

**Rosie D. Feature Article March 2015**

**Statewide SOCPR Confirms IHT Youth Not Getting Needed Services**

The [Statewide System of Care Practice Review (SOCPR) report](http://www.rosied.org/Resources/Documents/SOCPR.Statewide.20.14.pdf) concludes that many youth with significant behavioral health needs are not getting the services they need. The long-awaited report, issued in February, finds that throughout the Commonwealth, many youth enrolled in In-Home Therapy (IHT) should have been referred to Intensive Care Coordination (ICC), where a care planning team coordinates family and in-home supports, as well as school services, with multiple provider agencies.

The report is a summary of five regional reviews (Western Mass., Central Mass., Northeastern Mass., Southeastern Mass. and Metro-Boston) that included a total of 131 randomly selected youth and families who received services from IHT or ICC providers between June 2013 and May 2014. Reviewers were contracted by the Massachusetts Executive Office of Health & Human Services to assess the quality of behavioral health care for children and adolescents.

The more critical findings pertain to the 83 youth who relied on IHT to coordinate and provide home-based services. Many of these youth needed or were receiving services from multiple providers, state agencies and/or special education. Yet according to the report, more than a third of families were not getting needed care coordination and more than half (54%) were not even advised about the option of enrolling in ICC. “These results suggest that many more families can and should be referred for ICC,” the report found.

This finding comports with the plaintiffs’ longstanding concern that ICC enrollment has, at best, plateaued, while IHT enrollment numbers have steadily increased.

The reviewers used the SOCPR protocol, a case study methodology to see how system of care values are implemented or “operationalized” on the ground. They interviewed youth, families, caregivers, and providers; conducted a comprehensive record review; and assessed the youth’s care according to four domain areas allied with system of care values: (1) child-centered, family-focused; (2) community-based; (3) culturally-competent; and (4) impact.

The report found that both ICC and IHT providers “are generally demonstrating a system of care approach to service planning and delivery,” and that services were accessible, convenient and offered in the families’ primary language. On the other hand, reviewers found that among both ICC and IHT providers, youth assessments – critical tools that guide one’s treatment – were “weak and appeared to lack a sound clinical conceptualization of the needs of the youth and family.” In addition, providers did not consider youth and families’ strengths in planning treatment and interventions; natural supports were not incorporated into service planning and delivery; and communication among team members, families, providers was often inadequate.

The SOCPR team reviewers proffered several recommendations, including:

• Create a Massachusetts-specific version of the SOCPR protocol;

• Clarify practice standards for IHT and invest in IHT workforce development;

• Integrate review data and training/coaching into a comprehensive quality improvement plan;

• Develop clear policies and procedures for clinical consultation and review of care;

• Promote greater inclusion and use of natural supports and “hub-dependent” services;

• Improve comprehensive transition planning; and

• Improve strategies to engage families in ICC.

The state currently is piloting a Massachusetts-tailored SOCPR protocol (see News Stories) – the third protocol since 2010 to assess the service system. In addition, officials are considering a report recommendation to conduct client reviews every other year instead of the annual reviews to which the plaintiffs agreed.