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**Rosie D. News Stories                          October 2011**

**Court Declares Intent to Enter Order on Waiting Lists**

In October 2010, the plaintiffs filed a Motion to Ensure Timely Access to services, challenging long waiting lists for various remedial services.  Over the past year, the Court has held several hearings and status conferences, and issued an order in July 2011 requiring the defendants to provide provider-specific access data on each service.  The plaintiffs filed a Supplemental Motion in September that focused on waiting lists for Intensive Care Coordination (ICC).  At a hearing on October 18, 2011, Judge Ponsor expressed his ongoing concern about the waiting lists for ICC.  He reviewed the data, which revealed that over half of all families do not receive an initial intake meeting within the time required by MassHealth's own access standards for ICC, and almost a quarter do not receive a face to face meeting within the time frames required by comparable statewide programs in Arizona and Maryland, or several nationally recognized wraparound programs.

The Court indicated its intention to issue an order in the near future to redress this deficiency, and questioned the parties about the plaintiffs' proposed order and other alternatives.  At the conclusion of the hearing, the Court directed the defendants to submit their proposed order by November 4, the plaintiffs to submit their comments on the defendants' order by November 14, and the parties to appear at another hearing on November 22, 2011.

**Court Requires Parties to Confer on Crisis Stabilization**

The only remedial service which is not yet operational is Crisis Stabilization.  MassHealth originally submitted a State Plan amendment that incorporated Crisis Stabilization and asked CMS to approve the service with room and board costs.  CMS indicated it would reject the amendment, since it has never approved room and board costs and since it has long interpreted the Medicaid Act to preclude federal reimbursement for these costs.  An effort to include Crisis Stabilization in MassHealth's Demonstration waiver renewal was similarly unsuccessful.

In response to the Court's request for a full report at the October 18, 2011 hearing, attorneys for MassHealth repeated these facts and indicated it had no plan to implement the service at this time or in the foreseeable future.  They also stated that, in their view, the Court cannot require them to establish this service.  Attorneys for the plaintiffs disagreed on the legal issue, and reminded the Court that its Judgment included two types of crisis stabilization services: (1) crisis supports 24/7 in the home for up to seven days; and (2) an out-of-home crisis residential program.  Since the former does not require any room and board cost, Steven Schwartz asked that the Court require the defendants to implement this component of Crisis Stabilization no later than January 1, 2012.  He also argued that the second component should be referred to the Court Monitor for findings and a recommendation.  The Court asked the parties to meet with the Monitor on these issues and report back at the November 22, 2011 status conference.

**Second Annual Report on Wraparound Fidelity Index Reveals Little Improvement**

One form of program evaluation that MassHealth has adopted is the nationally-recognized evaluation tool called the Wraparound Fidelity Index (WFI).  The WFI measures various aspects of the child and family care planning process against the national wraparound standards.  This is the second year of the WFI evaluation.

The data set forth in the [second WFI report](http://rosied.org/Resources/Documents/WIFI%20TOMS%20Report.2011.ppt) indicates that while Massachusetts continues to perform at or above the national average on many items, it has made little progress since last year.  As the Commonwealth reported last month, the 32 Community Service Areas (CSAs) ranked just above the national mean in their adherence (or fidelity) to the wraparound process.  But as the Wraparound Evaluation and Research Team at the University of Washington reported, there is no overall change from 2010 to 2011.

In 2011, the CSAs received an overall score of 77 – three points above the national mean of 74 and one point below the 2010 overall score of 78.  The CSAs held steady on their scores on the four phases of wraparound.  They are well above the national mean in engagement and planning, and just below the national mean in implementation and transition.  Similarly, their scores on the wraparound principles, which measure various aspects of the planning process from family voice and choice to collaboration, persistence and outcome-based results, were fairly static from 2010 to 2011.

Another monitoring tool is the Team Observation Measure (TOM), which CSA supervisors use to assess care planning.  Their findings indicate across-the-board improvement in virtually every area from 2010 to 2011.  But the Washington team noted the lack of correlation between the two measurement tools (WFI and TOMS), noting that the high TOMS scores, as well as the rate of improvement, were not consistent with the WFI findings.  This may be attributable to the different methodologies, since the WFI findings are determined by independent researchers, whereas the TOMS data reflects impressions of CSA staff.

The Wraparound Evaluation and Research Team concluded that care planning teams are not adequately tapping natural supports and not getting the youths fully engaged.   The evaluators also flagged measurement concerns and suggested that the youths themselves be interviewed as part of the WFI to better understand their perspective.  They also recommended using independent TOM raters for a sub-sample of selected teams to address a possible bias among the current raters, who are the care coordinators’ supervisors.

**Second Community Practice Review in Western Massachusetts Finds Substantial Regression**

Youth with behavioral needs in Western Massachusetts are still struggling to get needed services, according to the Court Monitor’s second [annual review](http://rosied.org/Resources/Documents/2011%20report.Western.preliminary_results.pdf) of regional system practices and services.  A quarter of the youth reviewed in the latest sample are projected to decline over the next six months.

Among the problems identified by Court Monitor Karen Snyder in round two of the *Rosie D.* Community Services Review (CSR) for Western Massachusetts are a lack of comprehensive assessments, excessive wait lists for Intensive Care Coordination, delays between intake appointments and the start of treatment, and wait lists for psychiatric services.  (See above story on waitlists).

Based on preliminary data culled from a sample of 24 youth and 153 interviews with children, parents, providers and other collaterals, Western Massachusetts is experiencing many of the same problems identified in the first CSR, conducted a year ago.  Care planning teams still lack an in-depth understanding about youngsters’ clinical and mental status, thereby thwarting their ability to develop appropriate interventions and implement adequate services.  Staff turnover continues to limit team-building, and impacts wait lists, as well as the continuity of care for youth and their families.

In addition, providers are not conducting comprehensive mental health assessments of youth – a court-mandated service designed to direct and inform a child’s treatment plan.  Only 13 of the 24 youth in the sample had a mental health assessment – down from 18 out of 24 in the 2010 sample. Without an accurate and comprehensive mental assessment of youth, services are misaligned and goal-setting is simplistic. The Court Monitor also noted providers did not fully understand how (or when) to use In-Home Behavioral Therapy or In-Home Therapy services.  Other providers are not skilled in therapeutic interventions.  In addition, outpatient providers are not integrated in the team-based process, leading to fragmented care.

On the plus side, the Monitor found that teams are engaging schools in the treatment planning process, more youth have crisis plans, and Family Partners are developing trusting relationships with youth, parents and caregivers.  However, the 2011 CSR finds poor services and poor outcomes for 33% (8 youth) of the sample – more than double the finding in that category in 2010.  The current CSR finds good child status and good services for 50% of the sample, down slightly from 2010.