

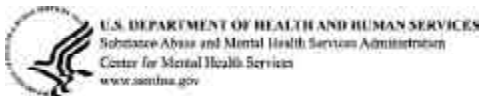
SYSTEM OF CARE PRACTICE REVIEW

REVIEW TEAM LEADER TRAINING MANUAL

Revised February 2004

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Introduction

Training Objectives

- ö Describe System of Care Practice Review (SOCPR) purpose and objectives
- ö Introduce the System of Care core values and guiding principles
- ö Provide instruction on the implementation of the SOCPR
- ö Provide practical information on interviewing for effective data collection
- ö Provide instruction on completing the summative questions

How to Use This Manual

This training manual has two purposes: (1) to familiarize individuals with the case study process employed in the System of Care Practice Review (SOCPR), and (2) to prepare them to conduct the SOCPR in a community setting. The manual is divided into four sections.

1. Study Purpose and Overview
2. System of Care Review, Terms, and Definitions
3. Data Collection Procedures
4. SOCPR Methodology and Protocol

This manual moves you from a basic understanding of the SOCPR to a review of system of care principles. It then takes you through information about data collection in general and data collection procedures specific to this project. Finally, it goes through the SOCPR instrument in detail. The manual is designed to move from a general understanding of the project to the specifics of the SOCPR. It will help you understand the practical application of this evaluation method. This manual is most effective when combined with training sessions. Further, it is recommended that any individual interested in completing case studies using the SOCPR first observe the process of conducting the SOCPR before applying it independently.

Section 1:**SOCPR Purpose and Overview****Purpose of the SOCPR**

The SOCPR protocol is a series of data collection instruments that is used to integrate information from various sources. It is designed to gather varying perspectives on a set of questions related to child and family functioning and system performance. The protocol was adapted from the Family Experience Study used by the Annie E. Casey Foundation, Urban Mental Health Initiative Evaluation conducted by the Louis de la Parte Florida Mental Health Institute at the University of South Florida. It is based on the system of care principles.

The SOCPR was designed to assess the level of implementation of the system of care at the practice level, thus providing an evaluation tool that has various uses based on the level of application desired. The purpose of the System of Care Practice Review (SOCPR) is to determine the extent to which the local service systems adhere to the system of care (SOC) philosophy at the level of practice. Specifically, the SOCPR seeks a holistic understanding of the service delivery system in meeting service needs of children and families. The SOCPR is a tool for assessing whether system of care principles are carried out at the level of practice where children and their families have direct contact with service providers. The SOCPR collects and analyzes data obtained from multiple sources. These sources include document reviews and face-to-face interviews with various informants including the child's primary caregiver, the child and family's formal service provider(s), the child (if age appropriate), and informal helper(s) who the family has identified as important to the well-being of their lives.

The three primary objectives of the SOCPR are to:

1. Document experiences of children and families;
2. Document adherence to the SOC philosophy by the service system;
3. Generate recommendations for improvement.

Although the main application of the SOCPR is quality improvement, specific applications may vary based on the needs of the user and the level of examination desired. Some possible applications include:

- Assessing a community prior to the development of a new service delivery approach. This process can help to determine the needs of children and families, gaps in the current service array, and the nature of existing working relationships between agencies.
- Evaluating whether the introduction of a particular program (e.g., intensive case management unit) follows the values and principles of SOC.
- Providing an ongoing quality management and training tool that gives feedback to consumers, stakeholders, and direct service workers as to how services are being delivered.
- Demonstrating the relevance of the SOC principles to practice.

SOCPR Overview

As we explained earlier, the SOCPR uses record reviews and face-to-face interviews with caregivers, youth, informal supports, and formal supports. Many of the questions are repeated in each of the interviews. By asking the same question to several interviewees the case reviewer is able to compare and assess congruence among the various perspectives.

The SOCPR is based on a three-stage process: (1) The first stage involves conducting in-depth interviews with the family and child and with individuals working with the family and child, and reviewing case records to understand the child and family's experience of the service system. The SOCPR asks questions aimed at obtaining the child and family's perceptions in terms of accessibility, convenience, relevance, satisfaction, cultural competence, and perceived effectiveness of the services they are receiving. (2) The second stage involves analyzing and summarizing the data and reporting the findings on the level of adherence to the SOC philosophy by the service system. The data are reported as both quantitative and qualitative data, to provide feedback that is objective, yet evocative and in-depth.

Section 2:**System of Care Review****Background Information**

The system of care philosophy is the result of the desire to develop a comprehensive system of care for children and adolescents with a severe emotional disturbance. As described by Stroul and Friedman (1986), it is a comprehensive range of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of severely emotionally disturbed children and adolescents (p. 3). The concept of a system of care represents a philosophy rather than a prescription for providing services. While components of a system of care may vary from state to state, they all share specific values and principles.

Core values guiding a system of care specify that services must be:

1. Child-centered and family-focused;
2. Community based; and,
3. Culturally competent.

A series of guiding principles expands on these core values, providing a philosophical framework for the development of a system of care.

Built into a system of care is the belief that all life domains and needs should be considered in the provision of services. As a result, systems of care are based on several overlapping areas:

Definitions of the Subdomains Used in the SOCPR

DOMAIN 1: CHILD-CENTERED AND FAMILY-FOCUSED (THE NEEDS OF THE CHILDREN AND FAMILIES DICTATE THE TYPES AND MIX OF SERVICES PROVIDED.)

Sub-domains

INDIVIDUALIZATION: Individualization calls for the development of a unique service plan for children and families in which their needs are assessed and prioritized by life domains. Strengths must also be identified and included as part of the plan.

FULL PARTICIPATION: Developing an individualized service plan requires full participation of the child, family, providers, and significant others. Additionally, children and families should 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 that children and families 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 families' 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.)

Sub-domains

EARLY INTERVENTION: Early identification and intervention for children 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 older children, or designing services for younger children.

ACCESS TO SERVICES: Children and their families should have access to comprehensive services across physical, emotional, social, and educational domains. These services should be flexible enough to allow children and families to integrate them into their daily routines.

RESTRICTIVENESS: Systems should serve children in as normal an environment as possible. Interventions should provide the needed services in the least intrusive manner to allow families to continue their day-to-day routine 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 children and families with multiple needs.

DOMAIN 3: CULTURAL COMPETENCE (AGENCIES, PROGRAMS, AND SERVICES ARE RESPONSIVE TO THE CULTURAL, RACIAL, AND ETHNIC DIFFERENCES OF THE POPULATION THEY SERVE.)

Sub-domains

AWARENESS: Awareness refers to the level of cultural awareness that service providers have regarding the family's cultural background as well as their own. Self-awareness relates to their ability to place themselves within a cultural context and understand how it impacts their lives. Awareness of the cultural background of the families served refers to service providers' ability to place families within the families' cultural and environmental contexts.

AGENCY CULTURE: The families' understanding of the agency's culture, meaning how the system operates, its rules and regulations, and what is expected of them, is central to the treatment process.

INFORMAL SUPPORTS: Refers to the inclusion of the families' informal or natural sources of support in formal service planning and delivery. Implementation of a culturally competent system of care requires that service providers become knowledgeable about the natural resources that may be used on behalf of their clients and are able to access them.

SENSITIVITY AND RESPONSIVENESS: Culturally competent service systems are aware of their own organization's culture and the culture of their families they serve. This implies that they accept cultural differences, understand the dynamics at play when persons from different cultural backgrounds come into contact with each other, and are able to adapt their services to the cultural context of their clients.

DOMAIN 4: IMPACT (THE SOC PHILOSOPHY IMPLIES THAT THE IMPLEMENTATION OF SOC PRINCIPLES AT THE PRACTICE LEVEL PRODUCED POSITIVE OUTCOMES FOR CHILDREN AND FAMILIES RECEIVING SERVICES.)

Sub-domains

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.

A system of care not only includes the program and service components, but also covers mechanisms, arrangements, structures or processes to insure that the services are provided in a coordinated, cohesive manner (Stroul & Friedman, 1986, p. iv). It calls for collaboration and development of partnerships between and among service providers, as they seek new and innovative ways to meet the multiple and changing needs of the children and families they serve. Implementation of a system of care takes place at various levels, from state to local and from management level to service delivery, or practice level. It is possible for the values and principles of the system of care to be fully embraced at the management level, and not be adequately implemented at the practice level.

NOTES:

Section 3:**Terms and Definitions**

This section includes a list of terms and definitions that review team members need to be familiar with, in order to comprehend the SOCPR process.

Case: Each case consists of a series of interviews and record reviews that are specific to one family and their child and family team.

Child and Family Team: Individuals, both formal supports and informal supports, who come together to integrate and plan services to help the child and family.

Child and Family Team Meeting: Periodic meetings with the identified child/youth with SED, his/her family, and other formal and informal team members.

Domains: Life areas that should be explored/addressed for all families (e.g., cultural/spiritual, educational, family, financial, legal, medical/self-care, mental health, residential, safety, social/recreational, substance abuse, vocational)

FSP: Family Support Plan. Refers to service and support plans individualized for the family/child/youth

Interviewee: The person being interviewed

ISP: Individualized Service Plan. Refers to service and support plans individualized for the family/child/youth

Research Team or Review Team: Group of researchers (case reviewers) who work on the SOCPR to assess SOC adherence

SED: Serious Emotional Disturbance/Severe Emotional Disability

System Partners: Can be formal or informal

Formal System Partners: Professionals such as teachers, juvenile probation officers, etc.

Examples of formal system partners

(Also called formal supports):

Big Brothers/Big Sisters

Professional counselors/therapists

Guardian Ad Litem

DCF (Dept. of Children & Families)

HKI (Hillsborough Kids Inc.)

DJJ (Dept. of Juvenile Justice)

School/Teacher

Usually fee-based or publicly funded, usually certain qualifications to participate, usually not available to everyone

Informal System Partners: Family mentors such as neighbors, clergy, etc.

Examples of Informal system partners (Also called Informal supports):

Neighbors

Extended family

Friend(s) from church

YMCA, Girl Scouts

Usually free, available in the community to everyone/anyone (family could access on their own)

Section 4:**Data Collection Procedures****Reviewer Checklist**

The following checklist for case reviewers will help you conduct effective interviews. It has been compiled by seasoned reviewers.

- ö Before conducting interviews, review the information gathered in the Screening Tools and Child's Demographic Profile of the protocol to familiarize yourself with important details of the case. Gathering demographic information before beginning interviews gives you an important advantage in planning and conducting the interviews.
- ö Review the interview schedule and make sure you have copies of the appropriate interviews before leaving for the interview. Some additional interview forms may be needed in certain cases.
- ö Review the interview schedule and make sure you have a signed Participant's Release of Information, and a sufficient number (one for each interviewee) of Participant's Acknowledgment of Informed Consent forms.
- ö Be certain that you have all necessary phone numbers of interviewees. This will allow you to call ahead and let others know when delays have occurred. Also, you will be able to call and get further directions if you should become lost due to poor directions or your unfamiliarity with a new area.
- ö Take a map of the area in which you will be working if you are not sufficiently familiar with it. You may want to map out your entire schedule with a local liaison.

- ö If personal safety is a concern in an unfamiliar neighborhood, have someone familiar with the area (e.g., case manager, provider, etc.) escort you to the family home; or call ahead to request that a family member be watching for you.
- ö Be familiar with the sections and organization of the case study protocol. Flipping through pages and looking for things tends to interrupt the flow of the interview.
- ö Mechanical pencils with adjustable erasers are ideal for conducting review work. As long as you have enough lead, you will not be stuck with a pen that runs out of ink, or a pencil point that breaks. (This may seem like a trivial matter, but it is extremely important that you have the capability of recording data in the field.)
- ö Dress comfortably, but professionally. Office attire (e.g., ties or dresses) may not be the most appropriate dress for conducting in-home interviews, but jeans/t-shirts will be too casual. Casual business attire should be most appropriate.
- ö If families are being reimbursed for their time and participation, let them know when they might expect the payment.
- ö Make certain that the limits of confidentiality are clearly explained to all parties being interviewed. Explain mandatory reporting requirements.
- ö Make marginal notes, including quotations, in the protocol as you go along. They may prove helpful later when you answer the questions in the Summative Questions section of the protocol.

Handling Special Situations

During the course of data collection, you could encounter a variety of special situations requiring an appropriate response, special assistance, or a deviation from the general process. A few of these situations are discussed below, with suggestions on how these situations might be handled. This does not constitute an exhaustive list of special situations that might arise during a review, nor are the suggested actions necessarily the best advice in every special situation. For these reasons, you are advised to exercise due professional care when confronted with unexpected situations and to seek assistance from your Review Team and Review Team Leader.

- ö High-risk situation for a child. It is possible but unlikely that you could observe a child in a high-risk situation that would pose an imminent risk to the child's well being. If the child is at immediate risk at the time of the review, you should report the situation to the case manager or their supervisor immediately so that necessary steps can be taken to protect the child. You should report the matter promptly to your Review Team Leader.

- ö Concern about a child or family. It is possible that you could identify conditions within a case that would raise concerns about a child or particular member(s) of a family. Such concerns should be reported to your Review Team during debriefing, and to your Review Team Leader. If deemed warranted, the conditions of concern will be reported to the case manager and/or other local officials by your Review Team Leader.

- ö Concern about a service provider. It is possible that you could identify actions or intentions of a service provider that could be indicative of poor practice, misconduct, or misuse of funds or other resources. Such concerns should be reported to your Review Team and your Review Team Leader. If deemed warranted, the conditions of concern will be reported to the case manager and/or other local officials by your Review Team Leader.

- ö Concern for personal safety. If you should encounter a situation in which your personal safety is in jeopardy, you should withdraw from that situation and request assistance from your Review Team Leader. If you find yourself entering a home where a family member is hostile or threatening, you should withdraw. When planning to conduct an interview in a home located in a high-crime area, plan daytime interviews, have another person accompany you, carry a cellular phone if available, or plan to conduct the interview at a nearby location (e.g., McDonalds) where the children can play while the parent is interviewed. Remember that the goal is to gather necessary information while minimizing safety risks to yourself or others involved.

- ö Missed interview appointment by interviewee. It is possible that an interviewee may miss a scheduled interview appointment. You should allow for a 15-minute grace period on a scheduled appointment and then move on to the next appointment. Telephone the person who missed the appointment and reschedule, if possible. If another face-to-face interview is not possible, attempt to gather the essential information during a telephone interview.

- 0 Reviewer running late for an appointment. It is possible that you may run late for an appointment. Please do everything you can so this does not happen, because this can show a lack of respect for the interviewee's time. However, if something unforeseen should occur, you should call ahead to the next appointment and inform them of the expected arrival time. If the appointment time cannot be adjusted, apologize for being late and request a later appointment time. If a later appointment time is not possible, attempt to gather the essential information during a telephone interview.

- 0 Reviewer lost in transit. If you should become lost while in transit to a scheduled appointment, you should stop and ask directions or call the person to be visited and request directions. Therefore, it is important that you have all available phone numbers that correspond to your schedule. In rural areas, getting landmark information as part of the directions may be critical for navigation.

- 0 Denial of access to records. It is possible that you may be denied access to necessary records during the course of a review. Should this occur, you should attempt to assure the provider that personal details of therapeutic process are not being requested, and that you are only interested in the general terms of interagency relationships, progress and plans. If possible, releases of information should be obtained by your Review Team Leader prior to your scheduled visit.

- 0 Unexpected interruptions. It is possible that unexpected circumstances such as illness or bad weather can interfere with the review process. If you should become ill and unable to make scheduled appointments, contact your Review Team Leader immediately and request relief. At that point your Review Team Leader can make a decision whether to drop the case and cancel the remaining appointments or to locate an alternate reviewer. On rare occasions, unsafe weather may restrict review activities or prevent completion of face-to-face interviews. If this should occur, change appointment locations and/or times to keep face-to-face interviews. If this is not possible, telephone interviews can be substituted where necessary. Discuss your individual situation with your Review Team Leader and ask for assistance, if necessary.

The Data Collection Process

Review Team

The Review Team is comprised of a Review Team Leader and several case reviewers. The number of case reviewers needed will vary based on the number of cases being reviewed, the timeframe for completion, and available funding. All Review Team members are recommended to have experience in the field of children's mental health, to be familiar with the philosophy underlying the SOC, and to have received specific training in qualitative data collection methods and interviewing techniques, and in conducting the SOCPR.

Each case reviewer will be expected to complete an assigned number of cases based on site-specific needs, requirements, and time restraints. Each case consists of a series of interviews and record reviews. Face-to-face interviews are preferable, but telephone interviews are an option to accommodate busy schedules or to minimize travel. The latter format, however, should be a last resort option as so much is lost when you do not visit the home. During the course of an interview it may become clear that an interview with a non-scheduled individual would be helpful. It then becomes your responsibility to arrange such an appointment. Ideally, all interviews for a child and family case will be completed during the same day, allowing you to begin fresh with a new family the following day. Debriefing and/or protocol completion is normally conducted during the evening.

Review Team Member Roles

Each Review Team member has specific duties to carry out prior to, during, and after conducting the SOCPR. These roles will be outlined in detail later in this section, but, briefly, the Review Team Leader has the primary role which consists of training the case reviewers and facilitating the data collection process. This includes identifying and contacting families about participating in the SOCPR. In addition, the Review Team Leader may also be responsible for data management, data analysis, and reporting of findings. Specific duties may vary depending on the needs and requirements of each site.

Training Review Team Members

Training sessions on the SOCPR are held to enhance inter-rater reliability and the validity of ratings. During the training session, the Review Team reviews the SOC philosophy as well as the purpose and objectives of the SOCPR. The Review Team also practices interviewing and rating questions utilizing several mock vignettes. Training is completed over three days with two full days of training occurring a month before implementation, and an additional day of training one week prior to implementation.

Selecting Reviewers

Depending on the number of case reviews being conducted, the timeframe for completion, and available funding, a decision must be made as to whether case reviews will be conducted by an individual or by two people. Sending out people individually rather than in pairs offers the advantage of being able to conduct more case reviews simultaneously with the same number of interviewers, thus completing more case reviews in a given amount of time. However, paired interviewers provide an additional opportunity to validate the information collected and may contribute to the reviewer's sense of safety when visiting unfamiliar neighborhoods and homes. Ideally, reviewers will have the responsibility for no more than three family cases in a one-week time period. At no time should case reviewers subject themselves to unsafe circumstances for the purpose of collecting data.

In most cases, your Review Team Leader will assist the Review Team in recruiting families and coordinating site visit activities. Careful consideration should be given in identifying your Review Team Leader, given the nature and extent of his/her responsibilities in selecting/recruiting families and coordinating on-site activities.

Ideally, the actual case reviews will be conducted by independent reviewers—individuals without affiliation with the site, so that they can be objective in their evaluation. The use of independent reviewers who may have familiarity with the site, yet no vested interest in the outcome of the evaluation would also be appropriate. These reviewers may represent the entirety of the Review Team or may be from an independent agency. Depending upon the reviewers' familiarity with the site, family confidentiality may need to be more heavily stressed to ensure that the families feel comfortable speaking freely. The availability of funds to pay for a Review Team to travel to the site to conduct the review may be another determining factor in this selection process.

When building a Review Team, attention should be paid to the unique contributions of each Review Team member. Ideally, Review Team membership would reflect experience or knowledge in working within each of the primary service systems (i.e., child welfare, juvenile justice, mental health, and special education). Members should have an expressed interest in the specific nature of the case study, and should have demonstrated capabilities to function in the role of a reviewer. Such abilities include ease with people, good communication and listening skills, the ability to stay focused, and the ability to integrate various sources of information (Yin, 1995). Specific professional degrees or work experience are not required. An effective Review Team may represent a variety of perspectives in terms of professional training and/or experience. The objectives of the study and the SOCPR

provide a framework within which a diverse Review Team can focus their expertise to determine the most pertinent pieces of information gathered during the site visit.

Review Team Member Responsibilities

The Review Team will typically consist of the Review Team Leader and a group of case reviewers. The Review Team Leader is responsible for coordination before, during, and after the data collection. All other members of the Review Team will have responsibilities throughout the case study process (pre-site visit, on-site, and post-site visit). Their tasks will pertain to preparing for data collection, and assuring quality completion of all work products.

Here are the Review Team Leader's responsibilities:

Pre-implementation of SOCPR:

- Identify individuals to be trained as case reviewers
- Work on training logistics (i.e., location, schedule, materials, equipment, etc.)
- Contact training participants
- Compile a list of potential participants
- Contact families
- Meet with families to explain the process, obtain informed consent and set up interviews
- Contact families' providers to explain the process and set up interviews

During implementation of SOCPR:

- Conduct orientation with case reviewers
- Provide assistance to case reviewers as needed
- Conduct debriefing meetings during data collection

Post-implementation of SOCPR:

- Data management and analysis
- Write report of findings and provide recommendations

Pre-implementation of SOCPR:

- Participate in SOCPR training
- Review schedule of assigned interviews

During implementation of SOCPR:

- Attend orientation
- Conduct case reviews
- Complete SOCPR on a timely basis
- Ensure that each question is answered, even if the answer is "Don't Know" or "Not Applicable."
- Provide a thorough response to all open-ended questions
- Attend debriefing meetings
- Assist other Review Team members as needed

In the SOCPR, the Review Team Leader also serves as a reviewer and facilitates Review Team debriefings. The Review Team Leader has primary responsibility for supervising Review Team members throughout the data collection process, with all Review Team members assisting each other throughout the review process. Review Team debriefings provide an opportunity for reviewers to discuss as a collective their personal reactions to the information they have collected and address conflicting information. It is not uncommon for informants to offer different perspectives on the same issue. It is important that the reviewer feel confident in sorting out the evidence as it has been presented. This may require additional supervision or Review Team support.

Pre-Implementation Activities

Prior to implementation of the SOCPR, the Review Team Leader will need to arrange the logistics of the review. The other Review Team members have additional responsibilities. Pre-implementation activities include the following:

Training session(s): Depending upon the experience of the reviewers, pre-implementation case reviewer training may vary. At a minimum, training is necessary to ensure that reviewers are oriented to the purpose and objectives of the review, as well as the various elements of the SOCPR. In general, it is important that the review begins at the same philosophical starting point. Therefore, it may be necessary to plan sessions to discuss system of care principles and acceptable standards of practice for implementing case reviews. Depending upon the level of experience reviewers have with open-ended interviewing and handling multiple sources of data, a one to two day training may be appropriate, and provides reviewers an opportunity for role playing and resolution of any outstanding issues.

Prior to implementation, the Review Team should take the time to meet as a group to review the SOCPR, including the underlying philosophy and objectives and an item-by-item discussion. This meeting also provides an opportunity to clarify the roles and responsibilities of Review Team members, discuss logistics (e.g., interview schedules and debriefing meeting times), and review any special instructions or recommendations offered by the Review Team Leader.

Selecting Cases: Families are selected based on site-specific pre-established criteria. Once selected, the Review Team Leader meets with each family to complete the screening forms that designate their formal and informal supports (i.e., the family's key informants). Alternate cases should be selected in the event that there are any unexpected interruptions to the proposed schedule that make a selected family unavailable at the time of data collection (e.g., hospitalization, illness, etc.).

Obtaining Informed Consent: Prior to the arrival of the Review Team, each interviewee should have the opportunity to decline participation. The Review Team Leader has responsibility for explaining to parents and their children their rights in terms of study participation and obtaining their signature to document informed consent. Informed Consent Forms and HIPPA privacy forms are the responsibility of the site researchers, and should be written in conjunction with their affiliated university (if any) or with ORC MACRO policies.

Scheduling Of Appointments: The Review Team Leader can either accept full responsibility for the scheduling of appointments or delegate this to available staff. It is also possible for the case reviewers to schedule their own appointments. Important guidelines to keep in mind include:

- Schedule a time for each of the reviewers to review relevant records prior to their first appointment.
- Schedule one child and family case per day for each reviewer. Past Review Team Leaders have found it helpful to have a master schedule to avoid overlap or unnecessary blocks of time during the day.
- Interviews take between 60 and 90 minutes to complete. Take this into consideration as well as travel time.
- If there has been a recent case transfer within an agency, it may be helpful to have both the past and current worker scheduled for interview.
- Provide maps and/or directions to interview sites. If available, also include telephone numbers for the interviewees in case there is a delay in the schedule.

Arranging Meeting Space: While conducting the SOCPR, the Review Team will need a designated space in order to conduct the record reviews, Review Team meetings, or case reviews.

Implementation Activities

Immediately before beginning the review process, the Review Team Leader should conduct a meeting with all members of the Review Team to serve as an orientation.

Specific activities for this meeting include:

- Ensuring that case reviewers are prepared in terms of materials, appointments, and directions.
- If reviewers are interviewing in pairs they should review their schedule with their partners and make arrangements for meeting at the interview sites or for sharing transportation.
- Review relevant records and complete record keeping instruments. The Review Team Leader should already have scheduled time for this. The reviewer needs to be familiar with the nature of system involvement, the current services, and the most recent plan for the family.

Reviewers should attempt to arrange scheduling that allows them to complete their review of an entire case in one day, including document review and all informant interviews. While this can make for a very long day, it ensures a clear focus on each case without distraction from other case information. The following represent some general procedural guidelines for completing a successful review:

- Back-to-back interviews may be required throughout the day and evening to accommodate family schedules.
- It is recommended that the Review Team convene in the evening for a debriefing of the day's events. This allows each reviewer the opportunity to discuss his/her findings and feelings, and for the Review Team to begin to identify trends and patterns in the data.

Depending on the number of case studies and reviewers, the length of time needed for data collection will vary. If data collection is to be completed during a 5-day period, the reviewers will have new family cases on the third and fourth days. A final debriefing may be conducted on the evening of the fourth day or may be delayed until the Review Team has returned home. The latter suggestion, of course, only applies if the entire Review Team is from out of the local area.

It is recommended that appointments not be scheduled for the final day of the review, as the Review Team may be traveling home. Some recommendations for productive use of the final day include:

- Making any necessary final contacts regarding the child and family case studies.
- Providing comments to local staff or stakeholders and thanking them for participation in the process.
- Double checking protocols to ensure that they have been completed accurately

Post-Implementation Activities

Protocol Completion: Ideally, reviewers will have completed and checked their SOCPR's on a daily basis or as soon as possible after each case review. Because reviewers might forget important information, it is essential that they not allow too much time to pass between the time of the site visit and the SOCPR completion.

- Reviewers are expected to ensure that each question is answered, even if the answer is "Don't Know" or "Not Applicable."
- Reviewers must provide a complete response to all open-ended questions. All handwritten notes must be legible and comprehensive.
- With the data fresh in their minds, reviewers would be wise to complete any initial coding of the data, including rating the summative questions.
- There may also be the need for follow-up telephone interviews that were not completed due to time or scheduling during the site visit.

Data Analysis: The Review Team Leader will take the lead on the compilation and analysis of the data collected during the site visit. In preparing for data analysis it is important to:

- Review SOCPRs for completeness and readability
- Determine the need for verbatim transcripts
- Compile quantifiable data (i.e., demographics, services provided, etc.)
- Sort data according to pre-coded categories
- Organize the data by question or objective

We will discuss data analysis in more detail in the next section of this manual.

Report Writing: The report should meet the needs of its intended audience. If the intended audience is the site, the findings should be presented in a format that facilitates the use of the information provided. It is especially helpful if the report is written from a strengths-based, action-oriented point of view. Once the report is completed it is important to solicit feedback from the intended audience to ensure the report meets their need. Based on the specific needs of the audience the report may or may not include recommendations. In some instances it may be required that the findings may be provided in different formats for the different audiences involved (i.e., funding agency, sites, stakeholders, etc.).

Case Definition

The SOCPR's unit of analysis is the family case. The family case consists of: (1) a child involved in one or more systems (e.g., mental health, juvenile justice, special education, and child welfare), (2) the primary caregiver/s (e.g., biological parent, foster parent, relative, etc.), (3) a lead case manager or primary formal helper, (4) formal service provider/s (e.g., mental health counselor, teacher, etc.) and (5) informal support sources (e.g., relatives, neighbors, friends of the family, etc.).

The number and type of family cases to be examined may vary depending on the needs of the protocol user. These decisions will be based on a variety of factors including time and funding restraints, needs of the agency, and availability of trained case reviewers. As a rule of thumb, a case reviewer should not examine more than three family cases during a data collection event. Thus, the number of family cases included may be limited by the availability of trained personnel to collect the data. Diversity is encouraged in the selection of cases. Cultural, racial, and ethnic diversity is encouraged in the selection of possible participants. Additional variables to consider in the selection of family cases include child age and gender, as well as the service system/s with which the child is involved.

Each case consists of data obtained from multiple sources including document reviews and face-to-face interviews with various informants such as the primary caregiver, formal service provider(s), the child (if age appropriate), and informal helper(s) (if applicable). Data obtained from these sources are then analyzed and compiled to obtain ratings of the SOC principles.

Once the potential family cases have been identified, the primary caregiver is contacted. An overview of the purpose of the SOCPR is provided and the primary caregiver is invited to participate. If he/she agrees to participate, an informed consent is discussed, explained, and signed prior to the initiation of any interview. This document is separate from the SOCPR as it is specific to each service provider.

Identifying who will serve as the primary provider is the responsibility of the service system implementing the SOCPR. That decision is based on the identified goal or purpose for conducting the SOCPR. For example, a particular service provider may be interested in assessing its service delivery for young children. The criteria for participation may include only families with children between the ages of six and ten years of age who are receiving services from the service provider. The SOCPR may also be implemented on a systems level with multiple service providers. In this scenario, criteria for selection may require the child and family to receive services from two or more providers within the system. Since families would be involved with various providers, identification of formal provider informants would be

based on input from the families. The use of a screening tool may aid in selecting which formal providers to interview by allowing the primary caregiver to identify his/her lead case manager, if there is one, and to list the providers involved with his/her child and family. The primary caregiver can also be asked to rank the providers in order of importance. Individuals with the highest ranking would be asked to participate as formal provider in the interview process regarding their role in assisting the child and family. The same process may be repeated in the identification of informal sources of support.

Effective Interviewing

Open ended vs. Structured Interviews

Prior to conducting a review, it is important for Review Team members to understand the nature of the data they will be collecting. An important part of that data will be conveyed qualitatively. While conducting interviews that require a closed-ended response (i.e., yes/no or multiple choice) tends to be straightforward, collecting open-ended data presents a variety of challenges. Without thorough preparation, reviewers may fail to probe and/or overlook information that provides the context or the “how” and “why” of the closed-ended responses. Inexperienced or untrained reviewers may have difficulty maintaining control of the interview while collecting the required information. In addition, using a Review Team that is unprepared or has not been prepared uniformly may raise questions concerning the reliability and validity of the information collected.

Benefits of Qualitative Interviewing

The primary benefit of collecting data through qualitative interviewing is having the opportunity to obtain information about everyday situations in a natural setting thus providing the investigator with a sense of what “real life” is like. The richness of qualitative data provides in-depth descriptions that are nested in a real context and are useful in revealing and explaining complex situations. Furthermore, qualitative data are useful to supplement and validate quantitative data.

Challenges of Qualitative Interviewing

If uncomfortable with the process, an individual reviewer may have difficulty sifting out the answer to the question in the response, controlling the interview, and keeping up with the information being provided. This can be particularly challenging while also maintaining an interactive style that builds rapport and is therefore conducive to the informant’s comfort with sharing personal information.

Multiple Sources of Information

The SOCPR requires the reviewer to compile information from multiple sources. The reviewer may interview as many as four informants in one day as well as extract data from a case file. Reviewers must be highly organized and prepared, demonstrate attention to detail and have very good recall. They may have to resolve conflicting pieces of information and find common ground between various perspectives. While the SOCPR is designed to promote successful assimilation of data from multiple sources, the reviewer must be skilled and prepared to ensure effective implementation.

The most common difficulty that arises when collecting data from multiple sources is the emergence of conflicting information. Some conflicts are easy to resolve, such as differences in conditions occurring over successive points in time. Other conflicts may arise in legitimate differences of opinion among informants. Individuals' memories of the same past events may be faulty, incomplete, or reflective of different perspectives. All of these circumstances can contribute to conflicting evidence.

The reviewer is advised to consider the time periods and sources of evidence in evaluating conflicting information and to apply the rules of evidence concerning sufficiency, relevance, and competence. The following presumptions are useful:

- Evidence obtained through physical examination, observation, and inspection is more reliable than evidence obtained indirectly.
- Testimonial evidence obtained under conditions where interviewees can speak freely is more credible than testimony obtained under compromising conditions.
- One competent source whose testimony is not contradicted by other evidence is sufficient.
- Evidence from multiple sources supporting a finding is more compelling than evidence gathered from a single source.

The reviewer should use good judgment in applying the rules of evidence to work through situations where conflicting information is present. If doubts remain concerning the reliability of certain evidence, the reviewer should provide a written detailed explanation of the matter in the case study protocol.

Strengthening Validity and Reliability

Reliability of the SOCPR is based on the collective perspectives, impressions, and records considered in the data collection. Reliability of the SOCPR ratings system has been checked, and interrater reliability has been shown to be high (Hernandez, Gomez, Lipien, Greenbaum, Armstrong, & Gonzalez, 2001; Greenbaum, Brown, Lipien & Trinidad, 2002). The review team can contribute a great deal to high reliability and validity. The reliability and validity of the findings can also be supported through uniform training efforts ensuring reviewer familiarity with the process of conducting a SOCPR as well as familiarity with the individual items on the protocol. Conducting an entire review (document review and interviews) in one day contributes to reliability, as does the reviewer's immediate attention to the completion of summative questions.

Given that the SOCPR case study calls for multiple sources of evidence, reliable findings are based on the various perspectives, impressions and records considered in data collection. However, the various sources of information may not carry equal weight.

Among informant interviews, the caregiver is likely to serve as the primary source of information, as they have direct daily contact with the child and are the conduit through which services are delivered, especially in the case of young children. The case manager/provider interview and the case records 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, child/youth and informal interviews 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 not available or willing to participate. Finally, although not explicit in the protocol, reviewer impressions through incidental observation contribute to the reliability of the findings.

Reviewer Abilities

Given the rigorous nature of conducting the SOCPR case study, reviewers should have an expressed interest in the specific nature of the study, and demonstrated capabilities to function in the role of a reviewer. Most important in effective interviewing is feeling at ease with people, having good communication and listening skills, the ability to stay focused, and the ability to integrate various sources of information. Reviewers need to have an awareness of their personal bias, as this can have a profound effect on the information they collect and the findings that are generated. Case study reviewers must also demonstrate flexibility and adaptability,

as they tend to be in unfamiliar settings and cannot predict who and what they will encounter, the circumstances of the data collection, and what will be conveyed to them over the course of an interview.

Building Rapport

Good communication skills are essential in building rapport with informants. Communication involves speaking, listening, eye contact, body posture, and facial expressions. Remember that a good interview is a good conversation — one that is interesting, flowing, and respectful of the interviewee’s time, dignity, and goodwill. The task will be to engage informants in conversation and encourage them to talk about their experiences with the service system, while ensuring that the research questions have been answered. By allowing families the opportunity to talk about their experiences, reviewers demonstrate interest and sincerity. Similarly, using the informant’s words in successive questions or probes aids in promoting a relationship and conveying to the informant that you are listening and understand their context and worldview.

Other efforts that help to build rapport involve general courtesy. For example, when visiting a family’s home, wait until a chair is offered before being seated. If the established seating creates too much distance between the reviewer and the informant, suggest or ask for a more appropriate alternative. If noise is an issue, ask for a quiet place where you can talk and let the family know how long the interview will take. In general, be flexible in terms of the setting of the interview. This is particularly important with children and youths. It may also be helpful to bring a “bag of tricks” (e.g., stickers or crayons and paper) to distract young children who may be in and out of the interview setting.

Throughout the interview, the reviewer will have many opportunities to establish rapport with the informant. Their style of questioning should reflect a deep respect for the informant and convey appreciation for their participation. Remember that these interviews can include an element of fun and do not need to be devoid of smiles and laughter. However, reviewers need to be aware of the informant’s ability to understand specific questions and be prepared to provide illustrative examples to convey the intended meaning of those questions. Depending on the informant’s level of education and English language abilities, the reviewer may need to rephrase questions or explain what is meant by certain words.

Listening

At the core of building rapport and effective interviewing is listening. Listening involves hearing not only the words that are being said, but also the way in which they are conveyed, including tone, body language, and facial expressions. There are two levels of meaning that you want to be listening for: content level, which is the level of information or literal meaning; and depth or feeling level, which is made up of the feelings behind the content. Good listening takes all of these elements into consideration.

Active listening shows your informant that you're listening, helps you check how accurately you have understood what the speaker said and meant, lets you to express acceptance of the speaker's feelings, and prompts the speaker to further explore his/her feelings and thoughts. Active listening involves:

- Paying attention
- Making eye contact
- Leaning forward
- Summarizing what the person said
- Asking questions (Open ended questions, Clarifying questions, What — not why—questions)
- Reflecting what the person said

Active listening responses can be of six types: clarifying responses, reflective responses, neutral responses, restatement responses, summarizing responses, or exploring responses.

Clarifying responses help you get additional facts or a more accurate understanding. Clarifying responses usually take the form of a question, for example:

“Can you explain that some more?”

“What do you mean by that?”

“Could you say more about that?”

Reflective responses show you understand what the informant is telling you, and help the informant label their feelings. Taken from the techniques of Carl Rogers (1942), reflective responses or reflective listening, confirms for the informant that the reviewer has heard what they have shared. It involves paraphrasing the

feelings underneath what the informant has said and feeding it back to them, such as “So, you have a good relationship with your child’s case manager,” or “I can hear the sadness in your voice when you tell me about this experience,” or “you were angry when that happened.” This gives the informant an opportunity to clarify the meaning of what they said, should the paraphrase fail to capture the essence of the information.

Neutral responses convey that you are listening and encourage your informant to keep talking. Examples of neutral responses would be:

- “I see.”
- “Uh huh.”
- “Really?”
- “Oh?”
- “Tell me more.”

Restatement responses help you check your interpretation with the informant, and show you are listening to and understanding what the informant is telling you. Restatement responses are similar to reflective responses, with the main difference being that they restate content and thoughts, while reflective responses reflect feelings:

- “As I understand it, then, your plan is to...”
- “Would it be accurate to say that you thought that...”
- “This is what you’ve decided to do and the reasons are...”
- “Am I right in saying that this is the way you see the problem now?”

Summarizing responses recap what has been said and bring the discussion into focus. Examples of summarizing responses are:

- “In summary, what you’re saying is...”
- “As you see it, it all boils down to...”
- “From all that you’ve said, you seem most concerned about...”
- “If I understand correctly, the biggest issue you’re facing right now is...”

Exploring responses help the informant define a situation or explore different aspects of a situation. For example, you might ask, “how would you describe the problem as you see it now?” or “what led you to make that particular decisions?” or “how would you assess the situation at this point in time?”

Active listening should be employed throughout the interview, to ensure that you are documenting the informant’s experience accurately.

Diminishing Personal Bias

It is impossible for any reviewer or interviewer to eliminate all personal bias in data collection, as we all have bias of which we are yet unaware. It is most important for you to examine the degree to which you have expectations concerning the outcome of the study. It is your responsibility to enter the data collection effort as a blank slate upon which informants will write. In the same way, it is important for you to address your fears and insecurities in engaging in the interviews. You may fear being unable to control the open-ended or experiential portions of the interview. As a result, you may overcompensate and fail to allow the informant to share their experiential stories, thereby missing potentially important information. Conversely, you may consider it rude to interrupt informants. As a result, you may allow the informant to direct conversation away from the required information. This can result in incomplete data and very lengthy interviews.

While the SOCPR is designed to access the information most relevant to the case study, the questions do not presuppose certain answers. In the same way, you must be careful when rephrasing questions or probing not to presuppose the answer. It is important to allow the informant to convey their own perspectives, using their own terminology. You can use reflective listening to confirm the essence or meaning of the information. During training, role-playing in the presence of an experienced qualitative interviewer will help you see where you are asking leading questions.

Finally, if the interview is not being tape recorded, you should take the time to write down meaningful quotes. In the case where there is a single reviewer, this usually entails breaking eye contact with your informant. Explain to them that you need to take a few seconds to write down their words, as they are important for providing their perspectives to the findings. When there are two case reviewers present, one should take the lead on interviewing, while the other takes notes and writes down quotes. The co-reviewer can also play an important role in following up on pieces of information that were not thoroughly explored and summarizing key points with the informant at the end of the interview.

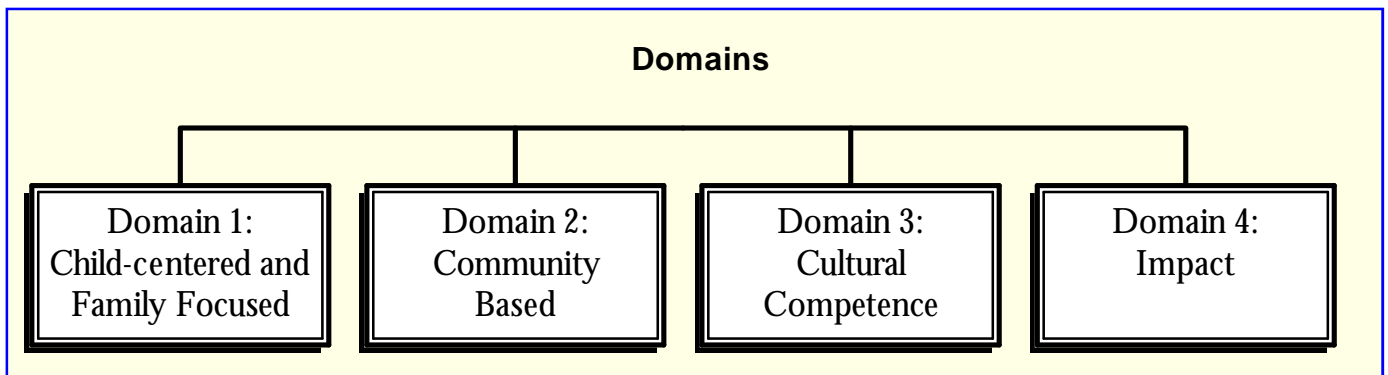
Section 5:**SOCPR Methodology & Protocol**

As we mentioned earlier, the SOCPR protocol is a series of data collection instruments that is used to integrate information from various sources, and is designed to gather varying perspectives on a set of questions related to child and family functioning and system performance. Many of the questions are repeated in each of the interviews. By asking the same question to several interviewees the reviewer is able to assess the various perspectives.

Components of the SOCPR

The SOCPR represents an application of case study methodology in which individual children and their families, along with their helping network of formal and informal providers, provide the primary source of information. The organizational pattern of the SOCPR includes domains, subdomains, measures, and questions. The protocol contains the questions that provide the information relative to the measures. The measures signify characteristics that should be evident for each subdomain, which in turn describe what each domain consists of. The domains are the categories that relate to the core values of the system of care: child and family centered, community based, and culturally competent. A fourth domain has been added that evaluates the impact of services on children and families.

Domains are defined through a series of subdomains that elaborate on the desired characteristics of each domain.



Specifically, each domain is characterized by the corresponding sub-domains which define it. In a system that is *Child-Centered and Family-Focused*, the needs of the child and family dictate the types and mix of services provided. This child-centered and family-focused approach is seen as a commitment to adapt services to the child and family, rather than expecting children and families to conform to preexisting service configurations. 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 managing* is provided to the child and family, assisting in the coordinating and obtaining the needed services.

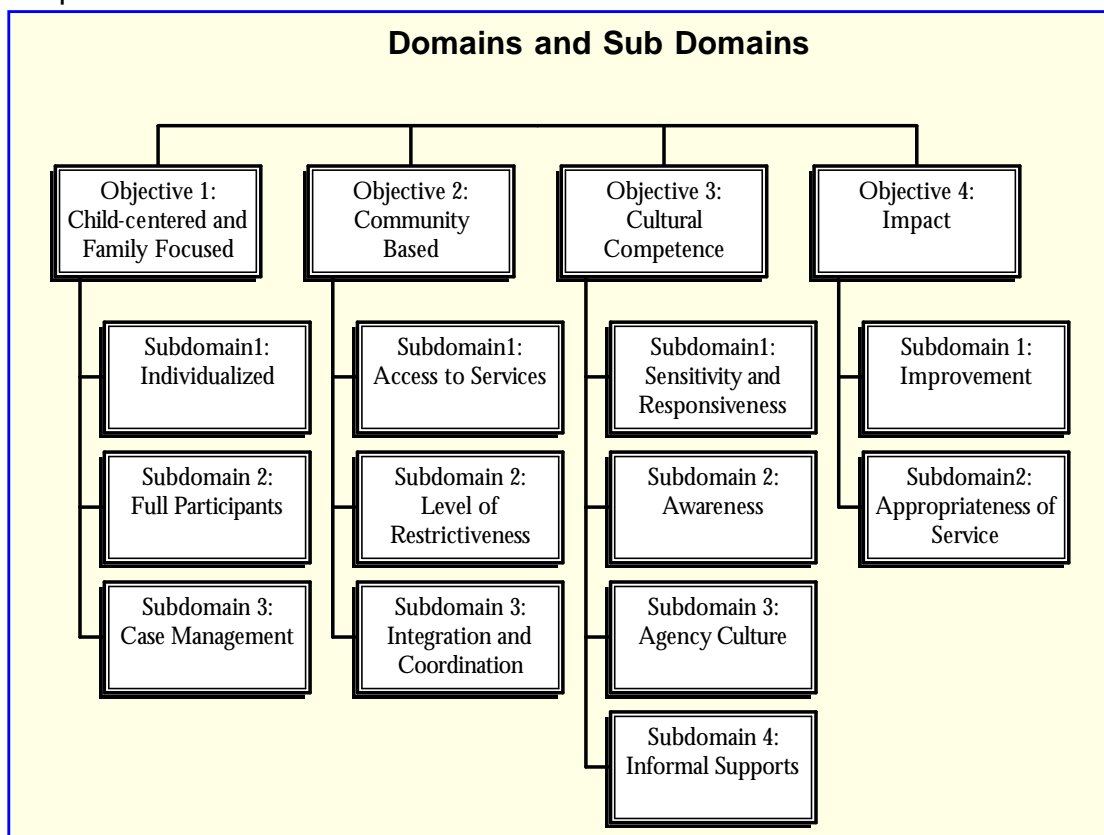
A system that adheres to the belief that services should be *Community-Based*, in that services are provided within or close to the child's home community, in the least restrictive setting possible, and are coordinated and delivered through linkages between public and private providers. In addition, early identification and intervention for children with emotional disturbances should be promoted in order to enhance the likelihood of positive outcomes.

A system that demonstrates *Cultural Competence* is responsive to the cultural, racial, and ethnic differences of the population they serve. This means that 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 of the population they serve, and are *sensitive* and *responsive* to the cultural, racial, and ethnic differences of their population. This means that diversity is valued and acknowledged by service provider's efforts to meet the needs of culturally and ethnically diverse groups within the community. Furthermore, inclusion of *informal* supports in service planning and delivery is evident.

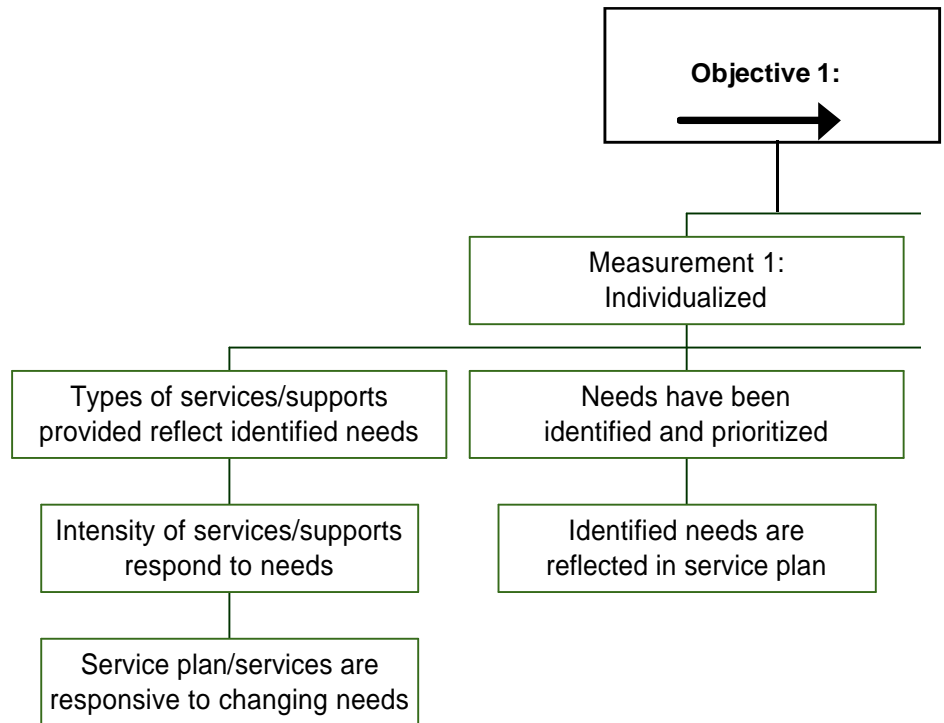
Finally, a system that has implemented a system of care philosophy also assumes that the implementation of its principles at the practice level produces positive *impact* for children and families receiving services. This domain was

incorporated in order to evaluate the impact of services on children and families. 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 and have *improved* their situation.

The following illustration depicts the four domains, along with the features of the corresponding subdomains used to determine the degree to which the principles of the SOC are being implemented. Taken individually, these elements allow us to examine the presence or absence of the features of each principle. Taken in combination, they speak to how effective the site has been in implementing each specific system of care principle overall. As a result, the findings can more specifically detail the site's successes and challenges in implementing the system of care principles.



Each subdomain is defined through specific measures that serve as indicators relative to the level of implementation. Each measure is assessed through a series of questions posed to the various informants thus providing a holistic view of the service system at the practice level. The questions serve as indicators to measure the extent to which, at the practice level, services are being delivered following the system of care approach. For example, for the child-centered and family-focused domain, a set of questions pertaining to individualization, participation, and case management was developed. This approach was repeated for the other three domains.



Detailed Description of the SOCPR Protocol

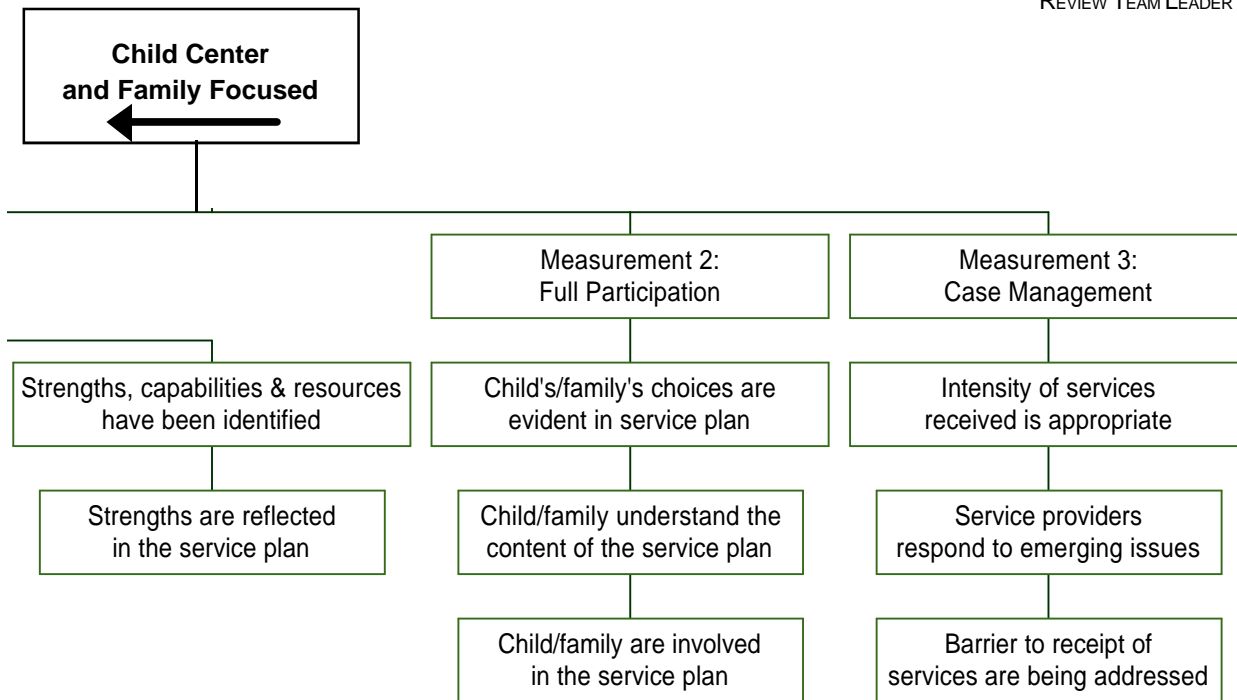
The protocol is organized into four major sections and a set of preliminary forms.

- Section 1: record-keeping instruments
- Section 2: document reviews
- Section 3: interviews
- Section 4: summative questions

Preliminary Forms:

Informed Consent: The informed consent must be discussed, explained, and signed prior to initiation of any interview. Some individuals may also request to see the primary caregiver’s signed release of information before their participation. This should be provided as it demonstrates a respect for the family’s privacy. The SOCPR does not contain an Informed Consent Form, as these are specific to each site.

Screening Tool: The screening tool identifies individuals who the primary caregiver identifies as helpful to the child and the family. Because the SOCPR was designed to assess families’ perspectives regarding their experiences with services, a participatory approach is used in the configuration of the family cases. As



part of the screening process, the target child's primary caregiver is asked to identify their lead case manager, if there is one, and list the providers involved with their child and family. Furthermore, the primary caregiver is asked to rank the providers in order of importance. Individuals with the highest ranking are then interviewed regarding their role in assisting the child and family. The same process is repeated in the identification of informal sources of support. Completing the screening tool requires that the reviewer:

- ö Be as complete as possible in identifying information (*i.e.*, full name, address, phone numbers, agency), as the individual responsible for scheduling appointments will need this information.
- ö Be as specific as possible in responding to the question "How does this person help your child and your family?"
- ö Make sure that at least one informal helper is listed. This may require some prompting.
- ö Remember to ask the primary caregiver to rank the supports listed

Section One

Section one contains the record-keeping instrument. This section is comprised of the child's Demographic Information instrument, which is designed to create a "snapshot" of the child's current service situation. (Refer to SOCPR) This instrument is designed to create a "snapshot" of the child and the current service situation. Although mostly self-explanatory, some reminders may be helpful in its completion.

- An effort should be made to fill in all the blanks.
- It is good practice to confirm all the information with the child (if old enough) or the caregiver.

For confidentiality purposes, participants are identified by an I.D. number. Once the demographic profile is completed and an I.D. number is assigned, the profile is removed and filed in a secure location by the Review Team Leader.

Section Two

Section two includes criteria for reviewing case records (e.g. case treatment plans, individualized educational plans, etc), and is comprised of the case Document Review Summary and the Document Review. The Document Review Summary requires the reviewer to provide a brief case history based on the review of the child's file. The summary contains information pertaining to all of the service systems the child and family may be involved with including special education, mental health, juvenile justice, child welfare, etc. The case Document Review provides the reviewer with important background information on the child and family, including the process they have been engaged in while seeking help, milestones in their progress, unresolved issues, and unmet needs. This instrument is completed prior to conducting any interviews as the information obtained assists the case reviewer in conducting a more thoughtful interview.

It also provides evidence of family participation in planning or securing of services. Conflicting reports of historical events can be addressed in subsequent interviews. (Refer to pages 1-5 of the SOCPR)

Document reviews should be completed prior to interviews, whenever possible. Such a review provides the case reviewer with important background on the child and family, including the process they have been engaged in while seeking help, milestones in their progress, unresolved issues, and unmet need. Armed with this information, the reviewer will be aware of issues specific to that family and ultimately conduct a more thoughtful and prepared interview.

It is important to keep in mind that not all records are created equal, and they will most likely look different in each agency visited. There are, however, some “rules of thumb” to keep in mind.

- (1) What is the current plan for this child/family?
- (2) What brought this child/family to the attention of the primary agency?
- (3) What progress has been made with this child/family?

If a record does not appear to be meeting the intent of the case study process, ask the case manager or the site coordinator if there is a possibility of the existence of another file. Sometimes family information is kept separate from official documentation. The reviewer needs the record that can answer the basic questions stated above.

Service plans take on many forms. In order to complete that section of the document review look for any document that lists goals or steps. It may be in the form of a letter or a court document. With a child welfare case, it may be labeled as a permanency plan, or a P.L. 96-272 document. With a juvenile justice case it may be a condition of probation document from the court. Locate the most recent “plan”, as it should reflect current efforts and strategies.

Progress notes may offer an explanation for how the child or family originally accessed services. This information may also be included in a psychological evaluation or psychosocial history. These documents most often include sections labeled social history or family history. If several such reports are available, attempt to locate the earliest, as it is usually the most complete and is referenced in later reports.

Most progress notes are kept in chronological order (some have the most recent in the front and work back, and others have the most recent in the back). Whichever the case may be, the reviewer needs to review the progress notes until there is a clear understanding of what is currently being addressed with the child and family in question.

Look to see if any documents offer evidence of family participation in planning or securing of services. This may also be reflected in case manager progress notes. Look for any lapses in contact with the family, and try to determine why this may have occurred.

Keep in mind that there may be conflicting reports regarding historical events. Make either a mental or actual note of any such discrepancies and follow-up in subsequent interviews.

Section Three

Section three consists of the interviews for the primary caregiver, the child/youth, the formal provider, and the informal provider. The interview portions of the SOCPR are designed to gather data in each domain. The primary task is to combine quantifiable data from semi-structured questions with qualitative explanations provided by the informant. The SOCPR provides an opportunity for the case reviewer to probe concerning issues that speak to the specific research questions. The case reviewer is expected to remain true to the spirit and intent of each question and set of questions, while rephrasing where necessary. It is possible to deviate from the specified order of the question, although emphasis is placed on ensuring that all questions are answered and data are as complete as possible. Direct quotes are considered to be valuable information and should be included whenever appropriate and possible. (Refer to pages 6-58 in the SOCPR)

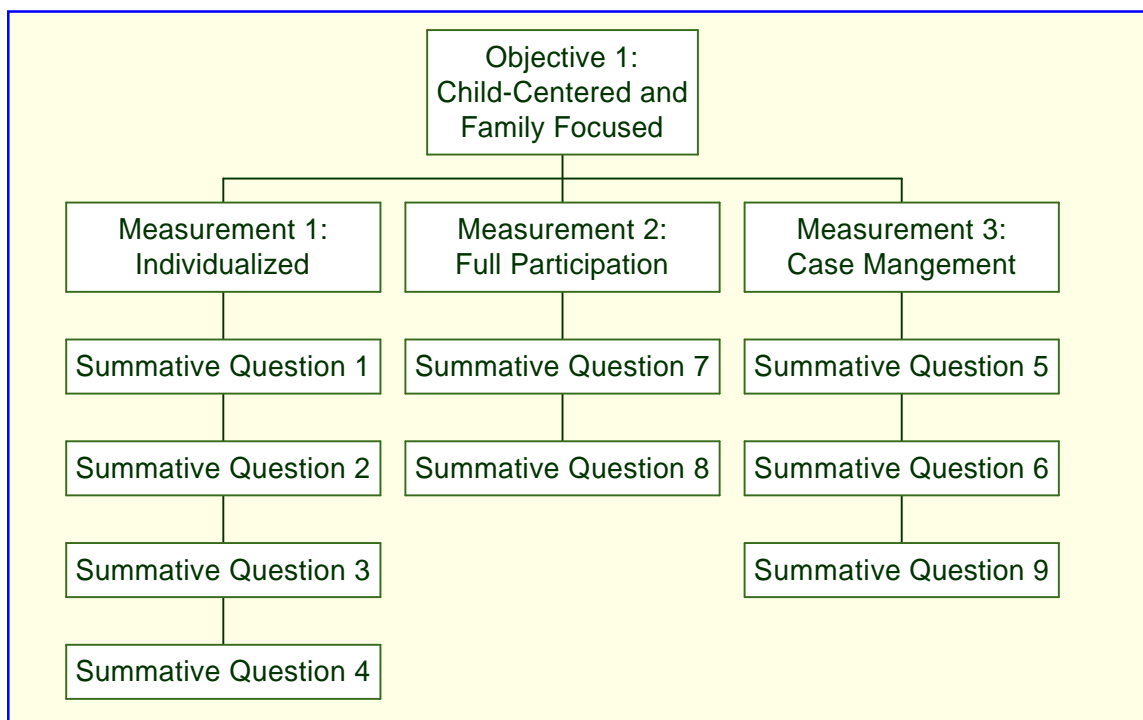
The interview portions of the SOCPR protocol were designed to guide the reviewer in the data collection process and address the purpose and objectives of the research. The primary effort is to combine quantifiable data in the form of semi-structured questions with probing designed to elicit an explanation from the informant. Rather than an exhaustive list of questions, the interview portions of the SOCPR provide an opportunity for the reviewer to probe concerning a variety of issues that speak to the research questions. The case reviewer should remain true to the spirit and intent of each question and set of questions, while rephrasing where necessary. It may also be necessary to rephrase questions or ask them in an order that strays from the protocol. However, it is the responsibility of the case reviewer to ensure that all questions have been asked and answered and that explanations have been provided. Direct quotes are valuable information and should be included whenever appropriate and possible. It is important to obtain the most complete data possible.

Section Four

Section four contains the Summative Questions. This section includes 24 questions based on the system of care principles. These questions correspond with the SOCPR domains. This section requires the case reviewers to summarize and integrate the information obtained through the document review and the series of interviews for a particular child and family. The summative questions call for the reviewer to rate each objective and give a brief narrative that supports their rating. To assist the reviewer, summative questions contain an Index detailing the specific information obtained from either the Document Review and/or Interviews that correlate with each particular summative question. Using the Index as a guide, the re-

viewer is asked to rate the application of each of the system of care principles for the case they have reviewed and to offer their assessment of the service system. The reviewer is also asked to provide a rationale for the rating. This allows an opportunity for the reviewer to note observations and provide examples or report concerns. (Refer to pages 59-80 in the SOCPR)

The Summative Questions section of the SOCPR protocol requires that the case reviewer integrate the information obtained through the record reviews and the series of interviews for a particular child and family. This section consists of 24 summative questions based on the SOC principles (i.e., child-centered and family-focused, community-based, cultural competence). The following graphic shows each domain and subdomain with the corresponding summative questions.



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