

HOUSE No. 1979

The Commonwealth of Massachusetts

PRESENTED BY:

Marjorie C. Decker

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act establishing a child and adolescent behavioral health implementation coordinating council.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>	<i>1/19/2023</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>	<i>3/13/2023</i>
<i>Samantha Montaño</i>	<i>15th Suffolk</i>	<i>3/13/2023</i>
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>	<i>3/14/2023</i>

HOUSE No. 1979

By Representative Decker of Cambridge, a petition (accompanied by bill, House, No. 1979) of Marjorie C. Decker relative to establishing a child and adolescent behavioral health implementation coordinating council. Mental Health, Substance Use and Recovery.

The Commonwealth of Massachusetts

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**In the One Hundred and Ninety-Third General Court
(2023-2024)**
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An Act establishing a child and adolescent behavioral health implementation coordinating council.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 19 of the General Laws is hereby amended by inserting after
2 section 23 the following section:-

3 Section 23A

4 a) For the purposes of this section, the following terms shall have the following
5 meanings:

6 “Comprehensive school based behavioral health system”, a collaboration between school
7 professionals and community partners to create a positive school climate, foster social and
8 emotional development, and promote mental health and wellbeing, while reducing the
9 prevalence and severity of mental illness by providing a range of behavioral health promotion,
10 prevention and intervention programs and interventions.

11 “Multi-tiered system of supports”, a framework for providing behavioral health
12 promotion and prevention programs, services and support for the entire student population and
13 providing more acute intervention and support for the students that need them.

14 b) The department shall, in collaboration with the department of elementary and
15 secondary education and the Behavioral Health Integrated Resources for Children Project within
16 the University of Massachusetts at Boston, establish a child and adolescent behavioral health
17 implementation coordinating council, hereinafter referred to as the “council,” within, but not
18 subject to control of, the Children’s Behavioral Health Research Center. The council shall advise
19 the governor, the general court, the secretary of education and the secretary of health and human
20 services, and provide guidance to districts on the implementation of a statewide comprehensive
21 behavioral health system utilizing a multi-tiered system of supports framework to provide
22 equitable access to behavioral health promotion, prevention, and intervention services and
23 supports in each school district.

24 (i) The council shall be comprised of 10 members, who shall serve ex officio: the
25 commissioner of mental health or their designee, who shall serve as co-chair; the commissioner
26 of elementary and secondary education or their designee, who shall serve as co-chair; and a
27 representative of the school behavioral health technical assistance center established pursuant to
28 Chapter 6A, Section 16FF. In addition, 1 representative of each of the following shall be
29 appointed by the co-chairs: school based behavioral health professionals; school administrators;
30 teachers; school nurses; pediatricians; community-based child behavioral health providers; and
31 parents and caregivers of students with behavioral health needs.

32 The co-chairs shall make an effort to ensure that to the extent possible the council
33 members represent the diversity of children in the commonwealth including race, ethnicity,
34 gender and gender identity, sexual orientation and geographic region.

35 (ii) The term for nongovernmental members shall be 3 years. Upon the expiration of a
36 term, the co-chairs may appoint the member to an additional term at their discretion, provide
37 further that a governmental member who resigns or is not appointed to a new term may serve
38 until a successor has been appointed;

39 (iii) the co-chairs may appoint other state agency staff or community members on a
40 permanent or ad hoc basis as necessary to fulfill the purpose of the council.

41 (c) Within 6 months of its first meeting, the council shall develop a 3 year statewide plan
42 for rapidly implementing a comprehensive school based behavioral system through a multi-tiered
43 system of supports framework. The plan should put forth goals and benchmarks for key elements
44 of comprehensive school based behavioral system implementation, including workforce
45 expansion and retention, access to training and professional development, use of evidence-based
46 practices and evaluation, and outcome data specifications to include measures for identifying
47 disparities in access for particular subgroups of students. The plan shall also include strategies
48 for cross sector engagement and mechanisms for leveraging and coordinating funding and
49 resources across agencies and sectors. The council shall update the plan every 3 years, or more
50 frequently as needed, to ensure quality, promote use of current best practices, and address issues
51 of access including persistent disparities.

52 (d) The council shall assist with the development of guidance documents to support
53 schools in operationalizing the comprehensive school based behavioral health statewide plan and
54 to broadly inform school behavioral health policy and practice.

55 (e) Annually on or before January 1, the council shall issue a report of its activities and
56 statewide progress toward implementation of comprehensive school based behavioral health
57 systems and shall make recommendations for addressing barriers to implementation and for
58 addressing persistent disparities in access to behavioral health services and supports in
59 schools, to the governor, the secretary of health and human services, the secretary of education
60 and the general court, by filing them with the clerks of the senate and the house of
61 representatives, the joint committee on mental health, substance abuse and recovery, the joint
62 committee on education and the senate and the house committees on ways and means.

63 (f) Meetings of the council shall comply with chapter 30A, except that the council may
64 hold executive sessions. No action of the council shall be taken in an executive session.

65 (g) The members of the council shall not receive a salary or per diem allowance for
66 serving as members of the council.

67 SECTION 2: Chapter 71 of the General Laws is hereby amended by inserting after
68 section 98 the following section:-

69 Section 99. On or before September 1, 2026, each school district shall implement a
70 comprehensive school based behavioral health system within a multi-tiered system of supports
71 framework. The department shall collaborate with the department of mental health, the school
72 behavioral health technical assistance center established pursuant to Chapter 6A, Section 16FF
73 and the school based behavioral health implementation coordinating council to provide guidance

74 and technical assistance to inform and assist implementation. Districts shall report annually on
75 the status of implementation in a manner and form prescribed by the department of elementary
76 and secondary education.

77 SECTION 3

78 Chapter 69 of the Generals Laws is hereby amended by inserting after section 1T the
79 following section:-

80 Section 1U. The department of elementary and secondary education shall provide school
81 districts with a format and metrics and deadline for annually reporting progress toward
82 implementing a comprehensive school based behavioral health system within a multi-tiered
83 system of supports framework. Not later than September 1 of each year, the department shall
84 provide submitted reports and an aggregate summary of the reports to the school based
85 behavioral health implementation coordinating council established in section 23A of chapter 19.