

Chapter 321 of the Acts of 2008: An Act Relative to Children's Mental Health

Sponsored by Rep. Balsler and Sen. Tolman

Thematic Summary

EARLY IDENTIFICATION: Ensures the early identification of children with mental health needs by reaching them in familiar and easily accessible settings -- pediatricians' offices, early education programs and schools

- Promotes pediatric provider screening for behavioral health problems (Section 18)
 - Requires the Office of Medicaid to convene a working group to review and update regulations on the early identification of developmental, mental health, and substance abuse problems in the pediatric primary care setting.
 - Requires the Office of Medicaid to specifically reimburse pediatricians for behavioral health screenings.
- Requires the Department of Early Education and Care (DEEC) to provide behavioral health consultations (Sections 2, 3, 5)
 - Children will be screened for behavioral health problems in childcare and pre-school settings.
 - Requires the DEEC to report on its capacity to provide mental health services and the most effective intervention and prevention strategies.
- Creates a task force on behavioral health and public schools (Section 19)
 - The task force will assess the capacity of schools to address children's behavioral health needs and to offer recommendations for statewide policies that will promote the effective delivery of behavioral health services in schools.
 - The task force will also pilot an assessment tool in at least 10 school districts
- Promotes the provision of mental health consultative services to schools (Section 20)
 - Requires MassHealth, in collaboration with the Department of Mental Health and the Department of Elementary and Secondary Education, to develop a proposal for the provision of mental health consultative services to schools.
 - Through this program, school personnel who are concerned about a child's mental health will be able to access a mental health professional for consultation and advice.

MOST APPROPRIATE SETTING: Ensures that children are treated in the least restrictive, most appropriate setting.

- Requires the Executive Office of Health and Human Services (EOHHS) to implement new policies and procedures to ensure that children don't become "stuck" in hospitals and are moved quickly to appropriate residential facilities or community-based settings (Sections 1 8, 9)
 - Require the Secretary to publish a monthly report of children awaiting clinically-appropriate behavioral health services. DSS and DMH must also file monthly reports on their efforts to move "stuck kids" to appropriate settings.
 - When a child's discharge plan includes alternative residential placement, DSS or DMH will immediately begin coordination of post-hospital care.
 - Five days after being notified that hospitalization is no longer appropriate, DSS and DMH will determine the appropriate type of place and immediately begin the referral process
 - If a child is still "stuck" after 30 days, DSS or DMH will refer the child to the interagency review teams established by this law

INSURANCE COVERAGE: Improves insurance coverage for children with mental health needs.

- Grants authority to the Division of Insurance to regulate behavioral health manager companies (Sections 13, 15)
 - Provides consumers with notice from the behavioral health manager company as to their rights and the obligations of the company.
 - Holds the parent HMO accountable for any behavioral health manager company that does not comply with the law.
- Improves consumer protections (Sections 14)
 - Requires Managed Care Organizations (HMO) to provide written notice to their members that if the HMO cannot provide a service within network, that the HMO must find and cover such service out of network.

STATE SERVICES: Restructures how the Commonwealth oversees, provides and coordinates children's behavioral health services.

- Designates the Department of Mental Health as the leading voice for children's mental health (Sections 1, 4, 6, 7, 9, 10, 11, 12)
 - Secretary of EOHHS will coordinate the purchase of behavioral health services for children to ensure all its agencies are providing integrated, comprehensive, community-based services.
 - Requires the Commissioner of the Department of Mental Health (DMH) to be consulted in the design and implementation of the Commonwealth's behavioral health services for children.

- Requires all other state agencies to consult with the DMH Commissioner before taking an action substantially affecting the design and implementation of behavioral health services for children.
- Creates a Children’s Behavioral Health Advisory Council & Children’s Behavioral Health Research Center (Sections 1, 9, 17)
 - The Research Center, placed within DMH, primary mission is to ensure the workforce of clinicians and direct care staff are highly skilled and well trained, that the services are cost-effective and evidence-based, and that the state develops and evaluated new models of service delivery.
 - The Advisory Council will make legislative and regulatory recommendations related to best practices, implementation of interagency children’s behavioral health initiatives, the extent to which children with behavioral health needs are involved with the juvenile justice and child welfare systems, licensing standards, continuity of care and racial and ethnic disparities.
- Creates an Office of Compliance to facilitate compliance with *Rosie D. v. Romney* (Section 21)
 - Establishes an Office of Compliance Coordination, within EOHHS, to provide administrative oversight, monitoring, and implementation of the remedial plans and court orders in *Rosie D. v. Romney*.
 - The Compliance Coordinator has the authority to review, evaluate, design, and implement activities to facilitate compliance with remedial plans and court orders by EOHHS agencies and employees.
- Creates interagency teams and a hearing process to improve case management for children with complex needs (Section 1)
 - Creates interagency service review teams to collaborate on complex cases for children who may qualify for services from multiple state agencies. Parents or guardians, the juvenile court or a state agency, may refer a child to the team.
 - If the team can’t reach a consensus decision, the matter is referred to the Regional Directors of the respective agencies. If the Regional Directors can’t resolve the case, they shall notify the Secretary of EOHHS who must resolve the dispute within 30 days.
 - If the parent or guardian disputes the decision of the team or Secretary, they can appeal the decision.

For more information:

- For more information about this legislation, contact Rebecca Brink at Health Law Advocates at brink@hla-inc.org
- For more information on the Children’s Mental Health Campaign, go to www.hcfama.org/cmh or contact Matt Noyes at mnoyes@hcfama.org