

HOUSE No. 4655

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, May 23, 2024.

The committee on Mental Health, Substance Use and Recovery, to whom was referred the petition (accompanied by bill, House, No. 1979) of Marjorie C. Decker relative to establishing a child and adolescent behavioral health implementation coordinating council, reports recommending that the accompanying bill (House, No. 4655) ought to pass.

For the committee,

ADRIAN C. MADARO.

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**In the One Hundred and Ninety-Third General Court
(2023-2024)**

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

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

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

3 Section 23A. (a) For the purposes of this section, the following terms shall, unless the
4 context clearly requires otherwise, have the following meanings:

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

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

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

23 (i) The council shall be composed of the following 11 members: (A) the following 3
24 members, who shall serve ex officio: the commissioner of mental health or a designee, who shall
25 serve as co-chair, the commissioner of elementary and secondary education or a designee, who
26 shall serve as co-chair and a representative of the technical assistance center established under
27 section 16FF of chapter 6A; and (B) the following 8 members to be appointed by the co-chairs: 1
28 member representative of school based behavioral health professionals, 1 member representing
29 school administrators, 1 member representing teachers, 1 member a representing school nurses, 1
30 member representing pediatricians, 1 member representing community-based child behavioral
31 health providers, 1 member representing parents and caregivers of students with behavioral
32 health needs and 1 member representing the student stakeholder advisory committee convened
33 by the office of behavioral health promotion established under section 16DD of said chapter 6A.

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

37 (ii) The term for members appointed by the co-chairs shall be 3 years. Upon the
38 expiration of a term, the co-chairs may appoint such a member to an additional term at their
39 discretion; provided, however, that such a member who resigns or is not appointed to a new term
40 may serve until a successor has been appointed; and provided further, that if a vacancy exists
41 prior to the expiration of a term, another member shall be appointed to complete the unexpired
42 term.

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

45 (c) Within 6 months of its first meeting, the council shall develop a 3 year statewide plan
46 for rapidly implementing a comprehensive school based behavioral health system within a multi-
47 tiered system of supports framework. The plan shall set forth goals and benchmarks for key
48 elements of comprehensive school based behavioral health system implementation, including
49 workforce expansion and retention, access to training and professional development, use of
50 evidence-based practices and evaluation and outcome data specifications to include measures for
51 identifying disparities in access for particular subgroups of students. The plan shall also include,
52 but not be limited to, strategies for cross sector engagement and mechanisms for leveraging and
53 coordinating funding and resources across agencies and sectors. The council shall update the
54 plan every 3 years, or more frequently as needed, to ensure quality, promote use of current best
55 practices and address issues of access, including, but not limited to, persistent disparities.

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

59 (e) Annually on or before January 1, the council shall issue a report of its activities and
60 statewide progress toward implementation of comprehensive school based behavioral health
61 systems, including but not limited to recommendations for addressing barriers to implementation
62 and for addressing persistent disparities in access to behavioral health services and supports in
63 schools, to be filed with the governor, the children’s behavioral health advisory council, the
64 secretary of health and human services, the secretary of education, the clerks of the senate and
65 the house of representatives, the joint committee on mental health, substance use and recovery,
66 the joint committee on education and the senate and the house committees on ways and means.

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

69 (g) The members of the council shall receive no compensation, but shall be reimbursed
70 for actual and necessary expenses reasonably incurred in the performance of their duties.

71 SECTION 2. Chapter 69 of the General Laws is hereby amended by inserting after
72 section 1T the following section:-

73 Section 1U. The department shall provide school districts with a format and metrics and a
74 deadline for annually reporting progress toward implementing a comprehensive school based
75 behavioral health system within a multi-tiered system of supports framework. Not later than
76 September 1 of each year, the department shall provide submitted reports and an aggregate

77 summary of the reports to the school based behavioral health implementation coordinating
78 council established in section 23A of chapter 19.

79 SECTION 3. Chapter 71 of the General Laws is hereby amended by inserting after
80 section 98 the following section:-

81 Section 99. On or before September 1, 2026, each school district shall implement a
82 comprehensive school based behavioral health system within a multi-tiered system of supports
83 framework. The department shall collaborate with the department of mental health, the technical
84 assistance center established under section 16FF of chapter 6A and the school based behavioral
85 health implementation coordinating council established under section 23A of chapter 19 to
86 provide guidance and technical assistance to inform and assist implementation. Districts shall
87 report annually on the status of implementation in a manner and form prescribed by the
88 department.