

# Using the System of Care Practice Review (SOCPR) for Needs Assessment and Quality Assurance: Experiences of Several Communities

February 25, 2008

## Using the System of Care Practice Review (SOCPR) for Needs Assessment and Quality Assurance: Experiences of Several Communities

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## What is the SOCPR?

The SOCPR is a method and instrument for assessing whether System of Care (SOC) values and principles are operationalized at the level of practice, where children and their families have direct contact with service providers.

Presenter: Keren Vergon

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## SYSTEM OF CARE PRACTICE REVIEW: A MULTI-YEAR EVALUATION IN BROWARD COUNTY, FLORIDA

## SOCPR-R Purpose & Objectives

**Purpose:**

- Determine the extent to which the local service systems adhere to the system of care (SOC) philosophy at the level of practice

**Objectives:**

- Document experiences of children and families
- Document adherence to the SOC philosophy by the service system
- Generate recommendations for improvement

## System of Care Definition

- Comprehensive system of care for children and adolescents with a severe emotional disturbance
- Comprehensive range of mental health and other necessary services which are organized into a coordinated network (multiple domains)
- Represents a philosophy of care
- Collaboration and development of partnerships between and among service providers
- New and innovative ways to meet the multiple and changing needs of the children and families served

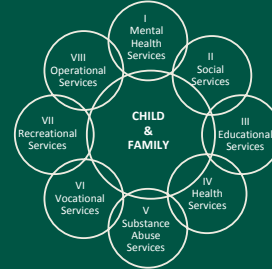
## Core Values of SOC/SOCPR-R Measurement Domains

- Child-centered and family-focused (Domain 1)
  - The needs of the children and families dictate the types and mix of services provided.
- Community based (Domain 2)
  - 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.

### Core Values of SOC/SOCPR-R Measurement Domains

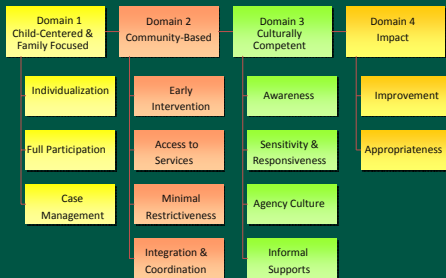
- Culturally competent (Domain 3)
  - Agencies, programs, and services are responsive to the cultural, racial, and ethnic differences of the population they serve.
- Impact (Domain 4)
  - The implementation of SOC principles at the practice level produces positive outcomes for children and families receiving services.

### System of Care Framework



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

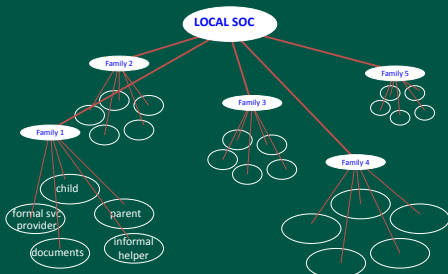
### SOCPR-R Domains & Subdomains



### Design of the Case Study Protocol

- Utilizes the Family Case as the unit of analysis
- Collects data from multiple data sources of case involvement
- Gathers evidence of adherence to each of the SOC core values and philosophy on three levels:
  - Individual service provider
  - Program
  - System
- Strength-based and outcomes-driven

### SOCPR-R Method



### SOCPR-R Method

- Evidence is gathered through:
  - Document (case file) reviews
  - Key Informant Interviews
    - Child/youth
    - Primary Caregiver
    - Primary Formal Service Provider
    - Informal helper
- Information is synthesized through:
  - Case-specific summative ratings
  - Identification of patterns / trends
- Feedback is provided in the form of a written summary and recommendations

### Specific Components of the Case Study Protocol

- Demographic Profile
- Document Review
- Primary Care Giver Interview
- Child/youth Interview
- Case Manager/provider Interview
- Informal Helper Interview
- Summative Questions

### SOCPR Implementation: Single Point Assessment

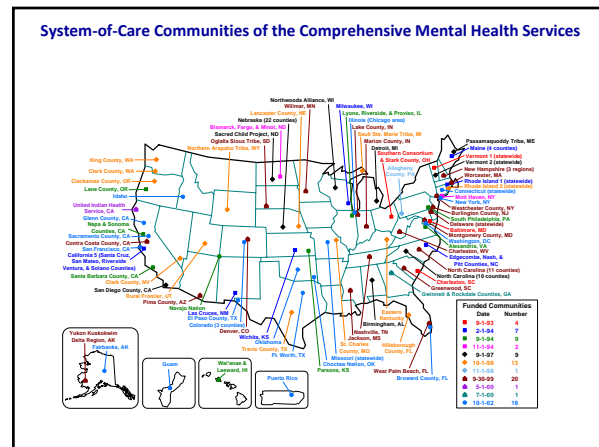
- Multiple family cases over days or 1 – 2 weeks
- Involvement of experienced evaluators from outside community
- Evaluators do not have sustained relationships with community providers
- “Snapshot” of community given; follow-up / re-evaluation is not a given
- **Can be used as a Needs Assessment**

### SOCPR Implementation: Ongoing Evaluation

- Multiple family cases over months or years
- Community members trained as evaluators
- Working relationships between evaluation team & SOC providers
- Ongoing feedback between evaluation and providers to address findings from evaluation

### SOCPR Implementation: CQI / Coaching

- Several cases from each agency / program within the SOC
- SOC member program employees are trained as evaluators
- Working relationships exist among SOC providers / reviewers
- Feedback delivered to participating direct service providers (& program supervisors/managers) as well as SOC governance

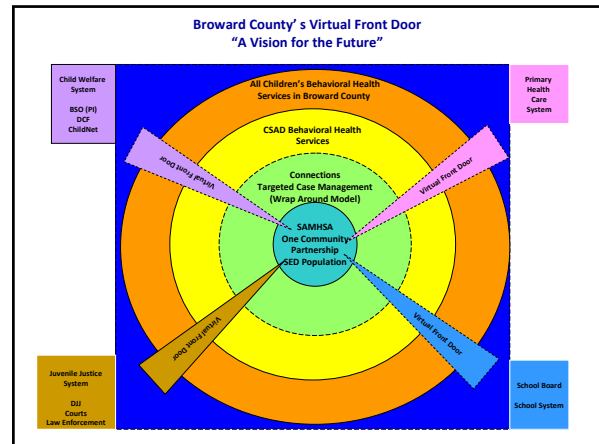


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## Goals of One Community Partnership

- Focus on children with serious emotional disturbances (SED)
- Evaluate and redesign existing array of children's mental health services
- Establish comprehensive and culturally competent system of care
- Focus on least restrictive and most clinically appropriate environment



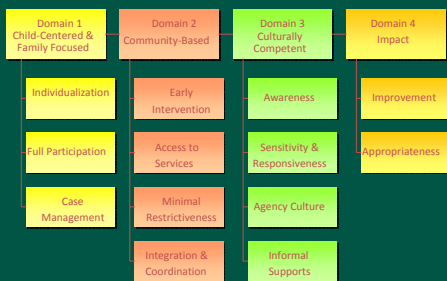
## One Community Partnership: Target Population

- Child/Youth between the ages of 10-18
- DSM IV Diagnosis and requires at least two coordinated and integrated mental health services
- Recent discharge from residential treatment (RTC, Group Home, Specialized Therapeutic Foster Care) or at risk for removal from community to residential
- GAF score below 60
- Willingness of child and family to participate in SAMHSA services and SAMHSA evaluation projects
- Population eligible for national evaluation: Child is receiving Mental Health Case Management Services (Connections)

## Purpose of the SOCPR Review

- Provide guidance about progress in implementing SOC principles in OCP
- Feedback about what providers and children and families are saying about the services they provide/receive
- Highlight areas in which changes can be made by providers to increase SOC implementation
- Highlight areas in which advocacy can effect positive changes for children and families

## SOCPR-R Domains & Subdomains



## Quantitative Analysis Scoring

- Summative questions (SQ) relating to specific domains and sub-domains were scored
- SQ rated on a scale of "-3" (disagree very much) to "+3" (agree very much)
- Scores transformed to eliminate - and + signs
- Scores of 1-3 represent lower implementation of SOC principles, 4 is a neutral rating, and 5-7 represents enhanced implementation of SOC principles

|                    |                     |                   |                            |                |                  |                 |
|--------------------|---------------------|-------------------|----------------------------|----------------|------------------|-----------------|
| Disagree very much | Disagree moderately | Disagree slightly | Neither agree nor disagree | Agree slightly | Agree moderately | Agree very much |
| -3                 | -2                  | -1                | 0                          | 1              | 2                | 3               |
| 1                  | 2                   | 3                 | 4                          | 5              | 6                | 7               |
| Low                | Low                 | Low               | Neutral                    | Enhanced       | Enhanced         | Enhanced        |

### Qualitative Analysis

- 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

### One Community Partnership's SOCPR

- 2005 – FMHI conducts 20 SOCPRs
- 2006 – FMHI conducts 19 SOCPRs
- 2007 – FMHI conducts 20 SOCPRs

### OCP: Three Studies Side by Side

| Domain                          | Ranking |      |      |
|---------------------------------|---------|------|------|
|                                 | 2005    | 2006 | 2007 |
| Child-centered & family-focused | 2       | 3    | 1    |
| Community-based                 | 1       | 1    | 2    |
| Cultural competence             | 3       | 2    | 3    |
| Impact                          | 4       | 4    | 4    |

### Summary of Findings

- Overall case score moved from neutral implementation range to high implementation, increasing one entire point from 2005 to 2007
- Every domain's score increased each follow-up year
- Almost every sub-domain moved to a higher implementation level (low to neutral or neutral to high) by the end of the third study

### Summary of Findings

- Two sub-domains, Case Management (CCFF) and Sensitivity and Responsiveness (CC), moved from low (2005) to high (2007) implementation
- Informal Supports, the lowest scored sub-domain in 2005, improved by two full points, solidly into the neutral implementation range by 2007
- In general, standard deviations decreased, meaning fewer scores were rated in the extremes

### Quantitative Analysis - 2007

- Ranking of Domains
  - (1) Child-Centered & Family-Focused
  - (2) Community-Based
  - (3) Culturally Competent
  - (4) Impact
- Format is score (standard deviation)
- SD shows variability in rating across cases

|                         |             |
|-------------------------|-------------|
| Child-Centered & Family | 5.76 (0.87) |
| Community-Based         | 5.68 (0.74) |
| Culturally Competent    | 5.46 (1.06) |
| Impact                  | 5.13 (1.26) |

### SOCPR Findings – 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)     |

### SOCPR Findings – 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)  |

### SOCPR Findings – Cultural Competence Strengths: Awareness

- CC Domain mean score (SD): 5.46 (1.06) (high range)
- Sub-domain mean score (SD): 5.44 (1.47) (high range)

| Strength                       | Evidence  |
|--------------------------------|---|
| Awareness of family culture    | Family believes medications make people sick, and rest makes them healthy (Provider)                              |
| Awareness of cultural dynamics | “Learning about different cultures helps teach us new ways. There are always strengths in any culture” (Provider) |

### SOCPR Findings – Cultural Competence Areas for Improvement: Awareness

| Area                              | Program  | System | Evidence   |
|-----------------------------------|----------|--------|--|
| Provider awareness of own culture | Training |        | “I don’t talk about my culture—it doesn’t matter” (Provider) |



## THE CASE MANAGEMENT SUB-DOMAIN: IMPROVEMENT OVER TIME

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## SOCPR Findings –

Child-Centered & Family-Focused Strengths: Case Management 2005

- Sub-domain mean score (SD): 3.75 (1.82) (low range)

| Strength                           | Evidence   |
|------------------------------------|--|
| CM can be effective and personable | “Absolutely. [Provider]’s very helpful—warm, generous, kind, compassionate, efficient, can trust, professional, caring, warm.” “Knows when, where, how to portray it.” (Caregiver) |
| Refers/Links to Services           | CM called camp counselor, accompanied family to doctor, referred to Overlay, looking for recreational activities (Caregiver)   |
| Responds to emerging needs         | Yes, asks regularly. Follows up, takes initiative, brings up things that we didn’t know about. (Caregiver)   |

## SOCPR Findings –

Child-Centered & Family-Focused Areas for Improvement: Case Management 2005

| Area                            | Program                               | System                     | Evidence  |
|---------------------------------|---------------------------------------|----------------------------|---|
| CM contact with families        | Caseload sizes                        |                            | “Not heard from [provider]—not sure when last talked” (Caregiver)       |
| CM role unclear or unfilled     | Job duties out of area/multiple roles | Personnel funding          | “Not aware of having a CM—I guess [therapist] is my CM” (Youth)         |
| CM contact with other providers | Caseload sizes                        | Cross-system communication | Not too much communication [between CM and other providers] (Caregiver) |

## SOCPR Findings –

Child-Centered & Family-Focused Strengths: Case Management 2007

- Sub-domain mean score (SD): 6.00 (1.09) (high range)

| Strength                           | Evidence  |
|------------------------------------|---|
| CM can be effective and personable | CM is “excellent ... outstanding ... helped save my life” (Caregiver)                                       |
| Refers/Links to Services           | CM accompanied family to psychiatrist, looking for recreational activities (Caregiver)                      |
| Responds to emerging needs         | Changed plan to make it work over summer, and will meet soon to get ready to change it for fall (Caregiver) |

## SOCPR Findings –

Child-Centered & Family-Focused Areas for Improvement: Case Management 2007

- Only unique issues related to a single family situation identified; no recommendations for areas of improvement

## Synthesis of OCP’s SOCPR: Strengths

- Child and family strengths identified
- Families feel they have access to services in terms of times and convenience of location
- Primary language needs in verbal and written communication almost always met
- Child and family feel they are partners in service planning and delivery
- Thorough assessments usually done
- Child and family usually satisfied with restrictiveness levels of services
- Agency cultures in terms of rule and policies are explained to families

## Synthesis of OCP’s SOCPR: for Improvement

- Emphasis on inclusion of child and family strengths in service planning and delivery
- Ensuring appropriate intensity of services and supports
- Increase integration and coordination of services, e.g., seamless across systems and good communication amongst providers, including striving for a single service plan
- Identification of needs at the system level early in children’s lives
- Inclusion of informal supports in terms of both people and services
- Improve receipt of services by reducing wait lists, staff turnover, and increasing transportation assistance

## System of Care Practice Review

### A Qualitative Evaluation of the Children's Mental Health System in Ottawa

Natasha Tatartcheff-Quesnel  
Manager, Ottawa Children's Coordinated Access & Referral to Services

## History of the Project

- Mandate of the Children & Youth Mental Health Network (CYMHN)
- Investigation of models/tools for system transformation
- University of South Florida (USF)
  - Dr. Friedman System of Care (SOC)

## History of the Project System of Care (con't)

### Core values:

1. Child centered & family focused
2. Community-based
3. Culturally competent

## History of the Project (con't)

- Centre of Excellence
- USF & Success 4 Kids and Families present SOCPR
- CYMHN unanimously approves the SOCPR project
- Ottawa Children's Coordinated Access & Referral to Services (OCCARS) is assigned the lead responsibility to coordinate the project in partnership with:
  - Crossroads Children's Centre (CCC)
  - Ottawa Children's Aid Society (CAS)
  - Youth Services Bureau of Ottawa (YSB)

## Purpose of the SOCPR

### Primary applications:

1. Identify system/wide strengths and challenges to inform future quality improvement efforts
2. Staff training recommendations

## Ottawa's Preliminary Points of Interests

### Demographics:

- 23 case studies (19 cases used)
- Children
  - Ages 9 to 16
  - Mean age 12.84
  - 14 males
  - 5 females
- Language
  - 68% English, 26% French



### Ottawa's Preliminary Points of Interests (con't)

#### Treatment length:

- Ranged from 1 to 20+ months
  - 11% were 1 to 5 months
  - 42% were 5 to 12 months
  - 5% were 13 to 19 months
  - 42% were 20+ months

At the time the SOCPR was administered, 14 of the 19 cases were open.

### Ottawa's Preliminary Points of Interests (con't)

#### Treatment interventions:

- Multiple treatment interventions
  - Range 1 to 8 interventions
  - Average 3.8 interventions
  - 2 cases, 1 intervention
- All 19 participants utilized the mental health system
- Child welfare was utilized in 11 of the 19 cases
- 1 participant also utilized the juvenile justice system
- 8 participants were in section 23 placements, 12 of the 19 had an IEP

### Ottawa's Preliminary Points of Interests (con't)

#### Service history:

- Services provided by 10 agencies
- Primary services provided:
  - Day treatment
  - Intensive & MST
  - Respite
  - Inpatient/outpatient psychiatric services
  - Residential

### Ottawa's Preliminary Points of Interests (con't)

#### Strengths:

- Identification of strengths
- Impact of services
- Restrictiveness
- Service delivery is accessible
  - Language
  - Location
  - Times
  - Setting

### Ottawa's Preliminary Points of Interests (con't)

#### Challenges:

- Early identification & intervention
- Integration of service plan across agencies
- Informal support
- Smooth and seamless transition

### Ottawa's Preliminary Points of Interests (con't)

#### Areas needing further explorations:

- Case management
- Cultural awareness & competence

## Ottawa's Preliminary Points of Interests (con't)

Training needs:

- Cultural competence
- Strengths based planning & goal setting

## Next Steps

- Final presentation – April 2008
- Expand breadth & depth
- Train additional reviewers
- Shift to include a program evaluation focus
- How to use the data for System change?

## Contact Information

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Presenters: John Mayo and Terry Johnson

## USE OF THE SOCPR FOR QUALITY IMPROVEMENT, TRAINING, AND IMPROVING CULTURAL COMPETENCE

## SOCPR Has Been Helpful In Developing Awareness Of Cultural Competency

- Self
- Agency
- Consumers
  
- Increases awareness of formal providers, informal providers, and caregivers as we ask the questions.

## Documentation

### Made changes that reflect the 4 domains

- Developed written statements that family agreed with plan and received copy of the plan
- Determined level of integration and coordination of Case Management Services
- Used as another outcome measure to determine appropriateness and impact of services

## Core Values of SOC

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  - The needs of the children and families dictate the types and mix of services provided.
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## Core Values of SOC

- Culturally competent
  - Agencies, programs, and services are responsive to the cultural, racial, and ethnic differences of the population they serve.
- Impact
  - The implementation of SOC principles at the practice level produces positive outcomes for children and families receiving services.

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## Training

- Developed training mirroring SOCPR format
- Reinforced cultural competency training that culture needs to be addressed on an individual level

“Culturally competent dinner”

## Coaching/Supervision

- Assess status of four SOCPR domains at each coaching/supervision meeting

## Continued Training

- Use SOCPR in a feedback loop to improve training and coaching
- Compare SOCPR results with other community partners that use instrument
- Use as QA/QI approved instrument for funders i.e. DCF- ADM, CBHC

## What We Need To Improve

- Documentation in primary language of consumers
- Continuous training on tying strengths to goals
- Checklist VS semi structured interview
- Decision to put financial resources into translating documents accurately

### Families as Experts

- Parent Perspective
- Child Perspective
- Family Needs
- Family Strengths
- Family Resources
- Family Culture and Experiences

### Individualization of Services

- Plans need to be individualized
- Plans should encompass both child and family concerns
- Prioritization of needs is crucial to success
- Family empowerment is a goal

### Negotiating Change

- Provider and Family Roles: Attitudes and Beliefs About Each Other
- Learning to be flexible
  - Time
  - Communication styles and practices
  - Translating theory and rules into workable practice
  - Respecting agency culture and their mandates
  - New knowledge, opportunities, experiences
- Providers and Families in Partnership