The committee on Ways and Means to whom was referred the House Bill relative to accountability for vulnerable children and families (House, No. 4852),-- reports, recommending that the same ought to pass with an amendment striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 2884 (also based on Senate, No. 2395).

For the committee,

Michael J. Rodrigues
SECTION 1. The second sentence of the second paragraph of section 16P of chapter 6A of the General Laws, as appearing in the 2018 Official Edition, is hereby amended by striking out clause (iii) and inserting in place thereof the following clause:-(iii) the data reported by the department of mental health under section 24 of chapter 19.

SECTION 2. Section 6A of chapter 18B of the General Laws, as so appearing, is hereby amended by striking out the last paragraph.

SECTION 3. Section 7 of said chapter 18B, as so appearing, is hereby amended by striking out paragraph (e).

SECTION 4. Section 20 of said chapter 18B, as so appearing, is hereby amended by striking out the second sentence.

SECTION 5. Section 23 of said chapter 18B, added by section 45 of chapter 176 of the acts of 2008, is hereby repealed.

SECTION 6. Section 23 of said chapter 18B, added by section 8 of chapter 321 of the acts of 2008, is hereby amended by striking out the sixth sentence.

SECTION 7. Section 24 of said chapter 18B is hereby repealed.
SECTION 8. Section 25 of said chapter 18B is hereby repealed.

SECTION 9. Said chapter 18B is hereby further amended by adding the following 4 sections:-

Section 26. (a)(1) Annually, not later than October 31, the department shall issue a report that provides an overview of the department’s performance during the previous fiscal year. The commissioner or a designee shall file the report with the governor, the child advocate, the clerks of the senate and house of representatives, the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities. The commissioner shall provide the recipients of the report with an opportunity to discuss its contents with the commissioner or the designee. The report shall be made publicly available on the department’s website in accordance with section 19 of chapter 66.

(2) The report shall include, but not be limited to, narratives, information, data and analysis on: (i) counts, including but not limited to: (A) case counts; (B) consumer counts; (C) the number of reports filed pursuant to section 51A of chapter 119; (D) placement metrics; (E) the number of infants brought into the department’s care pursuant to section 39½ of chapter 119; and (F) the number of siblings in placement; (ii) safety processes and outcomes including, but not limited to: (A) safety outcomes, (B) permanency processes and outcomes; (C) the rates of adoptions by race and ethnicity; (D) well-being outcomes, including the rates and timeliness of the delivery of medical and behavioral health services and high school graduation rates; and (iii) operations, including but not limited to: (A) staffing trends; (B) caseloads; (C) the department’s budget, including funding levels; (D) service costs; (E) medical services and advancements in providing medical services to children and young adults in the department’s care; (F) amounts
expended for foster care, adoptive and guardianship families to provide assistance, including
financial assistance, to provide for the care of children; and (G) the foster care review system and
any recommendations for its improvement. The report shall also include comparative
departmental information from prior fiscal years.

(b)(1) Quarterly, not more than 75 days after the end of each fiscal quarter, the
department shall issue a quarterly profile on its website in accordance with section 19 of chapter
66 that shall include, but not be limited to, departmental, regional office and area office data on:
(i) consumer counts; (ii) the number of reports filed pursuant to section 51A of chapter 119,
including counts of reports received, screened-in and screened-out in the quarter; (iii) department
case counts, including counts of clinical and adoption cases in the quarter; (iv) consumer
demographic information, including race and primary language; (v) counts of children and youth
in placement; and (vi) counts of children and youth not in placement.

(2) The commissioner or a designee shall notify the house and senate committees on
ways and means and the joint committee on children, families and persons with disabilities when
data from a profile issued pursuant to paragraph (1) significantly departs from trends reported in
previous profiles.

(c) The commissioner or a designee shall notify the joint committee on children, families
and persons with disabilities when draft regulations are made available by the department for
public comment. Not more than 30 days after the promulgation of regulations or the effective
date of adopted or revised departmental policies relative to services provided to children and
families, the department shall provide copies of the regulations or departmental policies to the
joint committee on children, families and persons with disabilities.
(d) If the department is unable to submit the report under subsection (a) or issue the profile under subsection (b) by the respective deadlines, the commissioner or the commissioner’s legal counsel shall, in writing, notify the governor, the child advocate, the clerks of the senate and house of representatives, the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities and provide an explanation for the delay.

(e) The department, in consultation with the general court and other governmental and nongovernmental partners, shall establish a 3-year plan that shall include numerical targets for the department’s performance in each year and in each of its regions in the areas of safety, permanence and well-being. The plan shall include a description of how the department will measure its progress toward meeting the numerical targets and may include different targets for different regions. Annually, not later than March 31, the department shall update the plan.

Annually, not later than December 31, the department shall measure its performance in meeting the targets established in the 3-year plan for the commonwealth as a whole and for each of its regions consistent with the methodology described in the plan.

The department shall publish and prominently maintain on its website the current plan, the targets for previous years and the department’s performance in meeting those targets.

If in a fiscal year the department is unable to develop or update the 3-year plan or measure its performance, the department shall notify the house and senate committees on ways and means, the joint committee on children, families and persons with disabilities, the child advocate, the chief counsel of the committee for public counsel services, the executive director
Section 27. Annually, not later than October 31, the department shall submit a special report on services provided to young adults over the age of 18 to the child advocate, the clerks of the senate and house of representatives, the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities. The report shall summarize the process by which a young adult may continue to receive services from the department upon reaching the legal adult age of 18. The report shall also include, but not be limited to: (i) the number of young adults who have elected to sustain a connection with the department in the previous fiscal year; (ii) the number of young adults who have elected not to remain with the department and have transitioned out of the child welfare system in the previous fiscal year, including young adults who had previously elected to sustain a connection with the department, if such numbers are available; (iii) the total payments made from commonwealth funds to young adults in the previous fiscal year; and (iv) a description of services provided to young adults by the department in the previous fiscal year, including those funded wholly or in part by federal funds. The department may satisfy the reporting requirements of this section by providing the requested information in an annual report filed under section 26.

Section 28. Annually, not later than August 31, the department shall file a special report on its fair hearing processes and cases with the child advocate, the clerks of the senate and house of representatives, the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities. The report shall be made available to the public electronically in accordance with section 19 of chapter 66.
The report shall include, but not be limited to, information on the fair hearing requests open at any time during the previous fiscal year and shall provide, for each hearing request: (i) the subject matter of the appeal; (ii) the outcomes of cases resolved prior to a fair hearing decision; (iii) the number of days between the hearing request and the first day of the hearing; (iv) the number of days between the close of the evidence and the hearing officer’s decision; (v) the number of days of continuance granted at the appellant’s request; (vi) the number of days of continuance granted at the request of the department or the hearing officer, specifying which party made the request; and (vii) whether the department’s decision that was the subject of the appeal was affirmed or reversed; provided, however, that the information shall be in a form that shall not include personally-identifiable information.

The department shall maintain, and make available to the public during regular business hours, a record of its fair hearings that shall include, for each hearing request: (i) the date of the request; (ii) the date of the hearing decision; (iii) the decision rendered by the hearing officer; and (iv) the final decision rendered upon the commissioner’s review; provided, however, that the information shall be in a form that shall not include personally-identifiable information. For fair hearing requests that are pending for more than 180 days at any time during the fiscal year, except for those requests which have been stayed at the request of the district attorney, the report shall provide the number of such cases, how many have been heard but not decided and how many have been decided by the hearing officer but not yet issued a final agency decision.

If there are more than 225 fair hearing requests open for more than 180 days at the end of any month during the first 6 months of a fiscal year, then an additional report of such requests shall be provided not later than February 28. The department shall make redacted copies of fair hearing decisions available not later than 30 days after a written request.
Section 29. Notwithstanding any general or special law to the contrary, any social service
program, as defined by section 22N of chapter 7, or any program or service that is reimbursable
under Title XIX of the federal Social Security Act that is providing services to a child who is in
the custody of or receiving services from the department or is providing services to a young adult
or adult receiving services from the department, shall provide the department with information
not more than 5 business days after receiving a request for information from a department social
worker for the purposes of conducting a collateral check; provided, however, that programs or
services shall comply with all applicable state and federal privacy requirements, including those
imposed by the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104–
2.11 et seq. and 45 C.F.R. §§ 160, 162 and 164.

SECTION 10. The fourth paragraph of subsection (e) of section 26 of said chapter 18B,
as appearing in section 9, is hereby amended by inserting after the word “services” the following
words:- , the executive director of the legal services organization that is participating in the data
work group under subsection (f).

SECTION 11. Said section 26 of said chapter 18B, as so appearing, is hereby further
amended by adding the following subsection:-

(f) A data work group shall convene every 2 years to make recommendations for
improvements to the report and profile required under subsections (a) and (b). The work group
shall consist of the following persons or their designees: the child advocate, who shall serve as
co-chair; the commissioner, who shall serve as co-chair; the chairs of the house and senate
committees on ways and means; the chairs of the joint committee on children, families and
persons with disabilities; 1 member of the senate to be appointed by the minority leader of the senate; 1 member of the house of representatives to be appointed by the minority leader of the house of representatives; the chief counsel of the committee for public counsel services; the executive director of Children’s League of Massachusetts, Inc.; the executive director of a legal services program to be appointed by the governor; 1 person with expertise in child welfare data and outcome measurement to be appointed by the child advocate; 1 person who is a current or recently former caseworker for the department to be appointed by SEIU 509, or a successor organization representing social workers and 1 person with expertise in the department’s information technology, data collection and reporting systems to be appointed by the commissioner of children and families. The work group shall consult with other individuals with relevant expertise, including academics, researchers and service providers, as needed.

Not later than December 31 in every even-numbered year, the data work group shall file a report on its recommendations, together with drafts of any legislation necessary to carry its recommendations into effect, with the clerks of the senate and house of representatives, the senate and house committees on ways and means and the joint committee on children, families and persons with disabilities.

SECTION 12. Chapter 18C of the General Laws is hereby amended by adding the following section:-

Section 15. (a) As used in this section the following words shall have the following meanings unless the context clearly requires otherwise:

“Child”, a person under the age of 18.

“Fatality”, a death of a child.
“Local team”, a local child fatality review team established in subsection (c).

“Near fatality”, an act that, as certified by a physician, places a child in serious or critical condition.

“State team”, the state child fatality review team established in subsection (b).

“Team”, the state or a local team.

(b) There shall be a state child fatality review team within the office of the child advocate. Notwithstanding section 172 of chapter 6, members of the state team shall be subject to criminal offender record checks to be conducted by the colonel of state police on behalf of the child advocate. All members shall serve without compensation for their duties associated with membership on the state team.

The state team shall consist of not less than: the child advocate or a designee, who shall serve as co-chair; the commissioner of public health or a designee, who shall serve as co-chair; the chief medical examiner or a designee; the attorney general or a designee; the commissioner of children and families or a designee; the commissioner of elementary and secondary education or a designee; a representative selected by the Massachusetts District Attorneys Association; the colonel of state police or a designee; the commissioner of mental health or a designee; the commissioner of developmental services or a designee; the director of the Massachusetts Center for Unexpected Infant and Child Death at Boston Medical Center or a designee; the commissioner of youth services or a designee; the commissioner of early education and care or a designee; a representative selected by the Massachusetts chapter of the American Academy of Pediatrics who has experience in diagnosing or treating child abuse and neglect; a representative selected by the Massachusetts Health and Hospital Association, Inc.; the chief justice of the
juvenile court department of the trial court of the commonwealth or a designee; and the president
of the Massachusetts Chiefs of Police Association Incorporated or a designee. Additional
members with expertise or information relevant to an individual case may be added to the board
by the co-chairs or by majority vote of the members of the state team. The purpose of the state
team shall be to decrease the incidence of preventable child fatalities and near fatalities by: (i)
developing an understanding of the causes and incidence of child fatalities and near fatalities;
and (ii) advising the governor, the general court and the public by recommending changes in law,
policy and practice to prevent child fatalities and near fatalities.

To achieve its purpose, the state team shall: (i) develop model investigative and data
collection protocols for local teams; (ii) provide information to local teams and law enforcement
agencies for the purpose of the protection of children; (iii) provide training and written materials
to local teams to assist them in carrying out their duties; (iv) review reports from local teams; (v)
study the incidence and causes of child fatalities and near fatalities in the commonwealth; (vi)
analyze community, public and private agency involvement with the children and their families
prior to and subsequent to fatalities or near fatalities; (vii) develop a protocol for the collection of
data regarding fatalities and near fatalities and provide training to local teams on the protocol;
(viii) develop and implement rules and procedures necessary for its own operation; and (ix)
provide the governor, the general court and the public with annual written reports, subject to
confidentiality restrictions, that shall include, but not be limited to, the state team’s findings and
recommendations.

(c) There shall be a local child fatality review team in each district established under
section 13 of chapter 12. Notwithstanding section 172 of chapter 6, members of a local team
shall be subject to criminal offender record checks to be conducted by the district attorney. All
members shall serve without compensation for their duties associated with membership on a
local team.

Each local team shall be comprised of not less than: the district attorney of the county,
who shall serve as chair; the chief medical examiner or a designee; the commissioner of children
and families or a designee; a pediatrician with experience in diagnosing or treating child abuse
and neglect, appointed by the state team; a local police officer from a municipality where a child
fatality or near fatality occurred, appointed by the chief of police of the municipality; a state law
enforcement officer, appointed by the colonel of state police; the chief justice of the juvenile
court department of the trial court of the commonwealth or a designee; the director of the
Massachusetts center for Unexpected Infant and Child Death located at Boston Medical Center
or a designee; and at least 1 representative from the department of public health or the office of
the child advocate. Additional persons, including, but not limited to, local or state law
enforcement officers, hospital representatives, medical specialists or subspecialists and designees
of the commissioners of developmental services, mental health, youth services, education and
early education and care, who have expertise or information relevant to an individual case may
attend meetings, on an ad hoc basis, by agreement of the permanent members of each local team.

The purpose of each local team shall be to decrease the incidence of preventable child
fatalities and near fatalities by: (i) coordinating the collection of information on fatalities and
near fatalities; (ii) promoting cooperation and coordination between agencies responding to
fatalities and near fatalities and in providing services to family members; (iii) developing an
understanding of the causes and incidence of child fatalities and near fatalities in the county; and
(iv) advising the state team on changes in law, policy or practice that may affect child fatalities
and near fatalities.
To achieve its purpose, each local team shall: (i) review, establish and implement model protocols from the state team; (ii) review, subject to the approval of the local district attorney, all individual fatalities and near fatalities in accordance with the established protocols; (iii) meet periodically, not less than 4 times per calendar year, to review the status of fatality and near fatality cases and recommend methods of improving coordination of services between member agencies; (iv) collect, maintain and provide confidential data as required by the state team; and (v) provide law enforcement or other agencies with information for the purposes of the protection of children.

At the request of the local district attorney, the local team shall be immediately provided with: (i) information and records relevant to the cause of the fatality or near fatality maintained by providers of medical or other care, treatment or services, including dental and mental health care; (ii) information and records relevant to the cause of the fatality or near fatality maintained by any state, county or local government agency including, but not limited to, birth certificates, medical examiner investigative data, parole and probation information records and law enforcement data post-disposition, except that certain law enforcement records may be exempted by the local district attorney; (iii) information and records of any provider of social services, including the state department of children and families, relevant to the child or the child's family, that the local team deems relevant to the review; and (iv) demographic information relevant to the child and the child's immediate family, including, but not limited to, address, age, race, gender and economic status. The district attorney may enforce this paragraph by seeking an order of the superior court.

(d) Any privilege or restriction on disclosure established pursuant to chapter 66A, section 70 of chapter 111, section 11 of chapter 111B, section 18 of chapter 111E, chapter 112, chapter
123, section 20B, section 20J or section 20K of chapter 233 or any other law relating to confidential communications shall not prohibit the disclosure of this information to the chair of the state team or a local team. Any information considered to be confidential pursuant to the aforementioned statutes may be submitted for a team’s review upon the determination of that team’s chair that the review of this information is necessary. The chair shall ensure that no information submitted for a team’s review is disseminated to parties outside the team. No member of a team shall violate the confidentiality provisions set forth in the aforementioned statutes.

Except as necessary to carry out a team’s purpose and duties, members of a team and persons attending a team meeting shall not disclose any information relating to the team’s business.

Team meetings shall be closed to the public. Information and records acquired by the state team or by a local team pursuant to this chapter shall be confidential, exempt from disclosure under chapter 66 and may only be disclosed as necessary to carry out a team’s duties and purposes.

Statistical compilations of data that do not contain any information that would permit the identification of any person may be disclosed to the public.

(e) Members of a team, persons attending a team meeting and persons who present information to a team shall not be questioned in any civil or criminal proceeding regarding information presented in or opinions formed as a result of a team meeting.

(f) Information, documents and records of the state team or of a local team shall not be subject to subpoena, discovery or introduction into evidence in any civil or criminal proceeding;
provided, however, that information, documents and records otherwise available from any other source shall not be immune from subpoena, discovery or introduction into evidence through these sources solely because they were presented during proceedings of a team or are maintained by a team.

(g) Nothing in this section shall limit the powers and duties of the child advocate or district attorneys.

SECTION 13. Chapter 32A of the General Laws is hereby amended by inserting after section 17Q the following section:-

Section 17R. For the purposes of this section, the following terms shall have the following meanings unless the context clearly requires otherwise:

“Community-based acute treatment”, 24-hour clinically managed mental health diversionary or step-down services for children and adolescents that is usually provided as an alternative to mental health acute treatment.

“Intensive community-based acute treatment”, intensive 24-hour clinically managed mental health diversionary or step-down services for children and adolescents that is usually provided as an alternative to mental health acute treatment.

“Mental health acute treatment”, 24-hour medically supervised mental health services provided in an inpatient facility, licensed by the department of mental health, that provides psychiatric evaluation, management, treatment and discharge planning in a structured treatment milieu.
The commission shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for medically necessary community-based acute treatment and intensive community-based acute treatment and shall not require a preauthorization before obtaining treatment; provided, however, that the facility shall notify the carrier of the admission and the initial treatment plan within 72 hours of admission.

Benefits for an employee under this section shall be the same for the employee’s covered spouse and covered dependents.

SECTION 14. Section 2A of chapter 38 of the General Laws is hereby repealed.

SECTION 15. Section 15A of chapter 75 of the General Laws, as appearing in the 2018 Official Edition, is hereby amended by striking out the third paragraph and inserting in place thereof the following paragraph:-

The center shall maintain the confidentiality of any individual whose personal information is made available to the center pursuant to section 7 of chapter 15D, but compliance with individual confidentiality as required by this section shall not prevent the publication of aggregated research information or case studies in which personal identifiers have been removed.

SECTION 16. Chapter 111 of the General Laws is hereby amended by inserting after section 51½ the following section:-

Section 51¾. The department, in consultation with the department of mental health, shall promulgate regulations requiring all acute-care hospitals licensed under section 51G to provide or arrange for qualified behavioral health clinicians, during all operating hours of an emergency department or a satellite emergency facility as defined in section 51½, to evaluate and stabilize a
person admitted with a behavioral health presentation to the department, or to a facility and to refer such person for appropriate treatment or inpatient admission.

The regulations shall permit evaluation via telemedicine, electronic or telephonic consultation, as deemed appropriate by the department.

The regulations shall be promulgated after consultation with the department of mental health and the division of medical assistance and shall include, but not be limited to, requirements that individuals under the age of 22 receive an expedited evaluation and stabilization process.

SECTION 17. Chapter 118E of the General Laws is hereby amended by inserting after section 10M the following section:-

Section 10N. For the purposes of this section, the following terms shall have the following meanings unless the context clearly requires otherwise:-

“Community-based acute treatment”, 24-hour clinically managed mental health diversionary or step-down services for children and adolescents that is usually provided as an alternative to mental health acute treatment.

“Intensive community-based acute treatment”, intensive 24-hour clinically managed mental health diversionary or step-down services for children and adolescents that is usually provided as an alternative to mental health acute treatment.

“Mental health acute treatment”, 24-hour medically supervised mental health services provided in an inpatient facility, licensed by the department of mental health, that provides
psychiatric evaluation, management, treatment and discharge planning in a structured treatment milieu.

The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid managed care organization or primary care clinician plan shall cover the cost of medically necessary community-based acute treatment and intensive community-based acute treatment and shall not require a preauthorization before obtaining treatment; provided, however, that the facility shall notify the carrier of the admission and the initial treatment plan within 72 hours of admission.

SECTION 18. Subsection (f) of section 23 of chapter 119 of the General Laws, as so appearing, is hereby amended by striking out the last sentence.

SECTION 19. Subsection (h) of said section 23 of said chapter 119, as so appearing, is hereby further amended by striking out the second paragraph.

SECTION 20. Said section 23 of said chapter 119, as so appearing, is hereby further amended by adding the following subsection:-

(j) The commissioner shall establish and periodically update an internal review policy to require a review prior to a determination to reunify a child with their family. Members of the review shall include, but not be limited to: (i) the social worker with direct case responsibility for the child or young adult whose case is being reviewed; (ii) the immediate supervisor of the social worker; (iii) counsel from the area office; and (iv) the area director. The review shall include, but not be limited to, the child’s foster care review cases and collateral checks consistent with the
ongoing casework and documentation policy. The outcome of the review and all accompanying
notes and files shall be included in the case records of the child.

SECTION 21. Said chapter 119 is hereby further amended by inserting after section 23B
the following section:-

Section 23C. (a) The department shall promulgate a policy governing its relationship
with, and responsibilities to, foster parents to be known as the foster parents’ bill of rights. The
foster parents’ bill of rights shall be provided by the department and private agencies contracted
by the department to provide foster care to all prospective foster and pre-adoptive parents during
the application process and to kinship foster parents during the placement process. All current
foster, pre-adoptive and kinship parents shall be provided with a copy of the foster parents’ bill
of rights.

(b) The foster parents’ bill of rights shall include, but not be limited to notification that:

(i) the department shall not discriminate against a foster parent on the basis of religion,
race, ethnicity, color, creed, sex, sexual orientation, gender identity, gender expression, national
origin, age or physical ability;

(ii) the department shall keep information regarding the foster parent and household
members confidential, except as required by law;

(iii) the department shall develop and provide a standardized pre-service training for
foster parents including, but not limited to, communication, positive discipline, child guidance,
building the child’s self-esteem and the reasonable and prudent parent standard; provided,
however, that the department shall update foster parents of any relevant changes in policies and

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procedures of the department and any changes in applicable law not less than 30 days before the change takes place; provided further, that if it is not possible for the department to provide the update not less than 30 days before the change takes place, the department shall update foster parents as soon as practicable; provided further, that the reasonable and prudent parenting standard may include a consideration of relevant factors including, but not limited to: (A) the child’s age, maturity and developmental level; (B) the potential risk factors, appropriateness and benefits of allowing the child to participate in an extracurricular, enrichment or social activity; (C) the best interest of the child based on information known to the foster parent; (D) the importance of encouraging the child’s emotional and developmental growth; (E) the importance of providing the child with the most family-like experience possible; and (F) the behavioral health of the child and the child’s ability to safely participate in a proposed activity;

(iv) to the greatest extent possible, as allowable under state and federal law and prior to placement, the department shall provide a foster parent with information about the child including, but not limited to: (A) the physical and behavioral health history of the child; (B) the education needs of the child; and (C) information about the daily routine of the child; provided, however, that the department shall communicate additional information that becomes known during the time of placement in a timely fashion;

(v) the department shall provide a foster parent with a copy of the department action plan regarding the child in the foster parent’s home, other than those parts of the plan containing information that is confidential to a parent under federal or state law, and shall afford a foster parent an opportunity to discuss the plan with the social worker; provided, however, that the department shall provide reasonable notification of any changes to the plan;
(vi) a foster parent may decline placement of a child in their home and may request the removal of a child from their home;

(vii) the department shall inform a foster parent of the range and frequency of payments the foster parent may be eligible to receive including, but not limited to, daily stipends, quarterly clothing allowances and birthday and holiday payments; provided, however, that the department shall notify a foster parent in writing of any delays in payments as soon as the delay becomes known to the department;

(viii) the department shall inform a foster parent of other available financial supports and services including, but not limited to, parents and children together rates, reimbursements for one-time costs, child care and respite; provided, however, that the department shall also provide the criteria for accessing financial supports and services;

(ix) the department shall consult with the foster parent in the planning of supervised or unsupervised visitation;

(x) the department shall provide a foster parent not less than 10 days of paid respite care per year;

(xi) the department shall maintain a staffed 24-hour emergency hotline in case of emergency when the department offices are closed and shall provide the number to foster parents; provided, however, that if the hotline number is changed, foster parents shall be alerted to the new number within 1 month of the change;

(xii) the department shall provide adequate notice to a foster parent of foster care reviews and appropriate meetings regarding the child in the foster parent’s home and shall provide an
opportunity for foster parents to actively participate in the meetings, except as to those parts of foster care reviews or meetings that involve information that is confidential as to a parent under federal or state law;

(xiii) the department shall, to the extent reasonably possible, provide adequate notice to a foster parent when a child is to be removed from their home;

(xiv) the department shall provide adequate notice to a foster parent of all court hearings, consistent with federal and state law, regarding the child in their home; provided, however, that a foster parent who is unable to attend a court hearing may provide a written statement to the department prior to the hearing;

(xv) the department shall provide foster parents with information about: (A) the process and timelines for investigation and resolution of a report made against the foster parent pursuant to section 51A; (B) the rights of the foster parent to receive and provide information during the review or investigation; and (C) the potential consequences of a supported complaint, review or investigation;

(xvi) the department may advocate for a non-kin foster parent to be considered as the first choice as an adoptive parent or legal guardian for a child whose goal has been changed to adoption or guardianship if no kin is available;

(xvii) prior to a child leaving a foster home, the department shall provide the opportunity for the foster parent to provide notes that may assist future foster parents in the care or daily routine of the child; provided, however, that the department may include this information in the case file of the child and may make it accessible, upon request, to future foster parents, consistent with applicable state and federal privacy laws;
(xviii) upon request of a foster parent, the department shall review department decisions relating to the child while in the care of the foster parent including, but not limited to, grievances or fair hearing requests filed by the foster parent in compliance with the department’s regulations; provided, however, that the department shall provide information on the procedures and timelines to foster parents upon approval as a foster parent; and

(xix) the department shall not retaliate against foster parents for issuing or filing a complaint with the commissioner, the department’s office of the ombudsman or the office of the child advocate or for retaining counsel.

SECTION 22. Section 29 of said chapter 119, as appearing in the 2018 Official Edition, is hereby amended by inserting after the second paragraph the following 2 paragraphs:-

Not less than 5 business days before any non-emergency change in a child’s or a young adult’s placement or any non-emergency hospitalization and not more than 1 business day after any emergency change in a child’s or a young adult’s placement or any emergency hospitalization, the department shall provide notice of the change in placement or hospitalization to the child’s or the young adult’s attorney.

If the department receives a report pursuant to section 51A, the department shall notify the attorney of the child or young adult involved in the reported incident not more than 1 business day after the department’s receipt of the report.

SECTION 23. Section 39½ of said chapter 119, as so appearing, is hereby amended by striking out the eighth paragraph.
SECTION 24. Section 51D of said chapter 119, as so appearing, is hereby amended by striking out the eighth paragraph.

SECTION 25. Section 51E of said chapter 119, as so appearing, is hereby amended by striking out, in line 2, the figure “51D” and inserting place thereof the following figure:- 51C.

SECTION 26. Chapter 175 of the General Laws is hereby amended by inserting after section 47LL the following section:-

Section 47MM. For the purposes of this section, the following terms shall have the following meanings unless the context clearly requires otherwise:

“Community-based acute treatment”, 24-hour clinically managed mental health diversionary or step-down services for children and adolescents that is usually provided as an alternative to mental health acute treatment.

“Intensive community-based acute treatment”, intensive 24-hour clinically managed mental health diversionary or step-down services for children and adolescents that is usually provided as an alternative to mental health acute treatment.

“Mental health acute treatment”, 24-hour medically supervised mental health services provided in an inpatient facility, licensed by the department of mental health, that provides psychiatric evaluation, management, treatment and discharge planning in a structured treatment milieu.

Any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is considered creditable coverage under section 1 of chapter 111M, shall provide coverage for medically necessary community-based acute treatment
and intensive community-based acute treatment and shall not require a preauthorization before obtaining treatment; provided, however, that the facility shall notify the carrier of the admission and the initial treatment plan within 72 hours of admission.

SECTION 27. Chapter 176A of the General Laws is hereby amended by inserting after section 8NN the following section:-

Section 8OO. For the purposes of this section, the following terms shall have the following meanings unless the context clearly requires otherwise:

“Community-based acute treatment”, 24-hour clinically managed mental health diversionary or step-down services for children and adolescents that is usually provided as an alternative to mental health acute treatment.

“Intensive community-based acute treatment”, intensive 24-hour clinically managed mental health diversionary or step-down services for children and adolescents that is usually provided as an alternative to mental health acute treatment.

“Mental health acute treatment”, 24-hour medically supervised mental health services provided in an inpatient facility, licensed by the department of mental health, that provides psychiatric evaluation, management, treatment and discharge planning in a structured treatment milieu.

Any contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within the commonwealth shall provide coverage for medically necessary community-based acute treatment and intensive community-based acute treatment and shall not require a preauthorization before obtaining treatment;
provided, however, that the facility shall notify the carrier of the admission and the initial
treatment plan within 72 hours of admission.

SECTION 28. Chapter 176B of the General Laws is hereby amended by inserting after
section 4NN the following section:-

Section 4OO. For the purposes of this section, the following terms shall have the
following meanings unless the context clearly requires otherwise:

“Community-based acute treatment”, 24-hour clinically managed mental health
diversionary or step-down services for children and adolescents that is usually provided as an
alternative to mental health acute treatment.

“Intensive community-based acute treatment”, intensive 24-hour clinically managed
mental health diversionary or step-down services for children and adolescents that is usually
provided as an alternative to mental health acute treatment.

“Mental health acute treatment”, 24-hour medically supervised mental health services
provided in an inpatient facility, licensed by the department of mental health, that provides
psychiatric evaluation, management, treatment and discharge planning in a structured treatment
milieu.

Any subscription certificate under an individual or group medical service agreement
delivered, issued or renewed within the commonwealth shall provide coverage for medically
necessary community-based acute treatment, intensive community-based acute treatment and
shall not require a preauthorization before obtaining treatment; provided, however, that the
facility shall notify the carrier of the admission and the initial treatment plan within 72 hours of admission.

SECTION 29. Chapter 176G of the General Laws is hereby amended by inserting after section 4FF the following section:-

Section 4GG. For the purposes of this section, the following terms shall have the following meanings unless the context clearly requires otherwise:

“Community-based acute treatment”, 24-hour clinically managed mental health diversionary or step-down services for children and adolescents that is usually provided as an alternative to mental health acute treatment.

“Intensive community-based acute treatment”, intensive 24-hour clinically managed mental health diversionary or step-down services for children and adolescents that is usually provided as an alternative to mental health acute treatment.

“Mental health acute treatment”, 24-hour medically supervised mental health services provided in an inpatient facility, licensed by the department of mental health, that provides psychiatric evaluation, management, treatment and discharge planning in a structured treatment milieu.

Any individual or group health maintenance contract that is issued or renewed shall provide coverage for medically necessary community-based acute treatment and intensive community-based acute treatment and shall not require a preauthorization before obtaining treatment; provided, however, that the facility shall notify the carrier of the admission and the initial treatment plan within 72 hours of admission.
SECTION 30. Section 5E of chapter 210 of the General Laws is hereby repealed.

SECTION 31. Chapter 47 of the acts of 2017 is hereby amended by striking out section 128 and inserting in place thereof the following section:-

Section 128. There shall be a task force on child welfare data reporting. The task force shall develop basic data measures, progress measures and key outcome measures to inform the general court and the public on the status and demographics of the caseload of the department of children and families and the department’s progress in achieving child welfare goals, including safety, permanency and well-being.

The task force shall develop criteria for measuring outcomes for children and families in the key child welfare domains of safety, permanency and well-being including, but not limited to, outcomes relative to: (i) protecting children from abuse and neglect; (ii) safely maintaining children in their own homes whenever possible and appropriate; (iii) achieving stability and permanency for children in their living situations; (iv) preserving the continuity of family relationships; (v) enhancing the capacity of families to provide for the needs of children; (vi) ensuring that children receive appropriate services to meet their educational needs; (vii) ensuring that children receive the services necessary to meet their physical and mental health needs; and (viii) achieving permanency and opportunity for young adults. The task force shall make recommendations to: (i) ensure that the department of children and families’ reports and profiles required under section 26 of chapter 18B of the General Laws include data measures that are clearly defined and provided with adequate context to convey the meaning of reported data and the department’s understanding of the meaning of trends that may appear in that data; (ii) eliminate reports that are no longer necessary; (iii) revise existing reports; and (iv) ensure that
576 reports are timely submitted and made available electronically in accordance with public records
577 laws.

578 The task force shall also make recommendations relative to: (i) the continued
579 development of the reports and profiles required under section 26 of chapter 18B of the General
580 Laws; (ii) the resources required of the department to develop and produce said reports and
581 profiles; and (iii) priorities for the department’s public reporting requirements as they relate to
582 addressing: (A) questions underlying legislative reporting requirements relative to foster care
583 review, residential care, services for young adults over the age of 18, educational and placement
584 stability, kinship guardianship subsidies and any other reporting requirements not included in the
585 reports and profiles under said section 26 of said chapter 18B; (B) questions that the department
586 is currently unable to address with existing departmental data including, but not limited to,
587 families with multiple siblings in the department’s care; (C) questions concerning the
588 department’s delivery of services including, but not limited to, support and stabilization and the
589 effectiveness of such services; (D) questions concerning the department’s outcomes and the
590 development of accurate benchmarks to measure those outcomes; and (E) racial
591 disproportionality at decision points in the departmental process by area office.

592 The task force shall consist of the following persons or their designees: the child
593 advocate, who shall serve as co-chair; the commissioner of children and families, who shall serve
594 as co-chair; the chairs of the house and senate committees on ways and means; the chairs of the
595 joint committee on children, families and persons with disabilities; the chief counsel of the
596 committee for public counsel services; the executive director of the Children’s League of
597 Massachusetts, Inc.; the executive director of a legal services program to be appointed by the
598 governor; 1 person with expertise in child welfare data and outcome measurement to be
appointed by the child advocate; and 1 person with expertise in the department of children and families’ information technology, data collection and reporting systems to be appointed by the commissioner of children and families. The task force shall consult with other individuals with relevant expertise, including academics, researchers and service providers, as needed. The task force shall consult with the secretaries of agencies that address issues directly affecting the child welfare caseload or outcomes, including, but not limited to, substance use disorders, domestic violence, mental health and homelessness, to determine how best to review and report on agency data relevant to child welfare outcomes.

The task force shall meet not less than quarterly. Annually, not later than January 31, the task force shall submit its recommendations, together with drafts of any legislation necessary to carry its recommendations into effect, by filing the same with the clerks of the senate and house of representatives, the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities.

SECTION 32. Item 4800-0015 of section 2 of chapter 41 of the acts of 2019 is hereby amended by striking out the words “provided further, that on December 27, 2019, and March 27, 2020, the department shall report to the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities on: (i) the fair hearing requests filed in fiscal year 2020, using non-identifying information: to state, for each hearing request: (a) the subject matter of the appeal; (b) the number of days between the hearing request and the first day of the hearing; (c) the number of days between the first day of the hearing and the hearing officer’s decision; (d) the number of days between the hearing officer’s decision and the agency’s final decision; (e) the number of days of continuance granted at the appellant’s request; (f) the number of days of continuance granted at the request of the department of
children and families or the hearing officer’s request, specifying which party made the request;
and (g) whether the department’s decision that was the subject of the appeal was affirmed or
reversed; and (ii) the fair hearing requests filed before fiscal year 2020, which are pending for
more than 180 days, stating the number of those cases, how many of those cases have been heard
but not decided and how many have been decided by the hearing officer but not yet issued as a
final agency decision; provided further, that the department shall maintain and make available to
the public, during regular business hours, a record of its fair hearings, with identifying
information removed, including for each hearing request: the date of the request, the date of the
hearing decision, the decision rendered by the hearing officer and the final decision rendered
upon the commissioner’s review; provided further, that the department shall make redacted
copies of fair hearing decisions available within 30 days of a written request; provided further,
that the department shall not make available any information in violation of federal privacy
regulations; provided further, that not later than February 28, 2020, the department shall submit a
report to the house and senate committees on ways and means and joint committee on children,
families and persons with disabilities that shall include, but not be limited to, the: (1) number of
medical and psychiatric personnel and their level of training currently employed by or under
contract with the department; (2) number of foster care reviews conducted by the department and
the average length of time in which each review is completed; (3) the number of social workers
and supervisors who have earned a bachelor’s or master’s degree in social work; (4) the total
number of social workers and the total number of social workers holding licensure, by level; (5)
number of the department’s contracts reviewed by the state auditor and the number of corrective
action plans issued; and (6) number of corrective action plans entered into by the department;
provided further, that on the first business day of each quarter, the department shall file a report
with the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities on the caseload of the department; provided further, that the report shall include, but not be limited to: (A) the caseloads of residential placements, congregate care, foster care, therapeutic foster care, adoption, guardianship, 51A reports, substantiated 51A reports, the number of children who die in the care and custody of the department, the number of children currently eligible for supportive child care, the number of children presently receiving supportive child care and the number of medical and psychiatric consultation requests made by the department’s social workers; (B) the number of approved foster care placements; (C) the number of children in psychiatric hospitals and community-based acute treatment programs who remain hospitalized beyond their medically-necessary stay while awaiting placement and the number of days each case remains in placement beyond that which is medically necessary; (D) the number of children under the department of children and families’ care and custody who are being served in medical or psychiatric care provided through other publicly-funded sources; (E) the number of children served by supervised visitation centers and the number of those children who are reunified with their families; (F) the total number of children served, their ages, the number of children served in each service plan, the number of children in out-of-home placements and the number of placements each child has had before receiving an out-of-home placement; (G) for each area office, the number of kinship guardianship subsidies provided in the quarters covered by the report and the number of kinship guardianship subsidies provided in that quarter for which federal reimbursement was received; (H) for each area office, the total spending on services other than case management services provided to families to keep a child with the child’s parents or reunifying the child with the child’s parents, spending by the type of service including, but not limited to, the number of
children and a breakdown of spending for respite care, intensive in-home services, client
financial assistance and flexible funding, community-based after-school social and recreation
program services, family navigation services and parent aide services and the unduplicated
number of families that receive the services; (I) for each area office, the total number of families
residing in shelters paid for by the department, a list of where the families are sheltered, the total
cost and average cost per family of those shelters and a description of how the department
determines who qualifies or does not qualify for a shelter; (J) for each area office, the number of
requests for voluntary services broken down by type of service requested, whether the request
was approved or denied, the number of families that were denied voluntary services and received
a 51A report, the reasons for denying the service and what, if any, referrals were made for
services by other agencies or entities; (K) the number of families receiving multiple 51A reports
within a 10-month period, the number of cases reopened within 6 months of being closed and the
number of children who return home and then reenter an out-of-home placement within 6
months; (L) the number of children and families served by the family resource centers by area;
and (M) the number of children within the care and custody of the department whose
whereabouts are unknown; provided further, that not later than November 1, 2019, the
department shall submit a report to the house and senate committees on ways and means and the
joint committee on children, families and persons with disabilities that details any changes to
rules, regulations or guidelines established by the department in the previous fiscal year to carry
out its duties under chapter 119 of the General Laws including, but not limited to: (I) criteria
used to determine whether a child has been abused or neglected; (II) guidelines for removal of a
child from the home; and (III) standards to determine what reasonable efforts are being made to
keep a child in the home; provided further, that on a monthly basis, the department of children
and families shall provide the caseload forecasting office with data on children receiving services and other pertinent data related to items 4800-0038 and 4800-0041 that is requested by the office; provided further, that the report shall also contain the number of children and families served by the family resource centers by area and an evaluation of the services provided and their effectiveness.”.

SECTION 33. The department of children and families shall, in consultation and collaboration with the child advocate, review the department’s utilization of virtual and video technology during the outbreak of the 2019 novel coronavirus, also known as COVID-19, and develop a plan to improve operations by expanding access to virtual and video technology services for department staff, children, parents, foster parents and kinship care guardians. The department shall identify barriers to utilizing virtual and video technology services and, when feasible, implement alternative approaches where virtual and video technology services are not available or feasible. Not later than October 1, 2020, the department of children and families shall submit a report detailing its review and plan to the clerks of the senate and house of representatives and the joint committee on children, families and persons with disabilities.

SECTION 34. The department of elementary and secondary education, in consultation with the department of children and families, shall develop a statewide plan to ensure that schools maintain ongoing communication and student engagement with families with active cases at the department of children and families. The plan shall include, but not be limited to: (i) efforts to ensure effective and ongoing engagement relative to remote learning for the fall of 2020; and (ii) best practices for engaging the most vulnerable and at-risk students and their families. Not later than October 1, 2020, the department of elementary and secondary education, in coordination with the department of children and families, shall file a report on the statewide
plan with the clerks of the senate and house of representatives, the joint committee on education, the joint committee on children, families and persons with disabilities and the child advocate.

SECTION 35. Upon passage of this act and until 60 days after the termination of the governor’s March 10, 2020 declaration of a state of emergency, the department of children and families, in consultation and collaboration with the child advocate, shall maintain a data dashboard to be updated not less than monthly providing as much information and data, to the extent feasible, regarding changes in child abuse and neglect reports made to the department pursuant to section 51A of chapter 119 of the General Laws, specifically: (i) the number of reports, screened-in and screened-out, made that month to the department pursuant to said section 51A of said chapter 119 and comparative data on the number of reports made to the department for the same time period in 2019; (ii) the number of reports, screened-in and screened-out, that were filed by mandated reporters, including the number of reports filed by each category of mandated reporter, and the number of reports, screened-in and screened-out, that were filed by non-mandated reporters; (iii) methods used by the department to enhance screening for child abuse and neglect cases during the outbreak of the 2019 novel coronavirus, also known as COVID-19, including outreach to mandated reporters; (iv) strategies taken by the department to address cases of reported abuse and neglect during the outbreak of COVID-19, and outcomes related to the strategies; and (v) any changes in department policies related to the investigation and processing of reports made to the department pursuant to said section 51A of said chapter 119 during the outbreak of COVID-19.

SECTION 36. The commissioner of children and families shall identify potential modifications to specific policies, procedures, rules or protocols to improve the process of transferring cases involving multiple social workers or area offices to ensure the efficient and
accurate transfer of case information and care for the child. The commissioner of children and
families shall determine whether new policies or regulations are needed to improve the process
of transferring cases between social workers or between area offices. The commissioner shall
consult with the child advocate during this review.

Not later than November 15, 2020, the commissioner shall submit a report to the clerks of
the senate and house of representatives, the senate and house committees on ways and means and
the joint committee on children, families and persons with disabilities that shall include, but not
be limited to: (i) the commissioner’s findings of the review, including an evaluation of how
policies are implemented in each area office and barriers to transferring information and cases
between social workers or area offices; (ii) the number of cases transferred between area offices
in fiscal year 2020; (iii) the number of cases transferred between social workers within the same
area office in fiscal year 2020; (iv) any actions the department has taken, or plans to take, to
address barriers to transferring information and cases between social workers and area offices,
including changes to policies and regulations; and (v) proposed legislation that may improve
stability for children whose cases involve multiple social workers or area offices, if applicable.

SECTION 37. The board of registration of social workers shall report on the barriers
prospective social workers face entering the profession as a social worker, as defined in section
130 of chapter 112 of the General Laws, due to the licensure examination. The report shall
include information about the individuals who took the examination in 2019 including, but not
limited to: (i) the total number of individuals, broken down by each licensure type; (ii) aggregate
data on the age, race, ethnicity and primary language of such individuals; (iii) the total number of
such individuals who reported a learning disability or other disability; and (iv) in a de-identified
form, the number of such individuals who, in 2019, were taking the examination for the first,
second, third, fourth or greater time, broken down by licensure type. Additionally, the report shall include a description of the accommodations offered for individuals with disabilities and individuals whose primary language is a language other than English.

Not later than October 31, 2020, the board shall submit the report to the senate and house committees on ways and means and the joint committee on children, families and persons with disabilities, including any recommendations on how to eliminate any cultural and implicit bias related to entry into the profession as a social worker, including as it relates to the licensure examination.

SECTION 38. Notwithstanding any general or special law to the contrary, the department of public health, in consultation with the department of mental health, the health policy commission and the department of elementary and secondary education, shall establish a pilot program to increase student access to telebehavioral health services in schools. The program shall provide for a competitive grant program to allow local providers to provide telebehavioral health services through interactive video conferencing technology on-site at local public schools, which may be funded through the Behavioral Health Outreach, Access and Support Trust Fund established under section 2GGGGG of chapter 29 of the General Laws.

Delivery of telebehavioral health services shall be provided by a licensed mental health provider through live video conferencing between the provider and an individual student. Participating schools and providers shall follow best practices and ensure the privacy of all participating students.

The department shall, subject to appropriation, provide funding to assist with costs for the participating students, public school and local providers. The department shall encourage
participating providers to seek third-party reimbursement for these services; provided, however, that the inability of a student or family to pay for services shall not be a barrier to accessing the program.

When identifying criteria for participating sites, the department of public health shall consider: (i) the availability of affordable behavioral health services for school-aged youth within the geographic region; and (ii) barriers within the geographic region that may prevent school-aged youth from accessing services outside the school.

One year after the implementation of the pilot program, the department of public health shall submit a report on the program’s performance, including, but not limited to: (i) the number of students participating in the program; (ii) the frequency with which students use the program; (iii) the cost of the services provided, including the use of support staff; and (iv) the manner in which costs have been supported by third-party reimbursement. The report shall be submitted to the clerks of the senate and the house of representatives, the joint committee of mental health, substance use and recovery, the joint committee on education and the house and senate committees on ways and means. The report shall be written in non-technical, readily understandable language and shall be made available to the public by posting the report on the department’s website.

SECTION 39. Notwithstanding any general or special law to the contrary, the executive office of health and human services, in consultation with the department of mental health, the department of public health, MassHealth, the office of the child advocate and the division of insurance, shall establish an expedited protocol that establishes clear steps and responsibilities to ensure that individuals under the age of 22 in need of inpatient or residential psychiatric
treatment are placed in an appropriate facility from an emergency department or satellite emergency facility within 48 hours of admission to the emergency department or satellite emergency facility that shall be incorporated in the regulations required under section 51¾ of chapter 111 of the General Laws.

The protocol shall include, but not be limited to: (i) a behavioral health evaluation to occur, in person or through the use of telehealth technology, within 12 hours of admission to the emergency department or satellite emergency facility; (ii) notification to the department of mental health and the patient’s insurance carrier to expedite placement in or admission to an appropriate treatment program or facility upon completion of the behavioral health evaluation; (iii) where appropriate, monitoring, emergent psychiatric intervention and initiation of treatment to stabilize the individual until placement in or admission to an appropriate treatment program or facility; (iv) notification upon discharge from the emergency department or satellite emergency facility to the patient’s primary care physician, if known; and (v) recording by the emergency department or satellite emergency facility of the behavioral health evaluation in the patient’s electronic medical record upon discharge and making the evaluation directly accessible by other healthcare providers and facilities consistent with federal and state privacy requirements through a secure electronic medical record, health information exchange or other similar software or information systems.

SECTION 40. The 3-year plan required in subsection (e) of section 26 of chapter 18B of the General Laws shall be submitted not later than March 31, 2022.

SECTION 41. Sections 13 and 26 to 29, inclusive, shall apply to contracts entered into or reviewed on or after January 1, 2021.
SECTION 42. Sections 10 and 11 shall take effect February 1, 2022.

SECTION 43. Section 32 shall take effect July 1, 2019.

SECTION 44. Section 17 shall take effect January 1, 2021.