Arizona Center for Disability Law

Protection and Advocacy System for Arizona

September 17, 2003

Leslie Schwalbe
Deputy Director
Arizona Department of Health Services
150 North 18th Avenue
2nd Floor
Phoenix, Arizona 85007

Re: *J.K. v. Eden*

Dear Leslie,

Thank you for meeting with us. We appreciate the progress that has been made on several fronts. We also appreciated the opportunity to discuss the challenges the system faces.

As we mentioned, it is time, in our view, for the system to begin seriously the process of self-monitoring and of generating data that allows stakeholders to follow the progress of and challenges in the system. In our view, two types of data should be distributed within the system and to the community at large: (a) data on whether children are being served in accord with the Arizona vision, and (b) data on changes in the infrastructure of the system. Eventually, and hopefully soon, data should also be collected and distributed on outcomes for children. We suspect, however, that it is not feasible for the system to do so at the present time. Each set of data has its own importance. In addition, correlations between data sets can yield important information.

In our view, the system has matured to the point such activity is expected, would be positive for stakeholders and would accelerate system change. Disseminating report cards on indicators of change will re-enforce the message from ADHS and Value Options that change is expected. Additionally, self-monitoring will help facilitate a common understanding within the system of good practice. It will promote an ongoing dialogue, prompted especially by case reviews, about what the Arizona vision means in individual cases and what system supports are required to ensure its implementation consistently across cases.

3839 North Third Street ▪ Suite 209 ▪ Phoenix, Arizona 85012
(602) 274-6287 (Voice/TDD) ▪ Fax (602) 274-6779

We propose that a small group be convened to quickly identify the data to be consistently collected and reported over time. We would like to participate in that group, and have some ideas about its membership that we will share if you wish. The group could start with a proposed data set, like the one we outline below. Its job would be to identify a data set that:

- would be informative on key issues
- the system can generate without undue burden
- includes both qualitative and quantitative indicators aids management of the system, and
- promotes learning and system improvement.

DATA SET

In our judgment, the most useful data set would be along the following lines. The data would be reported for each RBHA and within Maricopa County, for each CSP. By and large, the data would be collected by the RBHA's and CSP'S. Not only would this be most practical, but it underscores the expectation that RBHA's and CSP's must examine their own practice.

Indicators of Good Practice

1. Children with plans developed according to the Arizona model The number would be self-reported by the RBHA or CSP. It is an indicator of the number of children "in the CFT process." It is a quantitative measure, not a qualitative one. The number should grow significantly over time. Some definition would need to be developed about what it means to be in the CFT process, based on the CFT PIP and the JK principles. It would include, at a minimum, that a CFT has been assembled, has completed a strengths and culture discovery, has identified needs, has developed and is implementing a service plan and is meeting to monitor progress and adjust the plan as needed.

2. Number of children reviewed in a case review process, and percentage of such children judged as being served according to the principles. This is a qualitative measure. Of the children "in the CFT process," what percentage of cases get "passing scores" when a sample is reviewed through a case review process? This number should grow over time. In our view, this data point should also be self-reported by the RBHA's and the CSP'S. Each should have some process by which reviewers, at least half of whom should be from outside the RBHA or CSP, regularly review cases. In each case reviewed, the family's view would be solicited and taken into account in arriving at an understanding of the cage. It would be important to report the number of families who feel they are getting what they need for their children. The number of cases each quarter need not be large or statistically significant (although the cumulative figure for the RBHA or CSP, and the system, could become quite large over time). The important thing is that there be constant self-examination and a continuous dialogue about what is good practice. And that the RBHA or CSP watch the trend over time.

We envision that when the above data is reported, it would be displayed along with data

indicating the total number of children being served by the RBHA or CSP. Eventually, you may want to enhance this data with some data on the number of children recently enrolled in the system for whom there has not been enough time to develop a plan.

Indicators of System Infrastructure

3. Staffing profile. This would also be by self-report of the RBHA or CSP. Data would be provided for each RBHA and CSP on the: Number of full time case managers they employ, number of direct care workers (FTE's) they employ and have available through contract, number of family support partners (FTE's) they employ and have available through contract, and number of clinicians (FTE's), and average caseloads. Also the number of internal coaches.

4. Service profile. This would be a report of the amount of money spent by each RBHA and CSP on:

- administration vs. services (a figure for each side by side, or a ratio)
- out-patient services vs. out-of-home services (a figure for each side by side, or a ration)
- therapy vs. other outpatient services (a figure for each side by side, or a ratio) therapeutic foster care direct care workers home and neighborhood-based respite.

5. Out of home care, by intensity level. This would be a report of the average number of children, during the period, or the number on a specific day, in:

- hospitals RTC's
- ADHS-licensed group homes (Levels I-III)
- therapeutic foster homes.

OUTCOME (WELLNESS) INDICATORS

If currently feasible, or when it becomes feasible to do so, we would add outcome data to the reporting. We imagine that there would be reporting of Outcome or Wellness Indicators. We struggled with how to define a data set that would be manageable yet highly informative. What we came up with is:

1. Percentage of children living at home (or, alternatively, percentage living at home or with relatives). "At home" would include adoptive homes.

2. Percentage of children with stable placements. The universe would be children in out of home care. This would be the percentage of those children without an unplanned change in their placement during a specified period. We think the system would also want to report data on the number of children who have had multiple placements during a reporting period. A measure of "multiple placements" would need to be identified, for example, three placements during a three month period.

3. Percentage of children regularly attending school or working. This information should be available for children in the CFI process. It may not be available for other cases. But it could be collected by RBHA's and CSP's systematically or via a sample.

4. Percentage of children without encounters with law enforcement. One measure of "an encounter with law enforcement" is an arrest. Another is that the parent or care giver has called the police on account of the child. The system may want to use these measures exclusively.

Please let us know what you think of the above. We look forward to hearing from you, and to continuing to work together to improve Arizona's behavioral health system for children.

Sincerely,

Anne Ronan
Staff Attorney

3839 North Third Street ▪ Suite 209 ▪ Phoenix, Arizona 85012
(602) 274-6287 (Voice/TDD) ▪ Fax (602) 274-6779