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**Rosie D. News December 2011**

**Judge Orders Defendants To Improve Access To ICC Services**

US District Court Judge Michael A. Ponsor ordered the Commonwealth to reduce the waitlists that for almost two years have prevented children from getting needed mental health services promptly. In an order issued Nov. 29 [Doc. 557], the Judge told state officials to report back to Court in January on their progress reducing -- and ultimately, eliminating -- the waitlists. He threatened to impose firm deadlines to force the state to comply with the Court's Rosie D. remedial order if access to services does not improve.

Month after month, the Commonwealth's own data has shown that a significant number of youth wait over 30 days for their first face-to-face appointment for Intensive Care Coordination (ICC) services. Officials have acknowledged that over a 15--month period, youth waited an average of 14 days for their first appointment, which, under the performance specifications for this service, should be held within three days.

The defendants attempted to convince the Court that no order was necessary, since they already are implementing specific management strategies to reduce ICC wait-times. The Judge rejected this approach, although he declined to establish specific requirements and timelines for holding the first appointment and undertaking each of the sequential actions for ICC services, like conducting an assessment, convening a team meeting, and developing an Individual Care Plan.

Instead, the Judge ordered the parties to return to court Jan. 27 to discuss the wait-times, the state's efforts to improve ICC access, and possible modification of the three-day window for the initial appointment. As he explained at the November hearing, "I'm looking for some type of verifiable progress significantly reducing the waiting list." He also ordered the Commonwealth to return to court at 60-day intervals to report on its progress in reducing access wait-times, and added, "Based on these reports, the court may consider the necessity of setting firm deadlines for bringing these times into better compliance with the court's remedial order." The Judge ordered the Court Monitor, Karen Snyder, to oversee and monitor ICC access.

**ICC Program Specifications May Be Modified**

The ICC program standards require that each Community Service Agency (CSA) must contact the family and arrange a face-to-face meeting within 72 hours (3 days) of the request or referral for service. This standard has been the focus of the plaintiffs' Motion to Ensure Timely Access to Remedial Services, their proposed order to reduce waiting lists, and the Court's consideration of this dispute. Under federal law, each Medicaid service that is provided to children must have access standards that are binding on the state. Thus, the undisputed evidence that the Commonwealth does not comply with the 72-hour standard for the initial face-to-face meeting constitutes a violation of federal law.

In part to address this violation, MassHealth proposed to modify the access standard, as well as other elements of the ICC program specifications. The plaintiffs agreed to consider modest changes, provided that the initial meeting occurred within 7 days, which is a standard used in several other states and one referenced by MassHealth in its briefs to the Court. At the November 22, 2011 hearing on the waiting list motion, the Court ordered the defendants to submit any proposed modification to the plaintiffs by January 3, 2012, to share the proposal with the Court by January 13, 2012, and to be prepared for a hearing on this issue on January 27, 2012.

**Crisis Stabilization Services To Be Available Soon**

Crisis stabilization services - the last of court-ordered Rosie D. remedial services - will be available by next spring. These long-delayed services provide crisis care for troubled youth either in their own homes or in an out-of-home community setting for up to seven days. The Centers for Medicare & Medicaid Services (CMS) twice rejected the state's attempts to cover crisis stabilization, including room and board costs, in its Medicaid program.

After the Court urged the parties to address this obstacle and implement this service, the defendants and plaintiffs agreed to a plan that would expand the existing Rosie D. remedial service, Mobile Crisis Intervention (MCI), from a 3-day to a 7-day service, in order to provide the in-home component of crisis stabilization. In addition, the plan would use the state's established Community-Based Acute Treatment (CBAT) program to provide the out-of-home component. CBATs are short-term, Medicaid-funded residential settings designed to avoid or shorten hospital-stays for youth.

Judge Ponsor described crisis stabilization as "a really important component" in the Rosie D. array of remedial services, and added that without it, youth risk emergency department admissions and hospitalizations. He ordered the defendants to submit their proposed timetable to the Court for the implementation of Crisis Stabilization Services by Jan. 13, 2012. The timetable should include a target date of May 31, 2012 for full implementation of this service.

**More Youth Are Receiving Crisis Services in the Community**

Across the Commonwealth, mobile crisis intervention (MCI) teams are responding to more youth in crisis, and notably, they are serving more of these kids in community settings rather than emergency departments. In addition, their response times are improving.

Based on the latest [ICC monthly data report](http://www.rosied.org/Resources/Documents/MCI.Monthly%20Provider_Report.10.11.xls), all 21 of the emergency service providers who offer MCI services reported more encounters with youth in September 2011 than in the two previous months. One MCI provider in Western Mass. more than doubled the number of monthly encounters from 98 in August to 208 in September. Moreover, 15 providers served far more youth in crisis in the community in September than in August and July.

These improvements are significant given that MCI providers will likely assume the responsibility of providing in-home crisis stabilization services to youth with more intensive needs in the spring of 2012.

**Wait Times Dip, But Youth Still Go Weeks Without Services**

Based on the latest [Community Service Agency data](http://www.rosied.org/Resources/Documents/CSA%20Monthly%20Report%20-%2010.11.xls) for October, the wait-times for Intensive Care Coordination (ICC) services dipped to an average 10.5 days in October. This reflects a drop from an average of 20 days in July and 14.5 days in August and September.

A total of 366 youth started ICC services during October. Less than half of them (169) were offered an initial face-to-face appointment within three days, as required under the current program specifications. First appointments were offered to 93 youth within 4 to 10 days; to 38 youth within 11 to 20 days; and to 35 youth within 21 to 30 days. But 31 youth waited between 30 and 100 days for their first appointment.

In addition, another 130 youth were waiting for an appointment - 24 of them for more than a month. According to the data, 12 of them either started services or were offered an appointment to start services by the end of November. However, 12 youth were still waiting: 7 who are waiting for a Spanish-speaking provider, and 5 who are waiting because there is no area provider with available staff to serve them.