USF
UNIVERSITY OF SOUTH FLORIDA

Making Children's Mental Health Services Successful

2005

Measuring the Fidelity of Service Planning and Delivery to System of Care Principles:

The System of Care Practice Review (SOCPR)

A monograph by

Mario Hernandez, Ph.D.
Janice Worthington, M.S.
Christine S. Davis, Ph.D.

Department of Child & Family Studies,
Louis de la Parte
Florida Mental Health Institute,
University of South Florida

ORC MACRO[SM]

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

Acknowledgement:

We would like to acknowledge the support and assistance we have received from many people regarding our theories-of-change work. First, we would like to thank ORC Macro and in particular Wayne Holden for the constant support and encouragement we have received for our work with logic models. We would like to acknowledge the work begun on the System of Care Practice Review by Angela Gomez, and Patti McHatton, upon which this monograph was built. Thanks also to Norín Dollard, Teresa Nesman, Allison Pinto, and Debra Mowery for their assistance in reviewing this monograph. Finally, we want to thank both Nancy Messineo and Victor Trinidad for designing and producing this monograph.

Making Children's Mental Health Services Successful

2005

Measuring the Fidelity of Service Planning and Delivery to System of Care Principles: The System of Care Practice Review (SOCPR)

A Monograph by
Mario Hernandez, Ph.D.
Janice Worthington, M.S.
Christine S. Davis, Ph.D.
Department of Child & Family Studies
Louis de la Parte
Florida Mental Health Institute
University of South Florida

This publication was produced by the
National Evaluation of the Comprehensive Community Mental Health Services and Their Families Program
in partnership with the Department of Child and Family Studies,
Louis de la Parte Florida Mental Health Institute, University of South Florida
(sub-contract #35049-0S-275) with financial support from the Substance Abuse and Mental Services Administration, U.S. Department of Health and Human Services (SAMHSA Phase III Contract #280-99-8023).

Louis de la Parte Florida Mental Health Institute Publication #223-1
Tampa, Florida

Recommended citation:

Hernandez, M., Worthington, J., & Davis, C.S. (2005). *Measuring the fidelity of service panning and delivery to system of care principles: The system of care practice review (SOCPR).* (Making children's mental health services successful series, 223-1). Tampa FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute.

For more information, please contact:

Mario Hernandez, Ph.D.
Janice Worthington, M.S.
Christine S. Davis, Ph.D.
Department of Child and Family Studies
Louis de la Parte Florida Mental Health Institute
Tampa, Florida
813-974-4651
hernande@fmhi.usf.edu
http://cfs.fmhi.usf.edu/tread/misc/socpr.htm

Contents

CHAPTER

1

Measuring the Fidelity of Service Planning and Delivery to System of Care Principles The System of Care Practice Review (SOCPR)

Introduction

This monograph will provide an overview of the System of Care Practice Review (SOCPR), a method of measurement used to explore and document the degree to which service and support planning and delivery is consistent with system of care values and its approach to care.

The intent of this monograph is to introduce the SOCPR by: 1) providing an explanation of its background and purpose; 2) explaining the processes involved in implementing the SOCPR, 3) identifying and describing the components of the SOCPR, and 4) suggesting applications for its use in promoting quality improvement in a system of care.

SOCPR Objectives

- Document experiences of children with SED and their families enrolled in systems of care.
- Document adherence to the system of care (SOC) philosophy by the direct service providers and system.
- Assess the degree to which the SOC philosophy is implemented at the practice level and generate recommendations for improvement.

System of Care Values

1) Child-Centered and Family Focused
2) Community-Based
3) Culturally Competent

Background and Purpose

The SOCPR was designed to provide a tool for assessing whether system of care principles are operationalized at the level of practice, where children and their families have direct contact with service providers. More specifically, the purpose of the SOCPR is to collect and analyze data obtained from multiple sources and use this data to determine the extent to which the local service systems, through their direct service workers, adhere to the system of care philosophy. It also provides a measure of how well the overall service delivery system is meeting the needs of children with serious emotional disturbances (SED) and their families.

The SOCPR provides feedback that can enhance quality improvement efforts and is applicable on two levels:

1) At the direct service level it provides users with specific recommendations that can be incorporated into staff training.
2) On a system-wide level it can be aggregated to identify strengths, as well as areas that need improvement.

Overview of System of Care

A system of care[1] (SOC) is a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with severe emotional disturbances (Stroul & Friedman, 1994). It is also a philosophical framework consisting of a core set of values and guiding principles that assist service providers in meeting the needs of children and youth with SED and their families. Built into a system of care is the belief that all life domains and needs should be considered in the provision of services.

The system of care philosophy is built around three core values and ten guiding principles. The three core values require that a system of care be:

1) **Child-Centered and Family-Focused**-In a child-centered, family-focused system, services are individualized and are based on the needs of the child and family. The child (to the extent possible) and family have been included as full participants in the development of the service plan. Effective case management is provided to the child and family, thereby assisting in the coordinating and obtaining of needed services.
2) **Community-Based -** Services are provided within or close to the child's home community, in the least restrictive setting possible, and are coordinated and delivered through linkages between public and private providers. In addition, early identification and intervention for children with emotional disturbances are promoted to enhance the likelihood of positive outcomes.
3) **Culturally Competent -** A system that demonstrates cultural competence is responsive to the

[1]For a comprehensive discussion on systems of care, see Stroul & Friedman (1994) or Pires (2003).

cultural, racial, and ethnic differences of the population it serves. More specifically, diversity is valued and acknowledged by service providers' efforts to meet the needs of culturally and ethnically diverse groups within the community. Service systems that are culturally competent are aware of their own culture, as well as the culture of each family they serve. Additionally, these systems are sensitive and responsive to the cultural, racial, and ethnic identity of each child and family.

A system of care includes not only program and service components, but also encompasses mechanisms, arrangements, structures, or processes to ensure that services are provided in a coordinated, cohesive, community-based manner (Stroul & Friedman, 1994). Children with SED typically have multiple needs and are therefore served by multiple agencies and organizations, which may include education, social services, juvenile justice, health, mental health, vocation, recreation, and substance abuse providers. In a system of care, these agencies work collaboratively to develop and deliver services/supports for children with SED and their families.

Implementation of a system of care involves a variety of interagency strategies, at the management and organizational level, that change both the way services are delivered and the type of services offered. At the practice level, service providers are also expected to collaborate and develop partnerships with other service agencies as they mutually seek new and innovative ways to meet the multiple and changing needs of the children and families they serve.

Because a system of care is complex, it is possible for the core values and guiding principles to be evident at the management level, yet inadequately infused at the practice level and vice versa. To effectively determine the benefits of a system of care, it is necessary to assess the extent to which the service system adheres to the system of care philosophy at the practice level. The SOCPR[2] meets this need through the use of a ratings-based case study methodology that relies on multiple data sources to determine how existing service systems address and work to meet the needs of individual children and families.

SOC Guiding Principles

The following 10 guiding principles of a system of care further define the culture of the system built on the SOC core values and guide both service planning and provision.

- Children have access to a comprehensive array of services,
- Services are individualized,
- Services are received within the least restrictive environment,
- Families are included as full participants in service planning and delivery,
- Services are integrated and coordinated,
- Case management is provided to ensure service coordination and system navigation,
- The system promotes early identification and intervention,
- Children with SED are ensured a smooth transition to adult services when they reach maturity,
- The rights of children with SED are protected,
- Children with SED receive services regardless of race, religion, national origin, sex, physical disability, or other characteristics.

[2]For a discussion on the use of the SOCPR in the National Evaluation, see Hernandez, Gomez, Lipien, Greenbaum, Armstrong, & Gonzalez (2001).

"For literally years I have had people tell me, 'I can't help her, there's nothing I can do, there are no services for your child.' Finally I had someone sit in front of me and tell me, 'We can help you, we'll do something, we'll fix it.' It was the biggest relief I can imagine. It was like a big burden was lifted off of my shoulders." (Caregiver)

CHAPTER

2

Implementing the SOCPR

Implementing the SOCPR

- **Case Definition and Selection**
- **Sources of Information**
- **Review Team Preparation**
- **Study Findings**

The SOCPR Family Case

1) Child involved in SOC
2) Primary caregiver
3) Primary formal service provider
4) Informal helper

Implementing the SOCPR

In order to assess the degree to which system of care principles are operationalized at the level of practice, the SOCPR relies on data gathered from record reviews and face-to-face interviews with the following key informants: youth, primary caregivers, formal service providers, and informal helpers identified by the family as important to their well being. These data sources constitute the family case, which is the unit of analysis in the SOCPR.

Implementing the SOCPR involves the selection of family cases for review, as well as the identification of the key informants for each case. The review team is selected and trained prior to data collection, informed consent is obtained, and screening forms are completed to verify that the children and families selected for the review meet the eligibility criteria. After the document review and interviews have been completed, the data are analyzed and summarized and a final report on the findings is generated.

Document review precedes the face-to-face interviews and provides an understanding of the child and family's experience of the service system. This review establishes a chronological context to the process of service delivery and provides documentation of the child and family's strengths, needs, and participation, as well as detailing the services being provided.

Face-to-face interviews with the key informants in a family case rely on a set of questions designed to obtain the child and family's perceptions of the services they are receiving in terms of accessibility, convenience, relevance, satisfaction, cultural competence, and perceived effectiveness. The questions are open-ended and designed to elicit descriptive and explanatory information (i.e., qualitative data) from informants. The nature of the questions provides an opportunity for the case reviewer to obtain information about everyday situations and therefore gain a glimpse of what "real life" is like for a child and family. In addition, many of the questions are the same for each key informant, with this consistency allowing the case reviewer to compare and assess congruence among the various perspectives.

Case Definition and Selection

The SOCPR's unit of analysis is the family case. The family case consists of: (1) a child involved in the system of care, (2) the primary caregiver (e.g., biological parent, foster parent, relative caregiver), (3) the primary formal service provider (e.g., lead case manager, mental health counselor, teacher) and (4) primary informal helper (e.g., extended family member, neighbor, friend of the family).

The number and type of family cases to be examined is determined by the agency or system participating in the review and is tailored to meet the specific needs and interests of that agency or system. Some of the specific factors that are considered when determining the number of cases to be examined include the size of the agency or system being reviewed, funding and time constraints, and the availability of trained case reviewers.

Selecting family cases for review also may involve the consideration of characteristics including the child's age, gender, and the service system with which the child is involved. For instance, an agency or system may be interested in assessing its service delivery for young children. In selecting cases for review, the criteria may therefore include only those families receiving services that have children between certain ages. When implementing the SOCPR on a system-wide level with multiple service providers, the criteria for selection may require the child and family to be receiving services from two or more providers within the system.

For the purposes of the SOCPR, a primary formal service provider must be identified by the service system

implementing the review. Often the primary formal service provider selected is the lead case manager. This individual has typically spent the most time on the case and is the most knowledgeable about the family. If there are a number of formal service providers serving the family, the primary caregiver may be asked to rank the providers in order of importance, with the highest ranked individual being asked to participate as the formal service provider in the interview process. The same ranking process may be repeated in the identification of the primary informal helper.

Sources of Information

The primary caregiver is likely to serve as the primary source of information in the SOCPR, as this person has direct daily contact with the child and is the conduit through which services are delivered, especially in the case of the young child. The formal service provider interview and the case records review are also key sources of information. They often provide some chronological context to the process of service delivery, as well as a valuable perspective concerning family participation. Although very important to the findings, interviews with the child/youth and those providing informal help are not always possible. In some cases, the child is too young to participate in an interview, or it is otherwise inappropriate. In addition, some families do not grant access to informal helpers, or these individuals are unavailable or unwilling to participate in the assessment.

Review Team Preparation

Preceding data collection is the identification and training of a review team, including a team leader and a number of reviewers. The number of reviewers required varies based on the number of cases being reviewed, the timeframe for completion, and available funding. Case reviews may be conducted using single interviewers or paired teams, both of which have advantages. The use of single interviewers allows more case reviews to be completed in a given amount of time, while the use of paired teams provides additional opportunity to validate the information collected and may contribute to the review team's sense of safety when visiting unfamiliar neighborhoods and homes. However, the use of paired teams is the more expensive option and therefore may not always be financially feasible.

Reviewer training is conducted for the purpose of enhancing inter-rater reliability and the validity of ratings for the SOCPR. Training sessions involve reviewing the philosophy of the SOC, communicating the purpose and objectives of the study, and providing practice interviewing and using the rating/scoring system. Because some of the data collected in the SOCPR are qualitative in nature (i.e., relying on open-ended or attitudinal questions and subjective evaluations), case reviewers receive specific training in conducting open-ended interviews. Without such thorough preparation, reviewers may fail to probe and/or overlook information that provides the context or the "how" and "why" of the closed-ended or quantifiable responses. Training also prepares reviewers to conduct face-to-face interviews, which require a repertoire of interpersonal skills to help put the informant at ease with the interview, while still ensuring that all of the questions are answered.

Training is provided and procedures are put into place to assist reviewers in exercising due professional care in situations that may occur during the case review process requiring an appropriate response, special assistance, or a deviation from the general protocol. Such a response or deviation might be

Review Team Training Components

1) Review SOC philosophy
2) Review purpose and objectives of study
3) Training in open-ended and face-to-face interviewing
4) Training in handling special circumstances
5) Interview and protocol scoring practice

required in a situation where the primary care-giver or child have immediate needs related to their safety, as in the case of domestic violence.

Study Findings

The SOCPR produces findings including mean ratings that reveal to what extent the services or system under review adhere to the system of care philosophy, specifically to what extent services are child-centered and family-focused, community-based, and culturally competent. A mean rating is also produced that pertains to the impact of services on children and families. The ratings are supported and explained by reviewers' detailed notes and direct quotes from respondents, with this combination providing feedback that is objective, yet evocative and in-depth. The findings are used to document the components of service delivery that are particularly effective and develop recommendations for improvement.

"Mean ratings revealing the degree to which the service or system adheres to the SOC philosophy are supported and explained by reviewers' notes and direct quotes from informants."

CHAPTER

3

Sections of the SOCPR

The SOCPR protocol is organized into four major sections:

Section 1 - Includes the child's demographic information.

Section 2 - Guides the case records review.

Section 3 - Consists of the interviews with the primary caregiver, the child/youth, the formal service provider, and the informal helper.

Section 4 - Contains the Summative Questions that case reviewers use to summarize and integrate the information gathered.

"Each of the four domains includes several subdomains that define the domain in further detail and represent the intention of the corresponding SOC core value. These subdomains also serve as indicators of the extent to which the core value guides practice."

Sections of the SOCPR

The SOCPR protocol is organized into four major sections:

1. **Section 1** includes the child's demographic information.
2. **Section 2** guides the case records review.
3. **Section 3** consists of the interviews for the primary caregiver, the child/youth, the formal service provider, and informal helper.
4. **Section 4** contains the Summative Questions that case reviewers use to summarize and integrate the information gathered.

Section 1 – Demographic Information

Section 1 of the SOCPR contains the child's Demographic Information, which is designed to create a "snapshot" of the child's current service situation. It also summarizes the demographic profile of the child and family (e.g., age, race, gender).

Section 2 – Document Review

Section 2 includes criteria for reviewing case records (e.g. case treatment plans, individualized educational plans) and is comprised of 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 child's file. It also contains information pertaining to all of the service systems with which the child and family may be involved (e.g., special education, mental health, juvenile justice, child welfare). It summarizes major life events, the people involved in those events, the outcome of interventions, and the child's present status.

The Current Service/Treatment Plan provides information regarding the child and family's experience of the service/treatment planning process. It is a record of information regarding treatment goals, service coordination, family involvement, and strength-based efforts. The Document Review is completed prior to conducting any interviews, with the information helping the case reviewer to conduct more thoughtful interviews.

Section 3 – Interview Protocol

Section 3 consists of the interviews for the primary caregiver, the child/youth, the formal service provider, and the informal helper. The interview portions of the SOCPR are designed to gather data in each of four identified domains, with three of those domains corresponding with the core values of a system of care (i.e., Child-Centered and Family Focused, Community-Based, and Culturally Competent). The SOCPR includes a fourth domain (Impact) to address the expectation that the impact of implementing the core values and principles of the SOC at the practice level is positive for children and families receiving services. Interviews include a series of close-ended and open-ended questions.

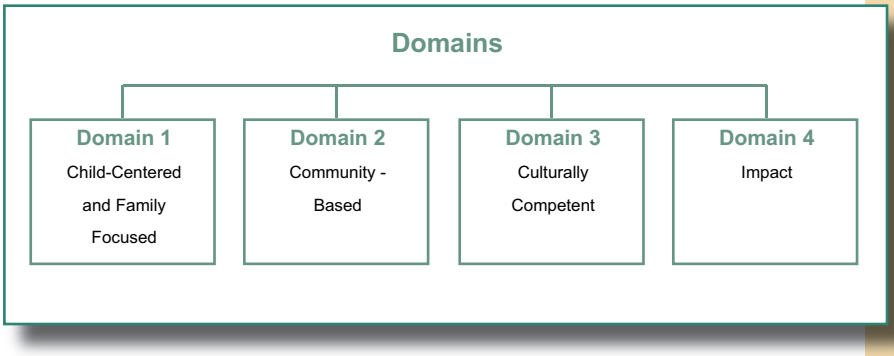
Each of the four domains includes several subdomains that define the domain in further detail and represent the intention of the corresponding SOC core value. These subdomains also serve as indicators of the extent to which the core value guides practice. Specific interview questions have been developed to correspond with the domains and their subdomains. The four domains and their subdomains are[3]:

1) Child-Centered and Family-Focused: ***The needs of the child and family dictate the types and mix of services provided.*** This approach is seen as a commitment to adapt services to the child and family, rather than expecting the child and family to conform to preexisting service configurations. This domain includes three subdomains: Individualization,

Full Participation, and Case Management. Measuring these subdomains allows the study to analyze the effectiveness of the site in providing services that are *individualized*,

[3]For detailed definitions of the domains and subdomains, see Appendix A.

Figure 1: Domains of the SOCPR



independently of how successful they have been in including families *as full participants*, or providing *effective case management.*

2) Community-Based: ***Services are provided within or close to the child's home community, in the least restrictive setting possible, and are coordinated and delivered through linkages between public and private providers.*** This domain includes four subdomains: *Early Intervention, Access, Minimal Restrictiveness,* and *Integration and Coordination.* These subdomains are measured to evaluate the effectiveness of the site in identifying needs and providing supports early, facilitating access to services, providing less restrictive services, and integrating and coordinating services for families.

3) Culturally Competent: ***Services are attuned to the cultural, racial and ethnic background and identity of the child and family.*** This domain includes four subdomains: *Awareness, Agency Culture, Sensitivity and Responsiveness*, and *Informal Supports*. The measurement of these subdomains allows for the evaluation of the level of cultural awareness of the service provider, independently of demonstrated efforts to orient the family to the agency culture, sensitivity and responsiveness to the cultural background of families, or inclusion of informal supports in service planning and delivery.

4) Impact: ***Services produce positive outcomes for the child and family.*** A system that has implemented a system of care philosophy assumes that the implementation of SOC principles at the practice level produces positive impacts for the child and family receiving services. This domain includes two subdomains: *Improvement* and *Appropriateness of Services.* The *improvement* of the child and family is evaluated independently of the *appropriateness of the services* provided.

The structure of the interview protocol for the SOCPR reflects the intent to combine data gathered through closed-ended questions that produce ratings (i.e., quantitative data) and the explanatory responses elicited from informants through more open-ended questions (i.e., qualitative data). The protocol provides an opportunity for the case reviewer to probe issues that relate to the specific research questions, with an emphasis on obtaining the most complete data possible. Reviewers also obtain direct quotes from respondents wherever appropriate and possible.

Section 4 – Summative Questions

Section 4 of the SOCPR protocol contains the Summative Questions. The Summative Questions require case reviewers to summarize and integrate the information obtained through the Document Review and the series of interviews completed for a particular child and family for each of the four domains (i.e., Child-Centered and Family Focused, Community-Based, Culturally Competent, and Impact).

"The structure of the interview protocol for the SOCPR reflects the intent to combine data gathered through closed-ended questions that produce a rating and the explanatory responses elicited from informants through more open-ended questions."

"Once the ratings are completed for each family, the data are analyzed across the family cases to provide the overall findings for the site being evaluated."

The Summative Questions call for the reviewer to rate each domain and provide a brief narrative to support that rating.

Scoring and Analysis

Data analysis in the SOCPR requires the information collected for each domain to be integrated and final ratings or "domain scores" to be determined, with higher scores indicating that a family's experiences are more consistent with system of care principles. To facilitate this process, all of the interview questions in the SOCPR were labeled at the time the protocol was developed. This allows for questions to be sorted by interview (e.g., primary caregiver, child) and by domain.

To determine the domain scores, reviewers rate each individual Summative Question pertaining to a specific domain and then take the average of those ratings. An average score is also calculated for each of the subdomains of a specific domain. As an example, when determining to what extent services are Child-Centered and Family-Focused, a global rating is obtained for that domain, as well as for its specific subdomains - Individualization, Full Participation, and Case Management. These scores are then supported and explained by the information in the Document Review and informants' subjective response, including direct quotes where appropriate.

Once the ratings are completed for each family, the data are analyzed across the family cases to provide the overall findings for the site being evaluated. The responses from the interviews are examined and analyzed for emerging patterns/trends. In order to be considered a trend, a minimum of 50% of the cases must provide similar information. To verify the level of congruency between the ratings and the explanatory responses, findings from each are compared. Finally, the results are contrasted against the core values of the SOC, resulting in a conclusion regarding the extent to which the system of care is influencing service delivery practices.

CHAPTER

4

Report on Findings

"Reports are written using a strength-based approach. Discussions focus first on the areas in which the services are well-aligned with SOC principles and then identify areas in which additional training or system-level change may be necessary or helpful."

Report on Findings

Upon completion of the SOCPR data analysis, a report is prepared for the service provider and/or system under review and is tailored to meet the needs and requirements of the intended audience. For instance, if the intended audience is the service provider, the findings are presented to maximize the usability of the information by the service provider. The findings can also be presented in a variety of formats to accommodate the needs of different audiences (e.g., funding agency, service sites, stakeholders). Feedback is solicited by the review team from the intended audience to ensure that the final report meets their needs.

Regardless of the format, all SOCPR reports provide final ratings for the four domains and each of their individual subdomains. These ratings serve as indicators of the degree to which the service site or system is guided by the SOC values and principles. The ratings are discussed in the report at the level of the individual subdomains, using the experiential and explanatory data to provide context and clarification. The report also includes a comprehensive list of items identified by informants as most and least helpful about the services received/provided.

Reports are written using a strength-based approach. Discussions focus first on the areas in which the services are well-aligned with SOC principles and then identify areas in which additional training or system-level change may be necessary or helpful. The findings are presented as being reflective of an individual, program, or system-level issue.

Reliability and Validity

The reliability of the SOCPR has been evaluated and high interrater reliability has been reported (Hernandez, Gomez, Lipien, Greenbaum, Armstrong, & Gonzalez, 2001). To ensure a high level of reliability, uniform training of the review team is essential. Training ensures reviewers' familiarity with the process of conducting a SOCPR, as well as their familiarity with the individual questions and the specific sections of the protocol. Conducting all document reviews and interviews in one day also contributes to reliability, as does each reviewer's immediate completion of the Summative Questions.

Using a study methodology that incorporates the perspectives of multiple informants and utilizes a combination of closed and open-ended questions to collect data contributes to the validity of the findings. This methodology allows for the comparison of multiple perspectives, including the children and families receiving services, the service providers, and informal supports. The validity of the final ratings is supported by the explanations provided by informants, as well as by reviewer observation. The richness of the experiential and explanatory data (i.e., qualitative) provides in-depth descriptions that are nested within the context of real-life and are useful in revealing and explaining complex situations, thereby facilitating greater insight than the ratings alone.

Application of the SOCPR

The SOCPR is a unique measurement tool that allows for the experiences of multiple informants to be triangulated and utilizes a scoring and analysis system that integrates data from closed-ended questions with the more in-depth and explanatory information gathered through open-ended questions. The findings therefore provide contextual information in order to identify issues that facilitate or hinder efforts to improve service delivery and outcomes. Stephens, Holden, and Hernandez (2004) highlight the utility and importance of the SOCPR

when saying, "Further understanding of service experiences and other practice-level parameters is a fundamental component to understanding and improving our approaches to children's mental health services."

The SOCPR has been used extensively by both individual agencies and complex service systems to evaluate the fidelity of practice to the system of care philosophy. It has been shown to be an effective tool in interpreting the meaning of child and family experiences and assessing the degree to which SOC principles are guiding practice. Studies using the SOCPR to compare the degree to which the system of care principles guide practice in SOC service sites versus non-SOC sites (i.e., those relying on traditional service delivery approaches) provide evidence that there are significant differences. Specifically, these studies have shown that sites that adopt the SOC principles at the organizational level demonstrate greater evidence of SOC values at the practice level than non-SOC sites (Hernandez, Gomez, Lipien, Greenbaum, Armstrong, & Gonzalez, 2001; Stephens, Holden, and Hernandez, 2004). Furthermore, SOCPR scores have been linked to child outcomes. Children who received services in systems embodying high levels of SOC principles evidenced significant reductions in symptomatology and impairment one year after entry into services while children in systems embodying low levels of SOC principles did not (Stephens, et al., 2004).

The SOCPR is useful in providing specific and contextual feedback to service providers and systems as they attempt to make quality improvements while implementing a system of care. Results from the SOCPR highlight successes and challenges at the level of the individual service provider, team, program, and system.

At the service provider level, the SOCPR is helpful in guiding ongoing staff training and program planning, thereby providing an opportunity for the program or system to improve specific aspects of service delivery. It also provides insight into the service features that promote high family satisfaction with service providers. For example, in one review, families were very satisfied with service providers who provided a personal service approach (e.g., flexible hours for meetings and emergency response) and believed that this approach contributed greatly to their children's improvement.

At the program level, the SOCPR has been useful in identifying inconsistencies in the implementation of SOC values, such as failure to complete child and family assessments, to prioritize needs by life domains, or to involve families in the creation of service plans. Since these lapses in the practice of the SOC core values can have an impact on child and family outcomes, it is important that they be identified and addressed in quality improvement efforts.

At the system level, the SOCPR has identified gaps in service access that prevent families from obtaining the help they need because services are not offered in or near their communities. Review results have also highlighted the need for improved cultural sensitivity and responsiveness in the service system in order to increase the level of comfort families have in seeking help in the system.

Finally, the SOCPR may also be used to assess the needs of a community prior to the development of a new service delivery approach, specifically aiding in determining the needs of children and families, identifying gaps in the current service array, and describing the nature of existing working relationships between agencies.

"Further understanding of service experiences and other practice-level parameters is a fundamental component to understanding and improving our approaches to children's mental health services (Stephens, et al., 2004)."

"The SOCPR is useful in providing specific and contextual feedback to service providers and systems as they attempt to make quality improvements while implementing a system of care."

SOCPR Inquiries

Inquiries concerning the SOCPR should be directed to Mario Hernandez, Ph.D. of the Department of Child and Family Studies at the Louis de la Parte Florida Mental Health Institute in Tampa, Florida. The Department of Child and Family Studies has additional information concerning the SOCPR and provides on-site technical assistance and training in the use of the SOCPR for agencies and systems undertaking the review.

It is important to note that the SOCPR protocol is currently undergoing revisions for the purpose of increasing its utility. The questions are being streamlined to eliminate redundancy and thereby improve data collection. The revised protocol should be available sometime in 2005.

CHAPTER

5

Appendices:

Appendix A: Definitions of Domains and Subdomains

Appendix B: References

Appendix A: Definitions of Domains and Subdomains

Definitions of the domains and subdomains included in the SOCPR

DOMAIN 1: Child-Centered and Family-Focused: The needs of the child and family dictate the types and mix of services provided.	
SUBDOMAINS	
INDIVIDUALIZATION	Individualization refers to the development of a unique service plan for each child and family in which their needs are assessed and prioritized in each life domain. Strengths are also identified and included as part of the plan.
FULL PARTICIPATION	Developing an individualized service plan is possible with full participation of the child, family, providers, and significant others. Additionally, the child and family participate in setting their own treatment goals, and plan for the evaluation of interventions to reach those goals.
CASE MANAGEMENT	Case management is intended to ensure the child and family receive the services they need in a coordinated manner, that the type and intensity of services are appropriate, and that services are driven by the family's changing needs over time.
DOMAIN 2: Community-Based: Services are provided within or close to the child's home community, in the least restrictive setting possible, and are coordinated and delivered through linkages between public and private providers.	
SUBDOMAINS	
EARLY INTERVENTION	Early identification and intervention for the child with emotional disturbances enhance the likelihood of positive outcomes by reversing maladaptive behaviors and preventing problems from reaching serious proportions. This refers to both providing services before problems escalate, in the case of the older child, and designing services for the younger child.
ACCESS TO SERVICES	Each child and family has access to comprehensive services across physical, emotional, social, and educational domains. These services are flexible enough to allow the child and family to integrate them into their daily routines.
MINIMAL RESTRICTIVENESS	Systems serve the child in as normal an environment as possible. Interventions provide the needed services in the least intrusive manner to allow the family to continue day-to-day routines as much as possible.
INTEGRATION AND COORDINATION	Coordination among providers, continuity of services, and movement within the components of the system are of central importance for each child and family with multiple needs.

DOMAIN 3: Culturally Competent: Services are attuned to the cultural, racial, and ethnic background and identity of the child and family.	
SUBDOMAINS	
AWARENESS	Culturally competent service systems and providers are aware of the impact of their own culture and the culture of each family being served. They accept cultural differences and understand the dynamics at play when persons from different cultural backgrounds come into contact with each other. They recognize how cultural context uniquely relates to service delivery for each child and family.
AGENCY CULTURE	The child and family are assisted in understanding the agency's culture, in terms of how the system operates, its rules and regulations, and what is expected of them.
SENSITIVITY AND RESPONSIVENESS	Cultural Competence includes the ability to adapt services to the cultural context of each child and family.
INFORMAL SUPPORTS	Cultural Competence is reflected in the inclusion of the family's informal or natural sources of support in formal service planning and delivery. Each service provider becomes knowledgeable about the natural resources that may be used on behalf of the child and family and are able to access them.
DOMAIN 4: Impact: The SOC philosophy implies that the implementation of SOC principles at the practice level produce positive outcomes for child and family receiving services.	
SUBDOMAINS	
IMPROVEMENT	Services that have had a positive impact on the child and family have enabled the child and family to improve their situation.
APPROPRIATENESS OF SERVICES	Services that have had a positive impact on the child and family have provided *appropriate* services that have met the needs of the child and family.

Appendix B: References

Hernandez, M., Gomez, A., Lipien, L., Greenbaum, P. E., Armstrong, K. H., & Gonzalez, P. (2001). Use of the System-of-Care Practice Review in the national evaluation: Evaluating the fidelity of practice to system-of-care principles. *Journal of Emotional and Behavioral Disorders, 9*(1), 43-52.

Pires, S. (2002). *Building systems of care: A primer.* Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

Stephens, Robert L., Holden, E. Wayne, and Hernandez, Mario (2004). System-of-care practice review scores as predictors of behavioral symptomatology and functional impairment. *Journal of Child and Family Studies, 13*(2), 179-191.

Stroul, B. A. & Friedman, R. M. (1994). *A system of care for children and youth with severe emotional disturbances. (Revised edition).* Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

UNIVERSITY OF
SOUTH FLORIDA

Department of Child and Family Studies
The Louis de la Parte Florida Mental Health Institute
University of South Florida
13301 Bruce B. Downs Blvd.
Tampa, FL 33612-3807