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**Rosie D. News Stories June 2012**

**Compliance at Issue in Defendants’ and Plaintiffs’ Reports**

On May 15, 2012, the Commonwealth filed its semi-annual Report on Implementation that describes its implementation of the Rosie D. Judgment. The Report covers activities undertaken over the past five years, and alleges that the State is in compliance with all provisions of the Judgment. On June 13, 2012, the plaintiffs filed their 18th Status Report, which identifies thirteen areas where they believe that compliance has not been demonstrated. For an overview of both reports, see the current feature below, *Rosie D. Turns Five: The Status of Compliance*.

 **Court Sets Briefing Schedule for Disengagement Plan**

After reviewing the defendants' compliance report and the plaintiffs' status report, at a status conference on June 25, 2012, US District Court Judge Michael A. Ponsor created a process and schedule for resolving disputes concerning compliance, establishing disengagement criteria, and determining if and when the Court should end its oversight of the Judgment. The Judge set a briefing schedule to address the status of the Commonwealth’s implementation of its obligations under the Judgment, and potential conflicts about compliance with these obligations.

By August 6, 2012, the Commonwealth will file a draft of its view of compliance, including any plan for ending the federal court’s involvement in this case. The plaintiffs will file their response August 24, 2012. Following face-to-face meetings in September, each party will submit supplemental memorandum on outstanding compliance issues and disengagement criteria. A status conference is scheduled for October 10, 2012 to discuss the parties’ respective positions. An evidentiary hearing could be held later in the year if there is substantial disagreement between the parties.

The Court's remedial orders, which have been in effect for the past five years, led to the redesign of the state’s children’s mental health system. The *Rosie D*. Judgment, issued July 16, 2007, allows for the Court’s “ongoing jurisdiction,” but as Judge Ponsor said at the status conference, “I’m not interested in keeping it going longer than necessary.”

Judge Ponsor stressed the need for the plaintiffs’ input into any disengagement process, adding, “What concerns me are specific areas where the plaintiffs think more needs to be done.”

The reporting and monitoring provisions of the Judgment were timed to terminate this summer, but the Court in March extended the term of the Court Monitor until December 31st, and indicated a further extension would be considered if warranted.

 **Implementation of Remedial Services Deteriorates in Central Massachusetts**

The outlook for youth with behavioral health needs in Central Massachusetts is even worse now than a year ago. The Court Monitor’s [**2012 Central Mass. Community Service Review (CSR)**](http://rosied.org/Resources/Documents/CSR.Central%20Report%20FY2011-12%20FINAL.pdf) finds that the system of services in this region has declined since last year, and “continues to lack capacity to provide consistently reliable services at the quality needed to help youth make progress, achieve desired outcomes or maintain recent gains.”

Noting declines in most of the system indicators used to measure performance in the CSR case-based monitoring methodology, the report described overall practice in Central Massachusetts as “very weak.” Only 50% of the 24 youth in the 2012 random sample were found to have acceptable system / practice performance, down from an unimpressive 66% in the 2011 sample of 24 youth.

Not surprisingly, the 2012 CSR echoes many of the same findings as the 2011 CSR. Youth and families are still experiencing delays accessing needed services, and many are waitlisted for extended periods of time for services that include medication evaluations, neurological testing and bi-lingual providers. Youth are decompensating and experiencing functional regression due to delayed services. The current report also points out that crisis teams are not consistently available when needed.

The 2012 CSR also cites systemic issues including problems with Medicaid eligibility and challenges securing continued authorization for services from managed care organizations.

Recommendations for improvement include stronger support for care coordination practice and teaming; strengthened coordination with outpatient providers, schools and community supports; current mental health assessments to inform each child’s team planning; and better strategies to improve system practice and to address problems with team formation, transition planning, and crisis planning.

The region is served by five Community Services Agencies that provide Intensive Care Coordination: Community Healthlink in Leominster; Community Healthlink in Worcester; Wayside Youth & Family Services in Framingham; YOU, Inc., in Southbridge; and The Learning Center for the Deaf, which covers the hearing-impaired community across the Commonwealth; and multiple providers that offer In-Home Therapy Services.

**Metro Boston CSR Finds ‘Weak’ System Functions**

In a downturn from last year’s CSR, the [**2012 CSR for Metro Boston**](http://rosied.org/Resources/Documents/Rosie%20D%20Boston%20Report%20FY2011-12%20Final.pdf) concludes that “overall, families cannot consistently depend on services to work well.”

The Court Monitor issued preliminary data from the 2012 Metro Boston review that indicate acceptable system performance for only 54% of the 48 sampled youth. The 2011 CSR found acceptable system performance for 76% of the sampled youth (45).

Among the findings in the preliminary 2012 CSR are (1) inadequate care plans with “vague” strategies and “rigid” intervention models that are so time-limited that they are not conducive to stabilization or sustainable progress; (2) youth are discharged prematurely from In-Home Therapy Services once initial – but not long-term – goals are met; (3) care is fragmented due to inexperienced ICC coordinators; (4) effective transition supports are not in place when youth no longer need inpatient services; (5) mobile crisis services are not dependable across the region; (6) many youth cannot access child psychiatry services; and (7) the “onerous” process for requesting additional service units is an “administrative burden” for agencies.

The CSR recommendations call for: (1) better supervision of ICC coordinators; (2) a current mental health assessment for all youth; (3) supervisory practices that identify when youth are not making progress and teams need outside consultation to address unmet needs; (4) ensuring consistency in service delivery across provider agencies; (5) including schools in the care planning process; and (6) evaluating whether staff are pressured to close cases prematurely.