

**Rosie D. News Stories December 2014**

**Judge Chides State for Implementation, Data-Collection Delays**

SPRINGFIELD - At the most recent status conference Dec. 22, US District Court Judge Michael A. Ponsor expressed frustration and disappointment with the Commonwealth’s efforts to gather preliminary data to assess compliance with the Court’s 2007 remedial order that led to the overhaul of the state’s children’s mental health system. “We’re still talking about how to get to the point where we can see whether we are at the point to evaluate the system,” he said. He said he is “not a table-banger,” but added, “There has to be a sense of urgency to get to the next step to talk about compliance.”

He ordered the defendants to produce calendars and timelines for data collection and consultant reports over the next two months, and set March 4th for the next status conference. The longstanding issues to be addressed include the low rate of community-based mobile crisis services; inadequate care coordination for youth relying on outpatient therapists as hubs; uneven and static enrollment in intensive care coordination; and uncertainty about system-wide outcome measures to assess the efficacy of the remedial services.

Citing the [Defendants’ Implementation Report](file:///C%3A%5CUsers%5CUser%5CDocuments%5CCPR%5CRosie%20D%20website%5CDefs%27%2022d%20Report.pdf) that discussed upcoming reports and data, and the [Plaintiffs’ 26th Status Report](file:///C%3A%5CUsers%5CUser%5CDocuments%5CCPR%5CRosie%20D%20website%5CPls%27%2026th%20Report.doc) that noted little progress, Judge Ponsor said, “I was really disappointed by these reports and kind of exhausted. Every area I went over there’s been a delay.”

While acknowledging the accomplishments of the Children’s Behavioral Health Initiative (CBHI), the judge raised concerns about the adequacy of funding for the system, especially as a new administration takes over. He added, “It’d be awfully nice if the preliminary steps were completed so [compliance] discussions are underway by May or June.”

In response, Emily Sherwood, CBHI director, said she was confident the state will be able to present “a fuller picture if what’s going on” by May or June. She said the funding resources are available to ensure that outstanding reports will be produced within the next several weeks. She also said that the funding was available to support the MCI consultant throughout 2015, to provide ongoing training, especially to improve the clinical quality of in-home therapy services, and to support a collaborative of Community Service Agencies in greater Boston to improve practice. These training and technical assistance activities will be funded by suspending the annual System of Care Practice Review (SOCPR) for approximately a year. See next News story.

**Plaintiffs Challenge Proposed Cancellation of the FY2015 SOCPR**

Since the inception of the new children’s mental health system created pursuant to the Court’s Judgment, the Court has been provided detailed information on the status of implementation through a comprehensive review of a sample of class members served by Intensive Care Coordination (ICC) or In-Home Therapy (IHT). Initially, this review was coordinated by the Court Monitor, and followed a standard protocol called the Community Services Review (CSR). In 2013, the Monitor transferred the client review to the defendants, as an initial step in the disengagement process. The defendants adopted a different review protocol, based upon the nationally-recognized System of Care Practice Review (SOCPR) protocol developed by the University of South Florida. After completing the first SOCPR, the defendants then proposed to further adapt the protocol to Massachusetts and renamed the client review the Massachusetts Practice Review (MPR). This adaption necessitated piloting a revised protocol instrument, resulting in a several month delay in initiating the annual client review.

Based upon an analysis of the first SOCPR and the pilot of the MPR, the defendants have proposed suspending the client review process for an entire fiscal year, in order to expand training and support for ICC and IHT providers, to further pilot the MPR, and to undertake various other system improvements. This decision was made without consultation with or agreement by the plaintiffs. Instead, the plaintiffs expressed serious concerns with this unilateral suspension and noted the problems that will be created in comparing the results of different reviews, using different protocols, with an extended gap in data collection. The Court voiced its strong support for a client review process, considerable skepticism with the proposed delay, and wondered whether the Court Monitor should resume control of the process. The Court then ordered the defendants to submit a detailed plan and schedule for the MPR by January 5, 2015, with a response from the plaintiffs by January 19th.

The [Defendants’ MPR Plan](file:///C%3A%5CUsers%5CUser%5CDocuments%5CCPR%5CRosie%20D%20website%5CDefs%2527%20Report%20on%20MPR.1.15.pdf) provided a detailed list of the training and technical assistance activities that would be supported with the reallocated MPR funds. It proposed another 10 person pilot of the new MPR instrument in June 2015. It did not propose a specific date for the resumption of the full client review process, other than to generally refer to SY2016. Since the last SOCPR assessed the status of implementation during FY2014, and since it is unclear when the full MPR would be completed, the proposed suspension effectively means there is not assessment of ICC and IHT services, and system performance, during FY2015.

**Disconcerting Increase in Waitlists for Remedial Services**

The defendants’ most recent data show a significant increase in wait times for several remedial services. For example, in December 2103, only 25 youth were waiting for their first ICC appointment. The waitlist quadrupled to 155 in May 2014, but came down to 95 in August before it started creeping up again. In September, 100 youth were waiting for an initial appointment with an ICC provider, and by the end of October (the most recent data), 137 youth were waiting. Slightly less than 80% of them were offered an initial appointment within the 14-day access standard – down from 90% as of December 2013.

A similar pattern is evident for waits for In-Home Therapy (IHT) and Therapeutic Mentoring (TM). As of August 2014, 381 youth were waiting for IHT; by the end of October, the number of youth who were waiting jumped to 568. Likewise, about 325 youth were waiting for TM in August 2014, and 382 in October.

On a slightly positive note, the wait list for In-Home Behavioral Services (IHBS) dropped to 107 in October, down from 155 in September. Nonetheless, wait times for this service stretched from 8-12 weeks in several regions across the state. The [Plaintiffs’ 26th Status Report](file:///C%3A%5CUsers%5CUser%5CDocuments%5CCPR%5CRosie%20D%20website%5CPls%27%2026th%20Report.doc) contains a detailed analysis of waiting lists for all remedial services.