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**Treatment and funding needed for seriously disturbed children**

**AS I SEE IT**

**By Karen E. Ludington**

Last week, U.S. District Court Judge Michael Ponsor issued a major decision that will affect thousands of children in Massachusetts. The decision is also likely to have a big impact on community mental health services for children and families throughout the commonwealth. Planning for how to deal with that impact must start now.

The case of *Rosie D. et al. v. Mitt Romney et al.* is a class-action lawsuit brought on behalf of children in Massachusetts who have serious emotional disturbances and who are eligible for Medicaid. Each of the children in this class has multiple, complex mental health problems. Many are on Medicaid because of the extent of their disabilities, rather than poverty. And their conditions often place stressful demands on their families and schools.

Rosie, the lead plaintiff, for example, is a 16-year-old who was severely abused until she was 4. She suffers from bipolar disorder, post-traumatic stress disorder, dyslexia and other serious conditions. The diagnoses of the other children named in the case also read like a catalogue of serious emotional and physical disturbances — reactive attachment disorder, ADHD, pervasive developmental disorder, neurological problems, anxiety, psychosis, Asperger's Syndrome and others.

In our state, MassHealth administers Medicaid and is subject to federal Medicaid regulations. In a detailed and thoughtful 100-page decision, Judge Ponsor found that the state consistently violates those regulations by failing "to provide Medicaid-eligible SED children with the comprehensive, reasonably well-coordinated treatment that their medical needs require." He describes multiple services that were provided to an inadequate degree, if at all, among them comprehensive assessments of the children's needs, crisis services and in-home behavioral support services.

The result, wrote Judge Ponsor, "is that thousands of Massachusetts children with serious emotional disabilities are forced to endure unnecessary confinement in residential facilities." He ruled the state must provide prompt, coordinated services to help keep such children in their homes. "Without such services," he says, "a child may face a stunted existence, eked out in the shadows and devoid of almost everything that gives meaning to the gift of life."

So what does this decision mean to every community in Massachusetts? Fixing this horrific problem will mean an almost unimaginable additional strain on our current, already strained, community mental health system. Whether the parties in *Rosie D. et al. v. Mitt Romney et al.* agree on steps to take to increase and improve services or Judge Ponsor is forced to order them, the result must be to increase community and home-based services to the families of children with serious emotional disturbances.

Judge Ponsor says there are 59,000 such children under the age of 18 in Massachusetts, about 15,000 of them Medicaid-eligible. These children require complex, coordinated, intense mental health services to keep them in their homes and make their lives, and the lives of their families, manageable.

Who will provide these services? Anyone knowledgeable about community mental health knows that our outpatient child and family mental health system is already stretched beyond capacity. Waiting lists for high-quality children's mental health services are often long, and while service providers would like to be able to increase their capacity to meet the ever-growing demand, they cannot afford to. Why not? Because neither MassHealth nor any private insurer pays the actual cost for a unit of outpatient mental health service. For this reason, instead of increasing outpatient services, many community providers have had to cut back on services in the last few years.

It is important to note that these providers are not fancy clinics with frills. They are bare-bones charitable institutions with a minimum of administrative costs and dedicated, highly skilled professional clinical staff, many of whom can only afford to work part-time as outpatient clinicians because they also have to hold down other, higher-paying, jobs.

Massachusetts has five MassHealth plans. The only statewide plan is administered by the Massachusetts Behavioral Health Partnership, a private contractor that specializes entirely in managing mental health care. MBHP, as it is known, is respected for its expertise, its support of effective outpatient mental health treatment, and its careful management of resources. That management enabled MBHP to grant a welcome rate increase to providers within the last year. But even MBHP's rates, which are generally higher than those paid by private insurers, do not cover the costs of essential outpatient mental health services.

If the 59,000 children in our state who have serious emotional disturbances and who desperately need — and certainly deserve — effective treatment are to be served in our communities, the leadership in public insurance at MassHealth and in the private insurance industry must wake up to both the growing need for outpatient mental health services and the necessity of adequately funding them. Otherwise, Rosie D. and the other children may, indeed, eke out their lives in the shadows.

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