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**Rosie D. Feature Article October 2014**

**Western and Southeastern System of Care Practice Reviews**

The Commonwealth’s latest System of Care Practice Reviews (SOCPRs) – evaluating the quality and effectiveness of the home-based service system in Southeastern Massachusetts and Western Massachusetts – echo the findings in the earlier reviews of other regions across the state and indicate that youth and families who rely on In-Home Therapy (IHT) as their clinical hub provider are being shortchanged.

The Commonwealth is using the SOCPR to assess the Rosie D. remedial service system by measuring the system’s fidelity to system of care values and principles. The instrument generates quantitative scores in four domains to determine if services and service delivery are family-focused, child-centered, culturally competent, and community-based, as well as to assess whether the services are benefiting children and families. In addition, the SOCPR examines the adequacy of treatment planning, service referrals and care coordination for youth and families in Intensive Care Coordination (ICC) as well as those who receive service coordination through IHT.

Through record reviews and face-to-face interviews with youth, caregivers and providers, professional assess random samples of youth receiving IHT and ICC in each region. The Metro Boston and Northeast regional reviews were conducted in 2013, and the Central Mass regional review was completed in January. (View the reports:[Metro Boston](http://rosied.org/Resources/Documents/SOCPR.Boston%2C6.13.pdf%22%20%5Ct%20%22_blank),[Northeast](http://rosied.org/Resources/Documents/SOCPR_Oct%202013%20final.pdf),[Central](http://rosied.org/Resources/Documents/SOCPR.Central.6.14.pdf))  In early October, MassHealth, through its contractor the Technical Assistance Collaborative, issued the[Southeastern](http://rosied.org/Resources/Documents/SOCPR_March%202014%20final_southeast.pdf)SOCPR and[Western](http://rosied.org/Resources/Documents/SOCPR_May%202014%20final_Western.pdf)region SOCPR report. A statewide report that will summarize the findings of all five regions and make recommendations for the service system as a whole will be circulated in November.

**Southeastern Massachusetts SOCPR**
Reviewers assessed 24 youth who received services from 12 ICC or IHT providers in the Southeastern region. Overall, they found that assessments were thorough, services were accessible, providers engaged families in the service planning process, and families actively participated in reaching identified treatment goals. On the other hand, the reviewers cited ICC and IHT providers for not incorporating youth and family strengths into service plan goals, not providing smooth connections when additional supports are warranted, and not including natural supports into service planning and delivery. In particular, the reviewers noted significant failures to engage school personnel and other natural supports in the service planning process.

The Southeastern SOCPR often distinguished findings for those youth receiving ICC from those in IHT. They concluded that youth who receive service coordination through IHT are not accessing appropriate services. For example, the reviewers agreed that the intensity of services and supports reflected youth and family needs and strengths for 92% of the ICC cases, but only 58% of the IHT cases. According to the reviewers, service intensity did not match needs and strengths for several IHT youth because needed services or supports were not yet in place. This parallels the findings that once needs were clarified, the appropriate combination of supports was offered to 92% of the youth in ICC, but only 58% of youth in IHT. The pattern continued in other domains, as 75% of the ICC cases had a smooth process to link to additional services as needed, as opposed to 50% of the youth and families in IHT. Similarly, in 75% of the ICC cases,
but only 58% of the IHT cases, services were responsive to youth and families’ values and beliefs,

The Southeastern SOCPR concluded that only 67% (8 out of 12 IHT youth) were receiving an appropriate level of care coordination. None of the 12 IHT youth had ever been enrolled in ICC, and according to the reviewers, only 6 were even offered the option of getting the more intensive ICC services.

**Western Massachusetts SOCPR**
In May, reviewers assessed 25 youth enrolled in ICC or IHT in Western Mass., and found that overall, services are accessible, youth and families participate in the process, and providers identify and prioritize needs and then develop appropriate goals. The reviewers recommended that service plans better incorporate the youth’s strengths, that service planning include more informal and natural supports, and that the process connecting youth and families with additional services is smoother – an area that especially impacts complex youth and transitioning youth.

The reviewers raised concerns about the thoroughness of assessments, and noted that some IHT providers viewed an assessment as “a static event as opposed to a continuous process that drives changes to the service plan.” The strengths of the child and family were identified as part of the assessment process for only 25% of the IHT cases, as opposed to 85% of youth with ICC.

Service plans were integrated across agencies and providers for only 42% of youth with IHT. In addition, only half of the reviewers agreed moderately or very much that IHT youth were receiving appropriate levels of care coordination. Moreover, in only 42% of IHT cases did someone coordinate the planning and delivery of services, in contrast to 92% of the ICC cases.

As one reviewer who assessed IHT youth stated, “Care coordination for this youth was not occurring at the expected intensity required given the complexity of this youth and family situation. No one could clearly identify who was ‘in charge’ or responsible for coordination with most thinking it was the DCF worker.” Another reviewer’s comments also are telling: “Although IHT should be the hub and care coordinator, it seems more like everyone does their own thing and she makes periodic contact with those involved – school, out-patient.”

These remarks comport with the SOCPR findings that in only 67% of IHT cases did the youth and family receive needed assistance working with school systems and other service systems.

ICC was discussed as an option with 9 of the 12 families in IHT. According to the report, some families felt it was unnecessary, others rejected it because they thought it would take more time and two reported they already were referred to ICC.

**Summary**
The findings from the Southeastern and Western Massachusetts SOCPRs strike a familiar chord. The Central Massachusetts SOCPR raised the same concerns about the quality of assessments, the appropriateness of resulting treatment plans, and the adequacy of overall care coordination. The Northeast SOCPR concluded that a significant number of children and families receiving IHT need additional or higher quality care coordination. The Metro Boston SOCPR findings underscored the plaintiffs’ persistent doubts about the adequacy of IHT as a hub services and indicated that ICC was not even discussed with 57% of those in the sample, which is troubling given that in only 23% of cases did reviewers strongly agree that the level of care coordination was appropriate.

The SOCPRs confirm longstanding concerns about the under-utilization of ICC, which is critical to the delivery of effective, collaborative treatment interventions. See July 2014 news feature, [*The Role and Importance of Care Coordination*](http://rosied.org/Resources/Documents/July_2014_Feature_Formatted.docx). Since September 2010, ICC monthly enrollment has remained relatively flat, sometimes varying by as little as five to ten youth per month. Over the last three years of implementation, these enrollment numbers have ranged from 3,500 to 3,800 youth per month, reaching a high of 3,868 youth in May of 2013. This represents less than 9% of Medicaid-eligible youth with SED and less than 20% of youth with severe SED.