

March 2010



Intensive Workshop #2

Using the SOCPR as an Evaluation and Fidelity Tool



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Introductions



- ❖ Please introduce yourself and tell us about your familiarity level with the SOCPR.

- ❖ What knowledge about the SOCPR do you hope to gain from attending this session?

Guiding Purpose Exercise

- ❖ Discuss:
 - How you might implement the SOCPR in your community
 - What conditions need to exist for your community to successfully implement the SOCPR
 - What kinds of system/community change do you hope using the SOCPR will bring about



SOCPR Website

<http://logicmodel.fmhi.usf.edu/SOCPR.html>

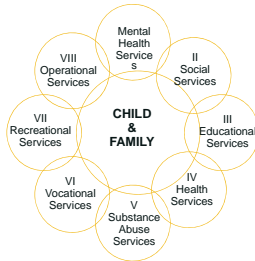





Overview of SOC, SOCPR



System of Care: Framework



In a System of Care, these services form the framework for a child's service delivery system.


A service delivery system includes all current and planned formal providers of a child with SED and the child's family.

From Stroul, B & Friedman R. (1986). A system of care for children and youth with severe emotional disturbances

System of Care: Core Values

- 1. Child-centered and family-focused**
The needs of the children and families dictate the types and mix of services provided.
- 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.
- 3. Culturally competent**
Agencies, programs, and services are responsive to the cultural, racial, and ethnic differences of the population they serve.




System of Care: Guiding Principles

The following guiding principles describe how the three System of Care core values are practiced.

1. Children have access to a comprehensive array of services.
2. The system promotes early identification & intervention.
3. Services are received within the least restrictive environment.
4. Children are ensured a smooth transition to adult services when they reach maturity.


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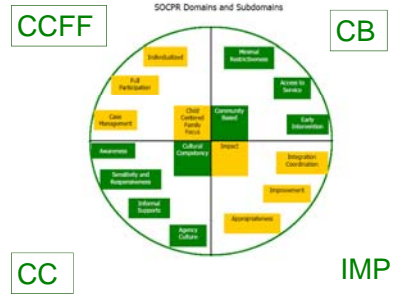

System of Care: Guiding Principles

5. Services are integrated & coordinated.
6. Services are individualized.
7. Families are included as full participants in service planning & delivery.
8. Case management is provided to ensure service coordination & system navigation.
9. Children receive services regardless of race, religion, national origin, sex, physical disability, or other characteristics.
10. The rights of children are protected.

Stroul & Friedman, 1994




System of Care and the SOCPR

SOCPR Overview

- ❖ The System of Care Practice Review (SOCPR) is a process designed to assess if and to what extent the System of Care core values and guiding principles are practiced by a service system. The SOCPR 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 accomplishes its purpose through the collection and analysis of data which are obtained from multiple sources.
- ❖ SOCPR results are used to generate research-based recommendations for improving the local service delivery systems.




SOCPR Purpose & Objectives

Purpose:

- ❖ Determine the extent to which the local service systems adhere to the System of Care philosophy at the level of practice and meet the needs of children with serious emotional disturbances (SED) and their families.

Objectives:

- ❖ Document experiences of children and families.
- ❖ Document adherence to the System of Care philosophy by the service system.
- ❖ Generate recommendations for improvement.



SOCPR

❖ Infrastructure


- ❖ Demographic Profile
- ❖ Document Review
- ❖ Primary Care Giver Interview
- ❖ Child/Youth Interview
- ❖ Case Manager/Provider Interview
- ❖ Informal Helper Interview
- ❖ Summative Questions

❖ Content

- SOC Core Values/SOCPR Domains
- SOC Guiding Principles/SOCPR Subdomains

❖ Methodology/Outcomes


- ❖ Quantitative SOC Measurements=Summative Questions
- ❖ Qualitative Thematic Analysis



SOCPR Case Study Protocol (Infrastructure)


During the SOCPR Case Study, reviewers apply a structured protocol to collect evidence and apply ratings. The SOCPR protocol contains the following components:

- ❖ Demographic Profile
- ❖ Document Review
- ❖ Primary Care Giver Interview
- ❖ Child/Youth Interview
- ❖ Case Manager/Provider Interview
- ❖ Informal Helper Interview
- ❖ Summative Questions



SOCPR: Measurement Domains (Content)

- ❖ The SOCPR measures four domains of service.
 - Domain 1: Child-centered and family-focused
 - Domain 2: Community based
 - Domain 3: Culturally competent
 - Domain 4: Impact
- ❖ Domains 1-3 measure the level of practice of the System of Care core values.
- ❖ Domain 4 determines if the service delivery system produces positive outcomes for children and families receiving services.
- ❖ Each of the four SOCPR **measurement domains** is divided into **subdomains** reflecting the System of Care guiding principles.




SOCPR Outcomes: Summative Questions (Methodology)

- ❖ Summative Questions (SQ) are statements describing the System of Care core values at the level of practice.
- ❖ Each SQ is a **measurement** of practice.
- ❖ A 7-point rating scale is associated with each SQ along with a space for explaining the rating.


Amount of Evidence:

- +/-1 = some
- +/-2 = a lot, but not enough
- +/-3 = "gobs"




SOCPR Outcomes: Qualitative Themes (Methodology)

- ❖ Review of protocol (document review and interviews) to identify illustrative quotes
- ❖ Quotes grouped by domain/sub-domain
- ❖ Quotes determined to reflect a strength, an area for improvement, or a neutral/mixed quote
- ❖ Themes identified within each sub-domain
- ❖ Suggested opportunities to address areas for improvement given at both program and system levels




Quantitative and Qualitative Analyses are Complementary

- ❖ Quantitative analysis uses ratings derived from a variety of sources (document review, multiple interviews) for each summative question; ratings represent a synthesis
- ❖ Qualitative analysis uses specific quotations from specific questions within a sub-domain that are not based on interpretation or synthesis; themes identified based on number of instances of an idea
- ❖ Findings from two methods not always exactly coincide



SOCPR Domains and Subdomains




Domain 1: Child Centered & Family Focused

Domain 1
Child-Centered & Family Focused

- Individualization
- Full Participation
- Case Management


Domain 1 measures the service delivery system's practice of the first SOC core value.

The three subdomains measure the system's practice of the SOC guiding principles which are related to Child-Centered & Family Focused.




Measurements (CCFF/Individualized)

- ❖ **Assessment/Inventory**
 - Thorough assessment across life domains
 - Needs identified and prioritized
 - Strengths identified
- ❖ **Service Planning/Delivery**
 - Integrated primary service plan
 - Goals reflect needs
 - Goals incorporate strengths
 - Informal acknowledgement of strengths
- ❖ **Types of Services/Supports**
 - Types reflect needs and strengths
- ❖ **Intensity of Services/Supports**
 - Intensity reflects needs and strengths



Measurements (CCFF/Full Participation)

- ❖ Child and family actively participate
- ❖ Child and family influence initial plan and updates
- ❖ Child and family understand the content of the plan
- ❖ Child and family actively participate in services
- ❖ Formal providers and informal helpers participate in initial plan and updates



Measurements (CCFF/Case Management)

- ❖ One person coordinates planning and delivery
- ❖ Plans and services are responsive to emerging and changing needs



Domain 2: Community Based

Domain 1
Child-Centered & Family Focused


- Individualization
- Full Participation
- Case Management

Domain 2
Community-Based

- Early Intervention
- Access to Services
- Minimal Restrictiveness
- Integration & Coordination

Domain 2 measures the service delivery system's practice of the second SOC core value.


The four subdomains measure the service system's practice of the SOC guiding principles which are related to Community-Based services.



Measurements (CB/Early Intervention)


- ❖ The system clarified needs as soon as problems became evident
- ❖ System responded with appropriate services and supports as soon as child/family entered system

❖ Note: System can be considered all systems in county (school, mental health, juvenile justice, etc.) or CFH. Questions are often asked to clarify answers for both. Asking about larger systems allows for leadership to work to improve cross-agency efforts, funding issues, eligibility, etc.




Measurements (CB/Access to Services)

- ❖ Convenient Times
 - Services are at good times for child/family
- ❖ Convenient Locations
 - Services are within or close to home community
 - Supports are used to increase access
- ❖ Appropriate Language
 - Verbal communication is in primary language of child/family
 - Written documents are in primary language of child/family




Measurements (CB/Minimal Restrictiveness)

- ❖ Services are in a comfortable environment
- ❖ Services are in the least restrictive and most appropriate environment




Measurements (CB/Integration and Coordination)

- ❖ Ongoing two-way communication among all team members (child/family, CFH, formal providers, informal helpers)
- ❖ Smooth and seamless process linking child/family to additional needed services and supports




Domain 3: Culturally Competent

| | | | |
|--|------------------------------------|---|--|
| Domain 1 Child-Centered & Family Focused | Domain 2 Community-Based | Domain 3 Culturally Competent | <i>Domain 3 measures the service delivery system's practice of the third SOC core value.</i> <i>The four subdomains measure the service system's practice of the SOC guiding principles which are related to Cultural Competence.</i> |
| Individualization | Early Intervention | Awareness | |
| Full Participation | Access to Services | Sensitivity & Responsiveness | |
| Case Management | Minimal Restrictiveness | Agency Culture | |
| | Integration & Coordination | Informal Supports | |



Measurements (CC/Awareness)


- ❖ Awareness of Child/Family's Culture
 - Child and family viewed within own cultural group and neighborhood and community
 - Service providers understand how child/family view health and family
 - Service providers recognize that child/family's culture, values, beliefs, lifestyle influence decision-making
- ❖ Awareness of Providers' Culture
 - Service providers aware of own culture, values, beliefs, lifestyle and how these affect how they interact with child/family
- ❖ Awareness of Cultural Dynamics
 - Service providers aware of dynamics of working with families with culture, values, beliefs, lifestyles different than own (or similar to own)



Cultural Awareness


- ❖ Traditional
 - Age
 - Race/Ethnicity
 - Country of Origin
 - Gender
 - Religion
 - Disability
 - Sexual Orientation
- ❖ SOC Approach
 - Family Traditions
 - Friday night movies
 - Monday pizza in front of TV
 - Bedtime stories
 - Hosting holiday dinners
 - Foods
 - Family Roles
 - Single mom
 - Only child
 - Values
 - Education
 - Honesty
 - Being self-reliant
 - Life Circumstances
 - Move a lot
 - Military family
 - History of trauma or abuse
 - Employment

WHAT MAKES THIS FAMILY WHO THEY ARE?




Measurements (CC/Sensitivity and Responsiveness)

- ❖ Service providers translate awareness into action
- ❖ Services are responsive to child/family's culture




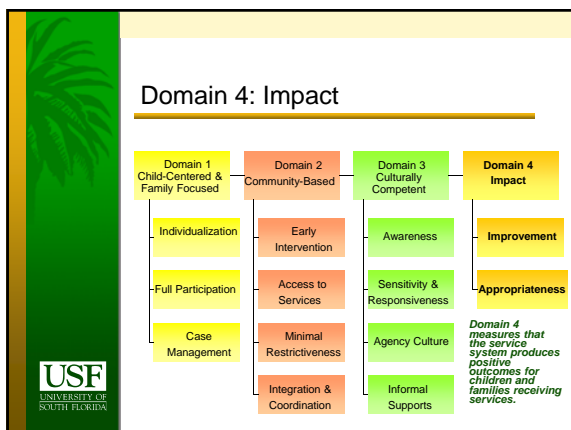
Measurements (CC/Agency Culture)

- ❖ Service providers recognize that child/family participation is linked to understanding agency and provider expectations
- ❖ Service providers assist child/family in understanding agency/program/provider rules and expectations



Measurements (CC/Informal Supports)

- ❖ Service planning and delivery intentionally includes informal supports


Subdomains: Impact

Improvement

Service systems that have had a positive impact on the children and families they serve have enabled the child and family to **improve** their situation.


Appropriateness of Services

Service systems that have had a positive impact on the children and families they serve have provided **appropriate** services that have met the needs of the child and family.




Sampling and Case Selection

- ❖ Case Study Methodology (this is not a survey!)
- ❖ Guided by clear vision for what is to be examined
 - Establish baseline data for community?
 - Examine differences by age, gender, ethnicity?
 - Examine system involvement, such as MH and CW?
 - Effect of programmatic changes recently enacted?
 - Involvement of informal helpers?
- ❖ When are enough cases enough? It depends!
- ❖ Resource availability
 - Trained reviewers
 - Money
 - Time



Data Collection Logistics


- ❖ To involve IRB or not? (Institutional Review Board)
- ❖ Are there consent or privacy concerns to address?
- ❖ Will participants be paid for their time?
- ❖ How will data collection be organized and documented?
- ❖ How does our community want to handle specific issues?
 - How many formal provider interviews?
 - Do some interviews need to be required to meet the goals of the study?
 - How do we define Early Intervention?
 - Are there any specific probes or issues we want reviewers to be sure to address?
- ❖ Identifying trained reviewers
- ❖ Scheduling the document review, family interviews, provider interviews, and informal helper interviews



Data Collection Process

1. Review the case records. Complete the Document Review and Demographic Profile sections of the SOCPR Protocol.
2. Interview the primary caregiver and complete the Primary Caregiver Interview section of the protocol.
3. Interview the child/youth (if applicable) and complete the Youth Interview section of the protocol.


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Data Collection Process


4. Interview the provider and complete the Formal Provider Interview section of the protocol.
5. Interview informal helper/s (if applicable) and complete the Informal Helper Interview section of the protocol.
6. Write a Case Summary. (Note: A Case Summary is a brief, one or two page, summary of the gathered evidence. A Case Summary may contain the child's and family's demographics, needs, strengths, treatment history, and services.)

(Continued on next slide)




Data Collection Process

7. Complete the Summative Questions section of the protocol by documenting the reviewer's ratings and justification for the ratings.
8. Validate ratings using the selected method.
9. Review the protocol to ensure it is complete.
10. Turn in the completed protocol and Case Summary.



How to Score Summative Questions



SOCPR Outcomes: Summative Questions (Methodology)

- ❖ Summative Questions (SQ) are statements describing the System of Care core values at the level of practice.
- ❖ Each SQ is a **measurement** of practice.
- ❖ A 7-point rating scale is associated with each SQ along with a space for explaining the rating.

-3 Disagree -2 -1 0 +1 +2 +3 Agree
Strongly Disagree Disagree Somewhat Disagree Neutral Somewhat Agree Agree Strongly Agree

Amount of Evidence:

- ++-1 = some
- ++-2 = a lot, but not enough
- ++-3 = "gobs"

SQ Description

- ❖ Summative Questions (SQ) are statements describing the System of Care core values at the level of practice.
- ❖ Each SQ is a **measurement** of practice. For example, the SQ, "The service plan goals incorporate the strengths of the child and family" is one of the practices relating to the System of Care core value "Child-Centered and Family-Focused."
- ❖ SQ are contained in the SOCPR protocol.
- ❖ A 7-point rating scale is associated with each SQ along with a space for explaining the rating.

What Ratings Tell Us

- ❖ The mean of **all** SQ ratings indicates the extent to which the system practices the System of Care core values and guiding principles and impacts the children and families served by the system.
- ❖ The mean of individual SQ ratings:
 - related to a subdomain indicates the extent to which the subdomain is being achieved.
 - for a domain indicates the extent to which the domain is being achieved.

SQ Procedures

- ❖ Prepare the protocol. Some reviewers find it helpful to mark the start of specific sections of the protocol with clips or sticky notes.
- ❖ Familiarize yourself with the responses in the Document Review, the interviews and all notes in the Protocol.
- ❖ Start with the first Summative Question. Review the responses to the questions listed in the Protocol Index. Make notes.
- ❖ Consider the responses collectively to derive the rating for the SQ.

SQ Procedures

- ❖ Check the most appropriate rating.
- ❖ Write a complete explanation of the rating.
 - How does the evidence support the rating?
- ❖ Continue until all Summative Questions are rated and justified.
- ❖ Review all ratings and explanations for completeness and consistency.
- ❖ Validate ratings (e.g., by cross-justifying with shadow or debriefing)
- ❖ Return the completed Protocol on or before the due date.


Guidelines for Rating

- ❖ Use the 7-point scale exclusively (only whole numbers).
- ❖ "Neutral" should not be a used response, as it indicates that the reviewer did not get enough information to answer the summative question.
- ❖ If the reviewer completes the document review and the interviews correctly, evidence should be available for ALL summative questions.

-3 Disagree -2 -1 0 +1 +2 +3 Agree
Strongly Disagree Disagree Somewhat Disagree Neutral Somewhat Agree Agree Strongly Agree

Guidelines for Rating


- Look for a preponderance of evidence demonstrating a finding.
 - Does the data point in a positive or negative direction along the continuum?
 - How much** evidence is available to make a determination as to direction?
 - Does the evidence clearly support one direction over another or are there inconsistencies? (positive vs. negative).



Guidelines for Rating


- The strength of the rating (+/-) depends on the amount of evidence or supportive data available
 - Minimal information or evidence one way or another should motivate only a small deviation from neutral, such as a rating of ±1.
 - A great deal of evidence in one direction or another warrants a more definitive score (±3).
 - Remember that +3 represents the most ideal (if positive) or the most exemplary case for that SO (as a positive OR negative example).**
 - When the evidence is substantial but not overwhelming, consider ±2

Amount of Evidence:
 +/-1 = some
 +/-2 = a lot, but not enough
 +/-3 = "gobs"




Quantitative Report Section

| Overall Score – all cases: 5.60 (0.60) | | | | |
|--|--------------------------------|--|-------------|------------------|
| | | | Area X (SD) | Subdomain X (SD) |
| Domain I: Child-Centered, Family-Focused: 5.76 (0.87) | | | | |
| Individualized | | | | 5.60 (0.90) |
| | Assessment/Inventory | | 6.48 (0.45) | |
| | Service Planning | | 5.03 (1.52) | |
| | Types of Services/Supports | | 5.50 (1.91) | |
| | Intensity of Services/Supports | | 5.35 (1.81) | |
| Full Participation | | | | 5.94 (0.99) |
| Case Management | | | | 6.00 (1.09) |




Quantitative Report Section

| | 2001 X (SD) | 2002 X (SD) | 2003 X (SD) | SOC Category |
|---------------------------------------|-------------|-------------|-------------|--------------|
| Overall Case | 4.60 (0.90) | 5.18 (0.87) | 5.60 (0.60) | Enhanced |
| Child-Centered, Family-Focused | 4.44 (1.11) | 5.01 (0.87) | 5.76 (0.87) | Enhanced |
| Individualized | 4.18 (0.57) | 4.84 (0.59) | 5.60 (0.90) | Enhanced |
| Full Participation | 5.15 (1.40) | 5.61 (1.15) | 5.94 (0.99) | Enhanced |
| Case Management | 5.75 (1.82) | 6.39 (2.03) | 6.00 (1.09) | Enhanced |
| Community-Based | 4.41 (0.64) | 4.98 (0.88) | 5.68 (0.74) | Enhanced |
| Early Intervention | 4.18 (0.31) | 4.42 (0.88) | 4.20 (1.70) | Neutral |
| Access to Services | 4.44 (0.52) | 4.56 (0.59) | 4.56 (0.83) | Enhanced |
| Manual Restructuring | 4.58 (1.00) | 4.21 (1.21) | 4.63 (1.21) | Enhanced |
| Integration and Coordination | 4.08 (0.82) | 4.42 (1.03) | 4.88 (1.30) | Neutral |



SOCPR Outcomes: Qualitative Themes (Methodology)

- Review of protocol (document review and interviews) to identify illustrative quotes
- Quotes grouped by domain/sub-domain
- Quotes determined to reflect a strength, an area for improvement, or a neutral/mixed quote
- Themes identified within each sub-domain
- Suggested opportunities to address areas for improvement given at both program and system levels




Qualitative Report Section

Case Management is intended to ensure that youth and families receive the services they need in a coordinated manner, that the types and intensity of services are appropriate, and that services are driven by their changing needs over time. The protocol assumes that for case management to take place the presence of someone with the title of case manager is not required as long as someone is assigned the responsibility of service coordination or case management.


The average rating for this subdomain fell in the enhanced SOC implementation range. In fact, there were only two cases in which the ratings for this subdomain were low. In one situation the youth was residing in a facility outside the county and the case manager was unable to interact with the providers where the youth was located on a regular basis to coordinate or plan services. In another, there was some overlap in coordination between the case manager and a therapist. Disagreements about appropriate direction for the family between the case manager and the therapist resulted in the family receiving mixed messages about service planning and provision and led to problems with integration and coordination.

Some caregivers were extremely satisfied with the case management for their family. One caregiver called the case manager "excellent" and "outstanding," remarking, "[case manager] helped save my life ... [case manager] should be bronzed and put in front of [Agency building] as an example."




Qualitative Report Section

The area in which [Agency] performed the best was on case management. Families indicated that the case manager was the person they looked to for service planning and coordination and was also the contact for advice or help. This score demonstrates that the changes [Agency] has made in the last year to solidify the case manager role for the family has worked, and that while the intake person is still a part of the process, families no longer look to their intake person for service coordination. Some families did mention their intake person during interviews, but it was clear that the case manager was the main point of contact for families interviewed. One caregiver spoke about how helpful her case manager was, saying, "I thought I would have to do the legwork, so I was surprised about that." When asked if she knew why the case manager visited her family, one youth said, "[She] wanted to know how well everyone was doing and if they (other providers) were helping, trying to help my mom get health insurance." When asked if plans and services were responsive to emerging or changing needs, one caregiver volunteered that help to change the plan was "just a phone call away."



Sample quotes

- ❖ CG: "we discuss that and she (CM) asks if we are happy with the provider"—influencing the plan
- ❖ Integrating and coordinating svcs CG: "That's a good question—it hasn't been working well"
- ❖ "That's our little culture, the youth and I" CM talking about music
- ❖ CM getting pdoc notes "that took some doing—I think they came in when case was closing"
- ❖ From doc review "Father is against therapy"
- ❖ CG: "communication has been full circle"
- ❖ Overall "they have been an easy company, actually. I've never worked with an organization like that."




Interrater Agreement

| reviewer | Comparison | ccdf1 | ccdf2 | ccdf3 | ccdf4 | ccdf5 | ccdf6 | ccdf7 | ccdf8 | ccdf9 | ccdf10 | ccdf11 |
|-----------|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|
| Trainee 1 | Same | | | | | | | | | | | |
| | Direction | | | | | | | | | | | |
| | Distance | | | | | | | | | | | |
| Mentor 1 | Same | | | | | | | | | | | |
| | Direction | | | | | | | | | | | |
| | Distance | | | | | | | | | | | |
| Trainee 2 | Same | | | | | | | | | | | |
| | Direction | | | | | | | | | | | |
| | Distance | | | | | | | | | | | |
| Mentor 2 | Same | | | | | | | | | | | |
| | Direction | | | | | | | | | | | |
| | Distance | | | | | | | | | | | |

Same Score: # Times reviewer scored summative question the same direction (positive or negative) as coach

Same Direction: # Times reviewer scored summative question the same as coach

Distance: Total scoring distance between reviewer and coach's scores



Sample Rater Agreement Report

Times reviewer scored summative question the same direction (positive or negative) as coach:
(higher number is better)


| | | |
|-----------|----------|----------|
| Trainee 1 | 40 of 41 | |
| Trainee 2 | 35 of 41 | 40 of 41 |
| Trainee 3 | 39 of 41 | 40 of 41 |
| Trainee 4 | 35 of 41 | 38 of 41 |
| Trainee 5 | 34 of 41 | 36 of 40 |
| Trainee 6 | 40 of 41 | 41 of 41 |

Times reviewer scored summative question the same as coach:
(higher number is better)

| | | |
|-----------|----------|----------|
| Trainee 1 | 35 of 41 | |
| Trainee 2 | 20 of 41 | 32 of 41 |
| Trainee 3 | 28 of 41 | 33 of 41 |
| Trainee 4 | 15 of 41 | 24 of 41 |
| Trainee 5 | 24 of 41 | 20 of 40 |
| Trainee 6 | 35 of 41 | 37 of 41 |


Total scoring distance between reviewer and coach's scores:
(lower number is better)

| | | |
|-----------|-----------|-----------|
| Trainee 1 | 7 of 246 | |
| Trainee 2 | 22 of 246 | 10 of 246 |
| Trainee 3 | 22 of 246 | 11 of 246 |
| Trainee 4 | 39 of 246 | 23 of 246 |
| Trainee 5 | 30 of 246 | 26 of 240 |
| Trainee 6 | 7 of 246 | 4 of 246 |

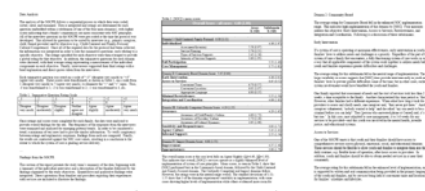



Providing Feedback to the Community

- ❖ Written report including scoring and thematic analysis; executive summaries/funder's reports
- ❖ Action plan
- ❖ Information for provider training
- ❖ Data for advocacy and system change
- ❖ Coaching/mentoring information



Written Report





Example: Funder's Report

Overall Score – All Cases: 5.68 (0.82)

| | Mean | Standard Deviation |
|--|------|--------------------|
| Domain 1: Child-Centered, Family-Focused | 5.98 | 0.88 |
| Domain 2: Community-Based | 6.26 | 0.61 |
| Domain 3: Culturally Competent | 5.07 | 1.26 |
| Domain 4: Impact | 5.43 | 1.27 |


Findings:
 Child/family strengths are identified, serving as building blocks for service delivery. Caregivers, and often youth, participate as partners in service planning and delivery. Access to services is high. Services are offered at convenient times and in convenient locations for families. Thorough assessments for service planning and delivery are often performed. Youth and families seem satisfied with the restrictiveness level of services.



Example: Funder's Report

Recommendations


- Provide services at the most appropriate intensity level for each family. For example, make sure that if counseling services are needed weekly or for 6 months, that funding and service array be adjusted to accommodate this individualized need.
- Improve integration and coordination of service planning and provision. Inviting formal providers and informal helpers to attend child and family team meetings will assist with information and task sharing and increase family support.
- Better communicate understanding of culture and its role in helping families. Explicitly acknowledging how cultural influences and preferences impact decision-making and service participation shows families that providers are providing thoughtful services for them, specific to their desires and needs.
- Include informal supports in the form of both people and services. Identifying and including informal helpers early in the service delivery timeline helps families develop and solidify a support network that will continue to help families beyond discharge.



Action Plan

Child-Centered, Family-Focused


| | |
|---|-------------|
| Provide training to CMs to clarify responsibilities and team roles | Spring 2009 |
| Train CMs to do ASO budgets | Winter 2009 |
| Develop more intensive FSP training programs and retrain CMs using strengths-based approaches | Completed |
| Update FSP to include whether goals have been met | Completed |



Child-Centered & Family-Focused Strengths: Individualized


CCFF Domain mean score (SD): 5.76 (0.87) (high range)
 Sub-domain mean score (SD): 5.60 (0.90) (high range)

| Strength | Evidence |
|--|--|
| Life domains included in assessments | All cases had more than half of domains documented (Document review) |
| Individualized plan created for child/family | All cases rated existence of individualized plan + (All sources) |




Child-Centered & Family-Focused Areas for Improvement: Individualized

| Area | Program | System | Evidence |
|--|---|---|--|
| Missing domain assessments | Documentation | | Assessment not in file (Document review) |
| Assessments not updated or checked for current applicability with new CM | Training about maintaining current records, reviewing and updating new (to CM) case | | No new assessments or documentation of review (Document review); CM did not review file/family situation with family when taking over case (Caregiver) |
| Lack of single integrated plan | | Cross-system communication, standardization of plan formats | 40% of cases with a – rating (Multiple sources) |
| Intensity of services | | Availability, funding, insurance issues | "More help for her behavior" (Caregiver); insurance problems (Provider) |



Provider Feedback—Coaching Model

- Provide FB recipient with definitions of SOC values & principles
- Review definitions & reflect possible evidence
- Gather feedback from FB recipient
- Talk with FB recipient about possible strategies that could facilitate continuous quality improvement
- Record any final, general feedback from the FB recipient on the last page of form.
- Make a photocopy of the form for FB recipient; send original to SOC CQI Division to be integrated into year-end recommendations to SOC.



Date: _____
 Program: _____
 Feedback Provided to: _____
 Feedback Provided by: _____

SOC Coaching Feedback Template

Directions:

1. Provide feedback recipient(s) with definitions of SOC Values & Principles to refer to during coaching.
2. For each SOC Principle, provide definitions & then reflect possible evidence of strength (Y) & area for growth (N). Based on observations gathered through SOC PE.
3. Gather feedback from feedback recipient(s) to find out whether s/he agrees or sees it differently. Record additional strategies if appropriate.
4. Talk with FB recipient(s) about possible strategies that could facilitate continuous quality improvement. Both of the feedback format provider (FP) need to be in the room (program, agency, or the SOC) level.
5. Record any final, general feedback from the FB recipient(s) on the last page of this form.
6. Make a photocopy of the form for FB recipient(s), send original to COE Division to be assigned same year-end recommendations to SOC.

| SOC Value or Principle | Case Management Team Member | Feedback | Possible Strategies for Improvement |
|--|-----------------------------|----------|-------------------------------------|
| 1. Child Centered Family Focused The development of a unique service plan to meet each child/family in which their needs and strengths are assessed, identified and addressed across life domains. | | PP | |
| 2. Full Participation The child and family, along with team providers, need sufficient input, participate in planning, implementing, and evaluating the service plan. | | PP | Systems |
| 3. Case Management Support is provided in the field and family is aware that their service provider is a coordinated system that the child and support other services. The recipient, not the service plan is responsible in the field and family's ongoing needs. | | PP | Systems |



Final Comments and Questions

