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**Rosie D. News Stories February 2018**

**Court Holds Status Conference on Access**

At its January 16th status conference, the Court raised concerns over continued delays in access to Intensive Care Coordination and In-Home Therapy, two services it identified as central to the 2007 Judgment.  The Court also expressed frustration with the State’s lack of specific, concrete actions to improve timely access to ICC and IHT.  It directed Defendants to submit a more detailed filing on this subject by February 22, 2018, and signaled the need for more frequent hearings to monitor implementation of those actions.  The parties next Status Conference is scheduled for March 1, 2018.

In November of 2017, the parties filed reports on the subject of access, including proposed actions to reduce waiting lists for ICC and IHT.  *See* [**Defendants’ Status Report On ICC and IHT**](http://rosied.org/resources/Documents/Defendants%20Status%20Report%20on%20ICC%20and%20IHT%2011.17.17.pdf)**;**[**Plaintiffs’ Supplemental Report on Access**](http://rosied.org/resources/Documents/Plaintiffs%20Supplemental%20Report%20on%20Access%2011.17.17.pdf)**.**Plaintiffs’ Report called for state-wide implementation of the ICC day rate, IHT rate increases, targeted quality assurance efforts, and an expansion of ICC and IHT provider capacity.

The parties established specific access standards as part of the [**Joint Disengagement Criteria**](http://rosied.org/resources/Joint%20Disengagement%20Measures%202017.pdf). However, they were unable to agree on the final, numerical measure of compliance for calendar year 2018.  As a result, Plaintiffs’ asked that the Court establish this access standard, as contemplated in the parties’ Joint Disengagement Criteria.  Plaintiffs’ proposed standard would require a 7.5% improvement in access during calendar year 2018, for a total of 15% improvement over the two year disengagement period.  Plaintiffs expect the Court to take up this issue, and the implementation of specific actions to improve timely access to remedial remedial services, at the upcoming Status Conference.

**2017 Massachusetts Practice Review Shows Progress, Concerns**

The State has released its [**Massachusetts Practice Review (MPR) Practice Summary Report**](http://rosied.org/resources/Documents/MPR%20Report.pdf)for fiscal year 2017. This report describes the findings from 121 individual reviews conducted in the fall of 2016 and the spring of 2017.  MPR results from this time period showed mixed findings with regard to the quality of practice in both IHT and ICC.  It is important to note that while IHT scores improved in several areas since June of 2016, ICC scores declined, including in those MPR areas discussed below.

The FY2017 Report finds relative strengths the areas of accessibility of services, service responsiveness, cultural competence and youth/family engagement. However, problems with the quality of clinical assessments and service planning persist.  Only 30% of ICC assessments, and resulting service planning, received practice scores of good or better.  IHT assessments and service planning were scored good or better in 36% of cases reviewed.  While this represents an improvement in IHT practice, the quality of clinical assessments, and the resulting impact on individual service planning, remains a serious implementation concern.  Team formation scores for both services also remain low, at 35% for ICC and 36% for IHT. This area measures the extent to which providers actively engage formal and informal supports in the service planning and delivery process. ICC and IHT practice in the area of transition planning was found to be good or better in 38% and 39% of cases, respectively.  In the area of care coordination, practice was found to be good or better in 50% of ICC cases and 42% of IHT cases.

Overall, ICC and IHT practice both received a mean practice score of 3.3 percent.  According to the MPR rating system, this means the service “does not consistently meet established standards and best practices.” Recommendations for continuing practice improvement focus on workforce development and coaching, wider dissemination of training tools, and ongoing quality improvement initiatives addressing supervision, assessment and clinical understanding.

For a more detailed discussion of the MPR and its implications for ongoing disengagement efforts, see the February 2018 feature: The Massachusetts Practice Review: *Measuring Compliance with Joint Disengagement Criteria*.

**Defendants Prepare To Release Report On Outpatient Services**

Outpatient therapists are expected to provide care coordination for youth and families who are not receiving Intensive Care Coordination (ICC) or In-Home Therapy (IHT). As a result, the parties’ Joint Disengagement Criteria measure the adequacy of care coordination for class members who rely on outpatient therapists for this function.  The first report on outpatient care coordination is expected in early February, 2018. Its findings will provide a baseline for measuring improvements in the delivery of care coordination.

During the summer of 2017, the State’s Managed Care Entities (MCEs) were asked review a sample of outpatient provider charts.  The review was intended to evaluate care coordination occurring in outpatient therapy. After receiving the review protocol in September 2017, Plaintiffs expressed concerns regarding its design. The review did not included youth who had declined referrals to ICC or IHT in the prior 12 months.  Nor did it examine care coordination in cases where youth and families had transitioned from ICC or IHT in the previous year.

These and other methodological issues were resolved through subsequent negotiations, but occurred too late to impact the 2017 Report results.  Future changes to the 2018 outpatient chart review are described in the parties’ November 17, 2017 [**Joint Report on Disengagement**](http://rosied.org/resources/Documents/Joint%20Report%20on%20Disengagement%2011.17.17.pdf)**.**