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**Rosie D. Feature Article March 2014**

**Examining Wraparound Service Delivery:  
The Northeast System of Care Review**

As described in the [**December 2013 feature**](http://rosied.org/Resources/Documents/December_2013_Feature_formatted.docx), 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.   The second of four regional SOCPR reviews was conducted in October 2013.  Through face-to-face interviews with youth, caregivers and providers, as well as record reviews, state reviewers assessed a random sample of 24 youth receiving In-Home Therapy (IHT) and Intensive Care Coordination (ICC) from 12 provider sites in the Northeast region.

The SOCPR generates quantitative scores in four domains, designed to measure fidelity to system of care values and principles, to determine if services and service delivery are family-focused and child-centered, culturally competent and community-based, and to assess whether and to what extent services are positively impacting youth and families.  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 IHT as their clinical “hub” provider.

Findings from the [**Northeast SOCPR**](http://rosied.org/Resources/Documents/SOCPR_Oct%202013%20final.pdf), issued in February 2014, reflect relative strengths in child and family participation, the convenience and accessibility of services, and provider responsiveness and cultural awareness.   However, other scores highlight long-standing concerns with the thoroughness of provider assessments and the quality and integration of service planning across providers and agencies, especially for those youth in IHT.   For instance, only 67% of reviewers agreed moderately or very much that the intensity of services was appropriate for these youth.  Similarly, only 58% of reviewers concluded that the types of services provided reflected youth’s strengths and needs.  Report recommendations include broadening the scope and depth of information covered by home-based assessments, and improving integration of the service plan across providers and agencies.

As with the initial SOCPR pilot, results in the Northeast also confirm that a significant number of children and families receiving IHT need additional or higher quality care coordination.  In only 33% of cases did reviewers strongly agree that the level of care coordination was appropriate, and only 50% of reviewers agreed moderately or strongly with the statement, “The IHT is in regular contact with other providers, state agencies and school personnel involved with the youth and family.”  Equally worrying is the finding that in only 33% of these cases were multiple service systems involved with the youth actively participating in care planning.   Although some families declined higher levels of care coordination, a full 50% of those receiving In-Home Therapy report never having the option of ICC discussed with them.  As a result, SOPCR recommendations focus on the need to clarify expectations for service planning and coordination and to promote best practices in the delivery of IHT.

Finally, the most recent SOCPR report raises significant concerns regarding the extent to which home-based services are effective in meeting class members’ needs.  In this sample, only 54% of reviewers agreed that youths’ situations had improved as a result of the services and supports they received.  As a result, mean scores in the domain of service impact were the lowest overall.

Remaining regional reviews are scheduled to take place in March and May of 2014.  An analysis of trends across regions, and recommendations for specific system–level interventions, will be made in a final year-end report expected later this summer.