAs 3, 4, 5, and 6 and Multiple Languages (1.2%) in GSA 6.

Service System Involvement CW Cases

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 80 cases (98.8%) indicated having behavioral health system involvement, as shown in Table FY2011-2012.2.

Table FY2011-2012.2. Service System Involvement CW Cases

Service System	State wide N=80	GSA 1 n=6	GSA 2 n=1	GSA 3 n=12	GSA 4 n=20	GSA 5 n=16	GSA 6 n=25
Behavioral Health	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	96.0%
Juvenile Justice	12.5%	16.7%	0.0%	25.0%	10.0%	6.2%	12.0%
Educational Services	26.2%	33.3%	100.0%	25.0%	15.0%	25.0%	32.0%
Developmental Disabilities	10.0%	16.7%	0.0%	8.3%	5.0%	18.8%	8.0%
Other	1.2%	0.0%	0.0%	0.0%	5.0%	0.0%	0.0%

The SOCPR protocols documented that over 26% had educational services involvement, followed by juvenile justice (12.5%), and developmental disabilities (10.0%). The "Other" system category was documented by 1.2% of the GSAs. The one service included Court Appointed Special Advocate (CASA).

The results of the 80 CW cases were plotted by histogram to explore the distribution of cases for total number of systems involved. The results are seen in Figure FY2011-2012.1. 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 80 CW cases represent children and youth who were involved with the child welfare system and 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, the possible number of systems involvement ranged from 0 – 6 with the mean for this sample being 2.49 and the number of systems involved ranging from 1-4. The shape of the histogram resembles a normal distribution, but is slightly skewed. One might expect that children and youth in this sample to be involved in a significant number of child-serving systems and thus expect the shape/distribution to skew to the right, towards a greater number of service systems. Explanations for this finding might include inadequate record

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

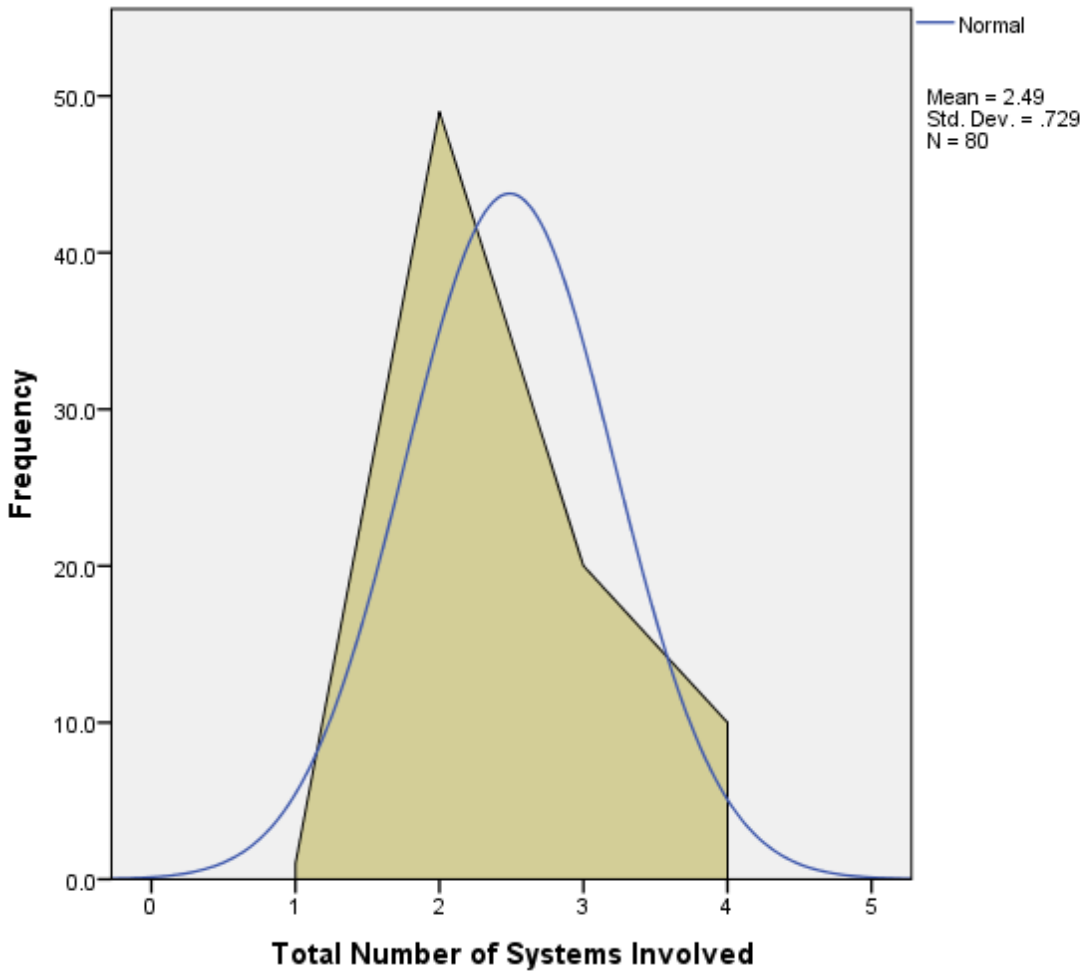

Figure FY2011-2012.1. Histogram of child-serving system involvement CW cases.

Receipt of Services or Treatments CW 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 list in Appendix B) were used to identify categories of service or treatment provision. These service types are shown in Table FY2011-2012.3.

Table FY2011-2012.3. Services or Treatments Received by Children and Youth CW Cases

Services or Treatment	Statewide N (%)	GSA 1 n (%)	GSA 2 n (%)	GSA 3 n (%)	GSA 4 n (%)	GSA 5 n (%)	GSA 6 n (%)
Treatment Services	60 (75.0)	5 (83.3)	1 (100.0)	9 (75.0)	12 (60.0)	11 (68.8)	22 (88.0)
• Individual Counseling	53 (66.2)	5 (83.3)	1 (100.0)	7 (58.3)	11 (55.0)	10 (62.5)	19 (76.0)
• Family Counseling	34 (42.5)	3 (50.0)	0 (0.0)	7 (58.3)	9 (45.0)	5 (31.2)	10 (40.0)
• Group Counseling	12 (15.0)	1 (16.7)	1 (100.0)	3 (25.0)	3 (15.0)	0 (0.0)	4 (16.0)
• Alcohol/Drug Counseling	2 (2.5)	0 (0.0)	0 (0.0)	0 (0.0)	1 (5.0)	0 (0.0)	1 (4.0)
Medical Services							
• Psychiatric Medication	40 (50.0)	5 (83.3)	1 (100.0)	9 (75.0)	8 (40.0)	7 (43.8)	10 (40.0)
Support Services	56 (100.0)	6 (100.0)	1 (100.0)	12 (100.0)	10 (100.0)	16 (100.0)	11 (100.0)
• Family Support	27 (33.8)	4 (66.7)	1 (100.0)	4 (33.3)	6 (30.0)	4 (25.0)	8 (32.0)
• Peer Support	8 (10.0)	1 (16.7)	0 (0.0)	2 (16.7)	1 (5.0)	2 (12.5)	2 (8.0)
• Respite Support	21 (26.2)	4 (66.7)	1 (100.0)	5 (41.7)	4 (20.0)	4 (25.0)	3 (12.0)
• Home Care Training	12 (15.0)	3 (50.0)	0 (0.0)	3 (25.0)	1 (5.0)	0 (0.0)	5 (20.0)
• Case Management	80 (100.0)	6 (100.0)	1 (100.0)	12 (100.0)	20 (100.0)	16 (100.0)	25 (100.0)
• Skill Develop & Training	25 (44.6)	5 (83.3)	1 (100.0)	5 (41.7)	6 (60.0)	6 (37.5)	2 (18.2)
Inpatient Services	9 (11.2)	0 (0.0)	0 (0.0)	0 (0.0)	4 (20.0)	2 (12.5)	3 (12.0)
• Psychiatric	6 (7.5)	0 (0.0)	0 (0.0)	0 (0.0)	3 (15.0)	1 (6.2)	2 (8.0)
• Level I Residential	5 (6.2)	0 (0.0)	0 (0.0)	0 (0.0)	2 (10.0)	1 (6.2)	2 (8.0)
Residential Services	5 (6.2)	0 (0.0)	0 (0.0)	0 (0.0)	2 (10.0)	2 (12.5)	1 (4.0)
• Level II Residential	4 (5.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (10.0)	2 (12.5)	0 (0.0)
• Level III Residential	1 (1.2)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.0)
Other	17 (21.2)	2 (33.3)	0 (0.0)	2 (16.7)	8 (40.0)	1 (6.2)	4 (16.0)

Across the state the most utilized service provision was Support Services (100%) followed by Treatment Services (75%). Residential Services (6.2%) was the least used service provision. More specifically, the most widely utilized service statewide, based on percentage of cases using the service, was Case Management (100%) followed by Individual Counseling (66.2%) and Psychiatric Medication (50%). Level III Residential and Alcohol/Drug Counseling were the least utilized services (1.2% and 2.5% respectively) statewide. Across GSAs, Case Management was utilized in six out of six GSAs, and it was utilized across 100% of the cases. Level III Residential was utilized in only one GSA (only one case), and Level II Residential and Alcohol/Drug Counseling were used in two GSAs (four cases and two cases respectively).

Support Services were utilized equally (100%) across all 6 GSAs. As mentioned earlier in this

report one specific support service, Case Management, was also utilized 100% by all cases in all six GSAs. Treatment Services and Medical Services were documented most frequently at 100% usage in GSA 2 based on percentage of cases as well as Individual Counseling, Group Counseling, Family Support, Respite Support, and Skill Development and Training, but GSA 2 had the smallest number of cases as a part of the overall CW statewide sample (n=1). Alcohol/Drug Counseling, Psychiatric Hospitalizations, Level II Residential, and Level III Residential were not utilized in GSAs 1, 2, and 3. Level III Residential was only utilized in GSA 6 (1 case).

Usage of some services *appears* to be unusually high; therefore, because GSAs vary widely in the number of SOCPR cases completed, both number of cases and percentage need to be examined. For example, almost 40% of cases in GSA 4 had "Other" services, which represents only 8 youth, as only 20 total SOCPR cases were completed for this GSA. Over 21% of the treatments or services reported were identified as "Other" (see Technical Appendix). Several of the services variables differed significantly by GSA and are shown in Table FY2011-2012.4. Only statistically significant chi-square statistics are reported.

Table FY2011-2012.4. Significant Associations between GSA and Specific Services CW Cases

Treatment	Chi-Square Statistic
Treatment Services • Individual Counseling • Family Counseling • Group Counseling • Alcohol/Drug Counseling	
Medical Services • Psychiatric Medication	
Support Services • Family Support • Peer Support • Respite Support • Home Care Training (HCTC) • Case Management • Skills Development & Training	X2 (5, N=80)= 12.384, p-value = 0.030 X2 (5, N=80)= 11.765, p-value = 0.038
Inpatient Services • Psychiatric Hospitalization • Level I Residential	
Residential Services • Level II Residential • Level III Residential	
Other	

Statewide for CW cases, a statistically significant relationship between GSA and services received was shown for Support Services. Specifically within Support Services, Respite Support and Home Care Training were found to show strong significant associations with GSA. Respite Care was documented less frequently by number of cases in GSAs 2 and 6. Home Care Training services were more frequently recorded in GSA 6.

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 80 CW 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 presented in Figure FY2011-2012.2. The histogram closely resembles a normal distribution, with a mean of 4.34 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.

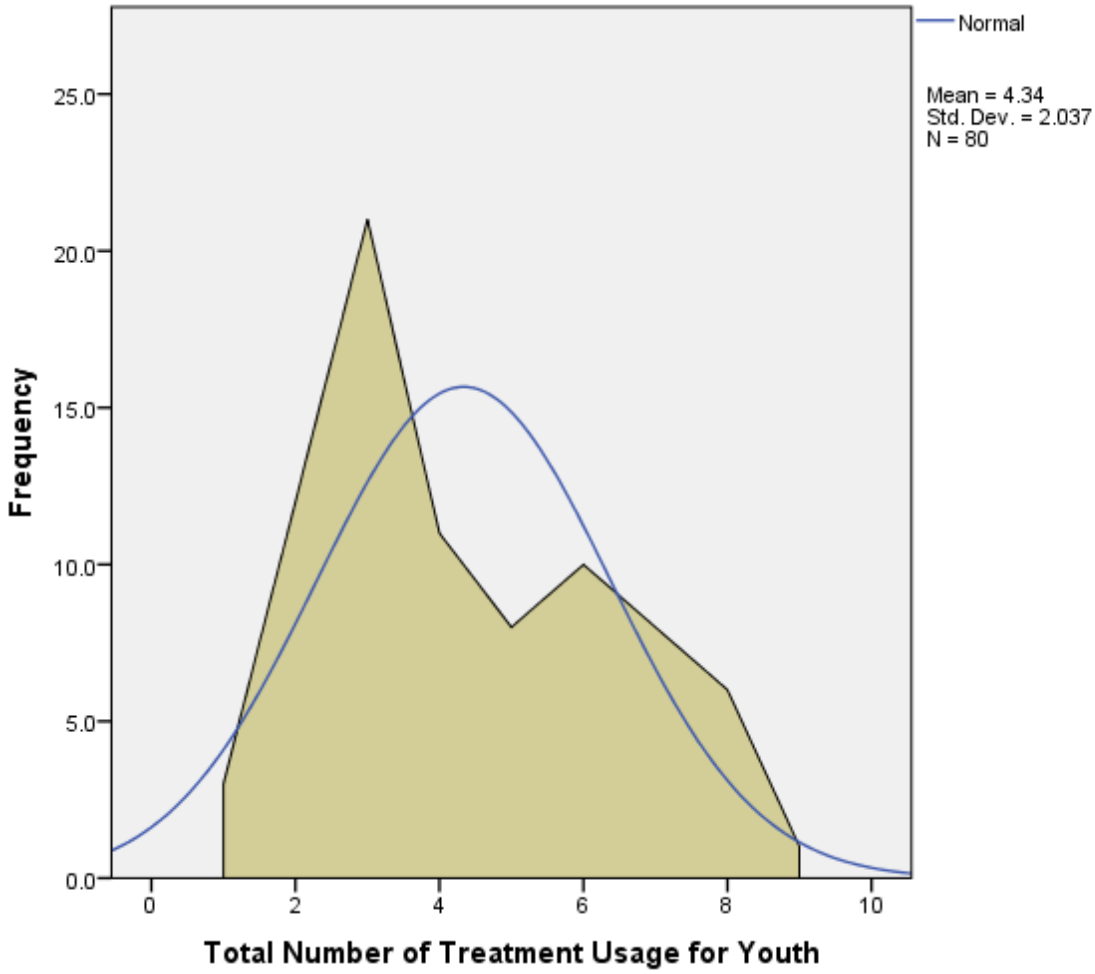

Figure FY2011-2012.2. Histogram of service or treatment usage for youth CW cases.

Quantitative Analysis CW Cases

SOCPR Scores – Overall Case and SOCPR Domains CW 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 FY2011-2012.5 shows the overall case scores as well as those for each SOCPR domain for the child welfare sample of 80 cases, indicated by individual GSA. 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 CW mean scores ranged from 4.99 to 5.42 with an overall case mean score of 5.13. 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 CW 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 mid 2s to low 6s. This range indicates that scores fall between a lower implementation of system of care values to an emerging enhanced implementation of system of care principles. The scores indicate that across the state, behavioral health provider agencies included in the sample performed best at including the Community Based values of service planning and provision. Behavioral health provider agencies were most challenged by providing Culturally Competent care.

Table FY2011-2012.5. SOCPR Case and Domain Scores CW Cases

GSA	Case Mean (SD)	CCFF Mean (SD)	CB Mean (SD)	CC Mean (SD)	IMP Mean (SD)
Statewide (N=80)	5.13 (1.01) Min 2.04 Max 6.69	5.07 (1.10) Min 2.25 Max 6.64	5.42 (0.89) Min 1.96 Max 6.79	4.99 (1.00) Min 2.25 Max 6.50	5.06 (1.41) Min 1.00 Max 7.00
1 (n=6)	5.73	5.91	6.03	5.09	5.88
2 (n=1)	3.82	4.66	4.38	2.49	3.75
3 (n=12)	5.27	5.26	5.49	5.23	5.08
4 (n=20)	5.09	4.90	5.38	4.99	5.09
5 (n=16)	5.28	5.09	5.57	5.16	5.28
6 (n=25)	4.92	4.92	5.20	4.84	4.73

Minimum and maximum values are not presented for individual GSAs, as they are a subset of the statewide CW scores. At the state level, the highest scoring SOCPR domain was Community Based (Mean = 5.42). This was followed by Child-Centered Family-Focused (Mean = 5.07), Impact (Mean = 5.06), and finally, Culturally Competent (Mean = 4.99). The GSA data generally show similar patterns when compared with statewide scores. Additionally, standard deviation data are not presented at the GSA level because some of the GSAs had small sample sizes; therefore, presenting standard deviation data would not be statistically meaningful. Because of the sample size variance among the GSAs, comparisons between GSAs are not possible.

Histograms were drawn at the statewide level to better demonstrate the range of SOCPR CW scores for the overall case and the four SOCPR domains. These results are displayed in Figures FY2011-2012.3 – FY2011-2012.7. 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.

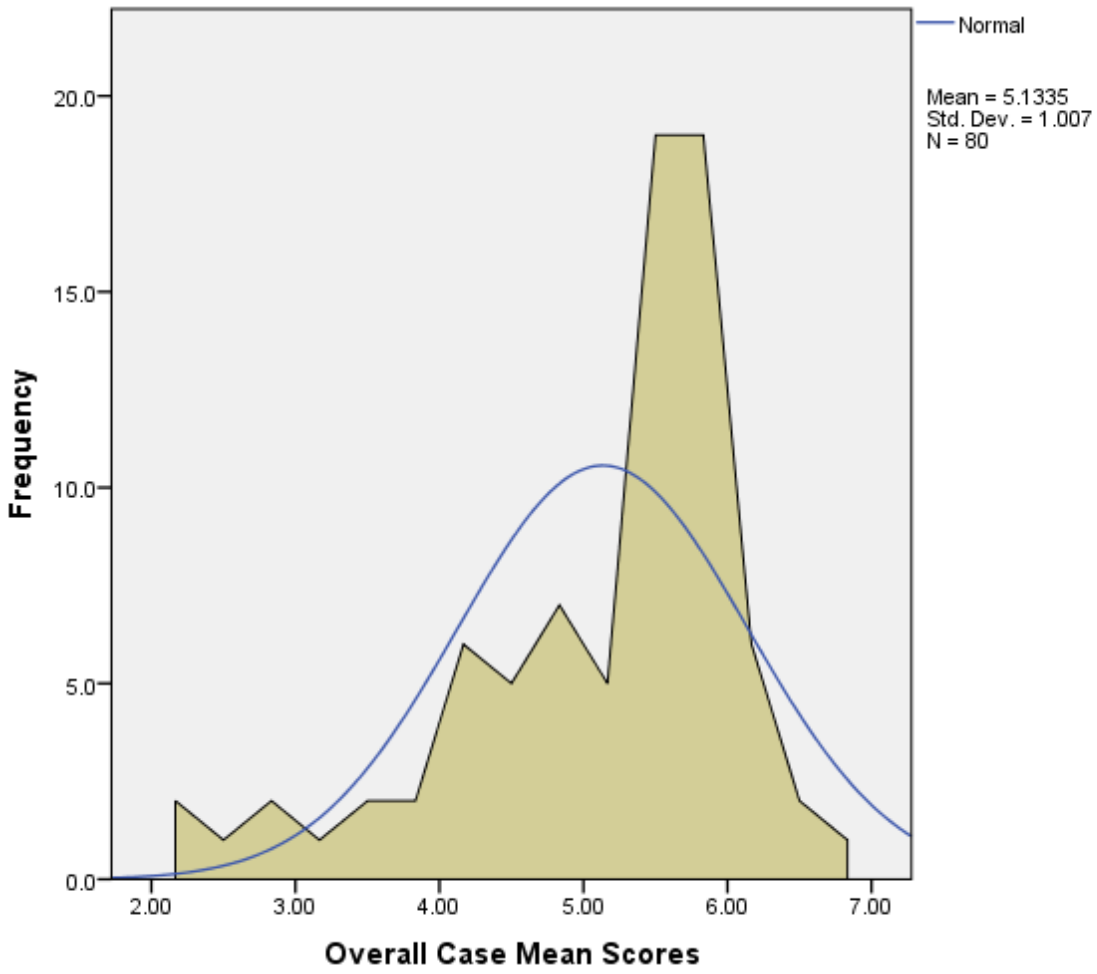

Figure FY2011-2012.3. Histogram of SOCPR Overall case mean scores CW cases.

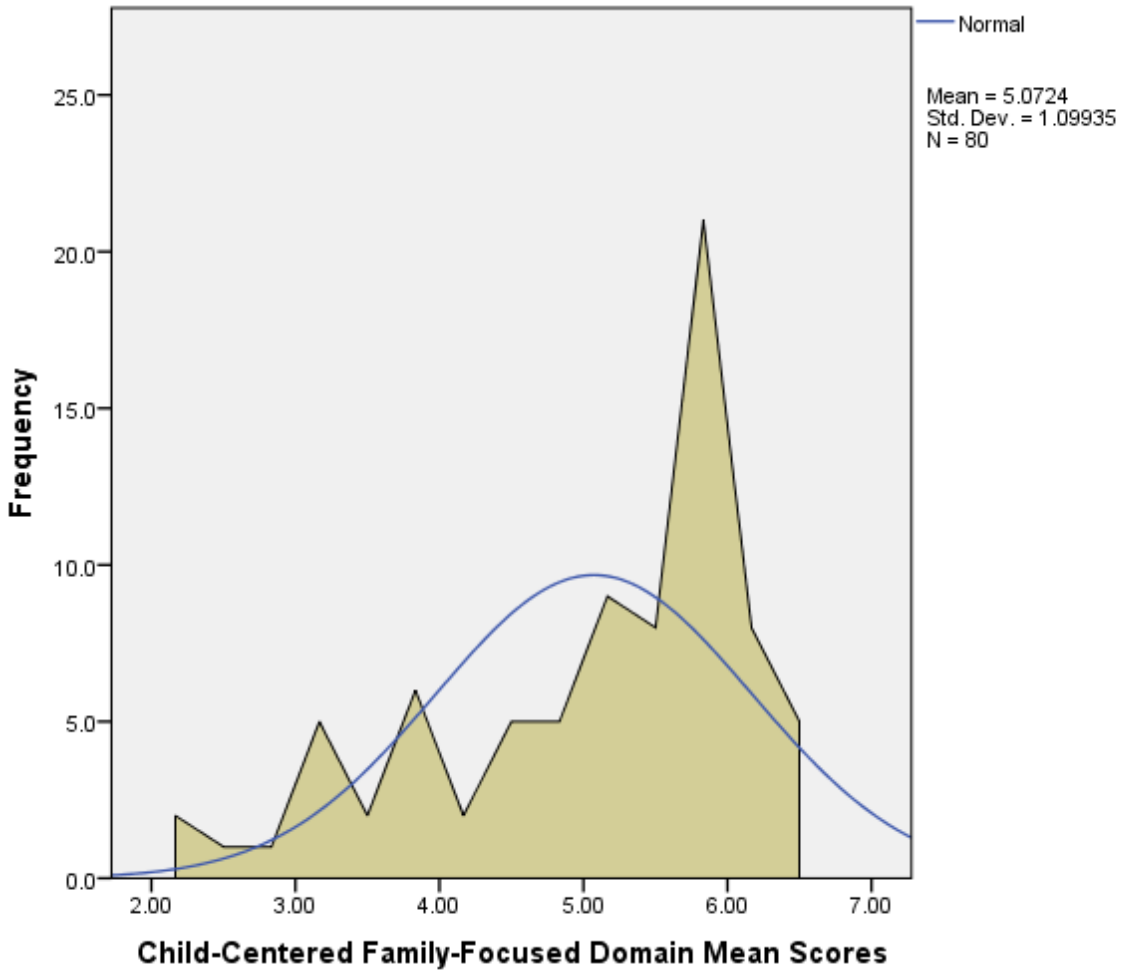

Figure FY2011-2012.4. Histogram of SOCPR Child-Centered Family-Focused domain mean scores CW cases.

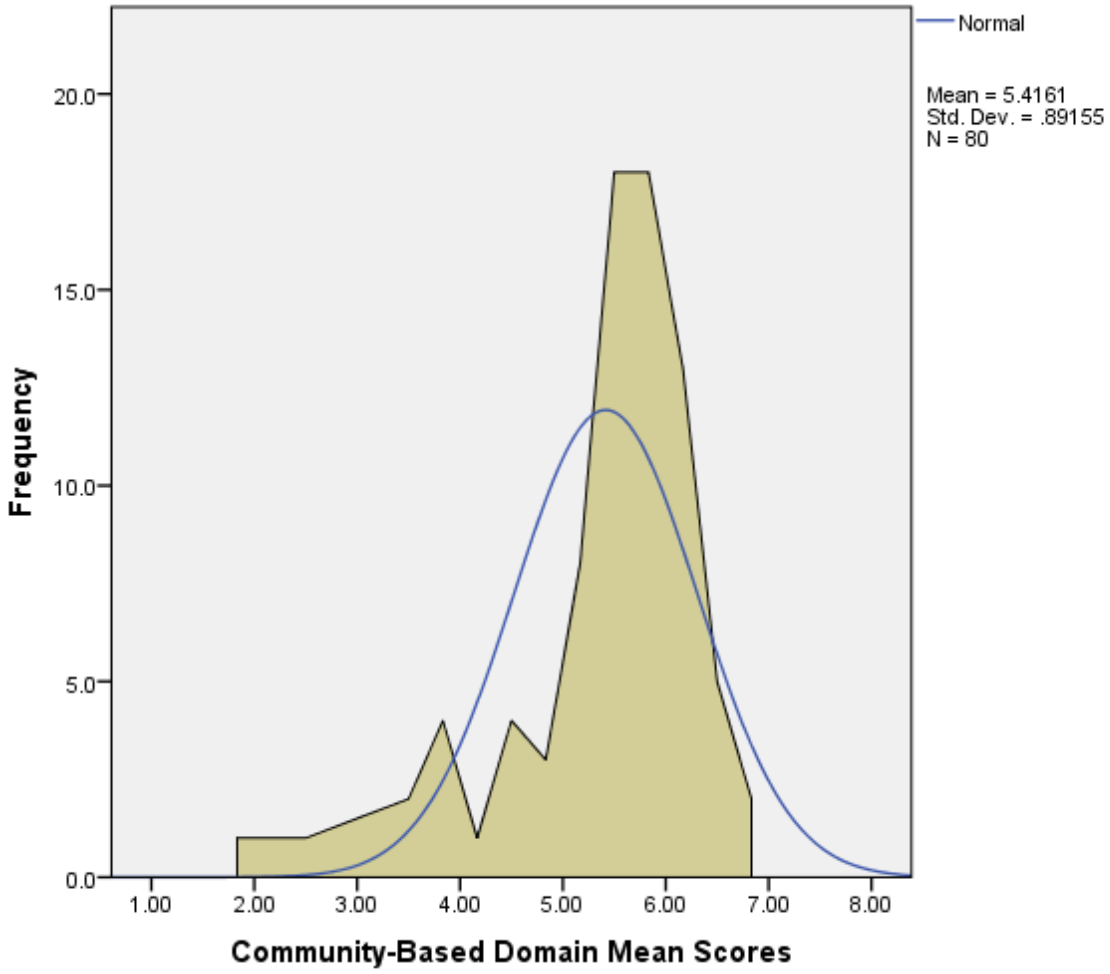

Figure FY2011-2012.5. Histogram of SOCPR Community Based domain mean scores CW cases.

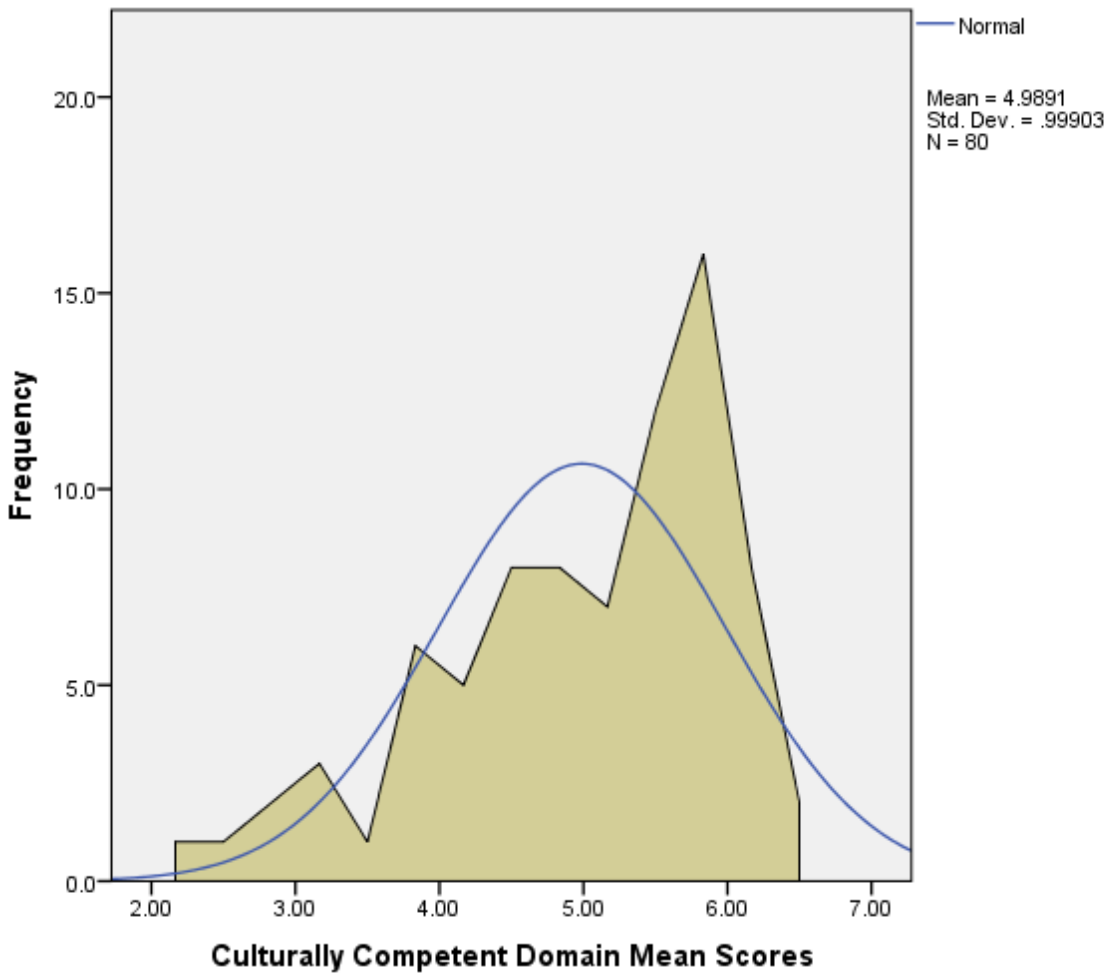

Figure FY2011-2012.6. Histogram of SOCPR Culturally Competent domain mean scores CW cases.

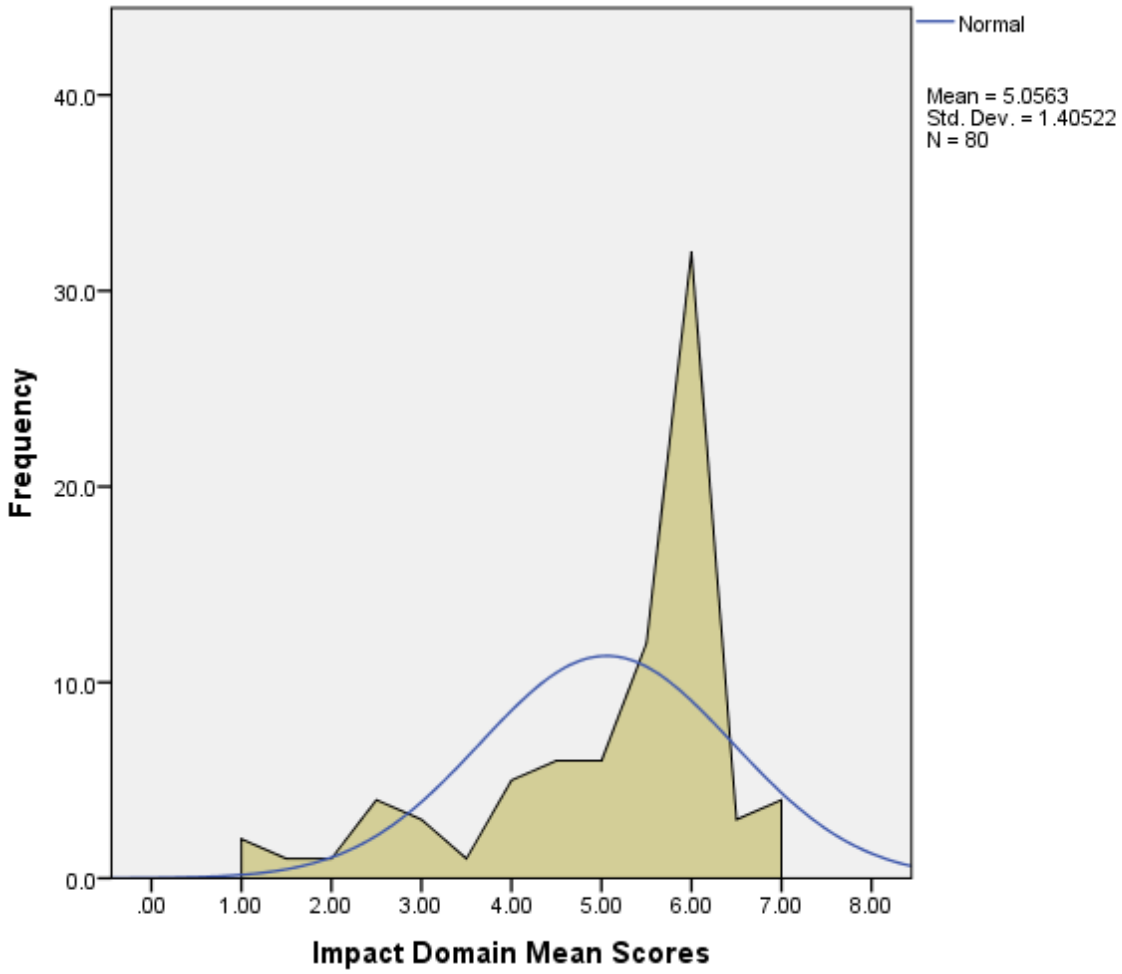

Figure FY2011-2012.7. Histogram of SOCPR Impact domain mean scores CW cases.

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

Table FY2011-2012.6 presents statewide SOCPR data for most levels of the instrument, including the total case mean score, SOCPR domain scores, and SOCPR subdomain scores. Because some of the GSAs had very small sample sizes, the standard deviation data are not statistically meaningful; consequently, SOCPR subdomains and their areas of interest are not reported at the GSA level.

Table FY2011-2012.6. Statewide SOCPR Scores by Domain, Subdomain, and Area CW Cases

Overall Score – CW cases: 5.13 (1.01)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**5.07 (1.10)**		
Individualized			4.93 (1.13)
Assessment/Inventory		5.28 (0.87)	
Service Planning		4.81 (1.18)	
Types of Services/Supports		4.88 (1.54)	
Intensity of Services/Supports		4.78 (1.66)	
Full Participation			5.35 (1.03)
Case Management			4.93 (1.57)
Domain II: Community Based	**5.42 (0.89)**		
Early Intervention			5.24 (1.36)
Access to Services			5.74 (0.75)
Convenient Times		5.60 (1.24)	
Convenient Locations		5.73 (1.04)	
Appropriate Language		5.89 (1.06)	
Minimal Restrictiveness			5.63 (1.04)
Integration and Coordination			5.05 (1.35)
Domain III: Culturally Competent	**4.99 (1.00)**		
Awareness			4.96 (1.06)
Awareness of Child/Family's Culture		5.01 (1.29)	
Awareness of Providers' Culture		4.62 (1.47)	
Awareness of Cultural Dynamics		5.25 (1.04)	
Sensitivity and Responsiveness			4.72 (1.44)
Agency Culture			5.19 (1.23)
Informal Supports			5.09 (1.45)
Domain IV: Impact	**5.06 (1.41)**		
Improvement			5.12 (1.41)
Appropriateness			4.99 (1.53)

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

In the Community Based domain all subdomain and areas scored in the low 5 to high 5 range. Further, the subdomains of Access to Services and Minimal Restrictiveness had the highest mean scores (5.74 and 5.63 respectively). All three areas in the subdomain of Access to Services had mean scores in the high 5 range: Appropriate Language (5.89), Convenient Locations (5.73), and Convenient Times (5.60). These subdomain and area scores indicate that service providers recognize and respect the child and family's primary language and utilize it when planning and providing services and supports. They also take into account time and transportation issues families may have and schedule appointments accordingly.

The data also revealed domain, subdomain, and area mean scores in the mid to high 4 range. Although these scores indicate neither support for nor against implementation of system of care principles, they may emphasize the need for increased attention to, awareness of, and responsiveness to the needs and strengths of the child and family. For example, within the Child-Centered Family-Focused domain, the subdomains of Case Management and Individualized scored in the high 4 range, as did three areas within the Individualized subdomain. These scores may indicate the need for attention to an integrated service plan, coordinated by one person, which includes a thorough assessment that identifies the needs of the child and family and incorporates their strengths into the goals. Attention also needs to be paid to the types of services and supports that are provided to the youth and family as well as the intensity of those services and supports.

In the Culturally Competent domain, mean scores for domains, subdomains, and areas ranged from the mid 4s to low 5s. Providers need to not only be aware of the values, traditions, and lifestyles of the child and family but also have the provided services be responsive to them. Providers also need to be aware of their own culture and how their own beliefs may influence how they work with families.

SOCPR Scores and Tests of Significant Differences CW Cases

Because the SOCPR 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 2 groups, such as gender, the Mann-Whitney U test was performed. Age was transformed into an Age Band variable with 3 groups: 0 through 5, 6 to 12, and 13 to 18. Table FY2011-2012.7 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 FY2011-2012.7. SOCPR Scores and Significant Differences with Variables of Interest CW Cases

Variable	Case	CCFF	CB	CC	IMP
Demographics					
Age Bands	0.048			0.025	
Gender					
Race					
Primary Language					
GSA					
Case Longevity					
Service Systems					
Behavioral Health					
Juvenile Justice					
Educational					
Developmental Disabilities					
Total Systems					
Services Categories					
Treatment Services					
Medical Services					
Support Services					
Inpatient Services					
Residential Services					
Services					
Individual Counseling					
Family Counseling				0.014	
Family Support					
Respite Support	0.041	0.023	0.014		
Case Management					
Psychiatric Hospitalization					
Total Number of Services					

There were a variety of significant differences in SOCPR case and domain scores across the variables examined. Some of each of the demographic variables and services measured showed significant differences.

Findings indicate that older children and youth were associated with higher SOCPR case and domain scores. Receiving Respite Services was associated with SOCPR case and domain scores. Children and youth who received Family Counseling services had higher Culturally Competent scores.

SOCPR Scores –FY2011-2012 Comparison: CW Cases and Non-CW Cases

Table FY2011-2012.8 shows a comparison of domain, subdomain, and area scores across two samples of the SOCPR for FY2011-2012. These two samples are CW cases (N=80) and non-CW cases (N=100). CW cases included children and families involved with the child welfare system while non-CW cases included children and families identified as having high/complex levels of need). Overall, scoring differences are not significant across the samples with CW mean scores being generally lower.

Table FY2011-2012.8. SOCPR Score Comparisons between CW Cases and non-CW Cases

	CW Cases		Non-CW Cases		Difference	p-value[1]
	Mean	(SD)	Mean	(SD)		
Overall Score	5.13	(1.01)	5.25	(0.93)	-0.11	0.43
Domain I: Child-Centered Family-Focused	5.07	(1.10)	5.24	(1.11)	-0.17	0.31
Individualized	4.93	(1.13)	4.99	(1.08)	-0.05	0.75
Assessment/Inventory	5.28	(0.87)	5.55	(0.69)	-0.27	0.02*
Service Planning	4.81	(1.18)	4.91	(1.15)	-0.10	0.56
Types of Services/Supports	4.88	(1.54)	4.75	(1.57)	0.12	0.59
Intensity of Services/Supports	4.78	(1.66)	4.73	(1.66)	0.04	0.86
Full Participation	5.35	(1.03)	5.57	(1.00)	-0.22	0.15
Case Management	4.93	(1.57)	5.16	(1.57)	-0.23	0.32
Domain II: Community Based	5.42	(0.89)	5.56	(0.82)	-0.14	0.27
Early Intervention	5.24	(1.36)	5.34	(1.22)	-0.10	0.62
Access to Services	5.74	(0.75)	5.95	(0.77)	-0.21	0.07
Convenient Times	5.60	(1.24)	5.95	(1.07)	-0.35	0.05*
Convenient Locations	5.73	(1.04)	5.96	(0.96)	-0.22	0.14
Appropriate Language	5.89	(1.06)	5.95	(1.20)	-0.06	0.71
Minimal Restrictiveness	5.63	(1.04)	5.91	(0.86)	-0.28	0.05
Integration and Coordination	5.05	(1.35)	5.03	(1.37)	0.02	0.92
Domain III: Culturally Competent	4.99	(1.00)	5.02	(1.07)	-0.03	0.84
Awareness	4.96	(1.06)	5.13	(1.06)	-0.17	0.29
Awareness of Child/Family's	5.01	(1.29)	5.14	(1.14)	-0.12	0.50
Awareness of Providers' Culture	4.62	(1.47)	5.05	(1.25)	-0.42	0.04*
Awareness of Cultural Dynamics	5.25	(1.04)	5.21	(1.23)	0.04	0.81
Sensitivity and Responsiveness	4.72	(1.44)	5.00	(1.27)	-0.29	0.16
Agency Culture	5.19	(1.23)	5.24	(1.35)	-0.05	0.81
Informal Supports	5.09	(1.45)	4.71	(1.70)	0.38	0.11
Domain IV: Impact	5.06	(1.41)	5.17	(1.22)	-0.12	0.56
Improvement	5.12	(1.41)	5.24	(1.27)	-0.12	0.55
Appropriateness	4.99	(1.53)	5.11	(1.31)	-0.11	0.61

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

Overall, CW SOCPR scores are lower than non-CW scores when compared across all four domains. Consistent with other sample comparisons, the domain of Community Based scored highest across both samples. This was followed by Child-Centered Family-Focused, Impact, and finally Culturally Competent.

Results indicate that three area score comparisons were significantly different. These included Assessment/Inventory within Child-Centered Family-Focused, Convenient Times in Community Based, and Awareness of Providers' Culture with the Culturally Competent Domain. These mean differences indicate that CW scores were significantly lower than non-CW scores in these areas.

In the majority of domain, subdomain, and area mean scores CW cases scored lower when compared to non-CW cases, although there were a few exceptions. Within the domain of Child-Centered Family-Focused the area scores of Types of Service/Supports and Intensity of Services/Supports, CW cases had higher although not significantly different mean scores. In addition in the domain of Culturally Competent the subdomain of Informal Supports and the area of Awareness of Cultural Dynamics also showed higher CW scores. Again, these mean differences were not significant.

SOCPR Scores – FY2010-2011 and FY2011-2012 Comparison CW Cases

Table FY2011-2012.9 shows a comparison of domain, subdomain, and area mean scores across two administrations of the SOCPR. Overall, scoring differences across all domain, subdomain, and area scores indicate a downward trend from FY2010-2011 to FY2011-2012 among CW cases. Some were statistically significant.

Table 9. SOCPR Score Comparisons between FY2010-2011 and FY2011-2012 CW Cases

	2010-2011		2011-2012		Change	p-value[1]
	Mean	(SD)	Mean	(SD)		
Overall Score	5.39	(0.65)	5.13	(1.01)	-0.26	0.06
Domain I: Child-Centered Family-Focused	5.48	(0.86)	5.07	(1.10)	-0.41	0.01*
Individualized	5.26	(0.86)	4.93	(1.13)	-0.33	0.05*
Assessment/Inventory	5.60	(0.68)	5.28	(0.87)	-0.32	0.01*
Service Planning	5.12	(0.95)	4.81	(1.18)	-0.31	0.07
Types of Services/Supports	5.18	(1.39)	4.88	(1.54)	-0.30	0.20
Intensity of Services/Supports	5.14	(1.51)	4.78	(1.66)	-0.36	0.16
Full Participation	5.72	(0.98)	5.35	(1.03)	-0.36	0.03*
Case Management	5.48	(1.28)	4.93	(1.57)	-0.55	0.02*
Domain II: Community Based	5.80	(0.62)	5.42	(0.89)	-0.39	0.00**
Early Intervention	5.44	(1.18)	5.24	(1.36)	-0.19	0.35
Access to Services	6.22	(0.68)	5.74	(0.75)	-0.48	0.00**
Convenient Times	5.97	(1.30)	5.60	(1.24)	-0.37	0.07
Convenient Locations	5.95	(1.21)	5.73	(1.04)	-0.21	0.24
Appropriate Language	6.75	(0.46)	5.89	(1.06)	-0.86	0.00**
Minimal Restrictiveness	6.14	(0.89)	5.63	(1.04)	-0.51	0.00**
Integration and Coordination	5.40	(1.02)	5.05	(1.35)	-0.35	0.07
Domain III: Culturally Competent	5.14	(0.84)	4.99	(1.00)	-0.16	0.30
Awareness	5.22	(0.97)	4.96	(1.06)	-0.26	0.11
Awareness of Child/Family's Culture	5.27	(1.03)	5.01	(1.29)	-0.26	0.17
Awareness of Providers' Culture	5.04	(1.34)	4.62	(1.47)	-0.42	0.07
Awareness of Cultural Dynamics	5.36	(1.22)	5.25	(1.04)	-0.11	0.56
Sensitivity and Responsiveness	4.89	(1.53)	4.72	(1.44)	-0.17	0.48
Agency Culture	5.68	(1.01)	5.19	(1.23)	-0.50	0.01**
Informal Supports	4.78	(1.55)	5.09	(1.45)	0.31	0.21
Domain IV: Impact	5.13	(1.14)	5.06	(1.41)	-0.07	0.73
Improvement	5.25	(1.15)	5.12	(1.41)	-0.13	0.52
Appropriateness	5.00	(1.28)	4.99	(1.53)	-0.01	0.98

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

Although the change in mean scores from FY2010-2011 and FY2011-2012 reflect an overall decrease, the ranking of domain scores remains consistent. The highest scoring SOCPR domain was Community Based across both administrations. The subdomain of Access to Services was the highest scoring subdomain and Appropriate Language was the highest scoring area. The subdomain of Minimal Restrictiveness scored high as well across both administrations of the SOCPR, as did the areas of Convenient Times and Convenient Locations.

One of Arizona's Children's System of Care strengths is apparent in the subdomain of Informal Supports within the domain of Culturally Competent. This was the only score that increased, although not significantly, from FY2010-2011 to FY2011-2012. This increase shows that the informal supports that were identified by families were being utilized intentionally in the service planning and delivery of services.

Again, within the subdomain of Access to Services, another area, Appropriate Language, scored in the high 5 range although the score dropped from the previous year. This high score indicates that service providers are communicating orally and in writing appropriately with youth and families in their preferred language.

Downward trends are evident for some the comparisons from FY2010-2011 to FY2011-2012. A few of these changes were statistically significant. These occurred in both the Community Based domain and the Child-Centered Family-Focused domain. These decreases in scoring over time may be due to inappropriate identification and prioritization of families' strengths and needs, not enough active participation in nor understanding of the service planning process, or language and access barriers that prevented appropriate coordination and delivery of services.

Qualitative Analysis CW Cases

This section reports a summary of qualitative data compiled from responses to Summative Questions for FY2011-2012 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 child welfare system. The Summative Questions call for the reviewer to provide a rating for each of 41 statements and to provide a brief narrative in support of each rating. Individual ratings serve as indicators of the extent to which subdomain

elements (e.g., *individualized services*, *full participation*) are being implemented. In the final analysis, ratings for each item 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 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 a particular 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 each SOCPR domain area for child welfare involved cases only (N=80). The frequency of Summative Question responses were examined and analyzed for emerging patterns or trends. In order to be considered a trend, at least of half of the cases reviewed had to provide similar information for a given subdomain area or item. The qualitative findings section also highlights successes and opportunities for growth related to each of the SOCPR Domain Areas for FY2011-2012 as reported in responses to Summative Questions.

Qualitative Findings

Domain 1: Child-Centered and Family Focused Services

The first domain of the SOCPR, *Child-Centered and Family-Focused,* 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 care coordination. The sub-domains, which reflect system of care principles and contain measurements of practice or system of care implementation, are: *Individualized*, *Full Participation*, and *Case Management.*

When considering whether youth and family received *Individualized Services* within the System of Care, reviewers noted that assessments were completed and service plans generally reflected the needs and goals of the child/youth and family, and providers reported informally acknowledging child/family needs and strengths even when these were not adequately documented in case files. Moreover, most raters indicated that the intensity of services

reflected the needs of the children/youth and families receiving services. A key challenge related to this subdomain area was related to clear reflection of child/youth and family strengths in documented service plan goal statements. Although more than half of the ratings provided for Item 6 ("*The service plan goals incorporate the strengths of the child and family")* suggested reviewer concordance with this item (i.e. Agree slightly or higher), documentation and interview comments suggested that even when the strengths of the child or family were identified they were not incorporated into the service plan goals. Reviewers also noted limited identification and prioritization of child and family needs. That is, sometimes just the child/youth needs were noted, but most of the time the family needs were not documented. Comments suggested that child and family strengths were acknowledged and discussed informally within service planning meetings and with providers. One overarching challenge that was identified was inconsistent and weak documentation of information on the service plan. Interview comments across caregivers and providers indicated that even when a service plan was present, the information it contained was inadequate, inconsistent, or not current. Reviewers noted this across all aspects of services from intensity of services to identification of needs and strengths.

Overall, reviewers reported finding *Full Participation* on the part of children/youth and families in the development, implementation, and evaluation of service plans. In general, reviewers reported that youth and families were participating actively in services and/or service planning meetings. In addition, reviewers noted that caregivers felt that they positively influenced the service planning process and that providers were receptive to hearing their concerns and/or input. In addition, reviewers noted that most caregivers and youth appeared to understand the service plans developed for them. In general, reviewers suggested that case records reflected adequate participation in service planning on the part of formal providers and informal supports. Generally, informal supports were included in service planning and delivery. Informal supports typically play an important role in the lives of children and families with multiple and severe needs, as well as in their interactions with formal service systems and should be consistently emphasized and encouraged

With regard to the *Case Management* subdomain, reviewers generally reported that one individual appeared to be responsible for coordinating child/youth and family services and was doing so successfully. Overall, service planning appeared to be responsive to the changing needs of the family and that service plans were updated in a timely fashion. Where challenges were reported to exist, reviewers noted that family members reported experiencing long wait times when changing case managers or providers because of new or emerging needs. However, such challenges were reported only in a limited number of cases.

In general, analysis of descriptive comments provided by SOCPR raters suggests that

providers within the System of Care are providing child-centered and family-focused services. The overall review of cases using the measures associated with *Child-Centered and Family-Focused Services* suggests that assessments of youth in this sample were completed across multiple life domains. The main challenges identified for this domain were found in the Individualized Services sub-domain and reflected a need for improved identification and documentation of child/youth and family strengths (ideally, tied to child/family goals) within treatment plans

Domain 2: Community-Based Services

The second SOCPR domain, *Community Based*, 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 sub-domains in this area are used to evaluate the effectiveness of the site in identifying needs and providing supports early (*Early Intervention)*, facilitating *Access to Services*, providing less restrictive services (*Minimal Restrictiveness)*, and integrating and coordinating services for families (*Integration and Coordination*).

When assessing whether children/youth and families received *Early Intervention* related to identified needs, reviewers overwhelmingly reported that child/youth and family needs were identified at intake and that services were provided within four weeks of intake. Where reviewers indicated a challenge with early intervention, they noted that case documentation did not clearly show how soon needs were identified and addressed, i.e., a time frame between intake and start of services.

Reviewers reported overwhelmingly that case files demonstrated that the System of Care was ensuring *Access to Services* for children/youth and families. In general, reviewers noted that services were scheduled at convenient times for the child/youth and family, as reported by caregivers or shown in case file documentation. In addition, reviewers reported that services were most often provided within or close to the home community of the child/youth and in the preferred family language. For example, extra support (e.g., transportation) was provided to families when requested in order for them to access services. Raters also reported that typically verbal and written communication was in the youth and family's primary language.

When assessing for *Minimal Restrictiveness*, raters reported that services appeared to be provided in environments that feel comfortable to the child/youth and family, in the least restrictive and most appropriate environment. SOCPR raters also noted that most case files reflected ongoing input from family members regarding the appropriateness of the environment(s) in which services were provided.

Reviewers generally reported that the services being provided within the System of Care reflected *coordination* of the providers working with a given child and family and continuity of services, as well as *integration* of service system components. In general, reviewers noted that case file documentation and key interviews reflect ongoing two-way communication between care coordinators and family members. Although not a trend, over 21% of cases indicated that two-way communication was problematic. Frustration about amounts and styles of communication were expressed by both caregivers and service providers. Overall, reviewers reported smooth and seamless processes for linking children and families to additional services when they were identified. In cases rated 3 or below (n=26), most identified challenges in the process for linking families to additional services. For example, waiting periods and/or delays in obtaining requested and needed services were documented in 38% of these cases. Wait times varied from a week to two years (n=1). In one case, records indicated that an intensive case manager and a behavior coach were requested but were never provided. In another case a caregiver requested additional services (therapist, counselor, and behavior coach) and had difficulty obtaining them. Reviewers also indicated that respite care (n=3) and transition (n=2) services were unsuccessfully attempted.

Domain 3: Culturally Competent Services

The third domain of the SOCPR, *Culturally Competent Services*, 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 sub-domain 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. The sub-domains associated with Culturally Competent Services are: *Awareness*, *Sensitivity and Responsiveness*, *Agency Culture*, and *Informal Supports.*

Reviewers assessing for *Cultural Awareness* noted that providers generally understand the culture and community of the child/youth and family, and that such awareness was documented within case files. Reviewers noted that providers did not always clearly document or articulate that they were familiar with a child/youth and family's neighborhood or community context. Overall, raters reported little to no documentation related to youth and family concepts of health. Reviewers noted that some caregivers were able to clearly articulate their beliefs, although service providers were not able to verbalize these same ideas. Reviewers also generally reported finding little evidence that providers were aware of "family culture" and its influence on a family's decision-making. Raters generally identified a lack of documentation with regard to the provider's culture and understanding of the impact of their own culture on

the delivery of services.

When evaluating the *Sensitivity and Responsiveness* of the System of Care, raters reported that there was limited documentation indicating that providers translated awareness of family culture into action. However, a number of reviewers noted that caregivers reported via interviews that they felt their culture was understood by providers, and raters noted that families felt that providers worked to respect their cultural values and traditions when recommending services and made accommodations and adjustments as needed when families made requests.

Reviewers generally gave high ratings in the *Agency Culture* subdomain, suggesting that provider agencies were assisting families in understanding and navigating the service system(s) with which they have interaction. Raters noted that the majority of providers explained what families should expect from an agency, and in many cases offered additional assistance or resources. However, a few raters (11%) noted that evidence does not reflect that the child/family was informed of the expectations of agencies, programs, or providers, even with signed documents in the record.

With regard to *Informal Supports*, a majority of raters indicated that although case files provided limited documentation of informal support participation in service planning there was some evidence that informal supports had been identified and recommended to families. A number of raters noted that many family members had declined offers to include informal supports in the service planning process.

Domain 4: Impact

The final SOCPR domain, *Impact*, evaluates whether services have produced positive outcomes for the child and family. This domain includes two sub-domains: *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 the child/youth and family's identified needs.

Generally, reviewers found that youth and families were positively impacted by the services and supports provided to them by the system. Overall, most cases indicated that *improvement* was being made by the child/youth. When reflecting on the evidence provided for this subdomain, reviewers indicated a lack of agreement between caregivers and providers about the amount of progress ("a little" versus "pretty much", for example) made based on the services and supports the child and family received. A review of most cases, however, suggested that multiple team members in each case identified some improvement on the part

of the child/youth and family.

In the subdomain of A*ppropriateness* of services, raters generally indicated that the services provided to children/youth and families had been appropriate because they adequately met identified needs. Reviewers noted disagreement between caregivers and formal providers that services had adequately met the needs of the child but were not addressing the needs of the family. Challenges identified included multiple transitions, personnel turnover, and limited resources. Overall, the services provided through the System of Care appear to have produced positive outcomes for the children and families served.

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 FY 2011-2012. These findings indicate that these successes are most evident in the SOCPR Domain associated with Community-Based Service Delivery, especially with regard to the Access subdomain. A number of recommendations have been made to help build on these successes by encouraging the work of providers and reviewers through ongoing training and coaching.

RESULTS

YR4: FY2012-2013

Demographics CW Cases

For purposes of this review, the state of Arizona was interested in those cases where the children and families had child welfare involvement. For FY2012-2013, 56 CW cases were sampled from all six GSAs from the 175 SOCPR All Cases. A summary of the demographic characteristics are presented in Table FY2012-2013.1. Due to the sampling scheme employed by ADHS/DBHS (previously described in the Methodology section), different numbers of cases were completed in each GSA. The most populous area, GSA 6, provided the greatest number of case for the sample (n=18). The other GSAs provided between 1 and 15 cases.

Table FY2012-2013.1. Demographic Characteristics CW Cases

Demographic Characteristic	Statewide N=56	GSA 1 n=15	GSA 2 n=5	GSA 3 n=1	GSA 4 n=7	GSA 5 n=10	GSA 6 n=18
Age (years)	9.11	9.07	12.20	8.00	8.00	9.20	8.72
Gender (Male)	55.4%	40.0%	60.0%	100.0%	71.4%	50.0%	61.1%
Race:							
White	42.9%	53.3%	20.0%	100.0%	57.1%	40.0%	33.3%
Black	8.9%	6.7%	0.0%	0.0%	14.3%	10.0%	11.1%
Latino/Hispanic	17.9%	6.7%	20.0%	0.0%	0.0%	30.0%	27.8%
Native American	5.4%	13.3%	0.0%	0.0%	0.0%	0.0%	5.6%
Multi-racial	25.0%	20.0%	60.0%	0.0%	28.6%	20.0%	22.2%
Primary Language:							
English	98.2%	93.3%	100.0%	100.0%	100.0%	100.0%	100.0%
Spanish	1.8%	6.7%	0.0%	0.0%	0.0%	0.0%	0.0%

As shown in Table FY2012-2013.1, the overall mean age for the 56 cases was 9.11 years. The means for age across GSA ranged from 8.00 years to 12.20 years. Statewide over 55% of the sample was male, ranging from 40% in GSA 1 to 100% in GSA 3. Of the sample, almost 43% was White, 18% was Latino/Hispanic, and 25% identified as Multi-racial. The remaining 14% of the sample was Black and Native American. Statewide, over 98% of the children and youth in the sample spoke English as their primary language. English was the only language reported in GSA 2, GSA 3, GSA 4, GSA 5, and GSA 6. Spanish was the other language identified as a primary language in GSA 1.

Service System Involvement CW Cases

Four different child-serving systems and an "Other" category were used to capture service system involvement as part of the services profiles of children and youth whose cases were chosen as part of the sample. All 56 cases (100%) indicated having behavioral health system involvement, as shown in Table FY2012-2013.2.

Table FY2012-2013.2. Service System Involvement CW Cases

Service System	State wide N=56	GSA 1 n=15	GSA 2 n=5	GSA 3 n=1	GSA 4 n=7	GSA 5 n=10	GSA 6 n=18
Behavioral Health	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Juvenile Justice	16.1%	13.3%	0.0%	0.0%	14.3%	0.0%	33.3%
Educational Services	39.3%	40.0%	40.0%	100.0%	57.1%	30.0%	33.3%
Developmental Disabilities	10.7%	13.3%	0.0%	0.0%	28.6%	10.0%	5.6%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

The SOCPR protocols documented that over 39% had educational services involvement, followed by juvenile justice (16.1%), and developmental disabilities (10.7%). The "Other" system category was documented by 0% of the GSAs.

The results of the 56 cases were plotted by histogram to explore the distribution of cases for total number of systems involved. The results are seen in Figure FY2012-2013.1. 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 56 cases represent children and youth who were involved with the child welfare system and 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, the possible number of systems involved ranged from 0 – 6 with the mean for the sample being 2.66 and the number of systems involved from 2 – 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.

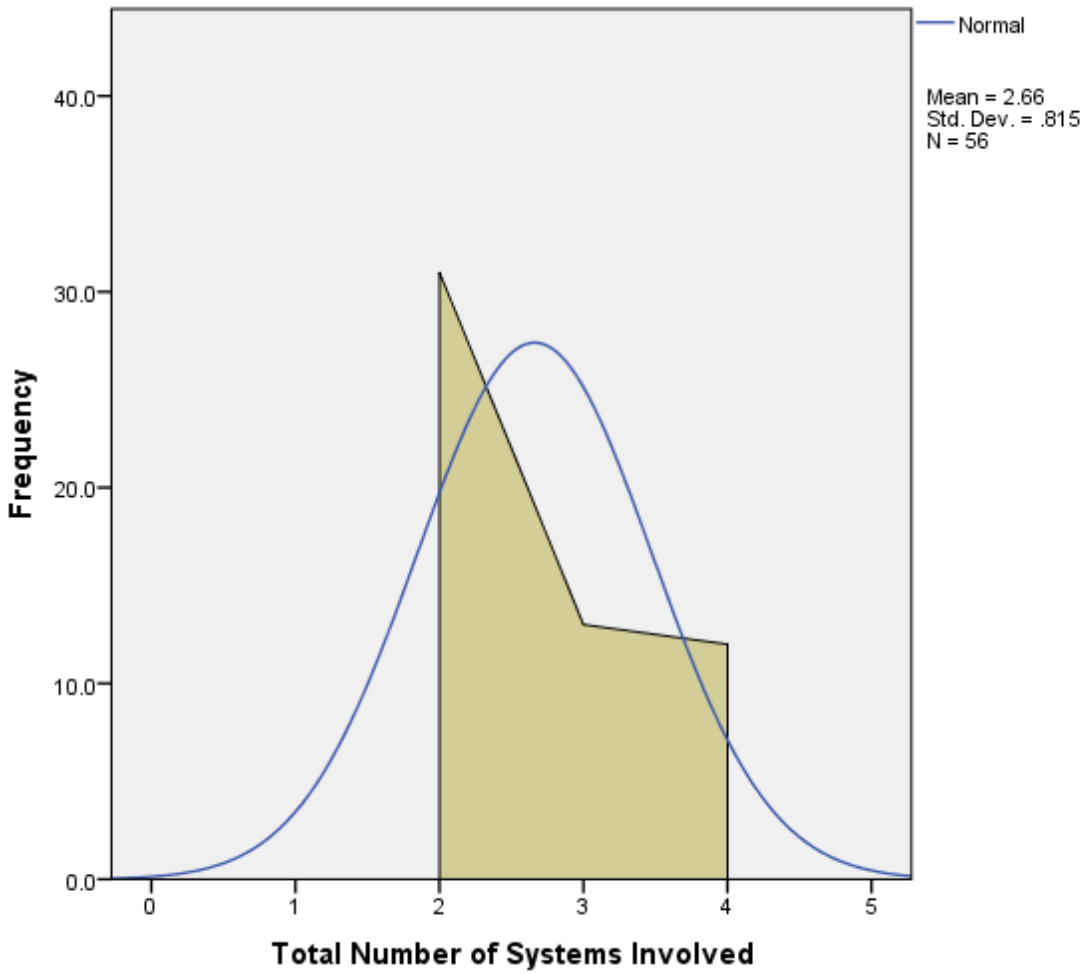

Figure FY2012-2013.1. Histogram of child-serving system involvement CW cases.

Receipt of Services or Treatments CW 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 list in Appendix B) were used to identify categories of service or treatment provision. These service types are shown in Table FY2012-2013.3.

Table FY2012-2013.3. Services or Treatments Received by Children and Youth CW Cases

Services or Treatment	Statewide N (%)	GSA 1 n (%)	GSA 2 n (%)	GSA 3 n (%)	GSA 4 n (%)	GSA 5 n (%)	GSA 6 n (%)
Treatment Services	45 (80.4)	13 (86.7)	4 (80.0)	0 (0.0)	4 (57.1)	8 (80.0)	16 (88.9)
• Individual Counseling	38 (67.9)	12 (80.0)	4 (80.0)	0 (0.0)	2 (28.6)	8 (80.0)	12 (66.7)
• Family Counseling	20 (35.7)	8 (53.3)	1 (20.0)	0 (0.0)	3 (42.9)	2 (20.0)	6 (33.3)
• Group Counseling	8 (14.3)	2 (13.3)	2 (40.0)	0 (0.0)	0 (0.0)	1 (10.0)	3 (16.7)
• Alcohol/Drug Counseling	3 (5.4)	1 (6.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (11.1)
Medical Services							
• Psychiatric Medication	32 (57.1)	8 (53.3)	3 (60.0)	1 (100.0)	5 (71.4)	5 (50.0)	10 (55.6)
Support Services	54 (96.4)	14 (93.3)	4 (80.0)	1 (100.0)	7 (100.0)	10 (100.0)	18 (100.0)
• Family Support	23 (41.1)	7 (46.7)	4 (80.0)	1 (100.0)	2 (28.6)	1 (10.0)	8 (44.4)
• Peer Support	1 (1.8)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (5.6)
• Respite Support	10 (17.9)	3 (20.0)	2 (40.0)	0 (0.0)	1 (14.3)	3 (30.0)	1 (5.6)
• Home Care Training	6 (10.7)	3 (20.0)	0 (0.0)	0 (0.0)	1 (14.3)	1 (10.0)	1 (5.6)
• Case Management	54 (96.4)	14 (93.3)	4 (80.0)	1 (100.0)	7 (100.0)	10 (100.0)	18 (100.0)
• Skill Develop & Training	27 (48.2)	8 (53.3)	4 (80.0)	1 (100.0)	4 (57.1)	4 (40.0)	6 (33.3)
Inpatient Services	5 (8.9)	1 (6.7)	0 (0.0)	0 (0.0)	1 (14.3)	1 (10.0)	2 (11.1)
• Psychiatric Hospitalization	5 (8.9)	1 (6.7)	0 (0.0)	0 (0.0)	1 (14.3)	1 (10.0)	2 (11.1)
• Level I Residential	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Residential Services	6 (10.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (30.0)	3 (16.7)
• Level II Residential	4 (7.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (10.0)	3 (16.7)
• Level III Residential	2 (3.6)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (20.0)	0 (0.0)
Other	9 (16.1)	2 (13.3)	1 (20.0)	0 (0.0)	0 (0.0)	1 (10.0)	5 (27.8)

Across the state the most utilized service or treatment provision was Support Services (96.4%) followed by Treatment Services (80.4%). Inpatient Services (8.9%) 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 (96%) followed by Individual Counseling (68%), Psychiatric Medication (57%), and Skill Development and Training (48%). Level I Residential (0%), Peer Support (2%), Level III Residential (4%) and Alcohol/Drug Counseling (5%) were the least utilized services or treatments statewide. Case Management, Skill Development and Training, and Family Support were utilized in six out of six GSAs. Case Management was utilized in a minimum of 80% of the cases in each GSA. Psychiatric Medication was also used by all six GSAs. Level I Residential was not utilized in any of the six GSAs. Peer Support was utilized in only one GSA (1 case), and Level III Residential was used in one GSA (2 cases).

Support Services was the only service or treatment provision utilized by all six GSAs, with 4 of the six GSAs utilizing them in 100% of the cases. As mentioned earlier in this report one specific support service, Case Management, was received by families minimally 80% by all GSAs. GSA 3 utilized Psychiatric Medication, Case Management, Family Support, and Skill Development and Training in 100% of its families but GSA 3 also had the smallest number of cases as a part of the overall sample (n=1). Additionally, these were the only service provisions or treatments utilized by GSA 3. Inpatient Services were not utilized in GSAs 2 and 3. Residential Services were not utilized in GSAs 1, 2, 3, and 4.

Usage of some services *appears* to be unusually high; therefore, because GSAs vary widely in the number of SOCPR cases completed, both number of cases and percentage need to be examined. For example, almost 28% cases in GSA 6 had "Other" services, which represents only 5 youth, as only 18 total SOCPR cases were completed for this GSA. Statewide, over 16% (n=9) of the treatments or services reported were identified as "Other". Several of the services variables differed significantly by GSA and are shown in Table FY2012-2013.4. Only statistically significant chi-square statistics are reported.

Table FY2012-2013.4. Significant Associations between GSA and Specific Services CW Cases

Treatment	Chi-Square Statistic
Treatment Services • Individual Counseling • Family Counseling • Group Counseling • Alcohol/Drug Counseling	
Medical Services • Psychiatric Medication	
Support Services • Family Support • Peer Support • Respite Support • Home Care Training (HCTC) • Case Management • Skills Develop and Training	
Inpatient Services • Psychiatric Hospitalization • Level I Residential	
Residential Services • Level II Residential • Level III Residential	
Other	

Statewide for CW cases, there were no statistically significant relationships between GSA and services or treatments received.

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 56 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 FY2012-2013.2. The histogram closely resembles a normal distribution, with a mean of 4.32 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.

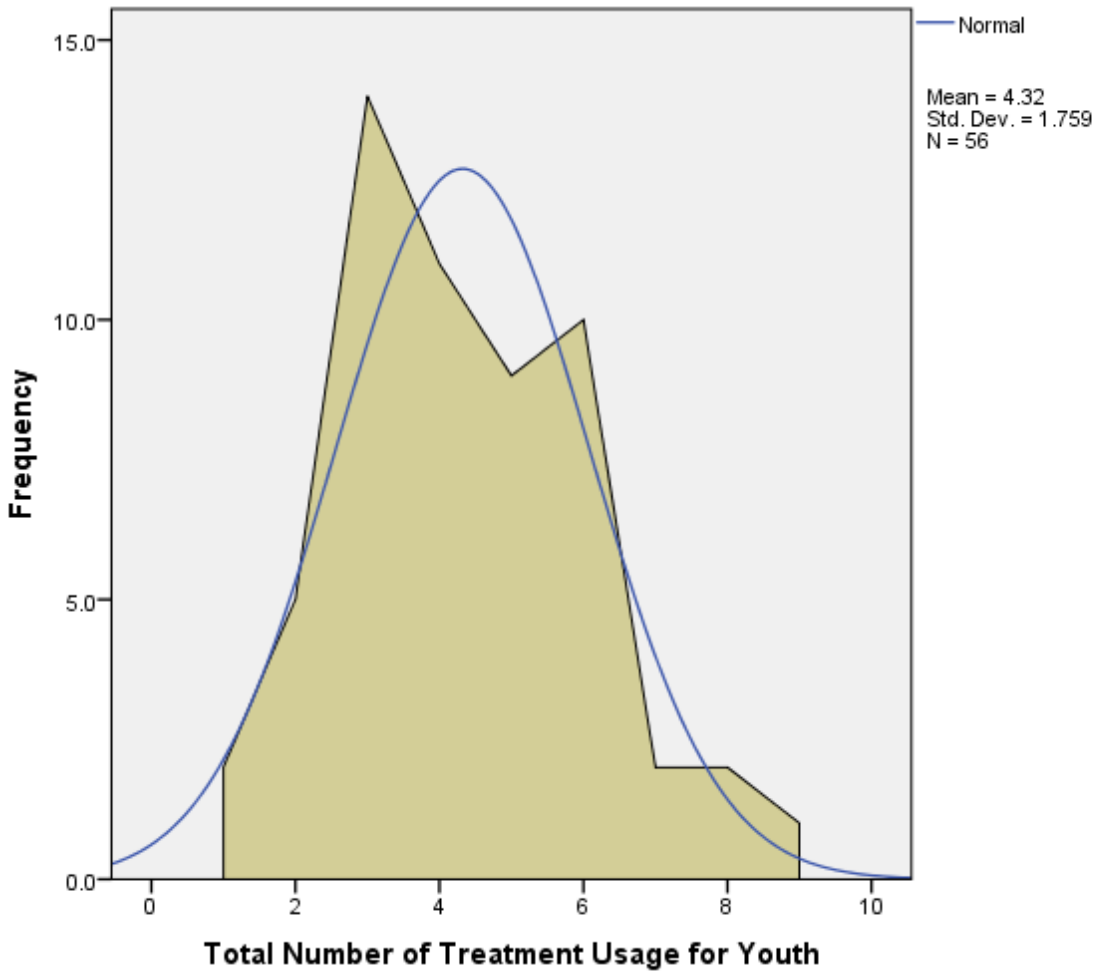

Figure FY2012-2013.2. Histogram of service or treatment usage for youth CW cases.

Quantitative Analysis CW Cases

SOCPR Scores – Overall Case and SOCPR Domains CW 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 FY2012-2013.5 shows the overall case scores as well as those for each SOCPR domain for the child welfare sample of 56 cases, indicated by individual GSA. 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 CW mean scores ranged from 5.25 to 5.82 with an overall case mean score of 5.56. 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 overall CW 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 mid 4s to low 6s, which indicates a neutral to emerging enhanced implementation of system of care principles. The scores indicate that across the state, behavioral health provider agencies included in the sample performed best at including the Community Based values of service planning and provision. Behavioral health provider agencies were most challenged by providing Culturally Competent care.

Table FY2012-2013.5. SOCPR Case and Domain Scores CW Cases

GSA	Case Mean (SD)	CCFF Mean (SD)	CB Mean (SD)	CC Mean (SD)	IMP Mean (SD)
Statewide (N=56)	5.56 (0.78) Min 3.49 Max 6.95	5.64 (0.84) Min 2.66 Max 6.93	5.82 (0.60) Min 4.33 Max 7.00	5.25 (1.00) Min 2.49 Max 6.89	5.52 (1.05) Min 2.75 Max 7.00
1 (n=15)	5.46	5.56	5.74	5.14	5.38
2 (n=5)	5.37	5.56	5.82	4.91	5.20
3 (n=1)	5.40	5.40	6.12	5.56	4.50
4 (n=7)	5.13	5.39	5.34	4.82	4.96
5 (n=10)	5.45	5.49	5.73	4.99	5.60
6 (n=18)	5.92	5.92	6.09	5.73	5.94

Minimum and maximum values are not presented for individual GSAs, as they are a subset of the statewide scores. At the state level, the highest scoring SOCPR domain was Community Based (Mean = 5.82). This was followed by Child-Centered Family-Focused (Mean = 5.64), Impact (Mean = 5.52), and finally, Culturally Competent (Mean = 5.25). The GSA data show similar patterns when compared with statewide scores generally; i.e., the domain Community Based had the highest mean score for all six GSAs. Additionally, standard deviation data are not presented at the GSA level because some of the GSAs had small sample sizes; therefore, presenting standard deviation data would not be statistically meaningful. Because of the sample size variance among the GSAs, comparisons between GSAs are not possible.

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 Figure FY2012-2013.3 – Figure FY2012-2013.7. 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.

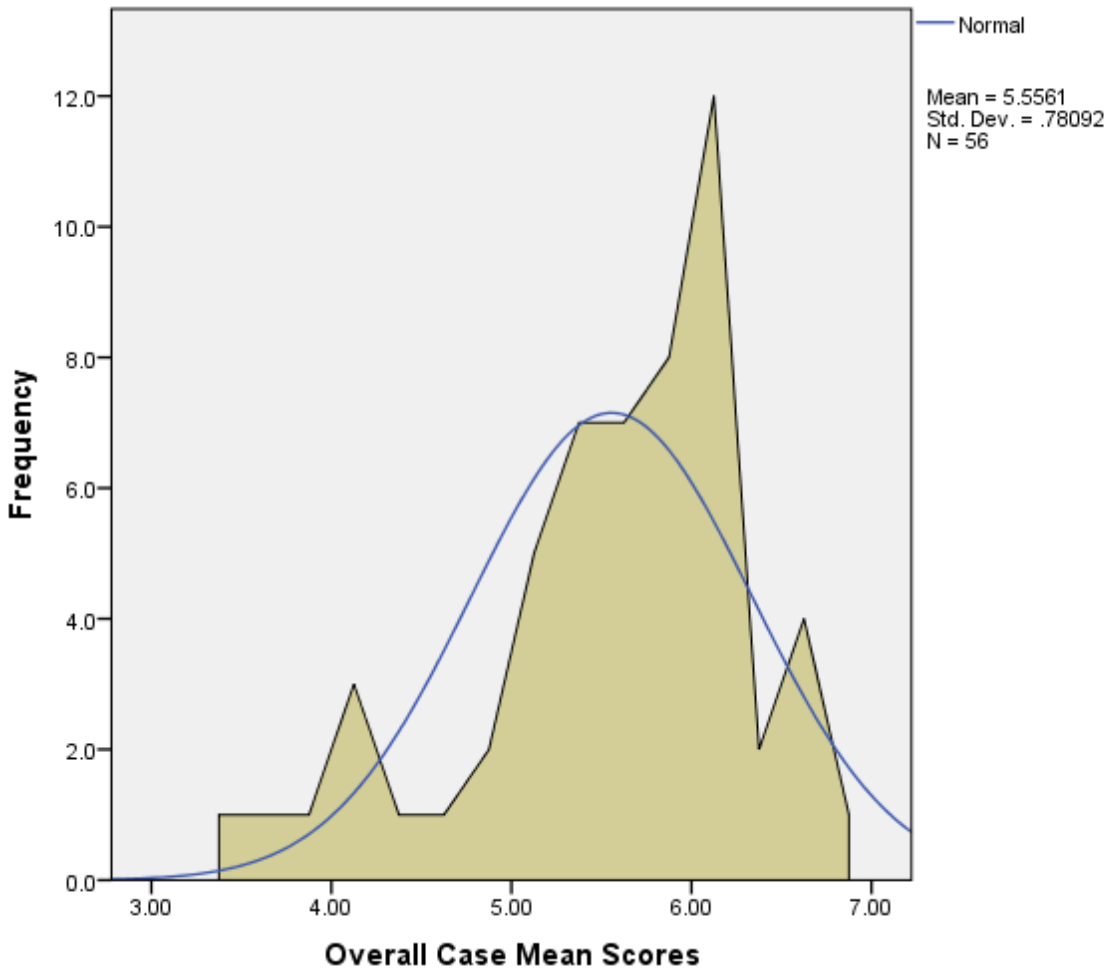

Figure FY2012-2013.3. Histogram of SOCPR Overall case mean scores CW cases.

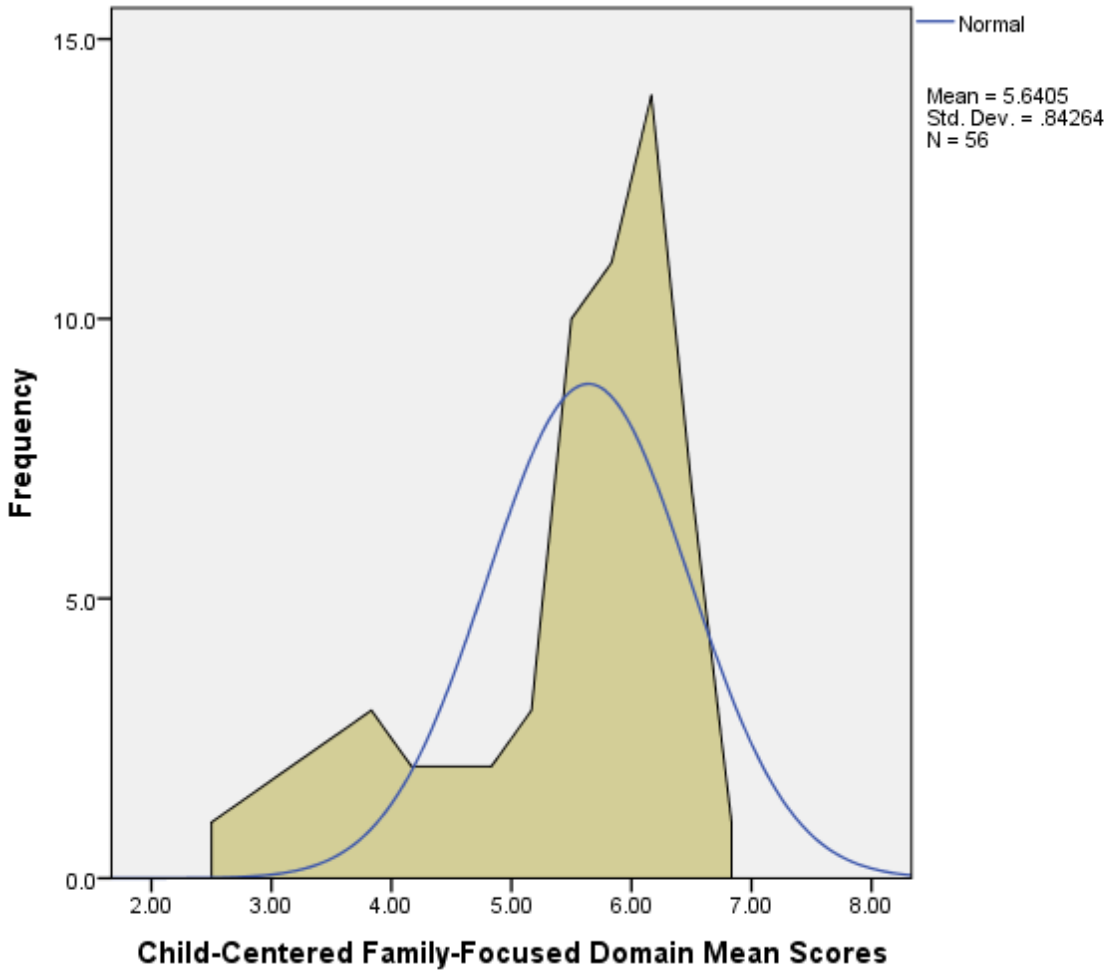

Figure FY2012-2013.4. Histogram of SOCPR Child-Centered Family-Focused domain mean scores CW cases.

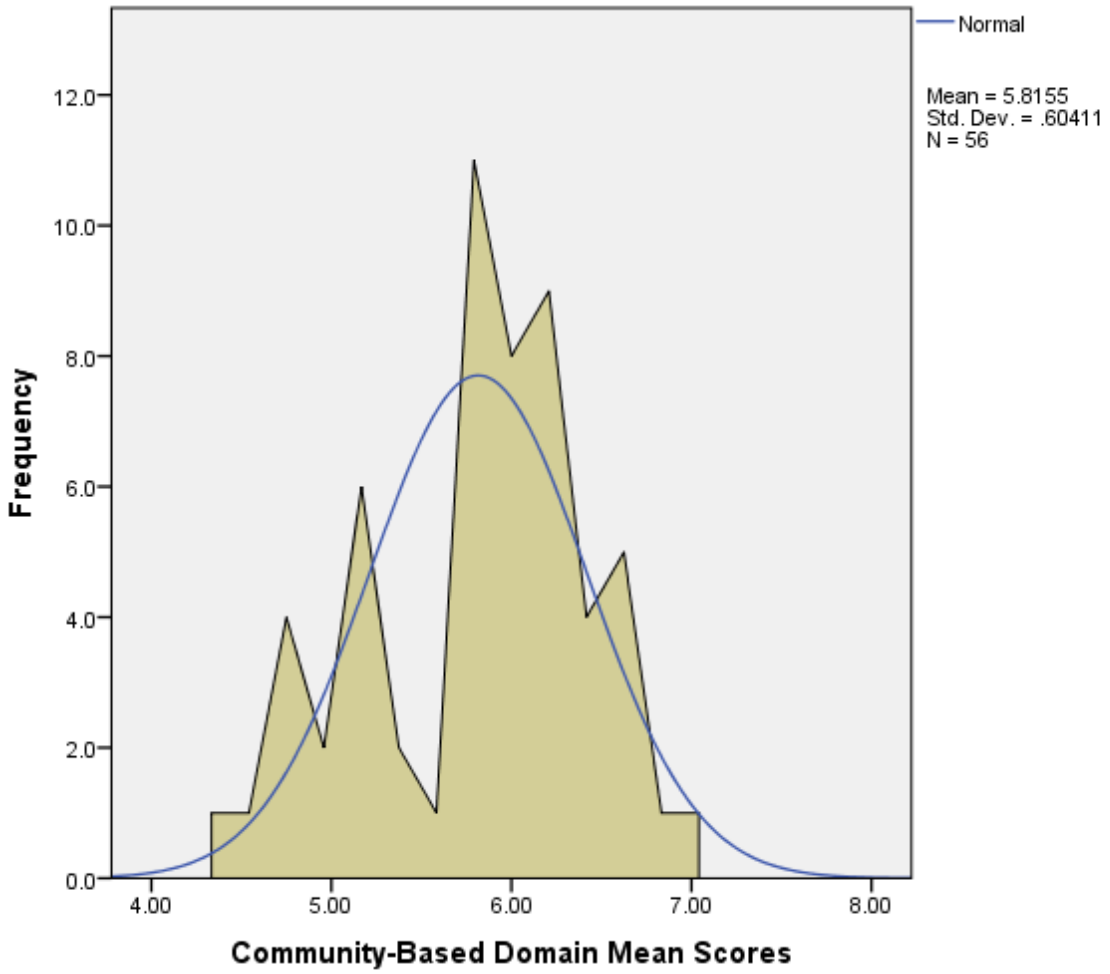

Figure FY2012-2013.5. Histogram of SOCPR Community Based domain mean scores CW cases.

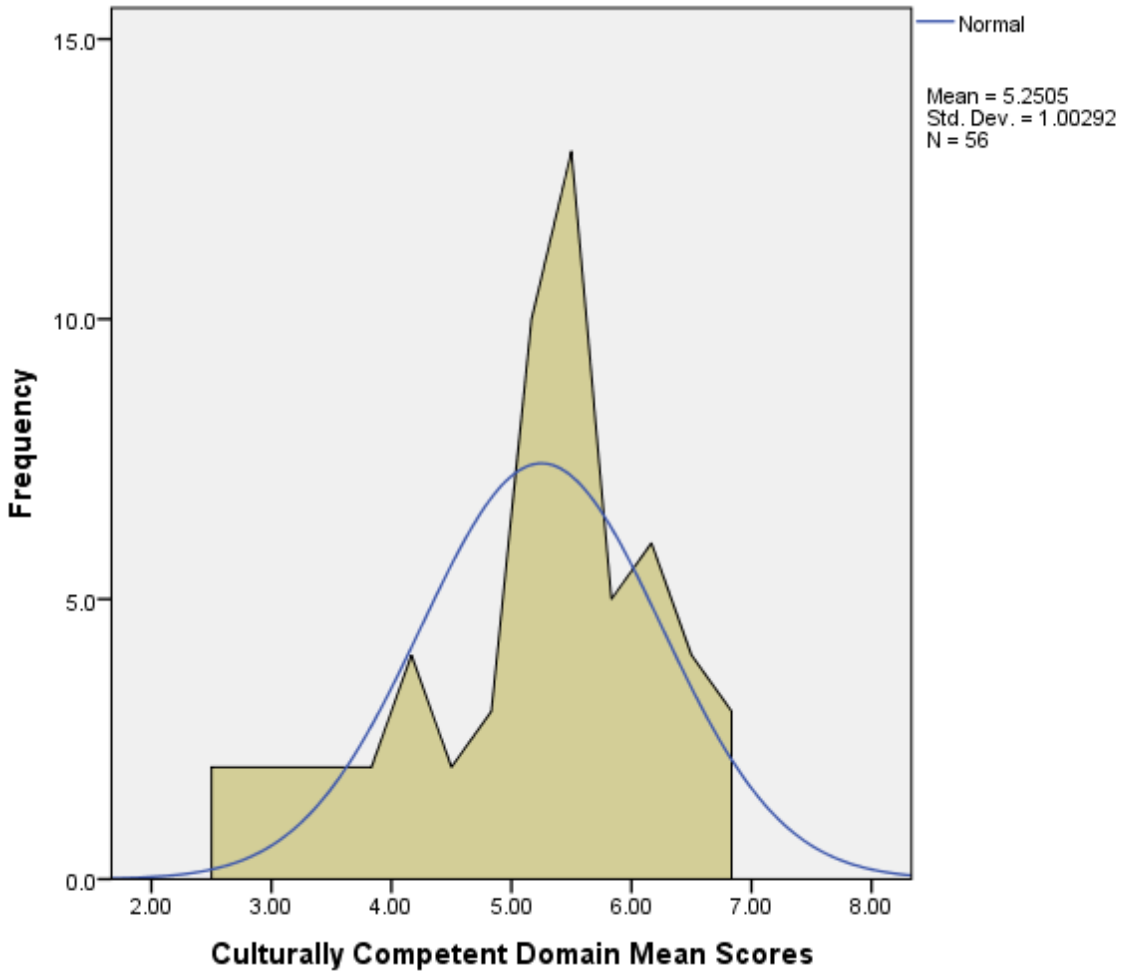

Figure FY2012-2013.6. Histogram of SOCPR Culturally Competent domain mean scores CW cases.

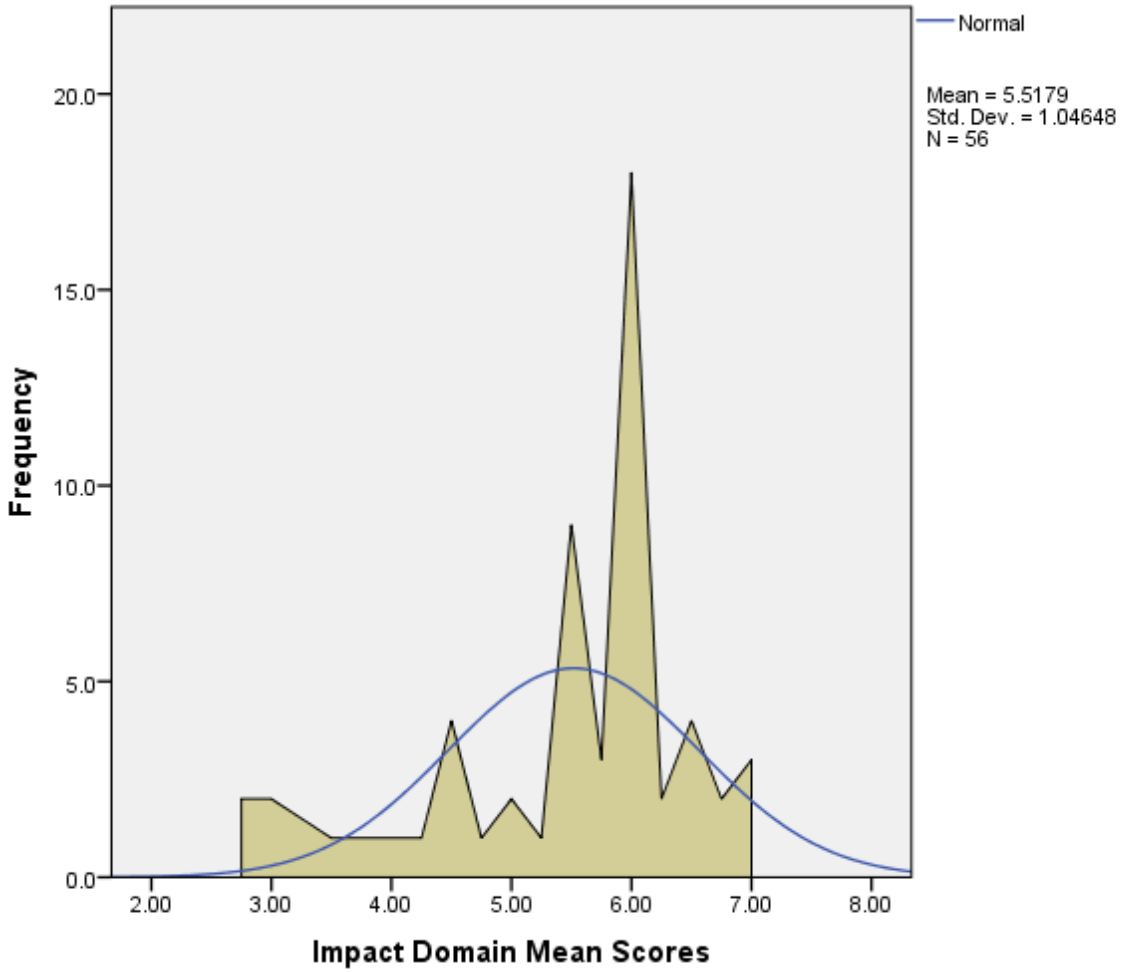

Figure FY2012-2013.7. Histogram of SOCPR Impact domain mean scores CW cases.

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

Table FY2012-2013.6 presents statewide CW SOCPR data for most levels of the instrument, including the total case mean score, SOCPR domain scores, SOCPR subdomain scores, and SOCPR Area scores. Because some of the GSAs had very small sample sizes, the standard deviation data are not statistically meaningful; consequently, SOCPR subdomains and their areas are not reported at the GSA level.

Table FY2012-2013.6. Statewide SOCPR Scores by Domain, Subdomain, and Area CW Cases

Overall Score – CW cases: 5.56 (0.78)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**5.64 (0.84)**		
Individualized			5.36 (0.94)
Assessment/Inventory		5.70 (0.85)	
Service Planning		5.32 (1.10)	
Types of Services/Supports		5.20 (1.44)	
Intensity of		5.21 (1.33)	
Full Participation			5.78 (0.84)
Case Management			5.79 (1.04)
Domain II: Community Based	**5.82 (0.60)**		
Early Intervention			5.71 (0.86)
Access to Services			6.04 (0.56)
Convenient Times		5.96 (0.71)	
Convenient Locations		6.04 (0.77)	
Appropriate Language		6.12 (0.82)	
Minimal Restrictiveness			5.89 (0.88)
Integration and Coordination			5.62 (1.02)
Domain III: Culturally Competent	**5.25 (1.00)**		
Awareness			5.25 (1.00)
Awareness of Child/Family's Culture		5.13 (1.25)	
Awareness of Providers' Culture		5.43 (1.14)	
Awareness of Cultural Dynamics		5.20 (1.17)	
Sensitivity and Responsiveness			4.96 (1.40)
Agency Culture			5.47 (1.06)
Informal Supports			5.32 (1.48)
Domain IV: Impact	**5.52 (1.05)**		
Improvement			5.65 (0.94)
Appropriateness			5.38 (1.27)

As reported previously, the highest scoring SOCPR domain was Community Based. This was followed by Child-Centered Family-Focused, Impact, and finally Culturally Competent. All but one 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. Sensitivity and Responsiveness, in the domain of Culturally Competent, was in the high 4 (neutral) range.

In the Community Based domain all subdomains and areas scored in the high 5 to low 6 range. Access to Services had the highest subdomain score (6.04). Two of the areas in the subdomain of Access to Services had the highest mean area scores: Appropriate Language (6.12) and Convenient Locations (6.04). These subdomain and area scores indicate that service providers utilize a family's primary language when planning and providing services. They also provide services in close proximity to families' communities for easy access.

The data also revealed one score in the high 4 range. Although a score of 4 indicates neither support for nor against implementation of system of care principles, it may emphasize the need for additional awareness or responsiveness. For example, within the domain of Culturally Competent the subdomain Sensitivity and Responsiveness had a mean score of 4.96. This subdomain score shows that although providers are aware of families' beliefs and lifestyles, they are challenged to put that awareness into action.

Additionally, there were some scores in the low 5s. For example in the Child-Centered, Family-Focused domain three areas Types of Services/Supports, Intensity of Services/Supports, and Service Planning scored 5.20, 5.21, and 5.32 respectively. Even though these scores are in the higher SOCPR scoring levels, they may indicate that attention needs to be paid to the types and intensity of services and supports that are provided to the youth and family and that the strengths and needs of the youth and family are well integrated in the goals of the plan.

SOCPR Scores and Tests of Significant Differences CW Cases

Because the SOCPR 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 2 groups, such as gender, the Mann-Whitney U test was performed. Age was transformed into an Age Band variable with 3 groups: 0 through 5, 6 to 12, and 13 to 18. Table FY2012-2013.7 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 FY2012-2013.7. SOCPR Scores and Significant Differences with Variables of Interest CW Cases

Variable	Case	CCFF	CB	CC	IMP
Demographics					
Age Bands					
Gender					
Race					
Primary Language					
GSA	0.050				
Case Longevity					
Service Systems					
Behavioral Health					
Juvenile Justice					
Educational					0.019
Developmental Disabilities					
Total Systems					0.018
Services Categories					
Treatment Services					
Medical Services					
Support Services					0.032
Inpatient Services					
Residential Services	0.050			0.028	
Services					
Individual Counseling					
Family Counseling					
Family Support					
Respite Support					
Case Management					0.032
Psychiatric Hospitalization					
Total Number of Services					

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

Findings indicated an association between GSA and case scores. The significant finding was a result of GSA 4's lower than average scores and GSA 6's higher than average scores. Residential Services were associated with both case scores and domain scores. Educational Services and Total Systems involvement were associated with lower Impact scores. Youth with Support Services and Case Management had higher Impact scores.

SOCPR Scores –FY2012-2013 Comparison: CW Cases and Non-CW Cases

Table FY2012-2013.8 shows a comparison of domain, subdomain, and area scores across two samples of the SOCPR for FY2012-2013. These two samples are CW cases (N=56) and non-CW cases (N=119). CW cases included children and families involved with the child welfare system while non-CW cases included children and families identified as having high/complex levels of need). Overall, scoring differences are not significant across the samples with CW mean scores being generally higher.

Table FY2012-2013.8. SOCPR Score Comparisons between CW Cases and non-CW Cases

	CW Cases		Non-CW Cases		Difference	p-value[1]
	Mean	(SD)	Mean	(SD)		
Overall Score	5.56	(0.78)	5.49	(0.96)	0.07	0.62
Domain I: Child-Centered Family-Focused	5.64	(0.84)	5.47	(1.07)	0.17	0.25
Individualized	5.36	(0.94)	5.33	(0.96)	0.03	0.85
Assessment/Inventory	5.70	(0.85)	5.82	(0.74)	-0.13	0.34
Service Planning	5.32	(1.10)	5.46	(0.92)	-0.14	0.41
Types of Services/Supports	5.20	(1.44)	5.08	(1.40)	0.12	0.60
Intensity of Services/Supports	5.21	(1.33)	4.95	(1.47)	0.26	0.24
Full Participation	5.78	(0.84)	5.66	(1.05)	0.12	0.41
Case Management	5.79	(1.04)	5.42	(1.41)	0.37	0.05
Domain II: Community Based	5.82	(0.60)	5.71	(0.74)	0.11	0.32
Early Intervention	5.71	(0.86)	5.56	(1.14)	0.16	0.32
Access to Services	6.04	(0.56)	5.95	(0.72)	0.09	0.39
Convenient Times	5.96	(0.71)	5.89	(0.95)	0.07	0.57
Convenient Locations	6.04	(0.77)	5.92	(0.94)	0.12	0.39
Appropriate Language	6.12	(0.82)	6.05	(0.84)	0.07	0.60
Minimal Restrictiveness	5.89	(0.88)	5.95	(0.77)	-0.05	0.70
Integration and Coordination	5.62	(1.02)	5.38	(1.22)	0.23	0.19
Domain III: Culturally Competent	5.25	(1.00)	5.32	(1.09)	-0.07	0.67
Awareness	5.25	(1.00)	5.21	(1.22)	0.04	0.81
Awareness of Child/Family's	5.13	(1.25)	5.26	(1.33)	-0.13	0.52
Awareness of Providers' Culture	5.43	(1.14)	5.11	(1.42)	0.32	0.11
Awareness of Cultural Dynamics	5.20	(1.17)	5.26	(1.29)	-0.06	0.74
Sensitivity and Responsiveness	4.96	(1.40)	5.25	(1.50)	-0.30	0.20
Agency Culture	5.47	(1.06)	5.55	(1.07)	-0.08	0.64
Informal Supports	5.32	(1.48)	5.27	(1.54)	0.05	0.83
Domain IV: Impact	5.52	(1.05)	5.45	(1.33)	0.06	0.73
Improvement	5.65	(0.94)	5.53	(1.29)	0.12	0.50
Appropriateness	5.38	(1.27)	5.37	(1.43)	0.01	0.96

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

Overall, SOCPR CW mean scores were higher than non-CW mean scores when compared across all four domains. Consistent with other sample comparisons, the domain of Community Based scored highest across both samples. This was followed by Child-Centered Family-Focused, Impact, and finally Culturally Competent. Analysis found no significant differences between any of the means.

In the majority of domain, subdomain, and area mean scores CW cases scored higher when compared to non-CW cases, although there were a few exceptions. The domain of Culturally Competent had a higher non-CW mean score as did the subdomains of Agency Culture and Sensitivity and Responsiveness. Additionally, the area mean scores of Awareness of Cultural Dynamics and Awareness of Child/Family's Culture were higher for non-CW cases. Within Child-Centered, Family-Focused, in the subdomain of Individualized, the areas of Assessment/Inventory and Service Planning both had higher, though not statistically different, non-CW scores than CW scores. Finally, the subdomain of Minimal Restrictiveness within the domain of Community Based showed decreases in scores between the CW and the non-CW mean scores. Most of the differences indicate that the mean scores for CW cases were higher than the mean scores for non-CW cases.

SOCPR Scores – FY2011-2012 and FY2012-2013 Comparison CW Cases

Table FY2012-2013.9 shows a comparison of domain, subdomain, and area mean scores across two administrations of the SOCPR. Overall, scoring differences across all domain, subdomain, and area scores indicate a positive trend from FY2011-2012 to FY2012-2013 among CW mean scores. All comparisons showed a positive progression and many were statistically significant.

Table FY2012-2013.9. SOCPR Score Comparisons between FY2011-2012 and FY2012-2013 CW Cases

	2011-2012		2012-2013		Change	p-value[1]
	Mean	(SD)	Mean	(SD)		
Overall Score	5.13	(1.01)	5.56	(0.78)	0.42	0.01**
Domain I: Child-Centered Family-Focused	5.07	(1.10)	5.64	(0.84)	0.57	<0.01**
Individualized	4.93	(1.13)	5.36	(0.94)	0.42	0.02*
Assessment/Inventory	5.28	(0.87)	5.70	(0.85)	0.42	0.01**
Service Planning	4.81	(1.18)	5.32	(1.10)	0.51	0.01*
Types of Services/Supports	4.88	(1.54)	5.20	(1.44)	0.32	0.22
Intensity of Services/Supports	4.78	(1.66)	5.21	(1.33)	0.44	0.09
Full Participation	5.35	(1.03)	5.78	(0.84)	0.43	0.01**
Case Management	4.93	(1.57)	5.79	(1.04)	0.85	<0.01**
Domain II: Community Based	5.42	(0.89)	5.82	(0.60)	0.40	<0.01**
Early Intervention	5.24	(1.36)	5.71	(0.86)	0.47	0.02*
Access to Services	5.74	(0.75)	6.04	(0.56)	0.30	0.01**
Convenient Times	5.60	(1.24)	5.96	(0.71)	0.36	0.03*
Convenient Locations	5.73	(1.04)	6.04	(0.77)	0.30	0.05
Appropriate Language	5.89	(1.06)	6.12	(0.82)	0.23	0.16
Minimal Restrictiveness	5.63	(1.04)	5.89	(0.88)	0.26	0.12
Integration and Coordination	5.05	(1.35)	5.62	(1.02)	0.57	0.01**
Domain III: Culturally Competent	4.99	(1.00)	5.25	(1.00)	0.26	0.14
Awareness	4.96	(1.06)	5.25	(1.00)	0.29	0.11
Awareness of Child/Family's Culture	5.01	(1.29)	5.13	(1.25)	0.12	0.59
Awareness of Providers' Culture	4.62	(1.47)	5.43	(1.14)	0.80	<0.01**
Awareness of Cultural Dynamics	5.25	(1.04)	5.20	(1.17)	-0.05	0.78
Sensitivity and Responsiveness	4.72	(1.44)	4.96	(1.40)	0.24	0.34
Agency Culture	5.19	(1.23)	5.47	(1.06)	0.29	0.15
Informal Supports	5.09	(1.45)	5.32	(1.48)	0.23	0.36
Domain IV: Impact	5.06	(1.41)	5.52	(1.05)	0.46	0.03*
Improvement	5.12	(1.41)	5.65	(0.94)	0.53	0.01**
Appropriateness	4.99	(1.53)	5.38	(1.27)	0.39	0.11

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

There is positive progression in Arizona's Children's System of Care as evident in the ranking of domain scores across both FY2011-2012 and FY2012-2013. The highest scoring SOCPR domain was Community Based across both administrations. This was followed by Child-Centered Family-Focused, Impact, and lastly Culturally Competent. Again, the subdomain of Access to Services was the highest scoring subdomain across both years and Appropriate Language was the highest scoring area. The subdomain of Minimal Restrictiveness scored high as well across both administrations of the SOCPR.

One of Arizona's Children's System of Care strengths is the overall consistent positive statistically significant change across scores. This is apparent in the domain of Child-Centered Family-Focused. The domain score plus all three subdomain scores and two of the area scores showed substantial and statistically significantly increases from FY2011-2012 to FY2012-2013. The significant changes in the areas of Assessment/Inventory and Service Planning indicated that integrated service plans reflect the needs and goals of the children/youth and family and thorough assessments have been completed. It also indicates that children/youth and families are fully participating in the development, implementation, and evaluation of service plans and care management activities. That is, children/youth and families are participating actively in services and/or service planning meetings.

Another strength is evident in the Community Based domain score. Not only is there an overall statistically significantly improvement across both administrations of the SOCPR, but there is significant change for three of the four subdomains. Significant changes in the subdomains of Early Intervention, Access to Services, and Integration and Coordination of Services indicates that assistance is being offered to families as early as possible, with limited barriers to services and supports, and in the most seamless and smooth process as possible.

Additionally, in the Impact domain, not only is there an overall statistically significantly increase across both administrations of the SOCPR, but there is significant change for the Improvement subdomain. This positive change indicates that the services and supports provided to children and families have enhanced their overall situations.

A final strength is in the domain of Culturally Competent. The positive improvement in this domain is evident in the significant increases in Awareness of Providers' Culture. This is an indication that providers are aware of their own values, beliefs, and lifestyles and how that may influence how they work with youth and families.

Qualitative Analysis CW Cases

This section reports a summary of qualitative data compiled from responses to Summative Questions for FY2012-2013 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 child welfare system. The Summative Questions call for the reviewer to provide a rating for each of 41 statements and to provide a brief narrative in support of each rating. Individual ratings serve as indicators of the extent to which subdomain elements (e.g., *individualized services*, *full participation*) are being implemented. In the final analysis, ratings for each item 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 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 a particular 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 each SOCPR domain area for child welfare involved cases only (N=56). The frequency of Summative Question responses were examined and analyzed for emerging patterns or trends. In order to be considered a trend, at least of half of the cases reviewed had to provide similar information for a given subdomain area or item. The qualitative findings section also highlights successes and opportunities for growth related to each of the SOCPR Domain Areas for FY2012-2013 as reported in responses to Summative Questions.

Qualitative Findings

Domain 1: Child-Centered and Family Focused Services

The first domain of the SOCPR, *Child-Centered and Family-Focused,* 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 care coordination. The sub-domains, which reflect system of care principles and contain measurements of practice or system of care implementation, are: *Individualized*, *Full Participation*, and *Case Management.*

Overall, descriptive comments provided by SOCPR raters, suggest that providers within the System of Care are providing child-centered and family-focused services. The review of cases using the items associated with *Child-Centered and Family-Focused Services* suggests that the needs of the child/children and families served determine the types and mix of services provided.

When considering whether youth and family received *Individualized Services* within the System of Care, reviewers noted that in most cases, children had received a thorough assessment across all life domains. Additionally, reviewers reported that families served had a primary service plan in place, and that these plans generally reflected the strengths and needs of the child/youth and family. They also found that providers reported (during SOCPR interviews) informally acknowledging child/family needs and strengths even when, strengths, in particular were not fully documented in case files. Reviewers also noted that the intensity of services provided to children and families reflected both needs and strengths. Identified challenges within this subdomain area included limited integration of service plans with all providers involved with children and families served; uneven demonstration of clearly articulated strengths in service plan goals for child as well as family; and, at times, indications that services and supports were not always a good fit or not accurate because needs/strengths of child/family had evolved.

Overall, reviewers reported finding *Full Participation* on the part of children/youth and families in the development, implementation, and evaluation of service plans. In general, reviewers reported that children/youth and caregivers regularly attended service planning meetings that most often included multiple providers. In addition, reviewers noted that most caregivers reported feeling that they influenced the service plans developed for their children and families. A number of reviewers also noted that children/youth appeared to be participating in service planning meetings and/or reported that they understood their service plans. In general, reviewers suggested that cases reflected adequate participation in service planning on the part of providers and caregivers who were working toward reaching common goals. Generally, informal supports were included in service planning and delivery. When there was a lack of participation by informal supports it was reported as being due to caregiver wishes or a lack of identified supports. Informal supports typically play an important role in the lives of children and families with multiple and severe needs, as well as in their interactions with formal service systems and should be consistently emphasized and encouraged.

With regard to the *Case Management* subdomain, reviewers reported that one individual appeared to be responsible for coordinating child/youth and family services and was doing so successfully. Overall, service planning appears to be responsive to the changing needs of the family and that service plans are updated in a timely fashion. Where challenges had been reported to exist (9% of case rated 3 or below), reviewers noted services were not always responsive to the changing needs of the child and family. For example, in one case a family reported experiencing long wait times when requesting a new placement or additional services. In two additional cases families requested services for the child that were never set up.

Domain 2: Community Based Services

The second SOCPR domain, *Community Based*, 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 sub-domains in this area are used to evaluate the effectiveness of the site in identifying needs and providing supports early (*Early Intervention)*, facilitating *Access to Services*, providing less restrictive services (*Minimal Restrictiveness)*, and integrating and coordinating services for families (*Integration and Coordination*).

When assessing for *Early Intervention*, i.e., whether child/youth and families' needs were clarified as soon as the child began experiencing problems, reviewers overwhelmingly reported that child/youth and family needs were identified at intake and that services were provided within four weeks of intake or less. Where reviewers found that needs were not clarified in a timely manner, they noted limited documentation or explanation for why it took longer than usual for services to begin. Generally, reviewers reported that children and families received services as soon as they entered the service system.

Overall, reviewers reported that case files demonstrated that the service system was ensuring *Access to Services* for children/youth and families. In general, reviewers noted that services were scheduled at convenient times for the child/youth and family and that these services were most often provided within or close to the home community of the child/youth. As a result, the majority of providers reported that they did not need to provide additional support to increase access to service locations. In cases where families needed or requested transportation support to make it to meetings, reviewers noted that such support was generally offered by providers. In some cases, reviewers noted that children/youth were not able to attend some of the service planning meetings because these were scheduled during school hours and caregivers were often reluctant to have their children miss school for a meeting. When evaluating the linguistic competence of service delivery, reviewers assigned consistently

high ratings. The majority of reviewers noted that case files presented ample evidence that service providers make every effort to verbally communicate with and provide written documentation to families in their primary language. It was noted in one case for a family with learning disabilities that no documentation showed that accommodations were made to support them.

When assessing for *Minimal Restrictiveness* in service delivery, reviewers reported that caregivers and providers generally agreed that services appeared to be provided in environments that felt comfortable to the child/youth and family, in the least restrictive and most appropriate environment.

With regard to *Integration and Coordination* of services, reviewers generally found ongoing communication among and between all team members, including all formal service providers working with the family, as well as caregivers and the child/youth receiving services. Where communication issues were noted, reviewers indicated that communication was hampered by disagreement and "strain" between caregivers and providers. In one case, file notes indicted these communication conflicts between providers and caregivers resulted in a child running out of medication and the difficulty encountered in reaching a formal provider to resolve the situation. Overall, though, reviewers found evidence to show that a smooth and seamless process was in place to link the child and family to additional services when necessary.

Domain 3: Culturally Competent Services

The third domain of the SOCPR, *Culturally Competent Services*, 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 sub-domain 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. The sub-domains associated with Culturally Competent Services are: *Awareness*, *Sensitivity and Responsiveness*, *Agency Culture*, and *Informal Supports.*

Reviewers assessing for *Cultural Awareness* generally indicated that providers appear to understand the culture and community of the child/youth and family. However, reviewers noted that such awareness was not, or was minimally documented in 33% of cases rated 5 or less. For example raters noted in two cases that written documentation reflected a negative attitude and interview responses included nonverbal body language which were not always appropriate or respectful of a family's culture. In addition, some reviewers noted a lack of effort by providers to discover cultural aspects of child and family beyond race, gender, or language preference. The majority of reviewers reported finding some evidence (documentation and/or

interview responses) related to family concepts of health. Documentation indicates that families could provide detailed descriptions of health and family and culture; formal providers, on the other hand, were not able to reflect a detailed and thorough knowledge of the child and family's ideas relating to health and family. Overall, reviewers' responses suggested that providers were aware of "family culture" and how it influences a family's decision-making. Reviewers generally noted finding evidence that providers clearly outlined agency expectations of the child/youth family in documentation. They also noted that providers reflected some awareness of their own culture during interviews and how it can influence interactions with the child/youth and family.

When evaluating the *Sensitivity and Responsiveness of the System*, reviewers noted that there was limited documentation indicating that providers translated awareness of family culture into action. However, a number of reviewers noted that caregivers reported via interviews that they felt that providers understood their culture, and that providers attempted to use their knowledge of the family to shape the services and activities recommended. Moreover, reviewers reported that caregivers felt that providers were generally responsive to their culture.

Reviewers reported finding evidence that providers generally offered families information to help them better understand *Agency Culture* and their agency's rules and expectations. Providers also appeared to generally provide families with some assistance in understanding/navigating the larger service system.

Reviewers assessing the use of *Informal Supports* by children/youth and families generally found inconsistent documentation regarding informal support participation in service planning. Where documentation was not apparent, reviewers gathered information from interviews and noted that family members had declined offers to include informal supports in the service planning process. Generally, though, both service providers and caregivers were aware of local community services and resources.

Domain 4: Impact

The final SOCPR domain, *Impact*, evaluates whether services have produced positive outcomes for the child and family. This domain includes two sub-domains: *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 the child/youth and family's identified needs.

In general reviewers assessing for *Improvement* in the children/youth and families served, noted that services appeared to be producing a positive impact. Raters noted that family members and providers were not always in complete agreement as to the degree of progress and improvement that they and their children had made as a result of services. However, a review of most cases suggests that services and supports have "somewhat" improved the overall situation of the child/youth and family. Similarly, raters generally indicated that the services provided to children/youth and families had been *Appropriate* because they adequately met identified 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 FY 2012-2013. These findings indicate that these successes are most evident in the SOCPR Domain associated with Community-Based Service Delivery, especially with regard to the Access subdomain. A number of recommendations have been made to help build on these successes by encouraging the work of providers and reviewers through ongoing training and coaching.

RESULTS

YR5: FY2013-2014

Demographics CW Cases

For purposes of this review, the state of Arizona was primarily interested in those cases where the children and families had child welfare involvement. During FY2013-2014, 107 CW cases were sampled from all six GSAs from the 195 SOCPR All Cases. A summary of the demographic characteristics are presented in Table FY2013-2014.1. Due to the sampling scheme employed by ADHS/DBHS (previously described in the Methodology section), different numbers of cases were completed in each GSA. The most populous area, GSA 6, provided the greatest number of case for the sample (n=57). The other GSAs provided between 2 and 20 cases.

Table FY2013-2014.1. Demographic Characteristics CW Cases

Demographic Characteristic	Statewide N=107	GSA 1 n=16	GSA 2 n=7	GSA 3 n=2	GSA 4 n=5	GSA 5 n=20	GSA 6 n=57
Age (years)	10.01	12.19	9.43	12.50	12.20	13.25	8.05
Gender (Male)	47.7%	56.2%	57.1%	100.0%	60.0%	40.0%	43.9%
Race:							
White	55.1%	62.5%	42.9%	0.0%	80.0%	45.0%	57.9%
Black	8.4%	12.5%	0.0%	0.0%	0.0%	10.0%	8.8%
Latino/Hispanic	13.1%	6.2%	28.6%	50.0%	0.0%	15.0%	12.3%
Native American	12.1%	18.8%	28.6%	50.0%	0.0%	10.0%	8.8%
Multi-racial	10.3%	0.0%	0.0%	0.0%	20.0%	15.0%	12.3%
Primary Language:							
English	99.1%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%
Spanish	0.9%	0.0%	14.3%	0.0%	0.0%	0.0%	0.0%

As shown in Table FY2013-2014.1, the overall mean age for the 107 cases was 10.01 years. The means for age across GSA ranged from 8.05 years to 13.25 years. Statewide almost 48% of the sample was male, ranging from 40% in GSA 5 to 100% in GSA 3. Of the sample, over 55% was White, 13% was Latino/Hispanic, and 12% identified as Native American. The remaining 20% of the sample was Black and Multi-racial or data were missing. Statewide, over 99% of the children and youth in the sample spoke English as their primary language. English was the only language reported in all GSAs except GSA 2, which identified Spanish as a primary language in 14.3% of the cases.

Service System Involvement CW Cases

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 107 cases (98%) indicated having behavioral health system involvement, as shown in Table FY2013-2014.2.

Table FY2013-2014.2. Service System Involvement CW Cases

Service System	Statewide N=107	GSA 1 n=16	GSA 2 n=7	GSA 3 n=2	GSA 4 n=5	GSA 5 n=20	GSA 6 n=57
Behavioral Health	98.1%	100.0%	85.7%	100.0%	100.0%	100.0%	98.2%
Juvenile Justice	17.8%	31.2%	14.3%	50.0%	20.0%	20.0%	12.3%
Educational Services	40.2%	50.0%	28.6%	100.0%	60.0%	40.0%	35.1%
Developmental Disabilities	10.3%	6.2%	14.3%	0.0%	20.0%	5.0%	12.3%
Other	3.7%	0.0%	28.6%	0.0%	0.0%	0.0%	3.5%

The SOCPR protocols documented that over 40% had educational services involvement, followed by juvenile justice (17.8%), and developmental disabilities (10.3%). The "Other" system category was documented by almost 4% of the GSAs. The three services included Arizona Early Intervention Program (AZEIP), Guardian Ad Litem (GAL), and Tribal Social Services.

The results of the 107 cases were plotted by histogram to explore the distribution of cases for total number of systems involved. The results are seen in Figure FY2013-2014.1. 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 107 cases represent children and youth who were involved with the child welfare system and who either were receiving services from the behavioral health system 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, the possible number of systems involvement ranged from 0 – 6 with the mean for the sample being 2.70 and the number of systems involved for this sample ranged from 2-4. 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.

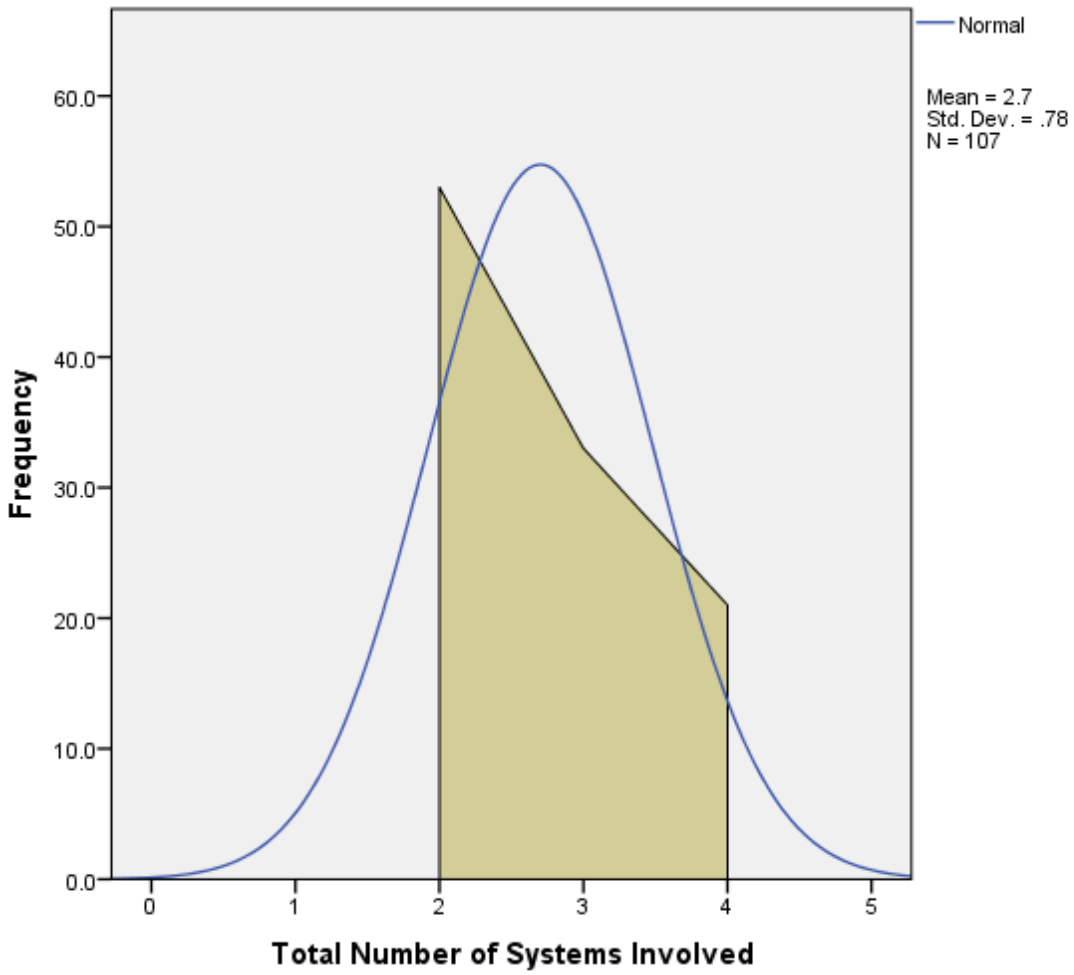

Figure FY2013-2014.1. Histogram of child-serving system involvement CW cases.

Receipt of Services or Treatments CW 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 list in Appendix B) were used to identify categories of service or treatment provision. These service types are shown in Table FY2013-2014.3.

Table FY2013-2014.3. Services or Treatments Received by Children and Youth CW Cases

Services or Treatment	Statewide N (%)	GSA 1 n (%)	GSA 2 n (%)	GSA 3 n (%)	GSA 4 n (%)	GSA 5 n (%)	GSA 6 n (%)
Treatment Services	90 (84.1)	14 (87.5)	6 (85.7)	1 (50.0)	4 (80.0)	16 (80.0)	49 (86.0)
• Individual Counseling	80 (74.8)	12 (75.0)	6 (85.7)	1 (50.0)	4 (80.0)	15 (75.0)	42 (73.7)
• Family Counseling	47 (43.9)	9 (56.2)	2 (28.6)	1 (50.0)	2 (40.0)	5 (25.0)	28 (49.1)
• Group Counseling	22 (20.6)	5 (31.2)	3 (42.9)	0 (0.0)	1 (20.0)	4 (20.0)	9 (15.8)
• Alcohol/Drug Counseling	6 (5.6)	1 (6.2)	0 (0.0)	0 (0.0)	0 (0.0)	2 (10.0)	3 (5.3)
Medical Services							
• Psychiatric Medication	53 (49.5)	11 (68.8)	4 (57.1)	1 (50.0)	4 (80.0)	12 (60.0)	21 (36.8)
Support Services	98 (91.6)	15 (93.8)	7 (100.0)	1 (50.0)	5 (100.0)	20 (100.0)	50 (87.7)
• Family Support	37 (34.6)	6 (37.5)	4 (57.1)	0 (0.0)	1 (20.0)	10 (50.0)	16 (28.1)
• Peer Support	9 (8.4)	0 (0.0)	2 (28.6)	0 (0.0)	1 (20.0)	2 (10.0)	4 (7.0)
• Respite Support	17 (15.9)	3 (18.8)	1 (14.3)	0 (0.0)	0 (0.0)	7 (35.0)	6 (10.5)
• Home Care Training	6 (5.6)	2 (12.5)	0 (0.0)	0 (0.0)	2 (40.0)	1 (5.0)	1 (1.8)
• Case Management	97 (90.7)	15 (93.8)	7 (100.0)	1 (50.0)	5 (100.0)	19 (95.0)	50 (87.7)
• Skill Develop & Training	19 (17.8)	5 (31.2)	0 (0.0)	0 (0.0)	1 (20.0)	5 (25.0)	8 (14.0)
Inpatient Services	13 (12.1)	3 (18.8)	0 (0.0)	0 (0.0)	0 (0.0)	1 (5.0)	9 (15.8)
• Psychiatric Hospitalization	3 (2.8)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (5.3)
• Level I Residential	12 (11.2)	3 (18.8)	0 (0.0)	0 (0.0)	0 (0.0)	1 (5.0)	8 (14.0)
Residential Services	11 (10.3)	2 (12.5)	0 (0.0)	0 (0.0)	0 (0.0)	1 (5.0)	8 (14.0)
• Level II Residential	7 (6.5)	1 (6.2)	0 (0.0)	0 (0.0)	0 (0.0)	1 (5.0)	5 (8.8)
• Level III Residential	4 (3.7)	1 (6.2)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (5.3)
Other	24 (22.4)	5 (31.2)	3 (42.9)	0 (0.0)	1 (20.0)	5 (25.0)	10 (17.5)

Across the state the most utilized service or treatment provision was Support Services (91.6%) followed by Treatment Services (84.1%). Residential Services (10.3%) was the least used service or treatment provision. More specifically, the most widely utilized service or treatment statewide, based on percentage of cases using the service, was Case Management (91%) followed by Individual Counseling (75%), Psychiatric Medication (50%), and Family Counseling (44%). Psychiatric Hospitalizations (3%), Level III Residential (4%), Home Care Training (6%), and Alcohol/Drug Counseling (6%) were the least utilized services or treatments statewide. Across GSAs, Case Management, Individual Counseling, Psychiatric Medication, and Family Counseling were utilized in six out of six GSAs. Case Management and Individual Counseling was utilized in a minimum of 50% of the cases in each GSA. Psychiatric Hospitalization was only utilized in GSA 6 (3 cases). Level III Residential was utilized in GSA 1 (1 case) and GSA 6 (3 cases).

Support Services were utilized in all six GSAs with 3 of the six GSAs using them in 100% of the cases (GSAs 2, 4, and 5). As mentioned earlier in this report one specific support service,

Case Management, was received by families minimally 50% by all GSAs with two GSA 2 and 4 being using it by 100% of its cases (7 and 5 cases respectively). Treatment Services were also used in all six GSAs and was documented as the next most frequently utilized service with a minimum of 50% of cases. GSAs 1, 2, 4, 5, and 6 utilized Individual Counseling in a minimum of 74% of its families. Inpatient Services and Residential Services were not utilized in GSAs 2, 3 and 4. GSA 3 had the smallest number of cases as a part of the overall statewide sample (2 cases), while GSA 6 (n=57) had the largest number of cases using services in all service provision categories.

Usage of some services *appears* to be unusually high; therefore, because GSAs vary widely in the number of SOCPR cases completed, both number of cases and percentage need to be examined. For example, almost 43% of cases in GSA 2 had "Other" services, which represents only 3 youth, as only 7 total SOCPR cases were completed for this GSA. Statewide, over 22% (n=24) of the treatments or services reported were identified as "Other". Several of the services variables differed significantly by GSA and are shown in Table FY2013-2014.4. Only statistically significant chi-square statistics are reported.

Table FY2013-2014.4. Significant Associations between GSA and Specific Services CW Cases

Treatment	Chi-Square Statistic
Treatment Services • Individual Counseling • Family Counseling • Group Counseling • Alcohol/Drug Counseling	
Medical Services • Psychiatric Medication	
Support Services • Family Support • Peer Support • Respite Support • Home Care Training (HCTC) • Case Management • Skills Develop and Training	X2 (5, N=107)= 14.757, p-value = 0.011
Inpatient Services • Psychiatric Hospitalization • Level I Residential	
Residential Services • Level II Residential • Level III Residential	
Other	

Statewide for CW Cases, no statistically significant relationship between GSA and services received was shown for Treatment Services, Medical Services, Inpatient Services, Residential Services, and Other. However, within Support Services, Home Care Training was found to show significant associations with GSA.

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 107 cases in the sample, the range of services used was 0 to 8. These data are displayed via histogram to examine the distribution of total number of services used. The results are displayed in Figure FY2013-2014.2. The histogram closely resembles a normal distribution, with a mean of 4.14 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.

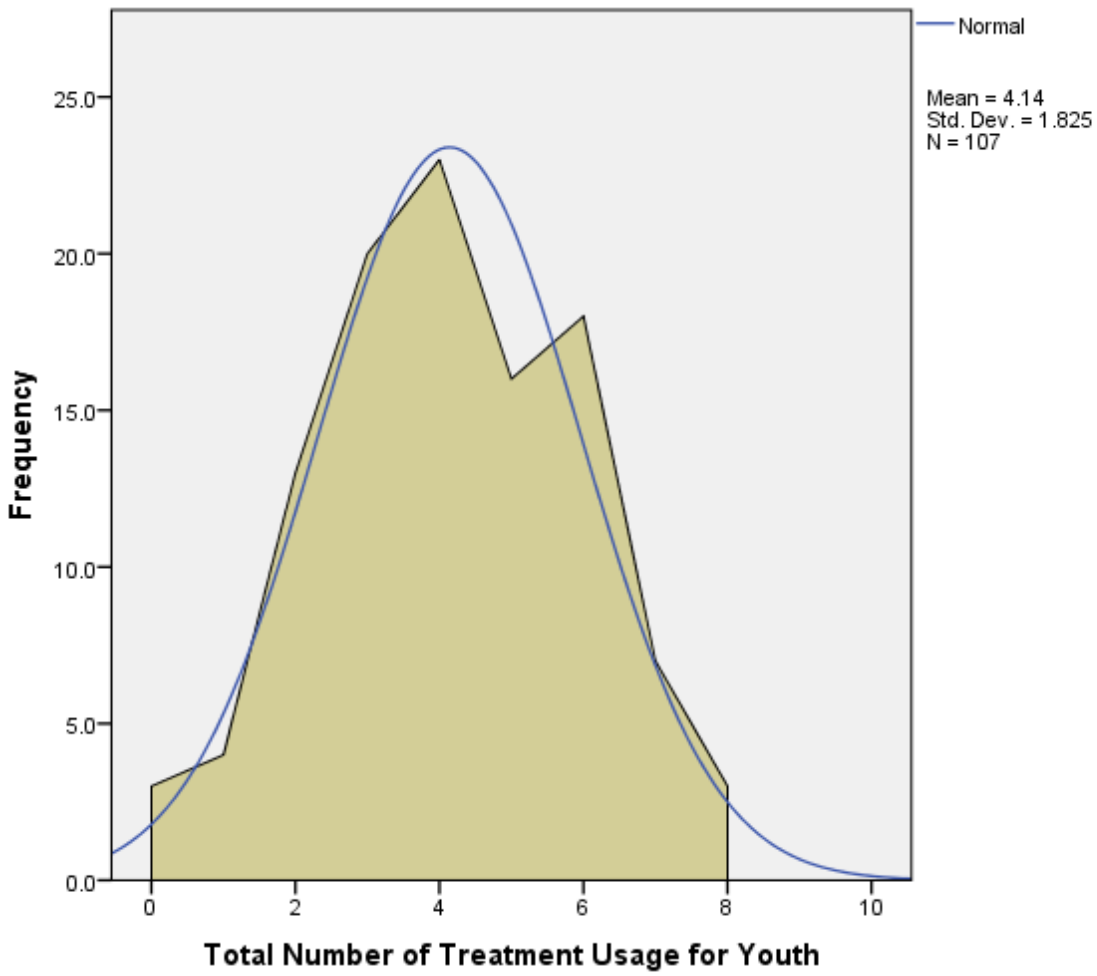

Figure FY2013-2014.2. Histogram of service or treatment usage for youth CW cases.

Quantitative Analysis CW Cases

SOCPR Scores – Overall Case and SOCPR Domains CW 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 FY2013-2014.5 shows the overall case scores as well as those for each SOCPR domain for the child welfare sample of 107 cases, indicated by individual GSA. 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 CW mean scores ranged from 5.13 to 5.59 with an overall case mean score of 5.32. 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 CW 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 mid 3s to low 6s. This range indicates that scores fall between a lower implementation of system of care values to an emerging enhanced implementation of system of care principles. The scores indicate that across the state, behavioral health provider agencies included in the sample performed best at including the Community Based values of service planning and provision. Behavioral health provider agencies were most challenged by providing Culturally Competent care.

Table FY2013-2014.5. SOCPR Case and Domain Scores CW Cases

GSA	Case Mean (SD)	CCFF Mean (SD)	CB Mean (SD)	CC Mean (SD)	IMP Mean (SD)
Statewide (N=107)	5.32 (0.94) Min 2.76 Max 6.86	5.37 (1.02) Min 2.82 Max 6.95	5.59 (0.84) Min 2.75 Max 6.88	5.13 (1.05) Min 2.86 Max 7.00	5.21 (1.39) Min 1.25 Max 7.00
1 (n=16)	5.66	5.76	5.86	5.52	5.48
2 (n=7)	5.60	5.73	5.74	5.34	5.61
3 (n=2)	4.20	4.26	5.06	3.97	3.50
4 (n=5)	5.84	5.78	6.06	5.47	6.05
5 (n=20)	4.85	4.87	5.42	4.69	4.41
6 (n=57)	5.35	5.39	5.52	5.16	5.34

Minimum and maximum values are not presented for individual GSAs, as they are a subset of the statewide scores. At the state level, the highest scoring SOCPR domain was Community Based (Mean = 5.59). This was followed by Child-Centered Family-Focused (Mean = 5.37), Impact (Mean = 5.21), and finally, Culturally Competent (Mean = 5.13). The GSA data show similar patterns when compared with statewide scores; i.e., the domain Community Based had the highest mean score for all six GSAs. Additionally, standard deviation data are not presented at the GSA level because some of the GSAs had small sample sizes; therefore, presenting standard deviation data would not be statistically meaningful. Because of the sample size variance among the GSAs, comparisons between GSAs are not possible.

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 FY2013-2014.3 – FY2013-2014.7. 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.

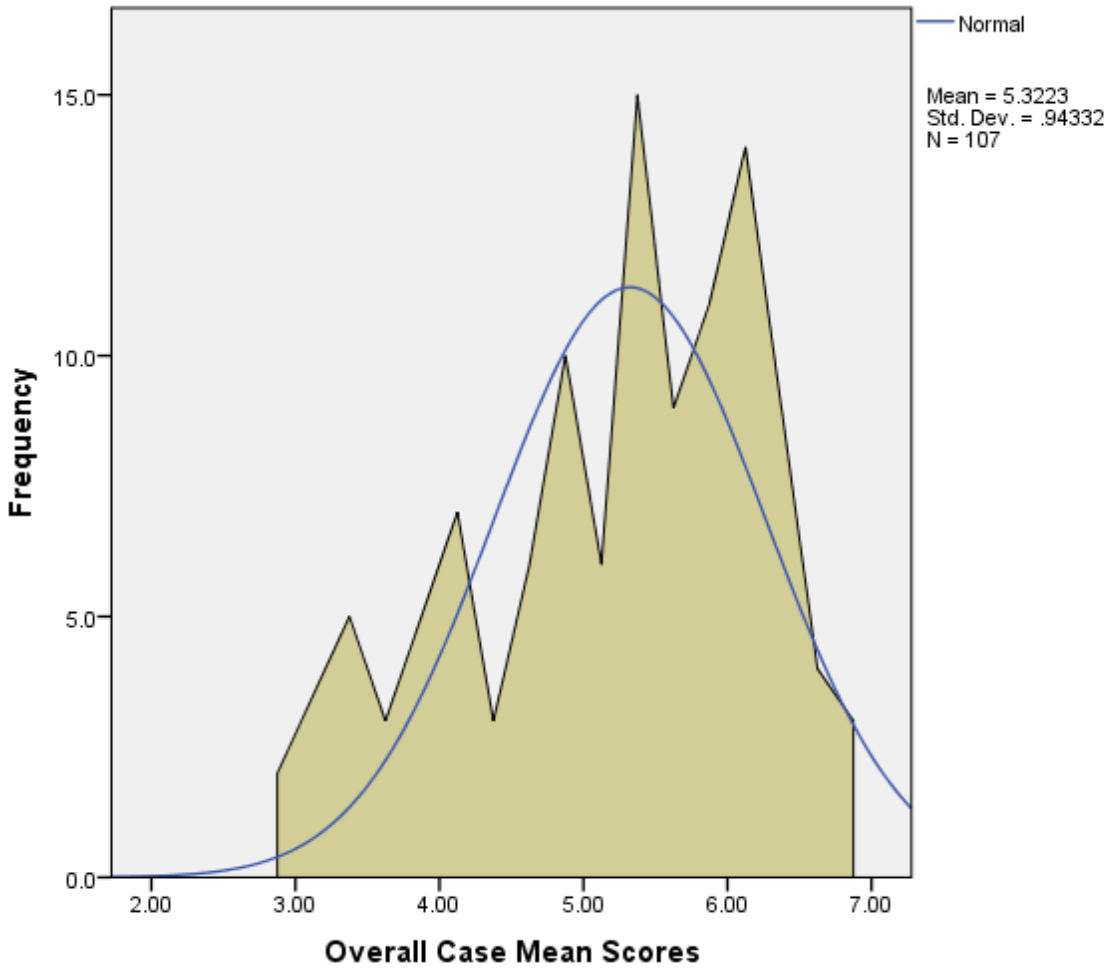

Figure FY2013-2014.3. Histogram of SOCPR Overall case mean scores CW cases.

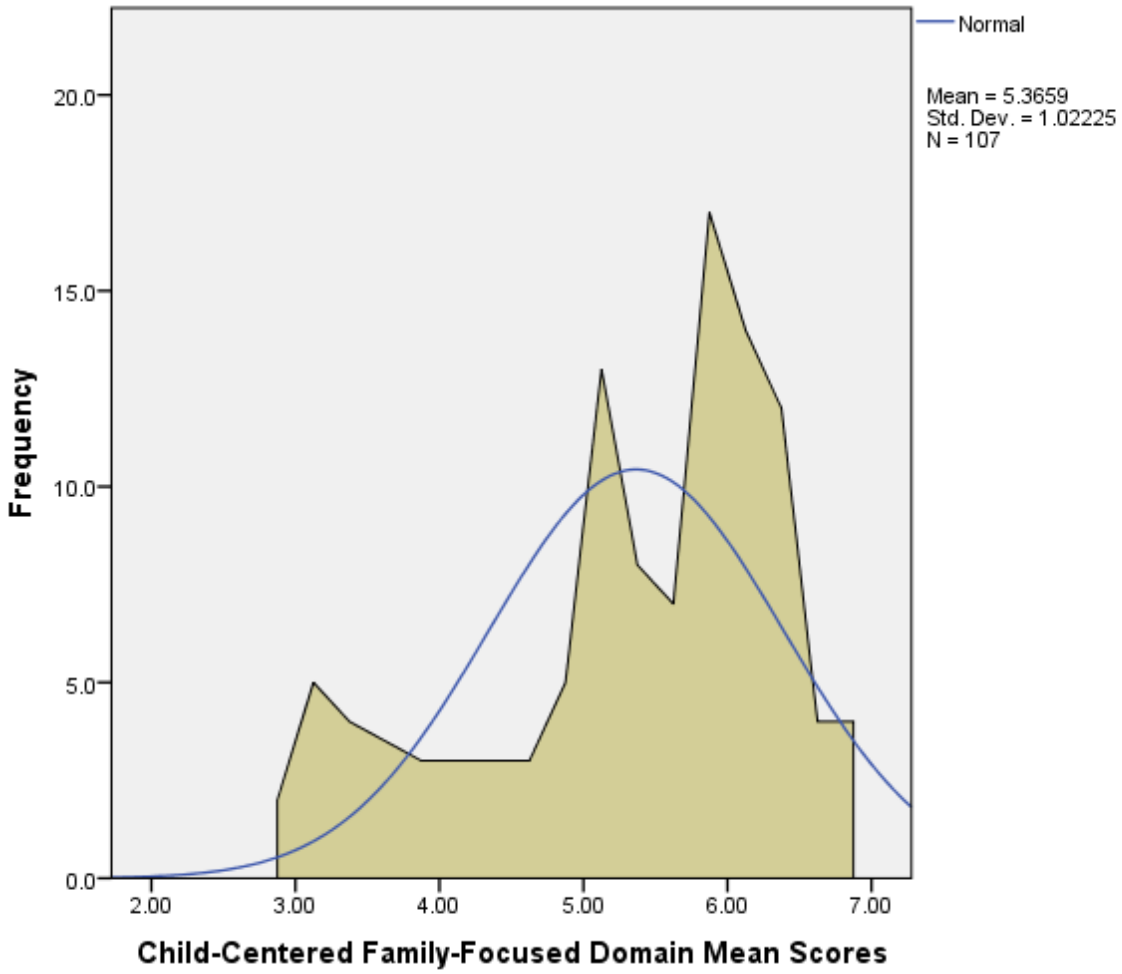

Figure FY2013-2014.4. Histogram of SOCPR Child-Centered Family-Focused domain mean scores CW cases.

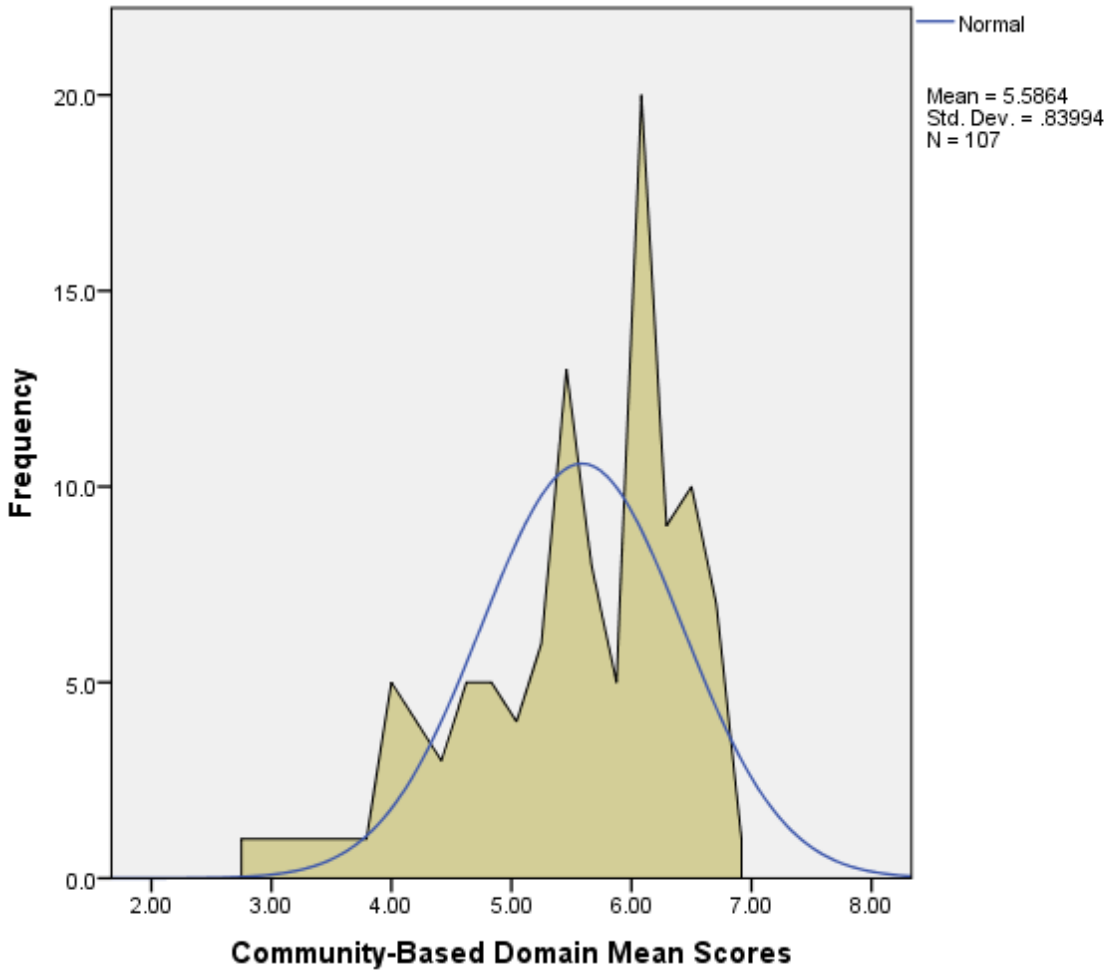

Figure FY2013-2014.5. Histogram of SOCPR Community Based domain mean scores CW cases.

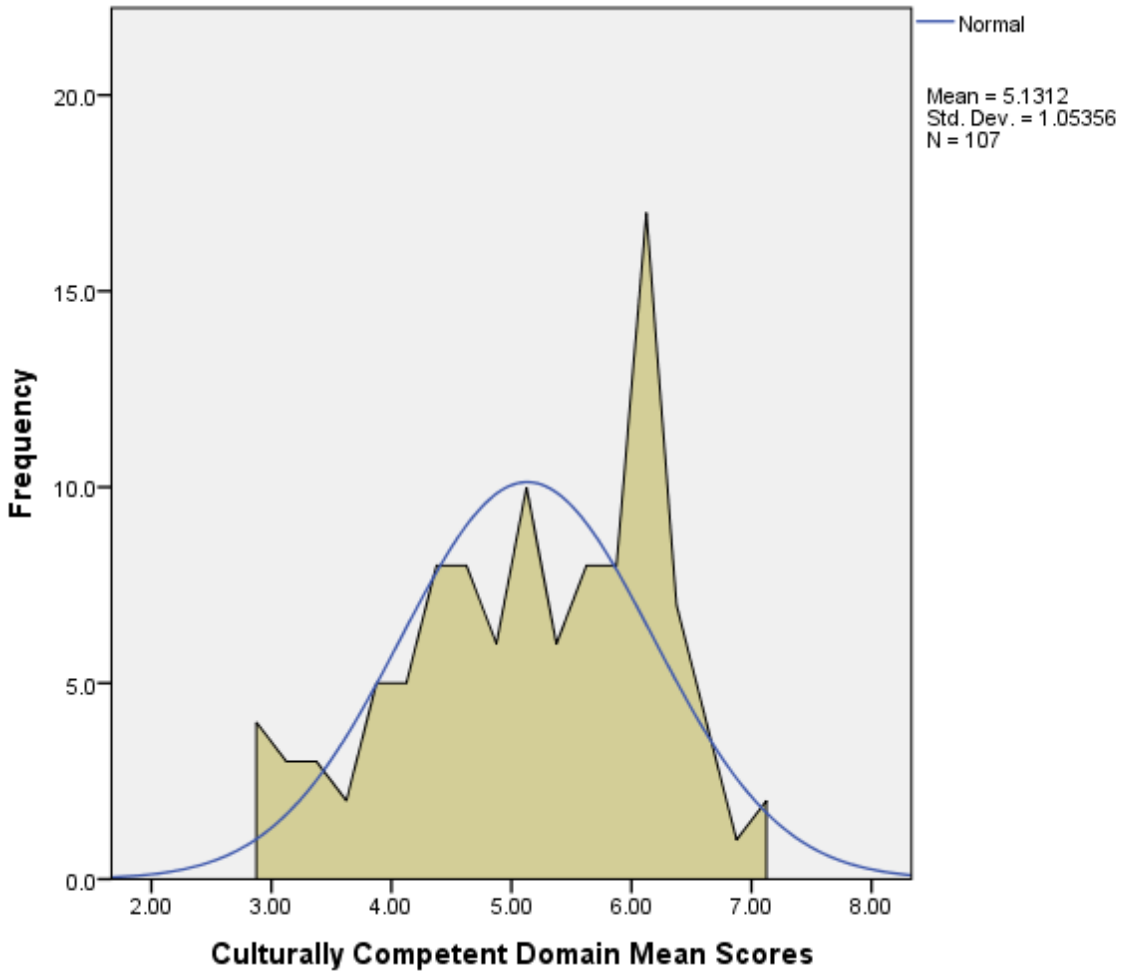

Figure FY2013-2014.6. Histogram of SOCPR Culturally Competent domain mean scores CW cases.

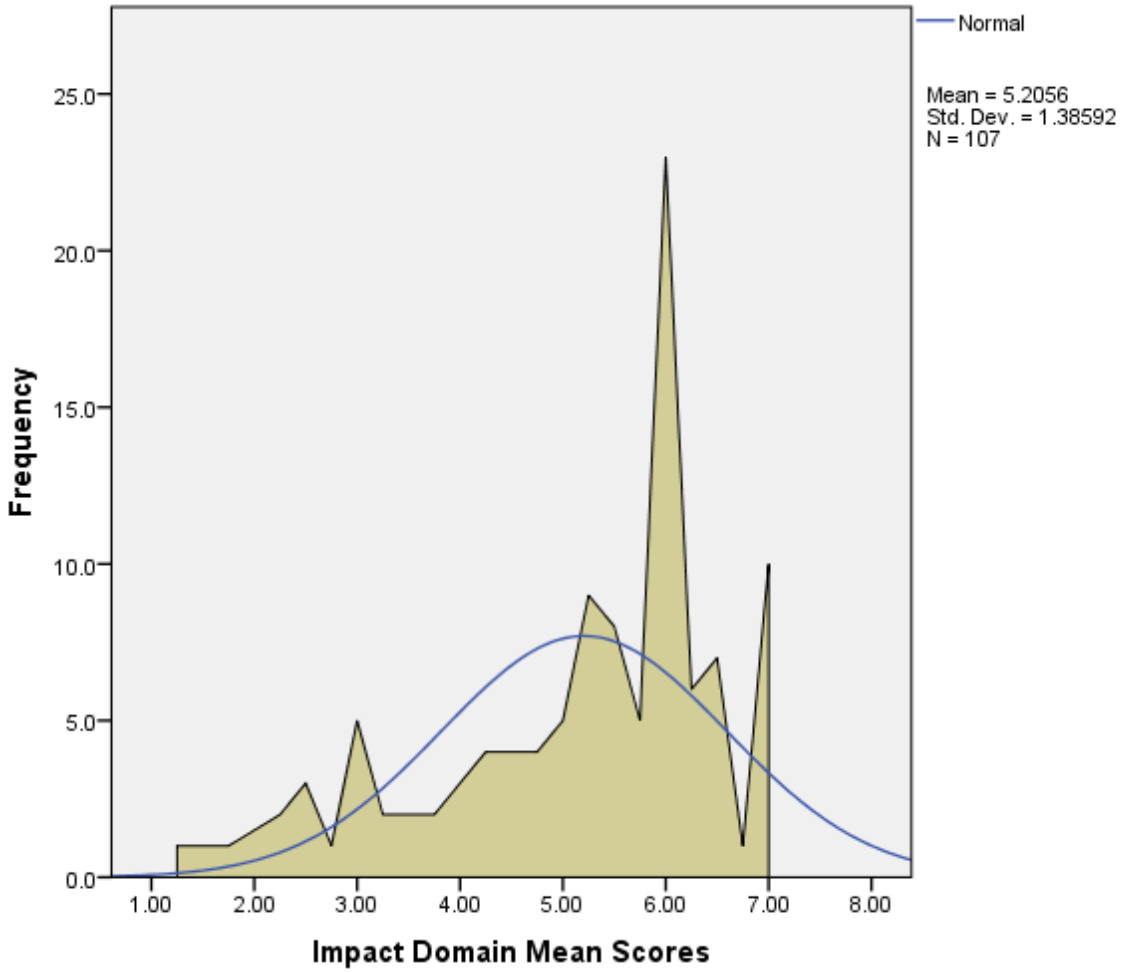

Figure FY2013-2014.7. Histogram of SOCPR Impact domain mean scores CW cases.

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

Table FY2013-2014.6 presents statewide SOCPR data for most levels of the instrument, including the total case mean score, SOCPR domain scores, and SOCPR subdomain scores. Because some of the GSAs had very small sample sizes, the standard deviation data are not statistically meaningful; consequently, SOCPR subdomains and their areas of interest are not reported at the GSA level.

Table FY2013-2014.6. Statewide SOCPR Scores by Domain, Subdomain, and Area CW Cases

Overall Score – CW cases: 5.32 (0.94)			
	Domain Mean (SD)	**Area Mean (SD)**	**Subdomain Mean (SD)**
Domain I: Child-Centered Family-Focused	**5.37 (1.02)**		
Individualized			5.11 (1.10)
Assessment/Inventory		5.66 (0.83)	
Service Planning		5.08 (1.20)	
Types of Services/Supports		4.86 (1.59)	
Intensity of		4.85 (1.59)	
Full Participation			5.65 (0.91)
Case Management			5.33 (1.40)
Domain II: Community Based	**5.59 (0.84)**		
Early Intervention			5.44 (1.32)
Access to Services			5.92 (0.83)
Convenient Times		5.68 (1.38)	
Convenient Locations		5.83 (1.18)	
Appropriate Language		6.23 (0.74)	
Minimal Restrictiveness			5.81 (0.91)
Integration and Coordination			5.18 (1.40)
Domain III: Culturally Competent	**5.13 (1.05)**		
Awareness			5.27 (1.10)
Awareness of Child/Family's Culture		5.17 (1.27)	
Awareness of Providers' Culture		5.28 (1.34)	
Awareness of Cultural Dynamics		5.36 (1.12)	
Sensitivity and Responsiveness			5.03 (1.48)
Agency Culture			5.25 (1.23)
Informal Supports			4.98 (1.65)
Domain IV: Impact	**5.21 (1.39)**		
Improvement			5.27 (1.43)
Appropriateness			5.14 (1.45)

As reported previously, the highest scoring SOCPR domain was Community Based. This was followed by Child-Centered Family-Focused, Impact, and finally Culturally Competent. All but one of the SOCPR domain, subdomain, and area scores fell in the high 4 (neutral) to high 5 (enhanced implementation of a system of care principle) range. Appropriate Language, in the subdomain of Access to Services, was in the low 6 range.

In the Community Based domain all subdomains and areas except for the area of Appropriate Language (the highest mean score at 6.23), scored in the low 5 to high 5 range. Further, Access to Services and Minimal Restrictiveness had the highest subdomain mean scores (5.92 and 5.81 respectively). All three areas in the subdomain of Access to Services had mean scores in the mid 5 to low 6 range: Appropriate Language (6.23), Convenient Locations (5.83), and Convenient Times (5.68). These subdomain and area scores indicate that services are provided in community and neighborhood locations that are at convenient times for youth and families. Providers communicate with families both verbally and in writing in families' primary language to ensure comprehension and understanding. These represent strengths in Arizona's Children's System of Care, as reviewed through these 107 SOCPR CW cases.

The data also revealed one score in the high 4 range. Although these scores indicate neither support for nor against implementation of system of care principles, they may emphasize the need for added awareness, responsiveness, or assistance. Within the Culturally Competent domain, the subdomain of Informal Supports had a mean score of 4.98. This subdomain score indicates that service providers may not be fully utilizing the informal supports and resources that are identified by families for service planning and delivery.

SOCPR Scores and Tests of Significant Differences CW Cases

Because the SOCPR 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 2 groups, such as gender, the Mann-Whitney U test was performed. Age was transformed into an Age Band variable with 3 groups: 0 through 5, 6 to 12, and 13 to 18. Table FY2013-2014.7 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 FY2013-2014.7. SOCPR Scores and Significant Differences with Variables of Interest CW Cases

Variable	Case	CCFF	CB	CC	IMP
Demographics					
Age Bands					
Gender					
Race					
Primary Language					
GSA		0.050			0.035
Case Longevity					
Service Systems					
Behavioral Health					
Juvenile Justice					
Educational					
Developmental Disabilities					
Total Systems					
Services Categories					
Treatment Services	0.033	0.026	0.024		
Medical Services					
Support Services					
Inpatient Services					
Residential Services	0.021	0.027		0.008	
Services					
Individual Counseling			0.037	0.047	
Family Counseling					
Family Support	0.046		0.022		
Respite Support		0.029		0.039	
Case Management					
Psychiatric Hospitalization					
Total Number of Services	0.015	0.024		0.007	

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

Findings indicated significant relationships between GSA and SOCPR scores. A significant finding between GSA and Child-Centered Family-Focused domain was a result of GSA 3 and 5's lower than average scores and GSA 1 and 4's higher than average scores. The significant finding between GSA and Impact was a result of GSA 3 and 5's lower than average scores and GSA 6's higher than average scores.

Children and youth who received Treatment Services, Residential Services, Family Support, and Total Number of Services were associated with case scores and domain scores.

Children and youth who received Respite Support and Residential Services had higher Child-Centered Family-Focused and Culturally Competent scores. Involvement with Treatment Services, Individual Counseling, and Family Support was associated with higher Community Based scores. Total Number of Services was significantly related to higher Child-Centered Family-Focused and Culturally Competent scores.

SOCPR Scores –FY2013-2014 Comparison: CW Cases and Non-CW Cases

Table FY2013-2014.8 shows a comparison of domain, subdomain, and area scores across two samples of the SOCPR for FY2013-2014. These two samples are CW cases (N=107) and non-CW cases (N=88). CW cases included children and families involved with the child welfare system while non-CW cases included children and families identified as having high/complex levels of need. Overall, scoring differences are not significant across the samples with CW mean scores being generally lower.

Table FY2013-2014.8. SOCPR Score Comparisons between CW Cases and non-CW Cases

	CW Cases		Non-CW Cases		Difference	p-value[1]
	Mean	(SD)	Mean	(SD)		
Overall Score	5.32	(0.94)	5.39	(1.00)	-0.07	0.63
Domain I: Child-Centered Family-Focused	5.37	(1.02)	5.32	(1.12)	0.05	0.75
Individualized	5.11	(1.10)	5.13	(1.26)	-0.02	0.93
Assessment/Inventory	5.66	(0.83)	5.63	(0.90)	0.03	0.80
Service Planning	5.08	(1.20)	5.24	(1.19)	-0.16	0.36
Types of Services/Supports	4.86	(1.59)	4.82	(1.79)	0.04	0.87
Intensity of Services/Supports	4.85	(1.59)	4.83	(1.78)	0.02	0.93
Full Participation	5.65	(0.91)	5.67	(0.92)	-0.02	0.90
Case Management	5.33	(1.40)	5.15	(1.55)	0.18	0.41
Domain II: Community Based	5.59	(0.84)	5.70	(0.75)	-0.12	0.31
Early Intervention	5.44	(1.32)	5.52	(1.18)	-0.08	0.67
Access to Services	5.92	(0.83)	6.18	(0.71)	-0.27	0.02*
Convenient Times	5.68	(1.38)	6.00	(1.25)	-0.32	0.09
Convenient Locations	5.83	(1.18)	6.16	(0.97)	-0.33	0.03*
Appropriate Language	6.23	(0.74)	6.39	(0.61)	-0.15	0.12
Minimal Restrictiveness	5.81	(0.91)	5.83	(0.88)	-0.02	0.90
Integration and Coordination	5.18	(1.40)	5.28	(1.37)	-0.11	0.59
Domain III: Culturally Competent	5.13	(1.05)	5.14	(1.23)	-0.01	0.95
Awareness	5.27	(1.10)	5.25	(1.23)	0.02	0.92
Awareness of Child/Family's	5.17	(1.27)	5.14	(1.38)	0.03	0.88
Awareness of Providers' Culture	5.28	(1.34)	5.36	(1.37)	-0.08	0.67
Awareness of Cultural Dynamics	5.36	(1.12)	5.25	(1.36)	0.11	0.56
Sensitivity and Responsiveness	5.03	(1.48)	5.03	(1.65)	-0.01	0.98
Agency Culture	5.25	(1.23)	5.28	(1.30)	-0.04	0.84
Informal Supports	4.98	(1.65)	5.00	(1.67)	-0.02	0.94
Domain IV: Impact	5.21	(1.39)	5.40	(1.35)	-0.19	0.32
Improvement	5.27	(1.43)	5.56	(1.26)	-0.29	0.13
Appropriateness	5.14	(1.45)	5.24	(1.55)	-0.10	0.65

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

Overall, SOCPR CW scores were in a downward trend when compared to non-CW scores for the overall case mean and across all four domains except for Child-Centered Family-Focused. Consistent with other sample comparisons, the domain of Community Based scored highest across both samples. The highest scoring Subdomain was Access to Services, and the highest scoring Area score was Appropriate Language. Analysis of the data indicate that two of the mean score comparisons, Access to Services and Convenient Locations, were significantly lower for CW Cases.

In the majority of domain, subdomain, and areas, the mean scores for CW cases were not as high as non-CW cases, although there were a few exceptions. The domain of Child-Centered Family-Focused had higher mean scores for CW cases as did the subdomain of Case Management when compared to non-CW Cases. Additionally, the areas of Assessment/Inventory, Types of Services/Supports, and Intensity of Services/Supports within the subdomain of Individualized, all had higher CW mean scores than non-CW mean scores.

Within the domain of Culturally Competent, the subdomain of Awareness and two of its areas, Awareness of Child/Family's Culture and Awareness of Cultural Dynamics, had higher CW mean scores when compared with non-CW mean scores.

SOCPR Scores – FY2012-2013 and FY2013-2014 Comparison CW Cases

Table FY2013-2014.9 shows a comparison of domain, subdomain, and area mean scores across two administrations of the SOCPR. Overall, scoring differences across all domain, subdomain, and area scores indicate a downward trend from FY2012-2013 to FY2013-2014 among CW cases. A few were statistically significant.

Table FY2013-2014.9. SOCPR Score Comparisons between FY2012-2013 and FY2013-2014 CW Cases

	2012-2013		2013-2014		Change	p-value[1]
	Mean	(SD)	Mean	(SD)		
Overall Score	5.56	(0.78)	5.32	(0.94)	-0.23	0.09
Domain I: Child-Centered Family-Focused	5.64	(0.84)	5.37	(1.02)	-0.27	0.07
Individualized	5.36	(0.94)	5.11	(1.10)	-0.24	0.14
Assessment/Inventory	5.70	(0.85)	5.66	(0.83)	-0.04	0.80
Service Planning	5.32	(1.10)	5.08	(1.20)	-0.24	0.21
Types of Services/Supports	5.20	(1.44)	4.86	(1.59)	-0.34	0.18
Intensity of Services/Supports	5.21	(1.33)	4.85	(1.59)	-0.36	0.12
Full Participation	5.78	(0.84)	5.65	(0.91)	-0.13	0.38
Case Management	5.79	(1.04)	5.33	(1.40)	-0.45	0.02*
Domain II: Community Based	5.82	(0.60)	5.59	(0.84)	-0.23	0.05*
Early Intervention	5.71	(0.86)	5.44	(1.32)	-0.28	0.11
Access to Services	6.04	(0.56)	5.92	(0.83)	-0.12	0.27
Convenient Times	5.96	(0.71)	5.68	(1.38)	-0.28	0.09
Convenient Locations	6.04	(0.77)	5.83	(1.18)	-0.20	0.19
Appropriate Language	6.12	(0.82)	6.23	(0.74)	0.12	0.37
Minimal Restrictiveness	5.89	(0.88)	5.81	(0.91)	-0.08	0.59
Integration and Coordination	5.62	(1.02)	5.18	(1.40)	-0.44	0.02*
Domain III: Culturally Competent	5.25	(1.00)	5.13	(1.05)	-0.12	0.48
Awareness	5.25	(1.00)	5.27	(1.10)	0.02	0.93
Awareness of Child/Family's Culture	5.13	(1.25)	5.17	(1.27)	0.04	0.86
Awareness of Providers' Culture	5.43	(1.14)	5.28	(1.34)	-0.15	0.46
Awareness of Cultural Dynamics	5.20	(1.17)	5.36	(1.12)	0.16	0.40
Sensitivity and Responsiveness	4.96	(1.40)	5.03	(1.48)	0.07	0.76
Agency Culture	5.47	(1.06)	5.25	(1.23)	-0.23	0.23
Informal Supports	5.32	(1.48)	4.98	(1.65)	-0.34	0.18
Domain IV: Impact	5.52	(1.05)	5.21	(1.39)	-0.31	0.11
Improvement	5.65	(0.94)	5.27	(1.43)	-0.39	0.04*
Appropriateness	5.38	(1.27)	5.14	(1.45)	-0.24	0.28

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

Although the change in mean scores from FY2012-2013 to FY2013-2014 reflect an overall decrease, consistency is evident in the ranking of domain scores across the CW Cases scores comparison. The highest scoring SOCPR domain was Community Based across both administrations. This was followed by Child-Centered Family-Focused, Impact, and lastly Culturally Competent. As in previous years, the subdomain of Access to Services was the highest scoring subdomain and Appropriate Language was the highest scoring area. The subdomain of Minimal Restrictiveness scored high as well across both administrations of the SOCPR, as did the areas of Convenient Locations and Convenient Times.

One of Arizona's Children's System of Care strengths is evident in the positive changes in the domain of Culturally Competent. Although not statistically significant the subdomains of Awareness and Sensitivity and Responsiveness showed small increases from FY2012-2013 to FY2013-2014. These subdomain scores indicate that service providers are aware of families' cultures, values, and beliefs and show they are able to be responsive to the child's and family's needs. The areas of Awareness of Child/Family's Culture and Awareness of Cultural Dynamics also displayed progression forward. These positive signs indicate that providers recognize the values and beliefs of the families they work with and how these influence how a family makes decisions, even though these views may differ from the provider's own.

Another strength is evidenced by the gain in mean scores for the area of Appropriate Language within the subdomain of Access to Services. Although not statistically significant, this high area mean score comparison (6.12 to 6.23 respectively) indicates that when providing accessible services, service providers are communicating verbally and in writing with youth and families in their primary language.

Downward trends are present for many of the comparisons from FY2012-2013 to FY2013-2014. Several of these changes were statistically significant. These occurred in three of the four domains: Child-Centered Family-Focused, Community Based, and Impact. These decreases in scores over time may be due to problems with coordinating, planning, and delivering services which are responsive to the emerging and changing needs of the family, a lack of two-way communication with team members to produce a smooth and seamless process towards services and supports that are supposed to improve the child and family's situation, or services are not provided in a community setting that is the least restrictive yet most accessible for the youth and family.

Qualitative Analysis CW Cases

This section reports a summary of qualitative data compiled from responses to Summative Questions for FY2013-2014 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 child welfare system. The Summative Questions call for the reviewer to provide a rating for each of 41 statements and to provide a brief narrative in support of each rating. Individual ratings serve as indicators of the extent to which subdomain elements (e.g., *individualized services*, *full participation*) are being implemented. In the final analysis, ratings for each item 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 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 a particular 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 each SOCPR domain area for child welfare involved cases only (N=107). The frequency of Summative Question responses were examined and analyzed for emerging patterns or trends. In order to be considered a trend, at least of half of the cases reviewed had to provide similar information for a given subdomain area or item. The qualitative findings section also highlights successes and opportunities for growth related to each of the SOCPR Domain Areas for FY2013-2014 as reported in responses to Summative Questions.

Qualitative Findings

Domain 1: Child-Centered and Family Focused Services

The first domain of the SOCPR, *Child-Centered and Family-Focused,* 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 care coordination. The sub-domains, which reflect system of care principles and contain measurements of practice or system of care implementation, are: *Individualized*, *Full Participation*, and *Case Management.*

Overall, scores and descriptive comments provided by SOCPR raters suggest that providers within the System of Care are providing child-centered and family-focused services. The review of cases using the measures associated with *Child-Centered and Family-Focused* services suggests that children and families are generally receiving services that are individualized, that families are included as full participants in the service delivery process(es), and that the type and intensity of services is monitored through effective case management.

When considering whether children/youth and family received *Individualized Services* within the System of Care, reviewers noted that service plans largely reflect the needs of the child/youth and family and the goals established to address the needs identified. Additionally, reviewers noted that caregivers and providers reported that providers informally acknowledged child/family needs and strengths, even when these were not adequately documented in case files. A key challenge related to this subdomain area was identified in various reviewer comments related to the minimal documentation of identified child/youth and/or family strengths in service plan goal statements. Some case records did not clearly document the strengths of the child and/or family in service plan goal statements. Sometimes instead of strengths characteristics were utilized to describe the child/youth/family. This finding provides an opportunity for growth and training of providers, to more clearly identify and articulate both youth and family strengths within the case record and to then meaningfully incorporate these into the service plan goals.

A review of responses related to the existence of a primary service plan that documents service integration across providers found that reviewers reported some inconsistent documentation among providers serving children/youth and families in the sample. Although only 31% of cases received a score of 3 or less regarding the existence of a primary service plan, reviewers noted a lack of integration of services across providers and agencies in 22 of those cases. For example, a child might have a primary service plan on file but not all services the youth was currently receiving were listed on the service plan or the plan had not been updated and therefore was not reflective of the child's current situation. Additionally, a review of responses related to whether the types and intensity of services and supports provided to children/youth and their families reflect needs and strengths also suggested that reviewers felt there was inconsistent documentation in this regard. Although these findings do not constitute a trend, as defined for the purposes of analysis, they provide another opportunity for growth and training of providers to improve service plan documentation and integration.

Overall, reviews indicated that there was *Full Participation* on the part of children/youth and families in the development, implementation, and evaluation of service plans. In general, reviewers reported that child/youth and caregivers regularly attended service-planning meetings and felt that parent/caregivers influenced the service planning process. In addition, based on documentation found in record reviews, it seemed that most parent/caregivers and some children/youth appeared to understand the service plans developed for them. Reviewers noted that not all formal providers involved in service delivery participated in service planning, even though they might be continuing to provide services to children/youth and their families. Reviewers also noted inconsistent documentation regarding the inclusion of informal helpers in service planning meetings. Generally, informal supports were included in service planning and delivery. Informal supports typically play an important role in the lives of children and families with multiple and severe needs, as well as in their interactions with formal service systems and should be consistently emphasized and encouraged

With regard to the *Case Management* subdomain, reviewers reported that one individual appeared to be responsible for coordinating child/youth and family services and was doing so successfully. Where challenges were reported, reviewers noted a lack of agreement between parents/caregivers and lead care coordinators (case managers or in some cases, therapists) regarding the amount of coordination and responsiveness on the part of care coordinators. However, there were no clear trends related to the reasons identified for these disparities. Cases where such lack of agreement was found included those where a parent/caregiver was not satisfied with the level of case management services despite clear documentation of coordination of and changes in service delivery. Lack of agreement was also found in cases where reviewers reported a lack of documentation related to service coordination and limited responsiveness on the part of providers. A few reviewers found that case managers had difficulty coordinating services with external resources and agencies. Overall, service planning appeared to be responsive to the changing needs of the family and that service plans were updated in a timely fashion. However, reviewers did identify service plans not being up-to-date and unresponsive to the changing needs of the child/youth and their families. Documentation in a few cases indicated that even when crisis situations occurred, services failed to respond in an appropriate manner to the emerging needs of the child/youth and family.

Domain 2: Community-Based Services

The second SOCPR domain, *Community Based*, 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 sub-domains in this area are used to evaluate the effectiveness of the site in identifying needs and providing supports early (*Early Intervention)*, facilitating *Access to Services*, providing less restrictive services (*Minimal Restrictiveness)*, and integrating and coordinating services for families (*Integration and Coordination*).

When assessing whether child/youth and families received *Early Intervention* related to their identified needs, reviewers overwhelmingly reported that child/youth and family needs were identified at intake and that services were provided in a timely manner. However, some reviewers noted that clarification of family's needs take months to establish or multiple intake are necessary to clarify needs. Some families commented that it would have been "nice to have services earlier". Reviewers also noted that clarifying a family's needs tended to be quick but questioned whether quick versus appropriate was in the child/youth and family's best interest. As one case record indicated, "it had taken some time to convince the agency that the family needed help". The file note continued that once agreement to provide services happened, it took about 5 weeks for the first therapy session to take place. Although this is only one family, this may provide an opportunity for reviewing and revising provider and agency referral and approval processes.

Overall, reviewers indicated that the system was ensuring *Access to Services* for children/youth and families. In general, reviewers noted that services were scheduled at convenient times for the child/youth and family and that these services were most often provided within or close to the home community of the child/youth. Reviewers noted, however, some disagreement between caregivers and case managers regarding convenience of services related to location and time (less than 10%). In general however, if barriers related to time and location were noted, reviewers found evidence that supports were being provided to increase access to service locations. Overwhelmingly, language was not an issue for families or providers, but there were a few cases where the language of acronyms was noted and families stated there were no guidelines to help with service acronyms.

When assessing for *Minimal Restrictiveness* in service delivery, raters reported that overall, services appeared to be provided in environments that feel comfortable to the child/youth and family, in the least restrictive and most appropriate environment. Reviewers noted that several general factors drive service environments: 1) request of the family or 2) convenience of the provider. SOCPR raters also noted that case files reflected ongoing communication between formal service providers and family members and that links to additional services were made with few challenges. In more than 93% of cases reviewers noted that documentation reflected evidence that services were provided in a location that felt comfortable to the child/youth and family.

With regard to *Integration and Coordination* of services, reviewers generally found that there is ongoing two-way communication among and between all team members, including family members. In addition, they also generally noted that there are smooth and seamless processes for linking the child/youth and family to additional services. Reviewers noted that there was agreement between providers and caregivers that it was not always easy to link families to additional services due to a lack of service availability (6.5%) and/or long wait times following identification of additional needs (19%). As noted in one case the family was no longer invested after requesting additional services and experiencing long wait times and still not receiving the services or supports. Although such responses were not a trend, this raises a potential systems issue that might be examined to increase overall access to services for families.

Domain 3: Culturally Competent Services

The third domain of the SOCPR, *Culturally Competent Services*, 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 sub-domain 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. The sub-domains associated with Culturally Competent Services are: *Awareness*, *Sensitivity and Responsiveness*, *Agency Culture*, and *Informal Supports.*

Reviewers assessing for *Cultural Awareness* noted that case files generally showed limited to no documentation (41% of cases) of provider awareness of the child/youth and family's cultural beliefs, including how these beliefs shape concepts/beliefs about health and family and child/youth and family decision-making. Reviewers noted that in one case the case manager was not respectful of the child's culture and spoke negatively of the caregiver. Two case records indicated that the quality of documentation was poor or the information in records was out of date. In addition, reviewers reported finding limited documentation (about 13%) regarding providers' awareness of their own culture and how differences between provider and family culture might affect the dynamics of working together effectively.

When evaluating *Sensitivity and Responsiveness,* reviewers noted that 69% of case files documented some awareness of family culture on the part of providers, with 82% of caregivers supporting this awareness through interviews responses where they said that they felt that providers were responsive to their culture. Raters also noted that in 35.5% of cases there was

limited to no file evidence of service providers translating family culture into action. This finding identifies an opportunity for growth and training of providers to more clearly articulate their awareness of families' cultures into action within the case record.

Overall, reviewers gave high ratings in the subdomain of *Agency Culture.* Raters noted that in about 84% of the case providers generally offered families assistance or resources to help them better understand their agency's rules and expectations. Reviewers indicated that providers appeared to generally provide families with some assistance in understanding/navigating the larger service system (85% of the cases) although a few caregivers felt that professionals just assumed they understood (3%) or the caregivers learned on their own (6%).

With regard to *Informal Supports*, reviewers generally found that there was some evidence of inclusion of informal supports. While 29% of cases were rated as having little to no documentation of informal support participation, providers and family members generally reported that children/youth and family were relying on support from school personnel, extended family members, and even former foster or adoptive parents. The findings related to this particular subdomain suggest that providers generally worked with families to identify informal supports.

Domain 4: Impact

The final SOCPR domain, *Impact*, evaluates whether services have produced positive outcomes for the child and family. This domain includes two sub-domains: *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 the child/youth and family's identified needs.

Generally, raters found that children and families were positively impacted by the services and supports being provided. Overall, most cases indicated that little to some improvement was being made by the child/youth. Reviewers did however indicate an inconsistency in documentation about the impact of services and supports on families and whether these services and supports adequately met their identified needs appropriately. Reviewers noted that in about 20% of cases the progress of the child and family was an issue. In some cases there was no documentation to support either side of the argument.

Case records also indicated some disagreement between caregivers and service providers about whether or not the needs of the child were being met (10%) as well as the

extent to which needs of the families were met (17%). Although this finding did not constitute a trend, it does identify an opportunity for growth and training on the part of providers with regard to documentation.

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 FY 2013-2014. These findings indicate that these successes are most evident in the SOCPR Domain associated with Community-Based Service Delivery, especially with regard to the Access subdomain. A number of recommendations have been made to help build on these successes by encouraging the work of providers and reviewers through ongoing training and coaching.

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TECHNICAL APPENDICES

APPENDIX A

12 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 and 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

YR1: 2009-2010

Almost 30% of the service provision treatments reported were identified as "Other". Below is a list and frequency of the 16 treatments or services identified as "Other".

"Other" Category Treatments and Services CW Cases	N
Attachment Therapy	1
Behavior Coach; Recreational activities; Spec Ed classes	1
Direct Support	1
Equine Therapy	1
Group Socialization Services, In-home support	1
HCTC, Behavioral Intervention., Life Skills, Neuro Exam	1
ICM, DDD	1
Intensive Outpatient Program	1
Life Skills Training	2
Medical Treatment	1
Medical Treatment - Obesity	1
Parent Support Group	1
Peer Support - Behavior Coach	1
Play Therapy	1
Stabilization team	1
TOTAL	**16**

YR2: 2010-2011

About 26% of the service provision treatments reported were identified as "Other". Below is a list and frequency of the 19 treatments or services identified as "Other".

"Other" Category Treatments and Services CW Cases	N
Art Awakening	1
Behavior Coaching	1
Correctional Facility	1
Court appointed special advocate	1
Day Treatment Program	1
Day Treatment, MST Therapy	1
Direct Support Program; Behavior coach	1
DSS-Placement Preservation, Art Awakenings	1
Education-Speech, Occupational & Physical Therapy, Respite	1
Functional Behavior assessment	1
Group Home	1
Matrix Substance Abuse Services	1
Parent Aid	1
Play Therapy	1
Psycho education to foster parent, coaching/modeling	1
Psycho Social Rehab	1
Residential Facility through Child Protective Services	1
Skill Building	1
Specialized Therapy	1
TOTAL	**19**

YR3: 2011-2012

Over 21% of the service provision treatments reported were identified as "Other". Below is a list and frequency of the 17 treatments or services identified as "Other".

"Other" Category Treatments and Services CW Cases	N
Art Therapy	1
Behavior Coach	2
CPT	1
Direct Support	2
Direct support services - Meet me where I am	1
Direct support services, Personal care	1
Parenting support group	1
Psychological Evaluation pending	1
Psychiatric Evaluation	1
Skills Development/Training	3
Speech and Occupational Therapy at day care	1
Transportation, Personal Assistance, BH Prevention/Health Promotion	1
Transportation	1
TOTAL	**17**

YR4: 2012-2013

Over 16% of the service provision treatments reported were identified as "Other". Below is a list and frequency of the 9 treatments or services identified as "Other".

"Other" Category Treatments and Services CW Cases	N
Crisis Intervention	1
Foster Care	1
Foster Care/Shelter	1
Therapeutic Day Program	1
Transportation	5
TOTAL	**9**

YR5: 2013-2014

Over 22% of the service provision treatments reported were identified as "Other", although one participant did not explain the "Other" treatment. Below is a list and frequency of the 24 treatments or services identified as "Other".

"Other" Category Treatments and Services CW Cases	**N**
Behavior Coaching	1
CRC	1
Detention Center	1
Flex funds	2
Foster Care	1
IOPSA	1
Living/social skills, health promotion group	1
Parenting- love and logic	1
Psychiatric assessment	1
Recreation therapy	1
Skills group, art therapy	1
Speech, occupational, physical therapy	1
TIP Facilitator	1
Transitional housing	1
Transportation	7
YAP case manager with CPS and living skills	1
No explanation for Other	1
TOTAL	**24**

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