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**Rosie D. Feature Article August 2012**

**The Monitor’s Assessment of Implementation: 2012 Statewide CSR Report**

The Court Monitor’s second [**statewide Community Service Review (CSR)**](http://rosied.org/Resources/Documents/2011%20report.Statewide.pdf), released in August 2012, details persistent challenges with implementation of the Judgment in *Rosie D.*, three years after home-based services first became available to Medicaid eligible youth and families in Massachusetts.

The 2012 CSR consolidates the results of five regional assessments conducted between September of 2011 and May of 2012. These assessments examine a random sample of 142 youth and families receiving Intensive Care Coordination and In-Home Therapy, describing findings on youth status and progress, as well as specific measures of system practice including team composition, assessment, treatment planning, service delivery and transition.

In virtually all these areas of system practice, 2012 CSR scores show a decline in overall system performance. While two previously low-scoring regions improved their overall performance, three other regions regressed, scoring significantly lower across multiple system and practice functions. Statewide, the acceptability of overall system practice declined from 66% in the first year of the CSR to 60% in the most recent review. As a result, a staggering 40% of youth sampled experienced unacceptable system practice.

The deficiencies which contribute to these findings are now well known. Two years of CSR findings have documented the inadequacy of mental health assessments and resulting deficiencies in teams’ understanding of youth needs, their ability to effectively match service interventions, and their capacity to develop responsive treatment plans. The 2012 Statewide Report reiterates the negative affects of deficiencies in these areas, including care plans having “…vague strategies that were not well informed by understanding of the youth and family or past interventions, were clinically limited in scope and intensity, and were not helping youth to make progress.” *Id.*at 67.

Similarly, CSR scores suggest team formation and functioning are worsening over time. In the 2012 CSR, team formation was acceptable for only 64% of youth (down from 72%), and team functioning was acceptable for only 57% (compared to 64% in 2011). As a result, teams were limited in their ability to understand youth and families; to coordinate, plan for and implement needed services; and to make timely adjustments to those services when needed. Teams’ ability to engage in transitional planning for youth and families also remained an area of significant concern. Performance in this area was acceptable in only 41-53% of cases, representing a decline in scores for every region.

Access issues also re-emerged in the 2012 reviews, with certain regions experiencing long waits for services, including ICC, and many youth and families reporting significant delays between intake at an agency and their first receipt of services. The number of youth referred to ICC by the Departments of Mental Health and Youth Services, and the number who benefited from continued involvement and coordination with these state agencies, also remained surprisingly low: only 2% of youth were referred to services by DMH and only 4% had continued involvement with the agency. No youth were referred by, or involved with, DYS.

The CSR’s findings have consistently illustrated the challenge of developing and refining a statewide home-based service system. With two years of data available, it is now possible to measure the development of these new service systems, to assess the impacts of coaching and training initiatives, and to examine regional variations over time. Most importantly, it allows the parties and the Court to identify specific areas of noncompliance in both the provision of ICC and in overall system practice.

The 2012 CSR Report demonstrates continuing deficiencies in delivering prompt, medically necessary services required to correct or ameliorate conditions faced by youth with SED. Its findings reflect a system that is still under-utilized by certain state agencies known to serve youth with serious emotional disturbance. Finally, disappointing youth progress and a significant, increasing number of cases with unacceptable system practice suggest that, despite the creation of a service system infrastructure, an effective and durable remedy has not yet been achieved.

In order to come in to compliance with the Judgment, and to ensure the provision of medically necessary home-based services, the CSR concludes that “[f]ocused work is needed statewide to help teams achieve common goals, unify efforts, communicate regularly, evaluate results, and work in alignment with system of care principles to benefit youth and families.” *Id*.at 43.