

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-First General Court
(2019-2020)**

SENATE, Friday, July 31, 2020

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

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-First General Court
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1 SECTION 1. The second sentence of the second paragraph of section 16P of chapter 6A
2 of the General Laws, as appearing in the 2018 Official Edition, is hereby amended by striking
3 out clause (iii) and inserting in place thereof the following clause:- (iii) the data reported by the
4 department of mental health under section 24 of chapter 19.

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

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

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

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12 acts of 2008, is hereby repealed.

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

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 Section 24 of said chapter 18B is hereby repealed.

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 Section 25 of said chapter 18B is hereby repealed.

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

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

27 (2) The report shall include, but not be limited to, narratives, information, data and
28 analysis on: (i) counts, including but not limited to: (A) case counts; (B) consumer counts; (C)
29 the number of reports filed pursuant to section 51A of chapter 119; (D) placement metrics; (E)
30 the number of infants brought into the department's care pursuant to section 39½ of chapter 119;
31 and (F) the number of siblings in placement; (ii) safety processes and outcomes including, but
32 not limited to: (A) safety outcomes, (B) permanency processes and outcomes; (C) the rates of
33 adoptions by race and ethnicity; (D) well-being outcomes, including the rates and timeliness of
34 the delivery of medical and behavioral health services and high school graduation rates; and (iii)
35 operations, including but not limited to: (A) staffing trends; (B) caseloads; (C) the department's
36 budget, including funding levels; (D) service costs; (E) medical services and advancements in
37 providing medical services to children and young adults in the department's care; (F) amounts

38 expended for foster care, adoptive and guardianship families to provide assistance, including
39 financial assistance, to provide for the care of children; and (G) the foster care review system and
40 any recommendations for its improvement. The report shall also include comparative
41 departmental information from prior fiscal years.

42 (b)(1) Quarterly, not more than 75 days after the end of each fiscal quarter, the
43 department shall issue a quarterly profile on its website in accordance with section 19 of chapter
44 66 that shall include, but not be limited to, departmental, regional office and area office data on:
45 (i) consumer counts; (ii) the number of reports filed pursuant to section 51A of chapter 119,
46 including counts of reports received, screened-in and screened-out in the quarter; (iii) department
47 case counts, including counts of clinical and adoption cases in the quarter; (iv) consumer
48 demographic information, including race and primary language; (v) counts of children and youth
49 in placement; and (vi) counts of children and youth not in placement.

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

54 (c) The commissioner or a designee shall notify the joint committee on children, families
55 and persons with disabilities when draft regulations are made available by the department for
56 public comment. Not more than 30 days after the promulgation of regulations or the effective
57 date of adopted or revised departmental policies relative to services provided to children and
58 families, the department shall provide copies of the regulations or departmental policies to the
59 joint committee on children, families and persons with disabilities.

60 (d) If the department is unable to submit the report under subsection (a) or issue the
61 profile under subsection (b) by the respective deadlines, the commissioner or the commissioner's
62 legal counsel shall, in writing, notify the governor, the child advocate, the clerks of the senate
63 and house of representatives, the house and senate committees on ways and means and the joint
64 committee on children, families and persons with disabilities and provide an explanation for the
65 delay.

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

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

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

77 If in a fiscal year the department is unable to develop or update the 3-year plan or
78 measure its performance, the department shall notify the house and senate committees on ways
79 and means, the joint committee on children, families and persons with disabilities, the child
80 advocate, the chief counsel of the committee for public counsel services, the executive director

81 of the Massachusetts Law Reform Institute, Inc. and the executive director of the Children's
82 League of Massachusetts, Inc. not later than September 1 of that fiscal year.

83 Section 27. Annually, not later than October 31, the department shall submit a special
84 report on services provided to young adults over the age of 18 to the child advocate, the clerks of
85 the senate and house of representatives, the house and senate committees on ways and means and
86 the joint committee on children, families and persons with disabilities. The report shall
87 summarize the process by which a young adult may continue to receive services from the
88 department upon reaching the legal adult age of 18. The report shall also include, but not be
89 limited to: (i) the number of young adults who have elected to sustain a connection with the
90 department in the previous fiscal year; (ii) the number of young adults who have elected not to
91 remain with the department and have transitioned out of the child welfare system in the previous
92 fiscal year, including young adults who had previously elected to sustain a connection with the
93 department, if such numbers are available; (iii) the total payments made from commonwealth
94 funds to young adults in the previous fiscal year; and (iv) a description of services provided to
95 young adults by the department in the previous fiscal year, including those funded wholly or in
96 part by federal funds. The department may satisfy the reporting requirements of this section by
97 providing the requested information in an annual report filed under section 26.

98 Section 28. Annually, not later than August 31, the department shall file a special report
99 on its fair hearing processes and cases with the child advocate, the clerks of the senate and house
100 of representatives, the house and senate committees on ways and means and the joint committee
101 on children, families and persons with disabilities. The report shall be made available to the
102 public electronically in accordance with section 19 of chapter 66.

103 The report shall include, but not be limited to, information on the fair hearing requests
104 open at any time during the previous fiscal year and shall provide, for each hearing request: (i)
105 the subject matter of the appeal; (ii) the outcomes of cases resolved prior to a fair hearing
106 decision; (iii) the number of days between the hearing request and the first day of the hearing;
107 (iv) the number of days between the close of the evidence and the hearing officer's decision; (v)
108 the number of days of continuance granted at the appellant's request; (vi) the number of days of
109 continuance granted at the request of the department or the hearing officer, specifying which
110 party made the request; and (vii) whether the department's decision that was the subject of the
111 appeal was affirmed or reversed; provided, however, that the information shall be in a form that
112 shall not include personally-identifiable information.

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

122 If there are more than 225 fair hearing requests open for more than 180 days at the end of
123 any month during the first 6 months of a fiscal year, then an additional report of such requests
124 shall be provided not later than February 28. The department shall make redacted copies of fair
125 hearing decisions available not later than 30 days after a written request.

126 Section 29. Notwithstanding any general or special law to the contrary, any social service
127 program, as defined by section 22N of chapter 7, or any program or service that is reimbursable
128 under Title XIX of the federal Social Security Act that is providing services to a child who is in
129 the custody of or receiving services from the department or is providing services to a young adult
130 or adult receiving services from the department, shall provide the department with information
131 not more than 5 business days after receiving a request for information from a department social
132 worker for the purposes of conducting a collateral check; provided, however, that programs or
133 services shall comply with all applicable state and federal privacy requirements, including those
134 imposed by the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104–
135 191, the federal American Recovery and Reinvestment Act of 2009, P.L. 111–5, 42 C.F.R. §
136 2.11 et seq. and 45 C.F.R. §§ 160, 162 and 164.

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

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

143 (f) A data work group shall convene every 2 years to make recommendations for
144 improvements to the report and profile required under subsections (a) and (b). The work group
145 shall consist of the following persons or their designees: the child advocate, who shall serve as
146 co-chair; the commissioner, who shall serve as co-chair; the chairs of the house and senate
147 committees on ways and means; the chairs of the joint committee on children, families and

148 persons with disabilities; 1 member of the senate to be appointed by the minority leader of the
149 senate; 1 member of the house of representatives to be appointed by the minority leader of the
150 house of representatives; the chief counsel of the committee for public counsel services; the
151 executive director of Children’s League of Massachusetts, Inc.; the executive director of a legal
152 services program to be appointed by the governor; 1 person with expertise in child welfare data
153 and outcome measurement to be appointed by the child advocate; 1 person who is a current or
154 recently former caseworker for the department to be appointed by SEIU 509, or a successor
155 organization representing social workers and 1 person with expertise in the department’s
156 information technology, data collection and reporting systems to be appointed by the
157 commissioner of children and families. The work group shall consult with other individuals with
158 relevant expertise, including academics, researchers and service providers, as needed.

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

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

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

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

169 “Fatality”, a death of a child.

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

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

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

174 “Team”, the state or a local team.

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

180 The state team shall consist of not less than: the child advocate or a designee, who shall
181 serve as co-chair; the commissioner of public health or a designee, who shall serve as co-chair;
182 the chief medical examiner or a designee; the attorney general or a designee; the commissioner
183 of children and families or a designee; the commissioner of elementary and secondary education
184 or a designee; a representative selected by the Massachusetts District Attorneys Association; the
185 colonel of state police or a designee; the commissioner of mental health or a designee; the
186 commissioner of developmental services or a designee; the director of the Massachusetts Center
187 for Unexpected Infant and Child Death at Boston Medical Center or a designee; the
188 commissioner of youth services or a designee; the commissioner of early education and care or a
189 designee; a representative selected by the Massachusetts chapter of the American Academy of
190 Pediatrics who has experience in diagnosing or treating child abuse and neglect; a representative
191 selected by the Massachusetts Health and Hospital Association, Inc.; the chief justice of the

192 juvenile court department of the trial court of the commonwealth or a designee; and the president
193 of the Massachusetts Chiefs of Police Association Incorporated or a designee. Additional
194 members with expertise or information relevant to an individual case may be added to the board
195 by the co-chairs or by majority vote of the members of the state team. The purpose of the state
196 team shall be to decrease the incidence of preventable child fatalities and near fatalities by: (i)
197 developing an understanding of the causes and incidence of child fatalities and near fatalities;
198 and (ii) advising the governor, the general court and the public by recommending changes in law,
199 policy and practice to prevent child fatalities and near fatalities.

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

212 (c) There shall be a local child fatality review team in each district established under
213 section 13 of chapter 12. Notwithstanding section 172 of chapter 6, members of a local team
214 shall be subject to criminal offender record checks to be conducted by the district attorney. All

215 members shall serve without compensation for their duties associated with membership on a
216 local team.

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

231 The purpose of each local team shall be to decrease the incidence of preventable child
232 fatalities and near fatalities by: (i) coordinating the collection of information on fatalities and
233 near fatalities; (ii) promoting cooperation and coordination between agencies responding to
234 fatalities and near fatalities and in providing services to family members; (iii) developing an
235 understanding of the causes and incidence of child fatalities and near fatalities in the county; and
236 (iv) advising the state team on changes in law, policy or practice that may affect child fatalities
237 and near fatalities.

238 To achieve its purpose, each local team shall: (i) review, establish and implement model
239 protocols from the state team; (ii) review, subject to the approval of the local district attorney, all
240 individual fatalities and near fatalities in accordance with the established protocols; (iii) meet
241 periodically, not less than 4 times per calendar year, to review the status of fatality and near
242 fatality cases and recommend methods of improving coordination of services between member
243 agencies; (iv) collect, maintain and provide confidential data as required by the state team; and
244 (v) provide law enforcement or other agencies with information for the purposes of the
245 protection of children.

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

259 (d) Any privilege or restriction on disclosure established pursuant to chapter 66A, section
260 70 of chapter 111, section 11 of chapter 111B, section 18 of chapter 111E, chapter 112, chapter

261 123, section 20B, section 20J or section 20K of chapter 233 or any other law relating to
262 confidential communications shall not prohibit the disclosure of this information to the chair of
263 the state team or a local team. Any information considered to be confidential pursuant to the
264 aforementioned statutes may be submitted for a team's review upon the determination of that
265 team's chair that the review of this information is necessary. The chair shall ensure that no
266 information submitted for a team's review is disseminated to parties outside the team. No
267 member of a team shall violate the confidentiality provisions set forth in the aforementioned
268 statutes.

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

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

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

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

281 (f) Information, documents and records of the state team or of a local team shall not be
282 subject to subpoena, discovery or introduction into evidence in any civil or criminal proceeding;

283 provided, however, that information, documents and records otherwise available from any other
284 source shall not be immune from subpoena, discovery or introduction into evidence through
285 these sources solely because they were presented during proceedings of a team or are maintained
286 by a team.

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

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

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

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

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

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

303 The commission shall provide to any active or retired employee of the commonwealth
304 who is insured under the group insurance commission coverage for medically necessary
305 community-based acute treatment and intensive community-based acute treatment and shall not
306 require a preauthorization before obtaining treatment; provided, however, that the facility shall
307 notify the carrier of the admission and the initial treatment plan within 72 hours of admission.

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

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

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

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

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

320 Section 51¾. The department, in consultation with the department of mental health, shall
321 promulgate regulations requiring all acute-care hospitals licensed under section 51G to provide
322 or arrange for qualified behavioral health clinicians, during all operating hours of an emergency
323 department or a satellite emergency facility as defined in section 51½, to evaluate and stabilize a

324 person admitted with a behavioral health presentation to the department, or to a facility and to
325 refer such person for appropriate treatment or inpatient admission.

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

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

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

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

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

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

342 “Mental health acute treatment”, 24-hour medically supervised mental health services
343 provided in an inpatient facility, licensed by the department of mental health, that provides

344 psychiatric evaluation, management, treatment and discharge planning in a structured treatment
345 milieu.

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

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

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

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

359 (j) The commissioner shall establish and periodically update an internal review policy to
360 require a review prior to a determination to reunify a child with their family. Members of the
361 review shall include, but not be limited to: (i) the social worker with direct case responsibility for
362 the child or young adult whose case is being reviewed; (ii) the immediate supervisor of the social
363 worker; (iii) counsel from the area office; and (iv) the area director. The review shall include, but
364 not be limited to, the child's foster care review cases and collateral checks consistent with the

365 ongoing casework and documentation policy. The outcome of the review and all accompanying
366 notes and files shall be included in the case records of the child.

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

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

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

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

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

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

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

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

403 (v) the department shall provide a foster parent with a copy of the department action plan
404 regarding the child in the foster parent's home, other than those parts of the plan containing
405 information that is confidential to a parent under federal or state law, and shall afford a foster
406 parent an opportunity to discuss the plan with the social worker; provided, however, that the
407 department shall provide reasonable notification of any changes to the plan;

408 (vi) a foster parent may decline placement of a child in their home and may request the
409 removal of a child from their home;

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

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

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

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

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

427 (xii) the department shall provide adequate notice to a foster parent of foster care reviews
428 and appropriate meetings regarding the child in the foster parent's home and shall provide an

429 opportunity for foster parents to actively participate in the meetings, except as to those parts of
430 foster care reviews or meetings that involve information that is confidential as to a parent under
431 federal or state law;

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

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

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

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

446 (xvii) prior to a child leaving a foster home, the department shall provide the opportunity
447 for the foster parent to provide notes that may assist future foster parents in the care or daily
448 routine of the child; provided, however, that the department may include this information in the
449 case file of the child and may make it accessible, upon request, to future foster parents,
450 consistent with applicable state and federal privacy laws;

451 (xviii) upon request of a foster parent, the department shall review department decisions
452 relating to the child while in the care of the foster parent including, but not limited to, grievances
453 or fair hearing requests filed by the foster parent in compliance with the department's
454 regulations; provided, however, that the department shall provide information on the procedures
455 and timelines to foster parents upon approval as a foster parent; and

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

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

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

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

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

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

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

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

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

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

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

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

489 Any policy, contract, agreement, plan or certificate of insurance issued, delivered or
490 renewed within the commonwealth, which is considered creditable coverage under section 1 of
491 chapter 111M, shall provide coverage for medically necessary community-based acute treatment

492 and intensive community-based acute treatment and shall not require a preauthorization before
493 obtaining treatment; provided, however, that the facility shall notify the carrier of the admission
494 and the initial treatment plan within 72 hours of admission.

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

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

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

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

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

509 Any contract between a subscriber and the corporation under an individual or group
510 hospital service plan that is delivered, issued or renewed within the commonwealth shall provide
511 coverage for medically necessary community-based acute treatment and intensive community-
512 based acute treatment and shall not require a preauthorization before obtaining treatment;

513 provided, however, that the facility shall notify the carrier of the admission and the initial
514 treatment plan within 72 hours of admission.

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

517 Section 40O. For the purposes of this section, the following terms shall have the
518 following meanings unless the context clearly requires otherwise:

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

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

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

529 Any subscription certificate under an individual or group medical service agreement
530 delivered, issued or renewed within the commonwealth shall provide coverage for medically
531 necessary community-based acute treatment, intensive community-based acute treatment and
532 shall not require a preauthorization before obtaining treatment; provided, however, that the

533 facility shall notify the carrier of the admission and the initial treatment plan within 72 hours of
534 admission.

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

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

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

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

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

549 Any individual or group health maintenance contract that is issued or renewed shall
550 provide coverage for medically necessary community-based acute treatment and intensive
551 community-based acute treatment and shall not require a preauthorization before obtaining
552 treatment; provided, however, that the facility shall notify the carrier of the admission and the
553 initial treatment plan within 72 hours of admission.

554 SECTION 30. Section 5E of chapter 210 of the General Laws is hereby repealed.

555 SECTION 31. Chapter 47 of the acts of 2017 is hereby amended by striking out section
556 128 and inserting in place thereof the following section:-

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

562 The task force shall develop criteria for measuring outcomes for children and families in
563 the key child welfare domains of safety, permanency and well-being including, but not limited
564 to, outcomes relative to: (i) protecting children from abuse and neglect; (ii) safely maintaining
565 children in their own homes whenever possible and appropriate; (iii) achieving stability and
566 permanency for children in their living situations; (iv) preserving the continuity of family
567 relationships; (v) enhancing the capacity of families to provide for the needs of children; (vi)
568 ensuring that children receive appropriate services to meet their educational needs; (vii) ensuring
569 that children receive the services necessary to meet their physical and mental health needs; and
570 (viii) achieving permanency and opportunity for young adults. The task force shall make
571 recommendations to: (i) ensure that the department of children and families' reports and profiles
572 required under section 26 of chapter 18B of the General Laws include data measures that are
573 clearly defined and provided with adequate context to convey the meaning of reported data and
574 the department's understanding of the meaning of trends that may appear in that data; (ii)
575 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

599 appointed by the child advocate; and 1 person with expertise in the department of children and
600 families' information technology, data collection and reporting systems to be appointed by the
601 commissioner of children and families. The task force shall consult with other individuals with
602 relevant expertise, including academics, researchers and service providers, as needed. The task
603 force shall consult with the secretaries of agencies that address issues directly affecting the child
604 welfare caseload or outcomes, including, but not limited to, substance use disorders, domestic
605 violence, mental health and homelessness, to determine how best to review and report on agency
606 data relevant to child welfare outcomes.

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

612 SECTION 32. Item 4800-0015 of section 2 of chapter 41 of the acts of 2019 is hereby
613 amended by striking out the words "provided further, that on December 27, 2019, and March 27,
614 2020, the department shall report to the house and senate committees on ways and means and the
615 joint committee on children, families and persons with disabilities on: (i) the fair hearing
616 requests filed in fiscal year 2020, using non-identifying information: to state, for each hearing
617 request: (a) the subject matter of the appeal; (b) the number of days between the hearing request
618 and the first day of the hearing; (c) the number of days between the first day of the hearing and
619 the hearing officer's decision; (d) the number of days between the hearing officer's decision and
620 the agency's final decision; (e) the number of days of continuance granted at the appellant's
621 request; (f) the number of days of continuance granted at the request of the department of

622 children and families or the hearing officer's request, specifying which party made the request;
623 and (g) whether the department's decision that was the subject of the appeal was affirmed or
624 reversed; and (ii) the fair hearing requests filed before fiscal year 2020, which are pending for
625 more than 180 days, stating the number of those cases, how many of those cases have been heard
626 but not decided and how many have been decided by the hearing officer but not yet issued as a
627 final agency decision; provided further, that the department shall maintain and make available to
628 the public, during regular business hours, a record of its fair hearings, with identifying
629 information removed, including for each hearing request: the date of the request, the date of the
630 hearing decision, the decision rendered by the hearing officer and the final decision rendered
631 upon the commissioner's review; provided further, that the department shall make redacted
632 copies of fair hearing decisions available within 30 days of a written request; provided further,
633 that the department shall not make available any information in violation of federal privacy
634 regulations; provided further, that not later than February 28, 2020, the department shall submit a
635 report to the house and senate committees on ways and means and joint committee on children,
636 families and persons with disabilities that shall include, but not be limited to, the: (1) number of
637 medical and psychiatric personnel and their level of training currently employed by or under
638 contract with the department; (2) number of foster care reviews conducted by the department and
639 the average length of time in which each review is completed; (3) the number of social workers
640 and supervisors who have earned a bachelor's or master's degree in social work; (4) the total
641 number of social workers and the total number of social workers holding licensure, by level; (5)
642 number of the department's contracts reviewed by the state auditor and the number of corrective
643 action plans issued; and (6) number of corrective action plans entered into by the department;
644 provided further, that on the first business day of each quarter, the department shall file a report

645 with the house and senate committees on ways and means and the joint committee on children,
646 families and persons with disabilities on the caseload of the department; provided further, that
647 the report shall include, but not be limited to: (A) the caseloads of residential placements,
648 congregate care, foster care, therapeutic foster care, adoption, guardianship, 51A reports,
649 substantiated 51A reports, the number of children who die in the care and custody of the
650 department, the number of children currently eligible for supportive child care, the number of
651 children presently receiving supportive child care and the number of medical and psychiatric
652 consultation requests made by the department's social workers; (B) the number of approved
653 foster care placements; (C) the number of children in psychiatric hospitals and community-based
654 acute treatment programs who remain hospitalized beyond their medically-necessary stay while
655 awaiting placement and the number of days each case remains in placement beyond that which is
656 medically necessary; (D) the number of children under the department of children and families'
657 care and custody who are being served in medical or psychiatric care provided through other
658 publicly-funded sources; (E) the number of children served by supervised visitation centers and
659 the number of those children who are reunified with their families; (F) the total number of
660 children served, their ages, the number of children served in each service plan, the number of
661 children in out-of-home placements and the number of placements each child has had before
662 receiving an out-of-home placement; (G) for each area office, the number of kinship
663 guardianship subsidies provided in the quarters covered by the report and the number of kinship
664 guardianship subsidies provided in that quarter for which federal reimbursement was received;
665 (H) for each area office, the total spending on services other than case management services
666 provided to families to keep a child with the child's parents or reunifying the child with the
667 child's parents, spending by the type of service including, but not limited to, the number of

668 children and a breakdown of spending for respite care, intensive in-home services, client
669 financial assistance and flexible funding, community-based after-school social and recreation
670 program services, family navigation services and parent aide services and the unduplicated
671 number of families that receive the services; (I) for each area office, the total number of families
672 residing in shelters paid for by the department, a list of where the families are sheltered, the total
673 cost and average cost per family of those shelters and a description of how the department
674 determines who qualifies or does not qualify for a shelter; (J) for each area office, the number of
675 requests for voluntary services broken down by type of service requested, whether the request
676 was approved or denied, the number of families that were denied voluntary services and received
677 a 51A report, the reasons for denying the service and what, if any, referrals were made for
678 services by other agencies or entities; (K) the number of families receiving multiple 51A reports
679 within a 10-month period, the number of cases reopened within 6 months of being closed and the
680 number of children who return home and then reenter an out-of-home placement within 6
681 months; (L) the number of children and families served by the family resource centers by area;
682 and (M) the number of children within the care and custody of the department whose
683 whereabouts are unknown; provided further, that not later than November 1, 2019, the
684 department shall submit a report to the house and senate committees on ways and means and the
685 joint committee on children, families and persons with disabilities that details any changes to
686 rules, regulations or guidelines established by the department in the previous fiscal year to carry
687 out its duties under chapter 119 of the General Laws including, but not limited to: (I) criteria
688 used to determine whether a child has been abused or neglected; (II) guidelines for removal of a
689 child from the home; and (III) standards to determine what reasonable efforts are being made to
690 keep a child in the home; provided further, that on a monthly basis, the department of children

691 and families shall provide the caseload forecasting office with data on children receiving services
692 and other pertinent data related to items 4800-0038 and 4800-0041 that is requested by the
693 office; provided further, that the report shall also contain the number of children and families
694 served by the family resource centers by area and an evaluation of the services provided and their
695 effectiveness.”.

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

706 SECTION 34. The department of elementary and secondary education, in consultation
707 with the department of children and families, shall develop a statewide plan to ensure that
708 schools maintain ongoing communication and student engagement with families with active
709 cases at the department of children and families. The plan shall include, but not be limited to: (i)
710 efforts to ensure effective and ongoing engagement relative to remote learning for the fall of
711 2020; and (ii) best practices for engaging the most vulnerable and at-risk students and their
712 families. Not later than October 1, 2020, the department of elementary and secondary education,
713 in coordination with the department of children and families, shall file a report on the statewide

714 plan with the clerks of the senate and house of representatives, the joint committee on education,
715 the joint committee on children, families and persons with disabilities and the child advocate.

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

734 SECTION 36. The commissioner of children and families shall identify potential
735 modifications to specific policies, procedures, rules or protocols to improve the process of
736 transferring cases involving multiple social workers or area offices to ensure the efficient and

737 accurate transfer of case information and care for the child. The commissioner of children and
738 families shall determine whether new policies or regulations are needed to improve the process
739 of transferring cases between social workers or between area offices. The commissioner shall
740 consult with the child advocate during this review.

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

752 SECTION 37. The board of registration of social workers shall report on the barriers
753 prospective social workers face entering the profession as a social worker, as defined in section
754 130 of chapter 112 of the General Laws, due to the licensure examination. The report shall
755 include information about the individuals who took the examination in 2019 including, but not
756 limited to: (i) the total number of individuals, broken down by each licensure type; (ii) aggregate
757 data on the age, race, ethnicity and primary language of such individuals; (iii) the total number of
758 such individuals who reported a learning disability or other disability; and (iv) in a de-identified
759 form, the number of such individuals who, in 2019, were taking the examination for the first,

760 second, third, fourth or greater time, broken down by licensure type. Additionally, the report
761 shall include a description of the accommodations offered for individuals with disabilities and
762 individuals whose primary language is a language other than English.

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

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

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

780 The department shall, subject to appropriation, provide funding to assist with costs for the
781 participating students, public school and local providers. The department shall encourage

782 participating providers to seek third-party reimbursement for these services; provided, however,
783 that the inability of a student or family to pay for services shall not be a barrier to accessing the
784 program.

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

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

799 SECTION 39. Notwithstanding any general or special law to the contrary, the executive
800 office of health and human services, in consultation with the department of mental health, the
801 department of public health, MassHealth, the office of the child advocate and the division of
802 insurance, shall establish an expedited protocol that establishes clear steps and responsibilities to
803 ensure that individuals under the age of 22 in need of inpatient or residential psychiatric

804 treatment are placed in an appropriate facility from an emergency department or satellite
805 emergency facility within 48 hours of admission to the emergency department or satellite
806 emergency facility that shall be incorporated in the regulations required under section 51¾ of
807 chapter 111 of the General Laws.

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

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

824 SECTION 41. Sections 13 and 26 to 29, inclusive, shall apply to contracts entered into or
825 reviewed on or after January 1, 2021.

826 SECTION 42. Sections 10 and 11 shall take effect February 1, 2022.

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

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