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**Rosie D. News Stories December 2013**

**Court Considers Another Extension of Oversight Authority**

At the Dec. 6, 2013 status conference, US District Court Judge Michael A. Ponsor said he is considering extending the court’s oversight and monitoring of the *Rosie D*. remedial order through the end of the 2014 calendar year.  The judge said he remains skeptical the Commonwealth can demonstrate its compliance with the order and prove the children’s mental health system is functional and sustainable by the current deadline of June 30, 2013.

Asst. Atty. Gen. Daniel Hammond acknowledged the defendants have yet to produce promised access and outcome data, but insisted the information is forthcoming and will be reviewed with the plaintiffs and the Court Monitor over the next few months.  At his request, Judge Ponsor agreed to table any discussion about the extension of monitoring until the next status conference on March 21, 2014.

Hammond said that the defendants have collected the long-awaited data about whether youth involved with the Departments of Mental Health, Youth Services, and Child & Family Services have access to and are utilizing the home-based remedial services.  But he said that the data are so “agency-specific” that it cannot be reduced to a one-size-fits-all report.  As a result, the plaintiffs, the Court Monitor and the defendants will meet with agency representatives in February to review the data.

Steven Schwartz, lead attorney for the plaintiffs, said data about youth in these child-serving agencies is crucial to determining if the behavioral health system is addressing their needs.  He pointed out that national wraparound models such as Wraparound Milwaukee have been “uniquely” successful in providing services that reduced recidivism, and divert youth from the juvenile justice system. If Massachusetts’ agency data, once finally presented, discloses access and utilization problems, Schwartz expressed concern about whether those problems could be fixed before June 30, 2014 when the Court Monitor’s term is scheduled to end.

Schwartz also discussed a longstanding concern about whether outpatient therapists are fulfilling their responsibilities as hubs by coordinating care for children and families who need remedial services under the Children’s Behavioral Health Initiative.  He said there are unanswered questions about whether youth are getting adequate service coordination and whether outpatient therapists are making clinical judgments authorizing needed services for them.  The defendants recently retracted a report on outpatient therapists and service coordination because it raised so many questions and concerns.  According to Daniel Hammond, Asst. Atty. General, the report is being rewritten “for a more coherent presentation,” and should be available in February 2014.

In addition, Schwartz advised the court about two disturbing trends. Based on the defendants’ recent reports, more youth are receiving mobile crisis intervention services in emergency departments instead of community settings.  And across the board, the mean monthly service hours for every remedial service have dropped, sometimes by as much as 20%, triggering concerns about service duration and intensity.  “Having sufficiently intense services is just as important as getting the service,” he said.  *See stories below*.

Prior to the status conference, the plaintiffs filed their [Twenty-Second Status Report](http://rosied.org/Resources/Documents/plaintiffs.twenty.second.status.report.12.13.pdf) and the defendants submitted their [Report on Status of Implementation](http://rosied.org/Resources/Documents/def.status.report.12.2.13%20(1).pdf) (Docs. 638 and 639) to advise the court about activities, issues and outstanding concerns during the past quarter.

**CSAs Rank Below National Average on Wraparound Evaluation Tool**

For the second year in row, Community Service Agencies (CSAs) are performing below the national average on a nationally-recognized evaluation tool that measures how well intensive care coordination teams develop and implement the care planning process for youth and families.

The Commonwealth’s overall score of 78% on the Wraparound Fidelity Index (WFI) for 2013 is three points below the national average of 81%, and one point less than its 2012 score of 79%.  When the WFI was first administered in 2010 and 2011, the CSAs ranked just above the national mean in their adherence (or fidelity) to the wraparound process.  But over the past two years, the national average has increased, while the Commonwealth’s scores have, at best, plateaued.

In their December 2nd court filing, the defendants presented the [2013 Wraparound Fidelity Findings](http://rosied.org/Resources/Documents/def.status.report.12.2.13.ex.2.WFI.power%20point.pdf), which acknowledged challenges introducing natural supports to care planning teams, implementing services according to the plan, and developing transitional services for children and families.

These findings also noted declines in collaboration and persistence, underscoring caregivers’ concerns regarding the adequacy of services and fears about premature termination of services.  As the defendants explained in their court filing, “This indicates challenges regarding caregivers feeling supported by the team when WA [wrap around] is complete, perceiving services could be prematurely discontinued, coming up with new ideas for the WA team when things are not working or in need of change, and holding team members accountable for their part in the WA plan.”

In addition to the WFI, the state administers an assessment tool known as the Team Observation Measure (TOM), which CSA supervisors use to evaluate their employees’ facilitation of the care planning process.  The Commonwealth’s overall score of 88% is just above the national TOM fidelity score of 87%.  But notably, for the first time since the TOM was administered in 2010, the CSAs dipped slightly in eight of ten categories on the TOM. Most categories saw a 1% drop from 2012 to 2013, but family voice and choice dropped from 97% to 94%, and cultural competence dropped from 95% to 93%.

**Significant Drops in CBHI Service Hours and Service Intensity**

The most recent [CBHI Service Utilization Report](http://rosied.org/Resources/Documents/ICC%20and%20CBHI%20Utilization.6.2013.pdf) documents significant decreases in individual service hours in fiscal year 2013.  This across the board decline in utilization of all five remedial services raises questions about whether youth and families are receiving services with the intensity and duration they require.

In August 2012, youth enrolled in Therapeutic Mentoring received an average of 11.4 hours of service.  This number dropped to 9.3 hours in June 2013.  The average number of service hours for Intensive Care Coordination declined from a high of 9.6 in August 2012 to 8.1 hours in June 2013.  Despite the availability of Mobile Crisis Intervention services over a 7 day period, average monthly utilization of this service decreased from 7.3 hours to 6.2 hours over the same period.  Similar trends were evident in In-Home Therapy (IHT) and In-Home Behavioral Therapy (IHBT). In January 2013, youth received an average of 15.7 IHT hours per month. As of June 2013, that number stood at 13 hours. IHBT also dropped from an average of 15.6 hours in January 2013 to 12.6 hours in June 2013.

Potential explanations for these trends include rising provider caseloads, as well as limited provider capacity in certain regions. As the plaintiffs pointed out in their 22nd Status Report, as of September 2013, there was less than 1% availability for IHT in Central Massachusetts, where 22 out of 25 providers reported zero capacity to accept new clients, and 97 youth were waiting for their first appointment to be scheduled.

**Dramatic Increase in Emergency Department Encounters for Mobile CrisisIntervention in July and August**

According to the most recent [Mobile Crisis Intervention Key Indicators Report](http://rosied.org/Resources/Documents/MCI_Key_Indicators_thru%20August%202013.pdf), more than half the mobile crisis encounters in July and August of 2013 took place in emergency departments. Only 49% of the 1353 crisis interventions in July and 49% of the 1230 interventions in August were mobile encounters that occurred in community settings.  Significantly, July and August 2013 also saw the highest percentage of in-patient admissions subsequent to an MCI encounter since last summer.

It does not appear that higher service utilization accounts for this result.  In fact, statewide more than half of MCI providers served fewer youth in the community in August than they had in July.  Yet the percentage of community-based encounters dropped for 11 of 21 MCI providers in August.

From August 2012 through June 2013, the percentages of MCI-encounters in community settings hovered in the mid-to-upper 50 percentile, and hit or exceeded 60% in the months of October, November and January.  Notably, the rates of in-patient admissions subsequent to an MCI encounter were as low as 16 or 17% in months when most interventions occurred in the community.  In contrast, the in-patient percentage jumped to 20% in both July and August of 2013 when more encounters took place in emergency departments.