Review Team Member Training Manual
Revised May 2009

SYSTEM OF CARE PRACTICE REVIEW - REVISED

Finding your way in a local system of care

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System of Care Practice Review

**Review Team Member
Training Manual**

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Contents

This training manual is designed for use by individuals preparing to serve as reviewers in conducting a System of Care Practice Review (SOCPR). It serves as an introduction to the SOCPR by providing a general, conceptual, and philosophical understanding of the origin and purpose of the review. Understanding the purpose of the SOCPR and the philosophy behind it are critical to conducting a successful review and must remain at the forefront of the reviewers' thinking as they complete the specific steps involved. This manual also identifies and describes the various activities involved in implementing the SOCPR and guides reviewers through each step of the process toward a successful review.

Recognizing that reviewers need to possess and apply a particular set of skills to complete data collection for the SOCPR, this manual provides instruction and information concerning semi-structured interviewing. It also offers practical suggestions for dealing with common difficulties in the course of completing the review and an understanding of the practical applications of the SOCPR as an evaluative tool.

> ### *This training manual is designed to:*
>
> 1) Familiarize individuals with the case study process employed in the SOCPR,
>   *and*
> 2) Prepare them to conduct the SOCPR in a community setting.

Training Objectives

The training manual is divided into six segments, corresponding with the following training objectives:

1) Understand the background, purpose, and primary applications of the System of Care Practice Review (SOCPR)

2) Understand the system of care (SOC) as a concept and a philosophy

3) Understand the design and components of the SOCPR

4) Understand the roles and responsibilities of the review team

5) Understand the steps and activities involved in implementing the SOCPR

6) Learn and practice the skills necessary to successfully complete the SOCPR

Training Sessions

This manual is most effective when used in combination with SOCPR training sessions. Training sessions are conducted for the purpose of enhancing inter-rater reliability and the validity of ratings for the SOCPR. Training sessions involve:

- Reviewing the SOC philosophy,

- Communicating the purpose and objectives of the SOCPR,

- A thorough review of implementation procedures,

- Practice using qualitative interviewing techniques, and

- Hands-on use of the SOCPR protocol and the rating/scoring system.

Given that a portion of the data collected in the SOCPR is qualitative in nature (i.e., relying on open-ended or attitudinal questions and subjective evaluations), training sessions offer case reviewers specific training in conducting semi-structured interviews. Without such thorough preparation, reviewers may fail to probe and/or overlook information that provides the context or the "how" and "why" of the closed-ended or quantifiable responses. Training also prepares reviewers to conduct face-to-face interviews, which require a repertoire of interpersonal skills to help put the informant at ease with the interview, while still ensuring that all of the questions are answered.

Training sessions also provide important guidance designed to assist reviewers in exercising due professional care in situations that may occur during the case review process, requiring an appropriate response, special assistance, or a deviation from the general protocol. Such a response or deviation might be required in a situation where the primary care giver or child have immediate needs related to their safety, as in cases of domestic violence.

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Training Objective 1

Background and Purpose of the SOCPR

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

> *SOCPR Objectives*
>
> - Document experiences of children and families
>
> - Document adherence to the System of Care (SOC) philosophy by direct service providers and the system
>
> - Generate recommendations for improvement

SOCPR Primary Applications

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

1) At the service provider level it guides ongoing staff training and service planning; identifies opportunities to improve specific aspects of service delivery; and provides insight into service features that promote high family satisfaction regarding service providers.

2) At the program level it identifies inconsistencies in the implementation of SOC values and improves outcomes.

3) At the system level it identifies gaps in service access and/or coordination that prevent families from obtaining the help they need and highlights the need for improve cultural sensitivity and responsiveness in the service system in order to increase the overall effectiveness of services.

Definition of a System of Care

The System of Care concept was first defined by Stroul and Friedman in 1986, offering a new paradigm in response to calls for reform in children's mental health that had been voiced since the 1960's. As Stroul (2003) outlined, reform was needed at that time because:

- Most children with mental health needs were not receiving mental health services,

- If served, children were often placed in overly restrictive settings,

- The continuum of services was typically limited to outpatient, inpatient, and residential treatment,

- Child-serving systems that were jointly responsible for children with mental health needs (e.g. mental health, child welfare, juvenile justice) were not working together,

- Families were not typically involved in the services their children were receiving and were often blamed for that lack of involvement, and

- Agencies and systems demonstrated little awareness or responsiveness to cultural issues related to the children and families they were serving.

Stroul and Friedman proposed a solution to these problems in the form of a system of care, which they defined as a comprehensive spectrum of mental health and other necessary services organized into a coordinated network to meet the multiple and changing needs of children and adolescents with severe emotional disturbances (Stroul & Friedman, 1994). A system of care represents a guiding philosophy for service planning and delivery, rather than a prescription for which services should be provided. The SOC philosophical framework consists of a core set of values and guiding principles that assist service providers in meeting the needs of children and youth with SED and their families. Built into a system of care is the belief that all life domains, strengths, and needs should be considered in the provision of services. While the components of individual systems may vary, they are all grounded in these core values and principles.

SOC Values and Principles

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

1) Child-Centered and Family-Focused - In a child-centered, family-focused system, services are individualized and are based on the needs of the child and family. The child (to the extent possible) and family have been included as full participants in the development of the service plan. Effective case management is provided to the child and family, thereby assisting in the coordinating and obtaining of needed services.

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

2) Community-Based - Services are provided within or close to the child's home community, in the least restrictive setting possible, and are coordinated and delivered through linkages between public and private providers. In addition, early identification and intervention for children with emotional disturbances are promoted to enhance the likelihood of positive outcomes.

3) Culturally Competent - A system that demonstrates cultural competence is responsive to the cultural, racial, and ethnic differences of the population it serves. More specifically, diversity is valued and acknowledged by service providers' efforts to meet the needs of culturally and ethnically diverse groups within the community. Service systems that are culturally competent are aware of their own culture, as well as the culture of each family they serve. Additionally, these systems are sensitive and responsive to the cultural, racial, and ethnic identity of each child and family. For a comprehensive discussion on systems of care, see Stroul & Friedman (1994) or Pires (2002).

> *A system of care recognizes that child and family needs often do not fit pre-defined service models or a "one size fits all" approach and that for services to be beneficial, they must be individualized to the needs and strengths of a family. Families must also become full partners with formal system providers and informal supports in creating a plan for services. In a SOC, formal providers in areas including mental health, juvenile justice, and child welfare partner with a family and their informal supports (i.e., other family members, friends, neighbors, clergy) in developing an individualized service plan that builds upon the unique strengths and needs of the child and family. The plan is then implemented within the family's community and in a way that is consistent with their culture and language.*

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

SOC Guiding Principles

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

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

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

Need for the SOCPR

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

The following section provides examples of how systems implement the SOC core values and guiding principles at the practice level. The mean ratings from the SOCPR are also included as an indicator of how well the system implemented the specific SOC principles. For an explanation of the rating system, consult the section titled "Scoring the Protocol" under Training Objective 5.

Examples of SOC Values and Principles Apparent within a SOC

Access to a Comprehensive Array of Services

One system submitting to the SOCPR was determined to be effectively implementing the principle of access to services, receiving a mean rating of 6.6. Families in this system reported that that services were provided in a comfortable and convenient setting and their provider made every effort to accommodate their needs. This system offered multiple service locations, based on the needs of the families and scheduled services conveniently for 18 out of 21 families. Given that the service locations and times offered were flexible, families were able to fit them into their daily routines. This system failed to fully adhere to this principle, by falling short of accommodating unique circumstances, for only a few families with specific issues surrounding transportation and scheduling.

Services are Individualized

In another review, a system was determined through the SOCPR to be only moderately effective (mean rating of 5.3) in creating individualized service plans. Thirteen out of 21 families underwent a thorough assessment and their needs and strengths were included as part of their treatment plans. This system fell short of adhering to the principle with eight families, however, by failing to include and prioritize all of their identified needs into the service plan and failing to integrate their strengths when creating the treatment plan and goals. These families' expressed needs were not included in the plan, they disagreed with the needs identified by the provider, or their needs were addressed in response to crises rather than the result of a thorough assessment.

Services are Integrated and Coordinated

In one reviewed system, service integration and coordination was fairly consistently implemented (mean rating of 6.1). In this system, the service providers acted as the service coordinators, working in the field to support families through communication, as well as providing hands-on intervention and coordination with other service providers as needed. The rapport and close relationships built between the providers and the children and families they served promoted effective integration and coordination. However, the provider was never officially designated as the service coordinator, at least not in the eyes of the families. In addition, two families did not believe their provider fulfilled the role of coordinator consistently or comprehensively.

Case Management is Provided to Ensure Coordination and Navigation

One system received a neutral rating on case management (mean rating of 4.0), with only four out of 16 families reporting that the service coordination and intensity was appropriate. In this system, children were not receiving services that fit all of their needs and the providers' perceptions of the children's needs were not congruent with the parents' perceptions. This was due to the fact that the focus of the services was on the child's mental health needs and did not encompass the needs of the entire family or address all of the life domains. The services were limited and were not responsive to the emergent needs of the families. Plans were generally updated every 90 days, based on agency rules, rather than undergoing updates to correspond with changing needs of the families.

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*Based on a 7-point scale, where 1 is *Disagree Very Much* and 7 is *Agree Very Much*

Reviewer SOC Skill Test

As a test of understanding and recall of the previous materials, reviewers are asked to read and answer the following questions and then review those answers with their SOCPR trainer.

Questions	True	False
1. In a system of care, parents are involved in all decisions regarding service delivery.		
2. In a system of care, services provided are based on preexisting service configurations.		
3. Service components of a system of care are consistent across communities and states.		
4. A core value of community-based services is that all services must be provided within the community.		
5. In a system of care services and supports are provided, if necessary, to the parents to enhance their coping skills.		
6. Most agencies and systems (outside of a system of care) have addressed barriers to services and/or outcomes due to cultural differences.		
7. Cultural competency is inherent in a system of care.		
8. In a system of care, decisions about the mix of services to be offered should be made at the state level due to funding issues.		
9. A system of care specifically addresses the child's mental health needs.		
10. Parents and caregivers are not qualified to participate in service planning and delivery.		
11. Coordination, continuity, and movement within the system through an integrated multi agency network of services are essential to a system of care.		
12. It is possible to have an effective system of care without case managing.		
13. A system of care promotes early identification and intervention for children with emotional disturbances in order to enhance the likelihood of positive outcomes.		
14. If a child is receiving services in a residential setting, there is no need to involve the parents in the service delivery process		
15. Transitioning into the adult service system requires purposeful linkages with relevant adult agencies by a system of care.		
16. Child advocacy efforts are outside the realm of a system of care.		
17. The "system" in a system of care includes all formal providers of services.		
18. A system of care only utilizes formal systems of care and support.		
19. Cultural awareness in a system of care requires service providers to be aware of their own culture.		
20. In a system of care, if a child has behavior problems in school, school personnel may participate in planning services for the child but may not dictate those services.		

Case Definition and Selection

The unit of analysis in the SOCPR is the family case, with each case representing one example of how the system or organization is implementing services and adhering to SOC values and principles. The family case consists of: (1) a child involved in the system of care, (2) the primary caregiver (e.g., biological parent, foster parent, relative caregiver), (3) the primary formal service provider (e.g., lead case manager, mental health counselor, teacher), and (4) primary informal helper (e.g., extended family member, neighbor, friend of the family).

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

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

For the purposes of the SOCPR, a primary formal service provider must be identified by the service system implementing the review. Often the primary formal service provider selected is the lead case manager. This individual has typically spent the most time on the case and is the most knowledgeable about the family. If there are a number of formal service providers serving the family, the primary caregiver may be asked to rank the providers in order of importance, with the highest ranked individual being asked to participate as the formal service provider in the interview process. The same ranking process may be repeated in the identification of the primary informal helper. In some instances, the agency or system participating in the review may choose to complete two formal provider interviews as part of the case, especially when one of the formal service providers is employed by the agency participating in the review and the agency is seeking opinions of service system partners about SOC implementation.

The primary caregiver is likely to serve as the principal source of information in the SOCPR, as this person has direct daily contact with the child and is the conduit through which services are delivered, especially in the case of the young child. The formal service provider interview and the document/file review are also key sources of information. They often provide some chronological context to the process of service delivery, as well as a valuable perspective concerning family participation. Although very important to the findings, interviews with the child/youth and those providing informal help are not always possible. In some cases, the child is too young to participate

in an interview, or it is otherwise inappropriate. In addition, some families do not grant access to informal helpers, or these individuals are unavailable or unwilling to participate in the assessment.

Data Sources

In order to assess the degree to which system of care principles are operationalized at the level of practice, the SOCPR relies on data gathered from multiple informants through the use of file reviews and face-to-face interviews. The key informants for the SOCPR include: youth, primary caregivers, formal service providers, and informal helpers identified by the family as important to their well being. As previously stated, these data sources constitute the family case, which is the unit of analysis in the SOCPR.

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

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

Components of the Protocol

The SOCPR protocol is organized into four major sections:

Section 1 - Includes the child's demographic information.

Section 2 - Guides the case records review.

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

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

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

Section 2 – Document Review
Section 2 includes guidance for reviewing case records (e.g. case treatment plans, individualized educational plans, family support plans) and is comprised of the Case History Summary and the

Current Service/Treatment Plan. A Case Timeline is also included for situations in which it is helpful to map out event and service histories.

The Case History Summary provides the reviewer with an opportunity to record a brief case history based on a review of the child's file. It organizes information pertaining to all of the service systems with which the child and family may be involved (e.g., special education, mental health, juvenile justice, child welfare). It also summarizes major life events, the people involved in those events, the outcome of interventions, and the child's present status.

The Current Service/Treatment Plan is a template for recording information regarding the services and informal supports that the child and family are receiving. It is a means of recording information regarding treatment goals, service type, location, provider, frequency, duration, and family involvement.

Section 3 – Interview Protocol

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

Each of the four domains includes several subdomains that define the domain in further detail and represent the intention of the corresponding SOC core value. These subdomains also serve as indicators of the extent to which the core value guides practice. Each subdomain is further defined through specific measurements, determined through a series of questions posed to the various informants. The questions serve as indicators of the degree to which services are being delivered at the practice level in accordance with the SOC approach.

The four domains and their subdomains are:

1. *Child-Centered and Family-Focused:* The needs of the child and family determine the types and mix of services provided. This domain reflects a commitment to adapt services to the child and family, rather than expecting the child and family to conform to preexisting service configurations. It includes three subdomains: Individualization, Full Participation, and Case Management. Through these subdomains, the review reflects the effectiveness of the site in providing services that are individualized, independently of how successful they have been in including families as full participants, or in providing effective case management.

    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, such that the type and intensity of services are appropriate, and that services are driven by the families' changing needs over time.

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

   Early Intervention: Early identification and intervention for children with emotional disturbances enhance the likelihood of positive outcomes by addressing maladaptive behaviors and preventing problems from reaching serious proportions. This refers both to providing services before problems escalate, in the case of older children, or providing 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.

   Minimal 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.

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

   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 that context impacts their lives. Awareness of the cultural background of the families served refers to service providers' ability to place families within relevant 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 also relevant to the treatment process.

Sensitivity and Responsiveness: Culturally competent service systems are aware of their own organization's culture and the culture of the 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.

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.

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

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, meaning they have met the needs of the child and family.

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

Section 4 – Summative Questions

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

Considering the four domains and the features of their corresponding subdomains individually reveals the presence or absence of the features of each principle. Taken collectively, they reveal how effective the site has been in implementing each SOC principle overall. The findings can therefore specifically detail the site's successes and challenges in implementing the system of care principles.

Review Team Selection

Prior to data collection, a review team leader and reviewers are selected. The number of reviewers required varies based on the number of cases being reviewed, the timeframe for completion, and available funding. All review team members should have experience in the field of children's mental health, be familiar with the philosophy underlying the SOC, and have received specific training in qualitative data collection methods and interviewing techniques, as well as in conducting the SOCPR.

Case reviews may be conducted using single interviewers or paired teams, both of which have advantages. The use of single interviewers allows more case reviews to be completed in a given amount of time, while the use of paired teams provides additional opportunity to validate the information collected and may contribute to the review team's sense of safety when visiting unfamiliar neighborhoods and homes. However, the use of paired teams is the more expensive option and therefore may not always be financially feasible.

It would be appropriate for reviewers to have some familiarity with the system being reviewed, yet no vested interest in the outcome of the evaluation. Depending on the reviewers' familiarity with the site, family confidentiality may need to be more heavily emphasized to ensure that families feel comfortable speaking freely.

The ideal team would include members who have experience or knowledge in working within each of the primary service systems (i.e., child welfare, juvenile justice, mental health, and special education). It is helpful for reviewers to have an expressed interest in case study research and to 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 to integrate various sources of information (Yin, 1994). Specific professional degrees or work experience are not required, as 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 team of reviewers with diverse experience and backgrounds can focus their expertise to determine the most pertinent pieces of information gathered during the site visit.

Team Leader Roles and Responsibilities

The team leader is responsible for coordinating the various aspects of the study and supervising the activities of the team members, while typically also serving as a reviewer. The team leader provides training, facilitates team debriefings, and supports the team members in implementation tasks. It is also typically the responsibility of the team leader to facilitate the data collection process, which may directly involve identifying and contacting families to participate in the SOCPR or at a minimum, assisting in or supporting this aspect of the review. The team leader may also be responsible for data management, data analysis, and reporting review findings. Specific duties may vary depending on the needs and requirements of each site.

Typical Team Leader Responsibilities

Initial Training:
- Identify and contact individuals to be trained as case reviewers
- Prepare training logistics (i.e., location, schedule, materials, equipment, etc.)

Recruiting:
- Contact families
- Obtain informed consent prior to interviews
- Schedule interviews
- Contact families' providers to explain the process and set up interviews

On-Site Training and Supervision of Team:
- Conduct orientation with case reviewers
- Provide assistance to case reviewers as needed in gaining access to records and informants, completing protocols, managing data, etc.
- Schedule and conduct debriefings

Data Analysis and Report:
- Analyze data
- Write report and make recommendations based on findings

Arrange Initial Training

Initial training will vary depending upon the experience of the reviewers with the SOCPR. 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.

Training needs will also vary depending upon the level of experience reviewers have with semi-structured interviewing and handling multiple sources of data. A training spanning one or two days may be appropriate and will provide reviewers an opportunity for role playing and resolution of any outstanding questions or issues.

Schedule and Hold SOCPR Orientation

Prior to data collection, the review team leader will hold an orientation with the team in preparation to implement the SOCPR. The orientation is an opportunity to complete the following tasks:

- Ensure that case reviewers are prepared in terms of materials, appointments, and directions.

- Ensure that paired reviewers coordinate their schedules and make arrangements for meeting at or traveling to interview sites.

- Review scheduling to ensure that it facilitates completion of the document review and all informant interviews for a family case in one day, if at all possible.

Arrange Meeting Space

The team leader typically identifies a designated space or locations for reviewers to conduct record reviews and hold team meetings.

Select Cases

Families are selected based on site-specific pre-established criteria. Once selected, the team leader or another member of the review team meets with each family to complete the screening forms that designate their formal and informal supports (i.e., the family's key informants). A few alternate cases should be selected in the event that a particular family is unavailable at the time of data collection or refuses to participate.

Obtain Informed Consent

Prior to the arrival of the review team, each interviewee should have the opportunity to decline participation. The team leader sometimes prefers to be the person on the team who assumes responsibility for explaining to parents and their children their rights in terms of participation in the review and obtaining their signature on the informed consent forms. Preparation of the informed consent forms and HIPAA privacy forms are the responsibility of the site review team and should be written in conjunction with their affiliated university (if any) or with ORC MACRO policies.

Schedule Appointments

The team leader can either accept full responsibility for the scheduling of appointments or delegate this to case reviewers or other available staff. It is helpful to use a master schedule to avoid overlapping appointment times. Important guidelines for scheduling appointments include:

- Schedule time for reviewers to conduct the records review prior to their first interview.

- Schedule one child and family case per day for each reviewer.

- Schedule interviews based on a 90 minute complete time, plus travel time.

- Provide reviewers with maps and/or directions to interview sites. Include the informants' telephone numbers where available.

- Avoid scheduling interviews on the final day of the review, as team members may be traveling.

Schedule and Hold Debriefings

The team leader facilitates team debriefings, which provide an opportunity for reviewers to discuss as a team their personal reactions to the information they have collected and address conflicting information. Debriefings are usually held in the evening to allow team members to discuss the day's events. Team leaders are encouraged to create a forum in which each reviewer has the opportunity to

discuss his/her findings and feelings. Debriefings are useful for the team to begin to identify trends and patterns in the data.

Ensure Protocol Completion

The team leader is advised to encourage reviewers to complete and check their SOCPR protocols on a daily basis or as soon as possible after each case review to prevent them from forgetting important information. Protocols are complete when:

- All questions are answered, even if the answer is "Don't Know" or "Not Applicable,"
- A complete response has been provided for all open-ended questions,
- Handwritten notes are legible and comprehensive,
- Initial coding is completed, including the Summative Questions, and
- Necessary follow up interviews have been completed or are scheduled for completion.

Data Analysis

The team leader will be responsible for the compilation and analysis of the data collected during the site visit. In preparing for data analysis, team leaders consider whether it would be necessary to:

- Review the protocols 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

Report Writing

The final report on findings should be prepared in a format that meets the needs of its intended audience and facilitates their use of the information. It is especially helpful if the report is written from a strengths-based, action-oriented point of view. Once the report is completed feedback should be solicited from the intended audience to ensure that it meets their needs.

Reviewer Roles and Responsibilities

Review team members are responsible to prepare for data collection and to ensure quality completion of all work products. Team members assist each other throughout the review process, with the collective goal of completing the required tasks in a timely manner. The following represent the primary tasks case reviewers must complete before and during the review:

Complete SOCPR Training

Training sessions on the SOCPR are held to ensure accurate administration of the protocol, as well as to enhance inter-rater reliability and the validity of findings. The training involves a review of the SOC philosophy, as well as the purpose and objectives of the SOCPR. Training also provides team members an opportunity to practice interviewing and complete rating questions using mock vignettes. An online training opportunity is also available for the SOCPR, at http://logicmodel.fmhi.usf.edu/resources/socprr. This tutorial is designed to provide an overview of the SOCPR process and the SOCPR protocol. It is helpful if case reviewers complete this tutorial prior to attending training sessions.

Attend SOCPR Orientation

The review team meets to review the SOCPR, including the underlying philosophy and objectives and individual questions on the protocol. This meeting 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 team leader. This orientation is sometimes combined with face-to-face SOCPR training sessions.

Conduct Case Reviews

Each case reviewer is expected to complete an assigned number of cases based on site-specific needs, requirements, and time restraints. Ideally, reviewers will be responsible for no more than three family cases in one week, with each case consisting of a series of interviews and record reviews. When possible, all interviews for a child and family case should be completed in the same day, allowing the reviewer to begin fresh with a new family the following day. Evening is generally reserved for team debriefings and to review protocols for completion.

While face-to-face interviews are preferable, telephone interviews are an option to accommodate busy schedules or to minimize travel. Telephone interviews are less desirable, as they eliminate the context provided by home visits. However, at no time should case reviewers subject themselves to unsafe circumstances for the purpose of collecting data.

Attend Debriefings

Team debriefings are generally conducted in the evening and provide an opportunity for reviewers to discuss their personal reactions to the information collected. It is not uncommon for multiple informants to offer different perspectives on the same issue. Debriefings may help individual reviewers sort out conflicting information, thereby increasing their confidence when making sense of the data.

Complete Protocols

Upon completion of a case, reviewers code the items on the protocol and complete the Summative Questions. Ideally, reviewers will complete and check their SOCPR protocols, including the Summative Questions, on a daily basis or as soon as possible after each case review. To avoid forgetting important information, it is essential that reviewers not allow too much time to pass between the site visit and the completion of the protocol. In completing the protocol, reviewers must:

- Ensure that each question is answered, even if the answer is "Don't Know" or "Not Applicable,"
- Provide complete responses to all open-ended questions (with all handwritten notes being legible and comprehensive),
- Complete initial coding of the data, and
- Conduct any necessary follow-up telephone interviews that were not completed during the site visit, or to clarify overlooked questions in the protocol.

Review team members can and should support one another through the review process by:

- Sharing tips
- Sharing or demonstrating skills
- Problem solving
- Helping make phone calls

Training Objective 5

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

Case Identification and Recruiting

The family cases to be included in the SOCPR are typically identified by the review team leader, who also makes the initial contact with the primary caregiver. The team leader provides the primary caregiver with an overview of the purpose of the SOCPR and extends the invitation to participate. Once the primary caregiver agrees to participate, the contact information is given to the review team member assigned to complete the interview, with that team member typically taking responsibility for scheduling the interview.

Preparing for Data Collection

To successfully complete the data collection activities for the SOCPR, reviewers must be familiar with the components of the review and the various steps involved in its implementation. It is also important for reviewers to be familiar and comfortable with the sections and organization of the case study protocol. To assist reviewers in achieving this goal, the various sections of the protocol have been color coded.

There are several important and practical steps involved in preparing for data collection that help to ensure successful completion of a review. Prior to starting data collection, reviewers should:

- Review the interview schedule,
- Prepare driving directions,
- Collect and bring phone numbers, map, and written directions,
- Collect and bring the following forms: a signed copy of the Participant's Release of Information, informed consent forms, protocol, extra copies of these and other forms,
- Bring necessary equipment: extra paper, mechanical pencil or several pencils and erasers,
- Be prepared to reimburse families for their time and participation or inform the family when to expect payment,
- Dress comfortably, yet professionally (casual business attire is most appropriate), and
- Address any concerns about personal safety by having someone familiar to the area (e.g., case manager) provide escort to the family home or call ahead to request that a family member watch for your arrival.

Obtaining Informed Consent

Prior to conducting interviews, reviewers must ensure that the primary caregiver has signed the informed consent form. If this has not occurred already, it is important for reviewers to read and discuss the informed consent with the primary caregiver and explain the limits of confidentiality, as well as mandatory reporting requirements. The same rights of confidentiality should also be explained to other individuals participating in interviews. Should these individuals request to see the primary caregiver's signed release of information prior to their participation, this request should be granted, as a means of demonstrating respect for the family's privacy. It is important to note that the SOCPR protocol does not contain an informed consent form. These forms are unique to each site and are therefore developed separately to reflect the specific confidentiality requirements/needs of each site.

The reviewer may need to enlist the help of the primary caregiver in identifying key informants, if this has not already occurred. If there are multiple providers involved with the case, the reviewer will typically ask the primary caregiver to rank these individuals in order of importance, with the highest ranked individual(s) being interviewed for the SOCPR. The same process is repeated in the identification of informal sources of support.

When identifying informants, the reviewer must:

- Obtain the necessary information to schedule appointments with the identified individuals (i.e., full name, address, phone numbers, agency name).

- Obtain a specific response to the question "How does this person help your child and your family?" (to determine if the person is a formal provider or informal helper)

- Ensure that at least one informal helper is listed, unless the family states that no informal helpers are involved with their family or they are unwilling to include informal helpers in the review process.

Administering the SOCPR Protocol

The sections of the protocol to be completed are described below. Each section is color coded to make the protocol more user-friendly. The colors used for each section are indicated in parentheses.

Section One (Pink) – Demographic Information
This section is designed to provide an overview of the child demographics and the current service situation. 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 to ensure the family's confidentiality.

When completing this section, reviewers should make an effort to fill in all the blanks and confirm the accuracy of the information with the child (if old enough) or primary caregiver.

Section Two (Purple) – Document Review
Section two includes the protocol for reviewing case records (e.g. case treatment plans, individualized educational plans, etc).

The reviewer has an opportunity to provide a brief Case History Summary based on the review of the child's file. This summary references all of the service systems with which the child and family are involved (i.e., special education, mental health, juvenile justice, child welfare).

The Current Service/Treatment Plan guides the reviewer in collecting information in the records regarding the extent to which service planning and delivery have been reflective of SOC values and principles.

The Summary of Goals, Services, and Supports documents the type, setting, provider, and frequency of each service provided, as well as the participants involved.

Completing the Document Review prior to conducting interviews ensures that the reviewer is familiar with the issues specific to the family and ultimately helps the reviewer conduct a more thoughtful and prepared interview.

The format in which reviewers are likely to find case records will vary widely across agencies. While these records will vary in appearance and organization, the following key pieces of information should be included and are of importance in completing the SOCPR:

- The current service / treatment plan for the child/family
- The events or circumstances that brought the child/family to the attention of the primary agency
- The progress that has been made in addressing the needs of the child/family

If a record does not address the items listed above, the reviewer should ask the case manager or the site coordinator if another file exists, as information that identifies the family or information specific to a type of service system (such as education) may be kept separate from other official documentation.

To complete the Current Service/Treatment Plan, the reviewer should look for any document that lists goals or steps for the child/family. It is important to locate the most recent plan, as it will reflect current efforts and strategies. In addition to a Mental Health Service Plan, other possible forms this plan may be found in include:

- A letter or court document
- A "permanency plan" or a P.L. 96-272 document in child welfare cases
- Probation documents in juvenile justice cases

Progress notes are a possible resource for information as to why and how the child or family has accessed and/or utilized services. This information may also be included in a psychological evaluation or psychosocial history, typically in sections labeled "social history" or "family history." If several such reports are available, the reviewer should attempt to locate the earliest, as it is usually the most complete with regard to early history and is referenced in later reports. Most progress notes are kept in chronological order, working either from most to least recent or vice versa, and provide information as to what is currently being addressed with the child and family in question. When examining the progress notes, reviewers should take specific note of the following:

- Evidence of family participation in planning or securing services

- Evidence of any lapses in contact with the family and the reasons for those lapses

- Conflicting reports concerning historical events for the purpose of following up on the information during interviews

Section Three (Green, Orange, Blue, Yellow) – Interview Protocols

Section three consists of the interviews for the primary caregiver (Green), the child/ youth (Orange), the formal provider (Blue), and the informal helper (Yellow). The interview portions of the SOCPR are designed to gather data in each of the previously identified domains, with the specific questions guiding the reviewer in the data collection process to address the purpose and objectives of the study.

While the protocol at first may seem long and daunting, it is designed to enable reviewers to complete each interview within 60 – 90 minutes. In order to do so, reviewers need to come to each review highly prepared and need to be effective in moving the interview along, while capturing all of the necessary information. Suggestions for completing interviews within 60 – 90 minutes include:

- Know the questions you are going to ask and their purpose

- Maintain control of the interview – be ready to kindly redirect respondents if they get off track

- Use probing questions only as needed to obtain sufficient information to answer the Summative Questions

- On most open-ended questions, summarize the information by paraphrasing what the respondent says. Write down verbatim responses only when the respondent is particularly effective in articulating important information

- Use the bulleted text to probe for more information only when needed

- Draw on answers from previous questions to help quickly complete questions designed to obtain similar information

- Direct respondents' requests for help during the interview to their Case Manager/ Service Provider

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The protocol is designed to make it as easy as possible to gather data/evidence through semi-structured interviews in which qualitative explanations are provided by the informants. While the case reviewer is expected to remain true to the spirit and intent of each question and set of questions, the reviewer will likely need to rephrase at times and probe for further information to address specific research questions. It is also acceptable to deviate from the specified order of the questions when this best facilitates the informant's ability to provide useful information. Direct quotes are considered to be valuable information and should be included whenever appropriate and possible. It is important to enclose direct quotations inside "" to clearly indicate which recorded responses are quotations versus summaries or paraphrases of responses.

Section Four (White) – Summative Questions

Section four contains 39 Summative Questions (see Example 1) corresponding to the SOCPR domains and subdomains. This section requires case reviewers to summarize and integrate the

Example 1

5/1/07

System of Care Practice Review

 USF UNIVERSITY OF SOUTH FLORIDA

Louis de la Parte
Florida Mental Health Institute

Summative Questions

DOMAIN 1: Child-Centered and Family-Focused: The needs of the child and family determine the types and mix of services provided.

IA. INDIVIDUALIZED - The development of a unique service plan for each child and family in which their needs and strengths are assessed, prioritized and addressed across life domains.

ASSESSMENT / INVENTORY

1. **A thorough assessment** or inventory was conducted **across life domains.** ☒ **Check Most Appropriate on Scale Below**

	-3	-2	-1	0	+1	+2	+3	
Disagree	Disagree Very Much ☐	Disagree Moderately ☐	Disagree Slightly ☐	**Neutral** Neither Agree nor Disagree ☐	Agree Slightly ☐	Agree Moderately ☐	Agree Very Much ☐	**Agree**

☐ **Don't Know**
☐ **Does Not Apply**

EXPLAIN RATING BELOW

INDEX

	Page #	Question #
Document Review	10	1, 1a, 3
Primary Caregiver Interview	18	5, 6
Child/Youth Interview	31	5
Formal Provider Interview	42	1, 4
	43	5
Informal Helper Interview	56	8, 9

information obtained through the record reviews and the interviews conducted for each family case.

The Summative Questions call for the reviewer to provide a rating for each statement and to give a brief narrative in support of that rating. Individual ratings serve as indicators of the extent to which the elements of the measures (e.g., individualized, full participation) are being implemented. In the final analysis, ratings for each measurement are clustered and considered in conjunction with reviewers' narratives to determine an overall rating for the domain/subdomain, indicating the extent to which the subdomains of that domain are being achieved.

An index (see Example 2) is provided with each Summative Question to direct the reviewer to the source(s) of the information in the protocol that addresses the question (e.g., Document Review and/or specific interview questions). The organizational structure of the protocol also serves to aid the reviewer in locating relevant information. Each section of the protocol is organized by domain and subdomain, with the domain and subdomain being specified at the top of the page (see Example 3). If other questions in the interview relate to the domain/subdomain addressed on a given page, they are referenced in a shaded box at the bottom of the page (see Example 4).

Example 2

INDEX		
	Page #	Question #
Document Review	10	1, 1a, 3
Primary Caregiver Interview	18	5, 6
Child/Youth Interview	31	5
Formal Provider Interview	42	1, 4
	43	5
Informal Helper Interview	56	8, 9

SOCPR-R Summative Questions

Example 3

USF UNIVERSITY OF SOUTH FLORIDA
Louis de la Parte
Florida Mental Health Institute
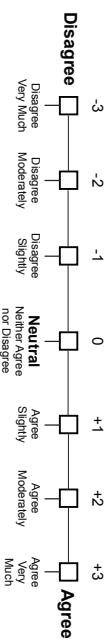
System of Care Practice Review

Summative Questions

DOMAIN 1: Child-Centered and Family-Focused: The needs of the child and family determine the types and mix of services provided.

IA. INDIVIDUALIZED - The development of a unique service plan for each child and family in which their needs and strengths are assessed, prioritized and addressed across life domains.

Example 4

For summative ratings, also see #28 - #30 (plans and services provided in preferred language).

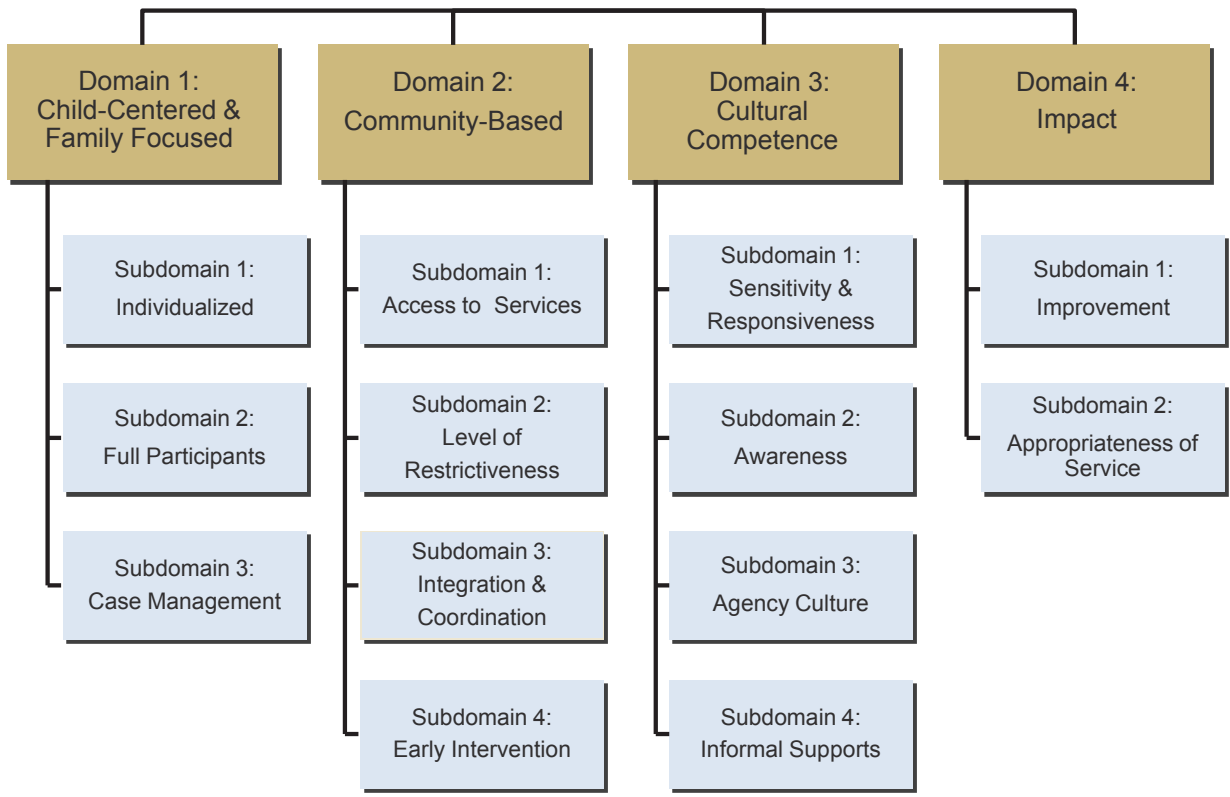SOCPR-R Primary Caregiver Interview   27

Guidance in Obtaining Responses for Domains, Subdomains, and Measurements

The SOCPR's structure guides case reviewers through the Domains, Subdomains, and Measurements that yield information regarding implementation of SOC values and principles. As stated earlier, the SOCPR measures four domains of service: Child-Centered and Family-Focused; Community-Based; Culturally Competent; and Impact. Each of the four domains is decomposed into subdomains related to the SOC guiding principles (e.g., the SOC guiding principle "services are individualized" corresponds to the SOCPR subdomain "individualized). The SOCPR Subdomains are further decomposed into measurements of practice. These measurements of practice represent the smallest unit of interest. A measurement is a statement describing what the domain and subdomain look like when they are practiced.

```
System of Care          <------>   SOCPR
Core Values                        Measurement
                                   Domains
     |                                  |
     v                                  v
System of Care          <------>   SOCPR
Guiding Principles                 Subdomains
                                        |
                                        v
                                   SOCPR
                                   Measurements
```
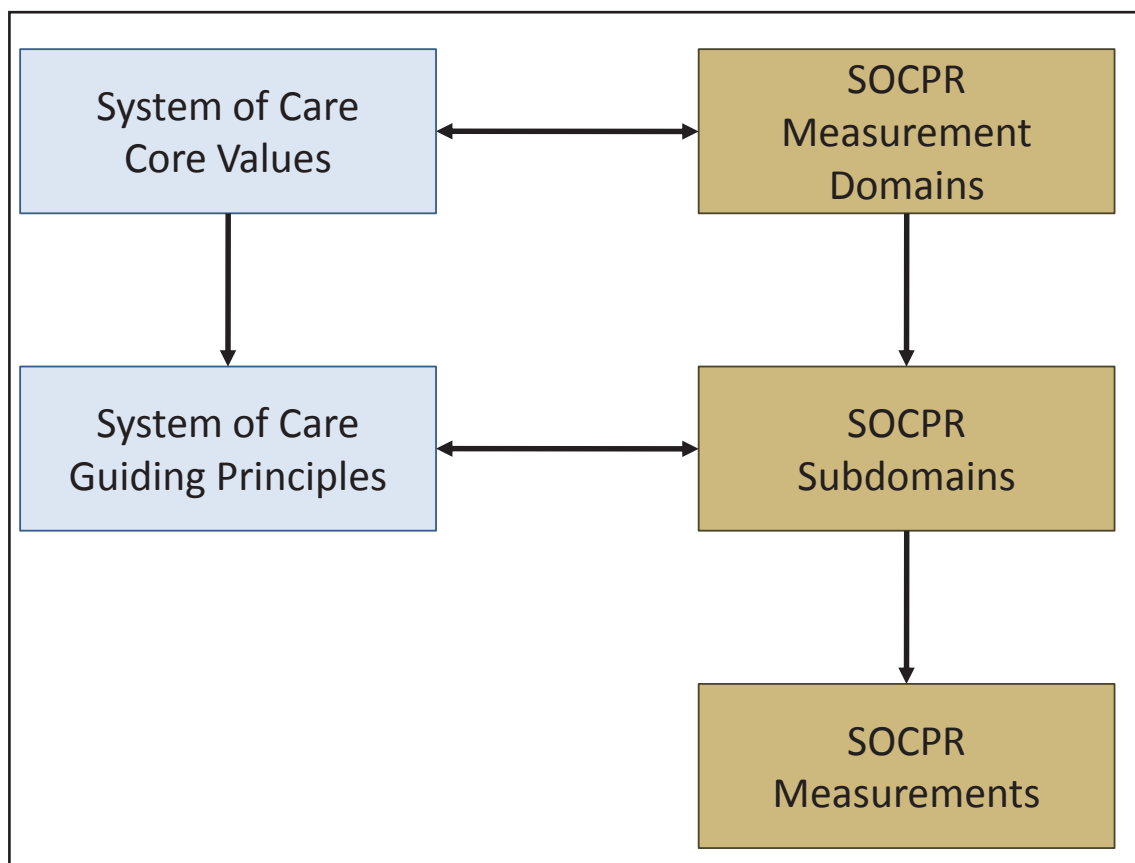
As case reviewers progress through the SOCPR, there are guiding questions that they can ask themselves related to appropriate questioning and probing of those being interviewed, as well as when completing the Summative Questions. The following information is not meant to be a replacement for SOCPR questions, but rather a supplement that can aid in comprehensive data collection and summative ratings.

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Domain 1: Child-Centered & Family Focused	Domain 2: Community-Based	Domain 3: Cultural Competence	Domain 4: Impact
Subdomain 1: Individualized	Subdomain 1: Access to Services	Subdomain 1: Sensitivity & Responsiveness	Subdomain 1: Improvement
Subdomain 2: Full Participants	Subdomain 2: Level of Restrictiveness	Subdomain 2: Awareness	Subdomain 2: Appropriateness of Service
Subdomain 3: Case Management	Subdomain 3: Integration & Coordination	Subdomain 3: Agency Culture	
	Subdomain 4: Early Intervention	Subdomain 4: Informal Supports	

Child-Centered and Family-Focused: Individualized

- Assessment/Inventory
  - o Are all life domains covered in the assessment, not just problem areas?
  - o Are different respondents really talking about the same life domain but using different words? (child support payments may or may not be thought of as a financial or legal need)
  - o Did families and providers agree about what their greatest need was?
  - o Were respondents able to identify strengths easily? Were they really sharing strengths? ("He's good at getting in trouble")
  - o Were strengths for the entire family identified?
- Service Planning/Delivery
  - o Did a single integrated plan exist? Were therapist, Behavior Analyst, IEP, or other provider plans integrated?
  - o Recognize that an integrated plan does not mean other providers cannot keep their individual plans
  - o Are goals really tied to needs? Is the connection clear?
  - o Are strengths really tied to goals? Does the connection make sense?
  - o Were strengths acknowledged in a variety of ways? Even if not formally documented, could you tell if strengths-based language was used by team members?
- Types of Services/Supports
  - o Are services logically connected to needs?

- o Do services incorporate identified strengths where appropriate?
- o Do services allow for the development/building of strengths?
- o Are services put into plans used because they are available (even if not really what is needed)?
- o Are alternate sources of service sought out? Was creativity used?
- Intensity of Services/Supports
  - o Were communication lines open among all team members?
  - o Were short-term resources or services that can fill the gap during wait-list times used? Explored?
  - o Were other providers on the team assisting with intensity issues?
  - o Were creative solutions to barriers (such as transportation) found?
  - o Was intensity being adjusted as needs, strengths, and team members changed?

Child-Centered and Family-Focused: Full Participation

- Meetings occurred when child and family members could be there?
- Formal providers were invited regularly?
- Informal helpers were invited regularly?
- Was meeting held in place that allows formal providers or informal helpers to make meeting?
- Were all team members involved in discussions?
- Were child/family able to explain in their own words the needs, strengths, goals?
- Did child/family understand how services will help them (Could they explain? Did they get the connection?)?

Child-Centered and Family-Focused: Case Management

- Did the file have copies of providers' individual plans? Were they incorporated into the case management plan?
- Was there ongoing communication with formal providers and informal helpers to facilitate the integrated plan?
- Did the case manager understand the array, intensity, and idiosyncrasies of all services and supports?
- Was the plan revisited regularly? For short-term cases, was the review regular enough to be helpful? Were needed services and supports engaged early in the case timeline to achieve maximum usefulness?

Community-Based: Early Intervention

- Were assessment services arranged as soon as the case opened?
- Were system partners and other informants contacted to support appropriate assessment?
- Were prevention/diversion services and supports used to address developing needs?
- Were strengths developed/built to be used to address needs?
- Were ways to address barriers to service delivery explored or implemented? (wait lists, eligibility criteria, time, finances, etc.)

Community-Based: Access to Services

- Were meetings offered on weekends, early mornings, or nights if needed?

- Is the home the best place? Did the case manager consider this issue?

- Was a school, a park, a local restaurant, a friend's (informal helper?) house, other provider's office a place to meet?

- Were other team members (providers) flexible as to time and location?

- Was a translator needed? (was it best to use the child?) Did the case manager check to make sure family understands content even if they refuse translator?

- Was there access to written documents in needed languages?

Community-Based: Minimal Restrictiveness

- Did the providers assume the home was the best place?

- Were distance/transportation/financial issues considered?

- Did the case manager seem to know what other providers' facilities were like?

- Were there alternate providers who were most appropriate and least restrictive?

Community-Based: Integration and Coordination

- Were a variety of communication methods (face-to-face, email, phone, fax, etc.) used?

- Were regular contacts scheduled?

- Were team members available to help out if a new need or support arose?

- Was the case manager coordinating and including all team members or doing all of the work themselves?

- Was the child/family given tasks to empower and develop skills?

Culturally Competent: Awareness

- Could the child/family identify their own culture, values, beliefs, lifestyle?

- Could the providers describe their own culture? Did they seem able to communicate that culture to the child/family?

- Could the provider identify what the family thinks makes someone healthy or sick? (e.g., the role of nutrition, exercise, medications)

- Could the provider find commonalities between their own culture and the child/family's to use as ways to help the child/family? Or to help their understanding of why the child/family thinks or did the things they did?

Culturally Competent: Sensitivity and Responsiveness

- Did the provider use their knowledge of the child/family's culture in talking to family, in deciding which services to use, in identifying providers and informal helpers?

- Did the provider educate other team members about the child/family's culture?

- Did the provider recognize when their own culture was affecting ways in which they interact with the child/family or other providers?

- Did the provider share aspects of their own culture with child/family when appropriate?

Culturally Competent: Agency Culture

- Did the provider provide child/family with agency documents (emergencies, contacting team members, available services, etc.)?
- Did the provider provide child/family with other team members' documents (therapist phone number, address, hours, etc.)?
- Did the provider remind child/family about them at team meetings?
- Did the provider have extra copies handy?
- Did the provider ask child/family if they understood documents, how to get help, expectations about continuation of services, etc.?
- Was the provider willing to help family navigate other providers' agency expectations?

Culturally Competent: Informal Supports

- Did the provider ask child/family about their willingness to include informal supports and document results?
- Did the provider start this process early—especially for short-term cases?
- Did the provider consider family members, neighbors, teachers, coaches, friends, faith community members?
- Did the provider include informal supports (as child/family is comfortable) in team meetings, services, supports, communication efforts?
- Did the provider recognize that comfort with and use of informal supports reflected child/family culture and honored child/family's decisions?

Impact: Improvement

- Did the child/family meet all of the goals in the plan? Some of them?
- Did the child/family develop coping skills to help them in their daily life?
- Did the child/family learn how to navigate their services and advocate for themselves? Do you see evidence of child/family empowerment?
- Have needs been reduced or eliminated?
- Have strengths been developed or expanded?
- Was the case active long enough to see change?

Impact: Appropriateness

- Did the child/family get the types of services they needed? Was the intensity appropriate?
- Were the providers involved in the team appropriate for the child/family?
- Were informal supports identified and included as appropriate?
- Was the length of time the case was active appropriate for this child/family?

Scoring the Protocol

Each Summative Question is rated on a scale of –3 (disagree very much) to +3 (agree very much). This scale corresponds to a sequential 7-point scale (as shown below), which is used to derive mean ratings for each subdomain and domain in the final data analysis.

-3	-2	-1	0	+1	+2	+3
1	2	3	4	5	6	7
Disagree Very Much	Disagree Moderately	Disagree Slightly	Neither Agree nor Disagree	Agree Slightly	Agree Moderately	Agree Very Much

When scoring the Summative Questions, reviewers are instructed to utilize the following checklist to ensure the accuracy and validity of the final ratings:

- When determining the score for a specific question, start scoring at zero (neutral)
- Then consider the following questions:
  1. Does the data point in a positive or negative direction along the continuum?
  2. How much evidence/information is available to make a determination as to direction?
  3. Does the data clearly support one direction over another? (positive vs. negative)
- The strength of the rating (+/-) depends on the amount of evidence or supportive data available
- Minimal information or evidence one way or another should motivate only a small deviation from neutral, such as a rating of ±1
- A great deal of evidence in one direction or another warrants a more definitive score (±3)
- **Remember** that ±3 represents the most ideal (if positive) or the most exemplary case for that Summative Question (as a positive OR negative example).
- When the evidence is substantial but not overwhelming, consider ±2.

Note that the SOCPR requires the reviewer to compile information from multiple sources, and the reviewer might interview as many as four informants in one day, as well as extract data from a case file. Reviewers therefore 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 gathering of data from multiple sources, the reviewer must be skilled and prepared to ensure effective implementation. Reviewing margin notes (including quotes) recorded during the interview is often helpful when completing the Summative Questions.

The most common difficulty that arises when collecting data from multiple sources is the emergence of what appears to be contradictory information. Sometimes conflicting accounts are easy to reconcile. Other conflicts may arise as legitimate differences of opinion among informants. Individuals' memories of the same past events may be 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.

When determining the appropriate score in the face of conflicting evidence, the following steps serve as a useful guide:

- Consider the following questions:

    1. How many sources provide information that supports a positive position on this topic? How many provide negative?

    2. To what degree was the source of information reliable (e.g., honest, open, consistent)?

    3. Are the outliers compelling? Do they differ from the other evidence on a particularly important point or issue?

- Review the data sources and questions referred to in the index for additional information, taking into account relevant data from other questions not listed in the index (for example, a caregiver's answer to one question actually provided information about two others)

- Remember: Only if evidence for a positive or negative rating cannot be found should a zero or neutral rating be assigned. Neutral ratings are rare and usually result from inadequate probing during the interviews or the lack of an in-depth record review.

When faced with conflicting data, the following presumptions are also useful:

- Evidence obtained through direct observation is more reliable than evidence obtained indirectly.

- Testimonial evidence obtained under conditions where interviewees can speak freely is more credible than testimony obtained under conditions in which second-party influence was present.

- A competent source whose testimony is not contradicted by other evidence is sufficiently reliable.

- Evidence from multiple sources supporting a finding is more compelling than evidence gathered from a single source.

Reviewers should use their best 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 on a specific case, the reviewer should provide a written detailed explanation of the matter in the case protocol.

> ### Hint
> Keep the Summative Questions in mind as you conduct the interviews to ensure that you are collecting sufficient information to provide a rating. You are looking for a preponderance of evidence that SOC values and principles are being practiced.

Compensating Participants

Upon completion of each interview, the reviewer is responsible for thanking the respondent and ensuring that he/she is compensated for their time and participation in the review. The actual form or amount of compensation will be determined by the system or organization sponsoring the review. Possible options include a gift certificate, money order, and cash. If the respondent will not be compensated at the time of the interview, the reviewer should inform them as to when they should expect to receive compensation.

Data Analysis

After the individual reviewers have completed the Summative Questions for each of their cases, the data for the review will be analyzed, typically by the team leader. Data analysis in the SOCPR requires the information collected for each domain to be integrated and final ratings or "domain scores" to be determined, with higher scores indicating that the service planning and delivery described in a given case was more consistent with system of care principles.

After the individual summative ratings are completed, a final rating is determined for each subdomain by calculating the average of the scores within that subdomain. The Domain Rating is then derived by taking the average of final ratings from each subdomain. As an example, for the Child-Centered and Family Focused Domain, final ratings are calculated for subdomains: Individualization, Full Participation, and Case Management. These three scores are then averaged to determine the Child-Centered, Family-Focused Domain Score. All of the final ratings are supported and explained in the final report using the information gathered in the Document Review and interviews, including direct quotes where appropriate.

Once the ratings are completed for each family, the data are analyzed across the family cases to provide the overall findings for the system being reviewed. The responses from the interviews are examined and analyzed for emerging patterns/trends. In order to be considered a trend, a minimum of 50% of the cases must provide similar information. To verify the level of congruency between the ratings and the explanatory responses, findings from each are compared. Finally, the results are interpreted to generate a set of conclusions regarding the extent to which the local system is planning and delivering services consistent with SOC values and principles.

Reliability and Validity

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

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

The SOCPR was revised and updated in 2005. Reliability studies on the revised version are currently underway.

Providing Feedback

Upon completion of the SOCPR data analysis, a report is prepared for the service provider and/or system under review and is tailored to meet the needs and requirements of the intended audience (e.g., funding agency, service sites, stakeholders). Feedback is solicited by the review team from the intended audience to ensure that the final report meets their needs.

When Preparing to Provide Feedback

- Identify the audience

- Determine the method(s) of providing feedback (i.e., verbal or written) based on the needs and preferences of the audience

- Determine what to include in the feedback based on the intended audience and their expressed needs

- Support ratings with respondents' explanatory and verbatim responses (i.e., qualitative data)

- Determine recommendations based on a preponderance of data and major themes

- Make recommendations that address the expressed needs of the system and their objectives in submitting to the SOCPR

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

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

Use and Application of SOCPR Findings

The findings of the SOCPR often clarify issues that facilitate or hinder efforts to improve service delivery and outcomes and are therefore useful in guiding service providers and systems in making quality improvements, while implementing a system of care. The findings of the SOCPR have been used by both individual agencies and service systems to assess the degree to which SOC principles are guiding practice. Results from the SOCPR highlight successes and challenges at the level of the individual service provider, team, program, and system.

At the service provider level, the SOCPR is helpful in guiding ongoing staff training and program planning, thereby providing an opportunity for the program or system to improve specific aspects of service delivery. It also provides insight into the service features that promote high family satisfaction with service providers. For example, in one review, families were very satisfied

with service providers who provided a personal service approach (e.g., flexible hours for meetings and emergency response) and believed that this approach contributed greatly to their children's improvement.

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

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

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

Training Objective 6

Reviewer Skills

Given the rigorous nature of conducting SOCPR case studies, it is helpful for reviewers to have an expressed interest in the specific nature of the review process, as well as 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 also need to have an awareness of their personal biases, as these can have a profound effect on the information they collect and the findings that are generated. Case reviewers benefit from the ability to 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 during an interview.

In the course of implementing a SOCPR, reviewers must be able to establish and maintain rapport with respondents while navigating semi-structured interviews. Reviewers will need to multi-task to ensure that they ask all of the questions in the protocol, while simultaneously conveying to the respondent that they are listening and writing down verbatim responses to capture critical pieces of information.

Professionalism

Reviewers are expected to present themselves professionally in their dress, mannerisms, and the courtesies they extend to respondents. The most appropriate attire for conducting reviews is casual business. Traditional office attire, such as suits and dresses, are professional yet excessive for most interview situations and jeans and t-shirts are too casual. Reviewers are expected to be polite and respectful of all respondents, as they would be in any professional situation.

Building Rapport

Communication skills are essential in building rapport with informants. Communication involves speaking, listening, eye contact, body posture, and facial expressions. A good interview is a good conversation — one that is interesting, flows well, and demonstrates respect for the interviewee's time, dignity, and good will. The task for the reviewer is to engage informants in conversation and encourage them to talk about their experiences with the service system, while ensuring that the SOCPR questions have been answered. By allowing families the opportunity to talk about their experiences, reviewers demonstrate interest and sincerity. Using the informant's words in successive questions or probes aids in promoting the relationship and conveying to the informant that they are being heard and that there is a degree of understanding of their context and world view.

Reviewers should be courteous when visiting a family's home and demonstrate flexibility in terms of the setting of the interview. However, if the setting established is not conducive to completing the interview effectively, the reviewer should suggest or ask for a more appropriate alternative. If noise is an issue, the reviewer is advised to ask for a quiet place to talk. It is also important to be clear with the family as to how long the interview will take. If young children are present, it may be helpful to bring a "bag of tricks" (e.g., stickers or crayons and paper) to provide a distraction that will facilitate the completion of the interview.

Over the course of the interview, the reviewer will have opportunities to establish rapport with the informant. The reviewer's style of questioning should reflect a deep respect for the informant and convey appreciation for their participation. 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.

Semi-Structured Interviewing

Prior to conducting a review, it is important for review team members to understand the nature of the information they will be collecting. While conducting interviews that require closed-ended responses (i.e., yes/no or multiple choice) tends to be straightforward, collecting data using open-ended questions 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 or be uncertain if the question has been answered sufficiently. 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.

A benefit of collecting data through semi-structured interviewing is 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 for participating families. The richness of qualitative data relates to the in-depth descriptions that are nested in a real context and are useful in revealing and explaining nuanced situations.

Asking Questions
The protocol provides reviewers with a complete set of questions to ask each respondent. It is designed to obtain specific information and guide how questions are phrased, while not being the only approach. To maintain rapport and promote the sharing of information, reviewers may need to modify questions in the course of the interview to correspond with the flow of the conversation and refrain from duplication. To accomplish this, reviewers should employ good listening skills, as discussed in the next section.

If uncomfortable with the process of conducting interviews using open-ended questions, 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 to do while maintaining an interactive style that builds rapport and is therefore conducive to the informant's comfort with sharing personal information.

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 ways in which they are conveyed, including tone, body language, and facial expressions. There are two levels of meaning to listen for:

1) Content – the literal meaning of the information
2) Depth or Feeling – the feelings behind the content

Active listening involves actions that convey to informants that they are being heard, while at the same time confirming the interviewer's understanding of what the informants said. Through active listening, interviewers can express acceptance of an informant's feelings and thoughts and thereby encourage further exploration of those feelings and thoughts. The actions involved in active listening include:

• 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 also involves the use of the following six response types:

1) Clarifying responses
2) Reflective responses
3) Restatement responses
4) Exploring responses
5) Neutral responses
6) Summarizing responses

Reviewers should employ active listening techniques throughout the interviews to ensure that the informant's experiences are being documented accurately.

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

"Can you explain that a little bit more?"
"What do you mean?"
"Could you say more about that?"

When individual respondents do not provide detailed answered in response to the questions provided, reviewers may find it useful to try any or all of the following suggestions:

- Use the bulleted text to probe for greater depth or detail
- Give examples of what you're looking for (e.g., give examples of services they may have been offered)
- Clarify / restate answers in the hope that they will provide more information
- Ask them to tell you a story
- Be aware of non-verbal communication indicating that the respondent is uncomfortable, fearful, or for other reasons unwilling to share
- Wait through the silence – some people need time to think and develop a response

Reflective responses convey to the informant that they are being heard and understood, while also helping the informant to better describe or 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 said and feeding it back to them. In the course of completing a case review, reviewers may apply this technique with clarifying questions, such as:

"Is it correct to say that you have a good relationship with your child's case manager?"

"Do I sense sadness in your voice when you tell me about this experience?" or

"Is it correct to say that you were angry when that happened?"

This gives the informant an opportunity to clarify the meaning of their statement, should the paraphrase fail to capture the essence of the information.

Restatement responses help the reviewer verify the accuracy of their interpretation of the information, while also confirming for the informant that they are being heard and understood. 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?"

Familiarity with the questions in the SOCPR, as well as the domains and subdomains they address, is the best preparation for being able to rephrase questions during interviews, as needed. Other suggestions include:

- Use questions from the youth interview to help you rephrase questions
- Be prepared to use alternate wording, such as:
  - Restrictive = limiting
  - Reflect = show
  - Influence = affect

Exploring responses help the informant define a situation or explore different aspects of a situation. For example, the reviewer might ask, *"How would you describe the problem as you see it now?"* or *"What led you to make that particular decision?"* or *"What are your thoughts about the situation at this point in time?"*

Neutral responses are used by reviewers to convey that they are listening and encourage the informant to continue talking. Examples of neutral responses include:

"I see."

"Uh huh."

"Really?"

"Oh?"

"Tell me more."

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

"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…"

Recording Responses

It will be critical for reviewers to record some of the respondents' comments verbatim throughout the course of the interviews. This will involve pausing and breaking eye contact with the respondent during the interview and taking the time to write down what they say word-for-word in response to specific questions. While such pauses can have a detrimental effect on rapport, preparing the respondent at the beginning of and periodically during the interview will minimize any sense of discomfort with the moments of silence on the part of the respondent or reviewer. Reviewers may explain at the beginning of the interview:

"At certain points in the interview, I will need to take a few minutes to write down what you are saying. It is important that I use your own words because they truly provide the best description of your experience. So I may stop asking questions or ask you to pause and give me a minute before you continue. I may also ask you to repeat something for me, so I can make sure I record it accurately."

When there are two case reviewers present, one can 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.

Choosing which comments to write down should be based on how well the respondent articulates or summarizes the information being provided. The comments will be incorporated later in the review findings to give voice to respondents' experiences with the service system or organization.

Minimizing Personal Bias

While reviewers try to make every effort to enter the review process without bias, it is impossible to eliminate all personal bias in data collection. It is most important for reviewers to examine the degree to which they have expectations concerning the outcome of the review itself and to address their fears and insecurities in conducting the interviews. Reviewers may fear being unable to control responses to open-ended questions within the interview and overcompensate for that fear by failing to allow the informant to share their experiences and stories. The result of overcompensating is that potentially important information will be missed. Conversely, reviewers may consider it rude to interrupt informants and allow them 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, reviewers 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 words. Reviewers should 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 reviewers learn to identify and avoid asking leading questions.

Handling Special Situations in Data Collection

During the course of data collection, reviewers may encounter a variety of special situations requiring an appropriate response, special assistance, or a deviation from the general protocol. A few of these situations are discussed below, with suggestions on how each 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, reviewers are advised to exercise due professional care when confronted with unexpected situations and to seek assistance from the review team and review team leader.

High-risk situation for a child
Should a reviewer observe a high-risk situation that poses an imminent risk to a child's well being, the situation should be reported to the case manager or their supervisor immediately, so that necessary steps can be taken to protect the child. The reviewer should also report the matter promptly to the review team leader.

Other concerns for children or family members that do not involve imminent risks to safety and well-being should be reported to the review team and/or team leader during debriefing. If warranted, the conditions of concern will be reported to the case manager and/ or other local officials by the review team leader.

Concern about a service provider
Should the reviewer identify the actions or intentions of a service provider to be indicative of poor practice, misconduct, or misuse of funds or other resources, these concerns should be reported to the review team and the review team leader. If warranted, the conditions of concern will be reported to the case manager and/or other local officials by the review team leader.

Concern for personal safety

If the reviewer encounters a situation involving risks to personal safety, he/she should withdraw from the situation and seek the input of the review team leader in completing the interviews for that case. When planning to conduct an interview in a home located in a high-crime area, reviewers should schedule daytime interviews, attend interviews in pairs, and/or carry a cellular phone. Reviewers could also choose an alternative location for the interview where the children can play while the parent is interviewed. The goal is to gather necessary information while minimizing safety risks.

Missed interview appointment by interviewee

Should an informant fail to show for a scheduled appointment, the reviewer should wait at least 15 minutes as a grace period and then move on to the next appointment. The reviewer should then call to reschedule the missed appointment, if possible. If another face-to-face interview is not possible, the reviewer should attempt to gather the essential information during a telephone interview.

Reviewer running late for an appointment

Reviewers should avoid being late for appointments whenever possible, as it tends to communicate a lack of respect for the interviewee's time. However, should it be unavoidable, the reviewer should call to inform the next appointment of the change in schedule. If the appointment time cannot be adjusted, the reviewer should apologize for the inconvenience and attempt to reschedule the interview. If a later appointment time is not possible, the reviewer should attempt to gather the essential information during a telephone interview.

Reviewer lost in transit

Should a reviewer become lost while in transit to a scheduled appointment, it may be necessary to stop and ask directions or call the informant to request directions. In rural areas, getting landmark information as part of the directions may be critical for navigation.

Denial of access to records

It is possible for reviewers to be denied access to necessary records during the course of a review. Should this occur, reviewers should attempt to assure the provider that personal details of therapeutic process are not being requested, and that what is of interest are the general terms of interagency relationships, progress, and plans. If possible, releases of information should be obtained by the review team leader prior to the scheduled visit. If the access issues persist, the team leader may need to address the problem with the provider's supervisor or the agency's point person for the review.

Unexpected interruptions

Unexpected circumstances such as illness or bad weather can interfere with the review process. Reviewers who become ill and are unable to make scheduled appointments should immediately notify the review team leader and request relief. At that point the review team leader will make the decision 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, reviewers may need to change appointment locations and/or times to keep face-to-face interviews. If this is not possible, telephone interviews can be substituted where necessary. Reviewers should discuss the particular situation with the review team leader and ask for assistance, if necessary.

Difficult Interviews

Periodically and for various reasons, reviewers will find a respondent difficult to interview. The respondent may be wary of sharing personal information with a stranger, may question how the information is going to be used, may have trouble or feel sensitive about recounting their experiences, may fear giving a "wrong" answer, may be going through a hard time, or may simply be a more reserved person who finds it difficult to open up. In these instances, the reviewer will have to work harder to establish meaningful rapport to complete the interview. The following techniques may be useful:

- Find a common ground – anything that will help the person identify with you (e.g., kids of the same age, overworked, looking forward to a particular holiday)

- Use humor to break the ice and make the respondent comfortable

- Explain the purpose of the interview, including that it may help improve service provision in the long run and that it is not a personal evaluation

- Remind the respondent that there are no right or wrong answers

- Remind the respondent that their information is confidential and that their name will never be associated with anything they share

- Be sympathetic

- Offer to let the respondent take a break

- As a last resort, offer to reschedule

Getting Support

There will invariably be times when reviewers become overwhelmed by their responsibilities in conducting the review, feel ill prepared to perform certain tasks, have trouble completing or get behind with their interviews or ratings. Reviewers may also be hearing emotional stories of substandard services and feel helpless to respond. These are normal occurrences and reviewers should know that this is support when needed. The best source of support may be fellow team members, who may be experiencing similar problems and could benefit from working jointly to resolve them. The team leader should also be relied on for guidance, with the debriefings providing a nightly opportunity during the review to discuss issues or problems as they occur. SOCPR trainers can also be called upon as necessary to provide additional training, clarify issues, and offer helpful hints for completing the review.

Common Mistakes to Avoid
- Reviewer not understanding the question
- Reviewer assuming to know the answers to questions
- Letting the respondent control the pace of the interview

Appendices

APPENDIX A: The SOCPR Companion Quiz

APPENDIX B: Terms and Definitions

APPENDIX C: References

MEASURING THE FIDELITY OF SERVICE PLANNING AND DELIVERY TO SYSTEM
OF CARE PRINCIPLES:
THE SYSTEM OF CARE PRACTICE REVIEW (SOCPR) COMPANION QUIZ

1. The SOCPR was designed to provide a tool for assessing whether system of care (SOC) principles
are operationalized at the level of:

    a. management
    b. theory
    c. practice
    d. all of the above

2. The three core values of a system of care philosophy are:

    _____,

    _____, and

    _____.

3. In a system of care, interagency collaboration is expected at the management and organizational
level, but not necessarily between direct service providers.

    a. True
    b. False

4. The SOCPR uses a _____ methodology that relies on multiple data sources to determine
how existing service systems address and work to meet the needs of individual children and families.

    a). Quantitative
    b). Case study
    c). Face-to-face interview
    d). Ethnography

5. One of the goals of the SOCPR's document review section is for data collectors to "audit" the case
file for completeness and accuracy.

    a). True
    b). False

6. The SOCPR adds one domain to the three core values of a system of care philosophy. It is called _____ and it addresses the expectation that the implementation of the SOC values at the practice level is positive for children and families.

    a). Impact
    b). Thrust
    c). Implementation
    d). Practice

7. A data collector can begin to complete the summative questions as they finish individual interviews.

    a). True
    b). False

8. When asking questions to caregivers or youth, it is necessary to follow up or probe on all of their answers to make sure there is no lost or missing information.

    a). True
    b). False

9. Findings from the SOCPR are reported back to:

    a). Individual providers so that they can see how well their answers matches those of the child and family
    b). Provider agencies so that they can improve their training and modify service delivery
    c). The community's system of care in order to increase adherence to SOC principles in management and organizational arenas
    d). a and b
    e). a and c
    f). b and c
    g). all of the above

10. To complete the summative ratings, data collectors rely on only the document review and the series of interviews with the child, caregiver, formal provider(s) and informal provider.

    a). True
    b). False

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

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

Formal Service Providers (i.e., formal supports): Professionals such as teachers, juvenile probation officers, etc. Usually fee-based or publicly funded, families usually must meet certain qualifications to participate, and the services are not typically available to everyone.
    Examples:
        Big Brothers/Big Sisters
        Professional counselors/therapists
        Guardian Ad Litem
        Dept. of Child Welfare
        Dept. of Juvenile Justice
        Schools/Teachers

Informal Supports: Family friends, supporters and mentors such as neighbors, clergy, and coaches. Their support/services are usually free, they are available in the community to everyone/anyone, and the family can access them on their own.
    Examples:
        Neighbors
        Extended family
        Friend(s) from faith community
        YMCA

Service Intensity: A combination of the number of services provided to a child and family and the amount of interaction with those service providers.

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