The System of Care Practice Review (SOCPR-R):
Measuring Fidelity of Service to Systems of Care Values and Principles
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“...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

SOCPR-R as a measure of fidelity
In this particular community / system,
• To what extent are SOC values & principles manifesting in direct service practice?
  ❖ Why fidelity?
  ❖ Why focus on values & principles?
  ❖ Why focus on level of practice?

SOCPR-R Method
• Multiple case study methodology to study a system
• Unit of analysis: Family Case
• Evidence gathered through:
  ❖ Document Reviews
  ❖ Key Informant Interviews
    • Child
    • Primary Caregiver
    • Primary Formal Service Provider*
    • Informal helper
• Information synthesized through:
  ❖ Case-specific summative ratings supported with quotes
  ❖ Identification of patterns / trends within the SOC
• Feedback provided (summary & recommendations)
SOCPR-R Method

- Children receive services regardless of race, religion, national delivery.
- They reach maturity.
- Services are individualized.
- Families are included as full participants in service planning & delivery.
- Case management is provided to ensure service coordination & system navigation.
- Children receive services regardless of race, religion, national origin, sex, physical disability, or other characteristics.
- The rights of children are protected.

Stroul & Friedman, 1994

SOCPR-R as an Instrument

- Child-Centered & Family-Focused
- Community-Based
- Culturally-Competent
- Outcomes-Driven

SOC Principles

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

Stroul & Friedman, 1994

SOCPR-R Domains & Subdomains

Child-Centered & Family-Focused
Community-Based
Culturally-Competent
Impact

Individualization
Early Intervention
Access to Services
Integration & Coordination

Assessment / Inventory
Service planning / delivery
Types of services / supports
Intensity of services / support

Full Participation
Case Management

SOCPR-R Domain Definitions

- Child-Centered, Family-Focused: The needs of the child and family dictate the type and mix of services provided
- 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 & private providers
- Culturally-Competent: Services are attuned to the cultural, racial & ethnic background & identity of the child & family
- Impact: Services & supports have had an impact on this child & family

SOCPR-R Subdomain Definitions

- Child-Centered, Family-Focused: The needs of the child and family dictate the type and mix of services provided
  - Individualized
    - Assessment / Inventory
    - Service planning / delivery
    - Types of services / supports
    - Intensity of services / support
  - Full Participation
  - Case Management
## SOCPR-R Subdomain Definitions

### 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 & private providers
- Early Intervention
- Access to Services
  - Convenient times
  - Convenient locations
- Appropriate language
- Minimal Restrictiveness
- Integration & Coordination

### Culturally-Competent: Services are attuned to the cultural, racial & ethnic background & identity of the child & family
- Awareness
  - Child / family’s culture
  - Providers’ culture
  - Cultural dynamics
- Sensitivity & Responsiveness
- Agency Culture
- Informal Supports

### Impact: Services & supports have had an impact on this child & family
- Improvement
- Appropriateness

### Individualized
- Summative Rating statement #6: The service plan goals incorporate the strengths of the child and family.

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### Analysis / Synthesis of Findings

- **Within one case:**
  - Summative ratings are determined, supported with quotes
  - Impressions are recorded
- **Across cases within one SOC:**
  - Identification of patterns / trends within the SOC

### Application of the SOCPR-R

- To describe what is actually going on in the system
  - Degree of fidelity
  - Agreement across perspectives
    - Active TOC
    - Change processes
  - Integration of population-based & individualized focus

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Application of the SOCPR-R

To think together about systemic facilitators & barriers to service fidelity to SOC Values

- Thinking with:
  - SOC governance
  - Agencies / teams
  - Individual providers

- Thinking about:
  - Training of formal providers
  - Other systemic factors

Sample SOCPR-R feedback (qualitative)

Sample SOCPR-R feedback (quantitative)

<table>
<thead>
<tr>
<th>Ranking of Domains</th>
<th>Score (standard deviation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child-Centered</td>
<td>4.44 (1.11)</td>
</tr>
<tr>
<td>Family-Focused</td>
<td>4.54 (.64)</td>
</tr>
<tr>
<td>Community-Based</td>
<td>4.19 (1.35)</td>
</tr>
<tr>
<td>Culturally Competent</td>
<td>4.08 (1.55)</td>
</tr>
</tbody>
</table>

Sample SOCPR-R feedback (qualitative)

- Community based Services (High)
  - Strengths: Families feel they have access to services in terms of time & convenience of location
  - Strengths: Services are provided in the least restrictive environment
  - Areas for Improvement: Families are less satisfied with the integration and coordination of services, e.g., seamlessness across systems and good communication amongst providers
  - Areas for Improvement: Families perceive long delays between when they contact the ‘system’ and initiation of services

Sample SOCPR-R feedback (qualitative)

- Child-centered, Family-focused (Mid-range)
  - Strengths:
    - Greatest strengths are in the area of assessment, including identification of needs and strengths.
    - Families feel included in planning and service delivery
  - Areas for Improvement:
    - While strengths are identified in the assessment process, they are not systematically included in service plans.
    - Families often did not perceive that there was a single person responsible for coordinating their family’s care.

Sample SOCPR-R feedback (qualitative)

- Cultural Competence (Mid-range)
  - Strengths:
    - Providers are (generally) aware of how a family’s culture affects service delivery.
    - Families have a good understanding of agency’s culture (rules, regs, hours, policy, etc.).
  - Areas for Improvement:
    - Providers are less aware of how their own culture might have an effect on how they provide services to families.
    - Informal supports are not typically included in planning or service delivery.
Sample SOCPR-R feedback (qualitative)

**Impact (mid-range)**

**Strengths**
- Youth are the most optimistic about their progress while receiving services.

**Areas for Improvement**
- Families report that services focus on the youth (rather than the whole family).
- Some but not all family needs and goals were addressed, which likely effects the families’ perceptions of their progress.

A final word about fidelity...

“Once a commitment is made, every act thereafter is one of fidelity, neglect or betrayal.”