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**Rosie D. Feature Article December 2013**

**Examining Wraparound Service Delivery:
The Next Phase of Community Practice Reviews**

Following several years of Community Service Reviews (CSRs) conducted by the Court Monitor, Massachusetts has selected a new process for examining the quality and effectiveness of the home-based service system - the System Of Care Practice Review, or SOCPR. With assistance from the University of South Florida and the Technical Assistance Center (TAC), the State piloted this new review instrument in June of 2013.  Reviewers looked at a random sample of 36 youth receiving In-Home Therapy from eight different providers in the Metro Boston region.

Like the CSR, the SOCPR employs a case study methodology, using face-to-face interviews with youth, caregivers and providers, as well as record reviews, to assess the quality of service planning and the impact of service provision.  The SOCPR is designed to measure fidelity to system of care values and principles, determining if services and service delivery are family-focused and child-centered, culturally competent and community-based.  Quantitative scores are based on answers to a series of questions, which reviewers must endorse along a seven-point scale from ‘disagree very much’ to ‘agree very much.’  These answers are then translated into subdomain and domain scores with a low of 1 and a high of seven.  The Massachusetts SOCPR poses several additional questions regarding the adequacy of treatment planning, service referrals and care coordination provided to youth and families who use In-Home Therapy as their clinical “hub” provider.

Findings from the [Metro-Boston regional review](http://rosied.org/Resources/Documents/SOCPR.Boston%2C6.13.pdf), issued in late November 2013, identify relative strengths in the area of child and family participation.  Interviews also indicated many families had a good understanding of the content of their service plan.   Mean scores were highest in subcategories measuring the provision of community-based, culturally competent services, with the vast majority of reviewers strongly agreeing that services were convenient for families, delivered in the least restrictive environment, and communicated consistent with their linguistic needs.

However, other subdomain scores highlight long-standing concerns with regard to the sufficiency of care coordination and treatment planning for many youth with In-Home Therapy as their hub.   The responses suggest that a high level of youth and family participation does not necessarily translate into the development of an appropriate treatment plan.  For instance, in only 19% of sample cases did reviewers strongly agree with the statement that “the service plan goals reflect needs of the youth and family.”  Similarly, in only 11% of sampled families did reviewers strongly agree that treatment planning included a thorough assessment or inventory across life domains.  Other low scores indicated that formal providers and informal helpers did not consistently participate in service planning.

Findings reflected similar concerns with regard to care coordination.  Lower mean scores showed a failure to ensure the use of primary service plans integrated across providers and agencies.  For many youth and families there was not a smooth and seamless process that linked them to additional services, and service plans and services were not always responsive to their emerging or changing needs.

Other results confirm the need for additional care coordination for a significant number of children and families.  Of those youth needing or receiving multiple services, 46% were found to need a care planning team, and 83% of youth were found to need assistance in coordinating and collaborating with school personnel.  Also troubling are findings that the option of Intensive Care Coordination was not discussed with 57% of those in the sample.  This result is particularly worrisome given that in only 23% of cases did reviewers strongly agree that the level of care coordination was appropriate.

In the coming months, the SOCPR will examine wraparound treatment planning, care coordination, and access to medically necessary services for youth in both Intensive Care Coordination and In-Home Therapy.  Findings from the second regional SOCPR review, conducted in the Northeast in October 2013, are expected in February, 2014.  Remaining regional reviews are scheduled to take place in January, March and May.  A complete set of statewide review findings should be available in the late summer of 2014.