

Exhibit 4

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS
Western Division

ROSIE D., et al.,

Plaintiffs

v.

Civil Action No.
01-30199-MAP

Charles Baker, et al.,

Defendants.

SUPPLEMENTAL AFFIDAVIT OF LISA LAMBERT

I, Lisa Lambert, hereby state as follows:

1) This supplemental affidavit responds to specific issues raised by Defendants' Motion for Termination in this case, and state data on the delivery of remedial services and the provision of comprehensive assessments to youth and their families under the Judgment. It incorporates by reference the information contained in my Affidavit dated August 4, 2018 and filed at Doc. 847-4.

2) I have reviewed the most recent MPR data for ICC and IHT, including the FY2017 annual report and the FY18 ICC data summaries, and found the results very troubling. In PPAL's routine intake calls, regional support groups, surveys, and community forums, families who use ICC and IHT have often shared their concerns about inconsistent or uneven practice within the provider network. Most commonly, families express concerns about the limited clinical experience or training of the staff person coordinating or delivering their care, or the lack of continuity that results when a staff person leaves in the middle of providing home-

based services to their child. Some staff are frequently suggesting that families file a Child Needing Assistance (CRA) petition, which requires them to go to court in order to get services. This moves them away from accessing services from the CSA and into the court system, sometimes with adverse consequences. Also, it was very worrying to see how many families experience what the MFR considers to be "poor" and "adverse" practice.

3) When remedial services are so far below what is considered good practice, one of two things happen.: the youth and family make little progress, causing them to blame themselves or lose confidence in services in the future or they are placed at risk, and may even be harmed. While some providers offer high quality services, others fall short. The quality of care they receive should not depend on the family's zip code, or the provider who happens to cover their region. The *Rosie D.* case was about ensuring youth and families had access to care coordination and other medically necessary treatment regardless of where they lived. Without greater consistency and adherence to service standards, those youth will not have the benefit of the remedy in this case. Even worse, they could continue to experience adverse outcomes like unnecessary hospitalization, time out of school, and child welfare or juvenile justice involvement.

4) I have also reviewed the last available data on compliance with the CANS assessment required by the Judgment, including the relatively low levels of compliance by in-patient psychiatric hospitals and CBAT programs. PPAL has decades of experience working with youth and families with behavioral health needs, including those who have been placed in acute psychiatric hospitals, CBATS, and DMH continuing care units (state hospitals). Navigating discharge from these institutional settings, and identifying next steps in community treatment is an extraordinarily difficult and stressful experience for youth and families. Referrals

to medically necessary home-based services, including a wraparound treatment team from ICC, could mean the difference between a well-planned transition and a continuing cycle of behavioral health crises, repeated hospitalizations, missed school, and even juvenile justice or child welfare involvement. Without a comprehensive CANS assessment that considers families' strengths and needs across home, community and school settings, there is an increased likelihood of a poorly planned discharge with inadequate services and supports.

5) Similarly, youth returning from lengthy out-of-home placements often require significant supports and services, as well as coordination of care from multiple providers in their home, community and schools. A CANS assessment conducted as part of the discharge planning process allows the youth and family to engage home and community-based service providers *prior* to discharge, to involve them in transition planning, and to ensure a comprehensive treatment plan is in place on the day the youth leaves the facility. In fact, timely assessments and referrals to home-based services may help to prevent extended out-of-home placement, allowing children to return to their families more quickly and with needed supports. When clinicians do not complete comprehensive assessments, and do not identify and facilitate access to needed home-based services, youth and families can experience delays in access to care, heightened risks in their homes and communities, and serious set-backs in their long term recovery.

Signed under the pains and penalties of perjury.

August 30, 2018



Lisa Lambert