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**Rosie D. Feature Article                         June 2011**

**Assessments and Supervision:**

**Informing the Care Planning Process**

The Court Monitor has now completed her first statewide Community Service Review, evaluating the strengths and weaknesses in the delivery of home-based services and the Commonwealth’s compliance with the Court Judgment in *Rosie D. v. Patrick*. These regional reviews have collected considerable information regarding the functioning of ICC teams and the outcome of their work with youth and families, identifying examples of best practice and places where systemic improvements are required. This feature addresses two common themes across the CSR reviews – the need for additional and more comprehensive home-based assessments and improvements in supervision and oversight of teams.

Regional reviews have consistently identified the need for improvements in the quality and use of comprehensive home-based assessments in the development of Individual Care Plans (ICPs). In many cases. relevant clinical and functional assessments are not adequately developed, or important clinical expertise is absent. As a result, teams do not adequately respond to the needs of youth and families, or fail to connect those needs and challenges with specific goals, interventions and outcome measures.

While the CSR reports indicate strength in the area of family voice and choice, a family-driven process does not eliminate the need for, or families’ desire to see, clinically adequate care. In cases where teams sought and synthesized all available information from medical, behavioral health and educational sources, a fuller picture of the youth was evident and a better informed, more effective set of care planning goals and services resulted. This clinical expertise was particularly helpful in cases where the youth or family had been exposed to trauma. Both the CSR and the experiences of legal advocacy organizations have shown that clinicians and team members who appropriately identify these issues and adequately coordinate the delivery of care in a trauma-informed way result in more positive outcomes. Where this understanding is absent, care planning suffers and youth and families are not effectively engaged in the wraparound process. The CSR also identified teams who lacked sufficient knowledge regarding the unique needs of youth with co-occurring Autism Spectrum Disorder.

Consistent CSR recommendations in the area of assessments include: (1) ensuring that teams are gathering and synthesizing all available clinical and functional information in order to develop well-formulated plans; (2) assisting teams to access comprehensive mental health evaluations; (3) developing a protocol for coordination with primary care (for youth with medical needs), psychiatry and inpatient or residential providers; and (4) assuring that plans and interventions are individualized and reflect the intensity of services needed to address the youth's needs and to achieve effective outcomes.

A closely related but distinct concern involves consistent CSR deficiencies in the supervision of care coordinators and their ability to function adequately in the wrap-around model. Specific CSR recommendations in this area include: (1) reducing high caseloads for care coordinators; and (2) using consultant coaches to enhance the supervision available to individual teams.

The Center for Public Representation and its Legal Network continue to actively monitor these and other implementation issues, and to offer advice and technical assistance to families and teams in search of specialized assessments. More information about these advocacy resources can be found under the link “[Where to Get Help](http://rosied.org/Default.aspx?pageId=497848).”