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**Rosie D. Feature Article December 2014**

**The Evolution of Client Reviews in Monitoring Massachusetts’**

**Home-Based Service System**

From the inception of the Judgment in Rosie D., monitoring the adequacy, comprehensiveness, timeliness, quality, and durability of the remedial service system was a focus of the all parties – the Court, the Court Monitor, the Commonwealth and the Plaintiffs. The development and implementation of statewide client reviews was one critical way in which to monitor how class members interacted with the new service system, confirm their receipt of medically necessary services, and measure the impact of those services on participating youth and families.

In 2010, the Court Monitor selected a client review tool known as the Community Service Review (CSR). Conducted over the course of two fiscal years (FY2012 and FY2013), the CSR examined the provision of home-based services and wraparound treatment planning to youth and families in all five regions of the state. Statewide findings and recommendations allowed the parties and the Court to comprehensively examine the roll-out of remedial services, demonstrating areas of strength and identifying systemic weaknesses requiring corrective action. Feedback at the provider and regional level, and subsequent CSR results allowed for the measurement of progress across the system over time.

Beginning in the spring of 2013, the Commonwealth was allowed to assume responsibility for the client review process, with the explicit understanding that it would continue to conduct client reviews on an annual basis in a substantially similar form and methodology as the CSR. It promptly replaced the CSR with a new instrument known as the System of Care Practice Review (SOCPR). Developed by researchers at the University of South Florida, the SOCPR is designed to assess fidelity to system of care values and principles. Like the CSR, it uses a case study methodology, employs a sampling process to select youth and families to review, and collects information through a combination of individual records and face-to-face interviews with youth, caregivers, providers and others.

The SOCPR collects information under four broad domains: 1) Child-centered, family focused care; 2) Community-based; 3) Culturally Competent; and 4) Impact. Scores for each question in each domain falls within a continuum ranging from 'disagree very much' to 'agree very much', with 'don't know' and 'neutral' as possible responses. Because the SOCPR employs a different protocol and scoring methodology, switching to this process prevents any direct comparison with the preceding two years of CSR results.

Following an initial training period, five SOCPR regional reviews were conducted in 2013 and 2014 (FY2014) with the support of the Technical Assistance Collaborative (TAC). For each regional review, answers were collected and averaged across all questions, then ultimately translated into one aggregate numerical rating in each domain. Statewide findings and recommendations from this initial SOCPR review cycle have been delayed, but are now expected in January 2015.

Yet even before the first round of regional SOCPR reviews were completed, the Commonwealth began revising the content of future review protocols, selecting different terminology to describe the four SOCPR domains, adding and rephrasing certain questions within those domains, and revising the overall rating and scoring system. This modified protocol, renamed the Massachusetts Practice Review (MPR), was piloted in a ten person client review in September of 2014. Because of additional modifications to the MPR, a second pilot is scheduled for June 2015.

While meant to achieve greater conformity with the unique aspects of the Massachusetts service system, some of these changes will have a substantial effect on the questions posed by the review. For instance, the SOCPR contains a domain assessing the impact of services on youth and families. Within this domain, the review asks two main questions: 1) if the services received were appropriate, and therefore, meet the needs of the youth and family; and 2) if services were seen to produce positive outcomes/improvement. In contrast, the modified MPR domain is focused entirely on progress. It asks nothing about the appropriateness of the services provided, or the extent to which they are meeting the youth and family’s needs. Rather, it simply inquires whether any progress has been made in the youth and families acquisition of coping skills, social/emotional functioning and overall well-being.

MPR revisions also include changes to the protocol’s scoring methodology, with reviewers asked to rate each topic area within the domain, as opposed to each of summative questions contained within those areas. This change can be expected to produce significantly less detailed findings than the SOCPR. As a result, future reports may offer a much less nuanced understanding of the ways in which services are, or are not, family driven or community-based, while also providing less clarity as to how reviewers reached their conclusions.

An additional change involves the MPR’s rating system, which condenses the SOCPR’s continuum of responses from a seven to a five point rating scale. As a result, reviewers in the MPR will be asked whether they would rate each area of service provision as adverse, poor, fair, good or exemplary and, similarly, whether youth and families are worse or declining, show little to no progress, or have demonstrated fair, good or exceptional progress. Rating scores from adverse to fair will be given a single designation – needs improvement. While more intuitive than the SOCPR’s levels of agreement or disagreement, this condensed rating system will affect all the data and outcomes prospectively reported under the new client review, again creating challenges in the comparison of past and future findings, and the measurement of progress towards compliance.

Without a single, consistent, ongoing client review process, the Court, the Monitor, the parties, and community mental health stakeholders cannot directly compare or fully assess the extent to which the remedial service system has progressed over time, or has achieved substantial compliance with the Judgment. Each review process, and each set of findings, must be understood and qualified based on the contours of its respective protocol and scoring system.

Yet even with this limitation on quantitative data, qualitative findings and trends across the last four years of client reviews do suggest consistent areas of strength, as well as places where more intractable problems exist. In these areas - assessment, matching of services to needs, effective care coordination, and impact or level of improvement among youth and families – continued work will be needed in order to achieve the level of substantial compliance required for disengagement of the Court Monitor.