

ACCESS OF MASSACHUSETTS YOUTH TO BEHAVIORAL HEALTH SERVICES

Prepared by the Mental Health Legal Advisors Committee
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As a result of a recent lawsuit, Medicaid-eligible Massachusetts youth can now access behavioral health services through a new initiative in Massachusetts called the Children's Behavioral Health Initiative (CBHI): <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/>.

One goal of the initiative is to have the providers of these new services and schools work together to best serve youth.

What is the *Rosie D.* lawsuit?

Rosie D. v. Patrick is a class-action lawsuit that challenged the lack of home-based mental health services for children under the age of 21. *Rosie D.*'s successful outcome has led to systemic reform of mental health services for children under 21 in Massachusetts. Any child with a serious emotional disturbance (SED) is now eligible for home-based services or "wraparound treatment."

How is Serious Emotional Disturbance defined?

There are two federal SED definitions and a youth may meet either one, as determined by a mental health evaluation.

The federal Substance Abuse & Mental Health Services Administration (SAMHSA) and the Individuals with Disabilities Act (IDEA) offer slightly different definitions of serious emotional disturbance. Together, these federal definitions cover children whose lives are impacted at home, in school and in community activities. The Court in *Rosie D.* held that: "Any child satisfying the SED criteria used in the IDEA or by SAMHSA, or both, will be eligible for services."

What is the SAMHSA definition of SED?

The SAMHSA definition of SED applies to a child or youth who currently or within the last 12 months has had a diagnosable mental, behavioral or emotional disorder that resulted in functional impairment which substantially interferes with or limits his/her role or functioning in family, school or community activities.¹

¹ Center for Substance Abuse Treatment. (1998). *Contracting for managed substance abuse and mental health services: A guide for public purchasers*. Technical Assistance Publication Series No. 22. DHHS Publication No. (SMA) 98-3173. Rockville, MD: Substance Abuse and Mental Health Services Administration. p. 266, cited in SAMHSAs Co-Occurring Center for Excellence, Definitions and Terms Relating to Co-Occurring Disorders, http://coce.samhsa.gov/cod_resources/PDF/DefinitionsandTerms-OP1.pdf, at 2.

What is the IDEA definition of SED?

The IDEA defines SED as a condition exhibiting one or more of the following characteristics over a long period of time and adversely affects a child's educational performance:

- an inability to learn that cannot be explained by intellectual, sensory or health factors;
- an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- inappropriate behaviors or feelings under normal circumstances;
- general pervasive mood of unhappiness or depression; or
- a tendency to develop physical symptoms associated with personal or school problems.²

Children with SED who also are diagnosed with another disabling condition, such as autism spectrum disorders, developmental disabilities or substance abuse also are eligible for home-based services under the *Rosie D.* Remedial Plan.

What CBHI services are available?

Services that a child may receive include:

- intensive care coordination (ICC)
- mobile crisis intervention
- crisis stabilization
- in-home behavioral therapy
- behavior management supports
- in-home therapy services
- mentoring,
- parent or caregiver supports.³

How do I access CBHI services?

One may access CBHI services in a number of ways.

1. A youth can have a behavioral health screening. Primary care doctors and nurses must offer voluntary screening for behavioral health concerns at well child visits or upon request, using one of several standardized screening instruments.⁴
2. A youth can have a mental health evaluation by a mental health professional – this is for children with known conditions.⁵ Part of that evaluation will be the CANS survey, an

² 34 CFR 300.8 (c)(4).

³ Center for Public Representation, *Reforming The Medicaid Children's Mental Health System: What Schools Should Know about Rosie D.* 2, <http://www.rosied.org/Content/Documents/Document.ashx?DocId=7101>.

⁴ Center for Public Representation, How to Access Home-Based Services, <http://www.rosied.org/Default.aspx?pageId=84544>.

assessment tool.⁶ The CANS uses a structured interview of assess the child and family's strengths and identify needs.

3. Children diagnosed with SED and who needs services from one than one provider or governmental agency are entitled to ICC. This means that a child with SED will be assigned a single care manager who is responsible for overseeing and coordinating all aspects of the child's care and treatment. The care manager will convene and oversee the child's care planning team that works with the family to plan the home-based services.⁷ The care manager will conduct and coordinate the comprehensive home-based assessment, which focuses on the strengths of the child and family.⁸

What is the role of schools in implementing *Rosie D.*?

Schools can play a vital role in helping children access CBHI services. Teachers, school health care professionals, and other school professionals may directly refer children who already have a diagnosis of SED to a local Community Service Agency (CSA), which will provide a comprehensive home-based assessment and intensive care coordination. Schools may also refer children who do not have an SED diagnosis for a behavioral health screening or evaluation by a mental health specialist.⁹

Rosie D. also presents an opportunity for schools to play an integrated role with a student's treatment plan. Schools and home-based service providers share common goals of helping students to thrive in and out of school. Forming collaborative networks can help teachers, aides, therapists and other community providers develop supportive strategies for students. The care manager of a student with an IEP could participate on the IEP Team, gaining a greater understanding of the student's educational goals and the importance of integrating them into the student's out of school environment. Members of a student's IEP Team could also participate in his/her treatment planning process, allowing the school to learn how they might integrate treatment goals and objectives into the student's IEP and school environment.¹⁰ For example, a student acting up in crisis could avoid punitive measures if the school agrees to call a mobile crisis team instead of suspending or expelling the child.

⁵ Center for Public Representation, How to Access Home-Based Services, <http://www.rosied.org/Default.aspx?pageId=84544>.

⁶ Information about the CANS tool is available at <http://www.masspartnership.com/provider/index.aspx?Inkid=CANS.ascx>.

⁷ Center for Public Representation, How to Access Home-Based Services, <http://www.rosied.org/Default.aspx?pageId=84544>.

⁸ Center for Public Representation, How to Access Home-Based Services, <http://www.rosied.org/Default.aspx?pageId=84544>.

⁹ Center for Public Representation, *Reforming The Medicaid Children's Mental Health System: What Schools Should Know about Rosie D.* 3, <http://www.rosied.org/Content/Documents/Document.ashx?DocId=7101>.

¹⁰ Center for Public Representation, *Reforming The Medicaid Children's Mental Health System: What Schools Should Know about Rosie D.* 3, <http://www.rosied.org/Content/Documents/Document.ashx?DocId=7101>.

Resources:

Center for Public Representation website on Rosie D., <http://www.rosied.org/>

Executive Office of Health and Human Services website on implementing the *Rosie D.* decision through the Children's Behavioral Health Initiative, <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/>