

how-to guide

The Parents' How-to Guide to
**Children's
Mental Health
Services**
in Massachusetts

3rd edition

Boston Bar Association
with support from Children's Hospital Boston

Table of contents

	Foreword	3
1	Problems your child may have	7
2	First steps for getting help	27
3	Paying for services	53
4	Navigating mental health networks	69
5	Services in your child’s school.....	85
6	Other state programs	109
7	Aging out of child services.....	141
	Glossary	155
	Resource list.....	167
	Afterword.....	177
	Acknowledgements.....	178

Foreword

The Boston Bar Association (BBA) is pleased to publish this third edition of the Parents' How-To Guide to Children's Mental Health Services in Massachusetts (Guide). Understanding our mental health system is a challenge, and navigating it can at times prove frustrating and discouraging. The Guide is designed to help parents in Massachusetts find the child mental health services and resources their children need.

Practical and easy to read, the Guide provides information about the kinds of behavioral health services available for children in our state, how to get those services, and how to pay for them. It also helps parents plan ahead for when their children "age out" of child services and health care payment programs. In addition, advocacy tips are sprinkled throughout the Guide to provide guidance on how to overcome potential obstacles that families may encounter along the way.

When the BBA first published this Guide in December of 2004, little did we know that it would quickly become the most widely read publication in the history of the BBA. There are probably many reasons for the success of the Guide. Unlike traditional BBA publications, the Guide is written for the community-at-large—particularly for parents and child mental health professionals—and not just for legal professionals. As such, the Guide represents a new and broader role for the BBA, a role that goes beyond the BBA's usual mission of improving the administration of justice. It involves the BBA in an important issue of social and health justice. The Guide is also the first BBA publication to have its own website and to be linked to a network of Internet sites of other organizations that share an interest in this subject matter.

In addition, it has helped greatly that the Guide is the product of a collaborative effort with a wonderful partner—Children’s Hospital Boston. Children’s Hospital Boston has contributed generously to the success of the Guide through its financial support, contributing authors, and community education efforts. In authoring the Guide, we also consulted with many families, mental health advocates, state agencies, and other stakeholders who hold markedly different views about our child mental health system. All of them helped us build a more complete and useful picture of available resources and deficits, as well as of the thorniest issues and potential solutions. The Guide reflects the collective wisdom and experience of all its many contributors.

This edition expands the Guide to address developmental and autism spectrum disorders, broadens the discussion of school-based and special education programs, and adds many new references to the Resource List at the end of the Guide. This edition also updates the Guide to incorporate developments that have occurred since the second edition was published in 2008. Notable changes include (i) the Patient Protection and Affordable Care Act of 2010—our national health reform legislation—which, among other things, extends health insurance coverage to children through age 26, (ii) new coordination of care initiatives, such as Unified Planning Teams, that bridge programs and Departments within the Executive Office of Health and Human Services (EOHHS), and the Children’s Behavioral Health Initiative, which establishes a new coordinated system of community-based mental health services, (iii) new anti-bullying legislation that protects children who may be suffering from mental illness from being bullied at school, (iv) new federal behavioral health parity protections, and (v) new programs, and changes to existing programs, offered by various state agencies within EOHHS, as well as by the Commonwealth’s education and correctional Departments. The Patrick administration has reorganized and renamed many state agencies, and the Guide has been revised to reflect those changes.

The BBA recognizes that this Guide represents only one small step in helping families gain access to child mental health services. We also recognize that it will take a sustained effort of many people working together to achieve real improvement in the availability and quality of the child mental health services that far too many of our children desperately need. By periodically updating this Guide, the BBA reaffirms its continuing commitment to that cause.

Editor-in-Chief

Michael L. Blau

Problems your child may have

1

Overview

Most parents find that their child or adolescent will behave in a problematic way at some point along the road to adulthood. Sometimes, the problematic behavior is brief or only occurs every now and then. Other times, the behavior may last for weeks or may occur frequently. In all cases, parents wonder what they should do. Should you ignore the problem and wait for the “phase” to pass? If you contact your child’s school or a mental health professional, is this an overreaction? And how do you know if your child’s behavior indicates a significant mental health concern?

If your child has behavioral or emotional problems, the problems may appear at home, or they may surface in other ways. Some children and adolescents have difficulties at school, while others may raise concerns because of the way they behave in the community or because they get into trouble with authority figures like the police. Remember that it can be useful to discuss your concerns with your spouse, a relative, or a trusted friend. In general, you should not be alarmed by moody teenager behavior that seems typical. However, if you simply dismiss your child’s behavior as a “phase” without discussing it with anyone, you may end up overlooking a problem that is more serious.

In fact, it is important to identify a mental health concern early, so that your child can receive the proper care if he or she needs it. Many behavioral and

emotional problems can be addressed with treatments that are safe and effective.

As a parent, you will want to follow a two-step approach if you are troubled by your child's behavior. First, you need to be able to recognize whether an ongoing problem exists that is affecting your child's life. Second, if such a problem does exist, you need to know how and where to find the professional mental health services that might help your child.

The goal of this chapter is to assist you with the first step of the two-step approach described above: how to recognize whether your child's behavior should raise serious concerns. Here, you will find descriptions of some of the more common child behavioral and emotional problems that parents find troubling. This information can help you decide whether you should bring your concerns to your child's pediatrician, a parent support organization, the school health professionals, or a mental health professional, all of whom can provide insights into whether your child's behavior indicates a more serious underlying problem.

In some cases, a child may be suffering from more than one emotional or behavioral problem or may be diagnosed as having more than one mental health illness. This can make the situation more complex and confusing for everyone involved. By being aware of possible symptoms and problems early on, you may be able to help sort out your child's problem at a later stage.

Advocacy Tip

If you are worried about your child's behavior, start keeping notes about specific moments when the behavior occurs. Later on, it may be important to know exactly what happened and when.

Symptoms and possible diagnoses

1. Overactivity and inattentiveness

General information

Many children of varying ages have difficulty paying attention, controlling their high energy levels, and/or doing what they have been told to do. This is entirely normal in most cases. In particular, if your child is young (ages three to five), he or she may have a lot of energy and may sometimes seem inattentive and overactive. However, if your child's inattentiveness and overactivity persist over time and appear to interfere with his or her learning and social relationships, this may be cause for concern.

Checklist of symptoms and effects

Consider whether your child is behaving in any of the following ways:

Appears to have delayed development (young children)

- is not reaching developmental milestones as expected
- often retreats into solitude and/or fails to respond to his or her name
- avoids eye contact and seems uninterested in social interaction
- sometimes performs repetitive movements, such as rocking
- is disturbed by minimal changes in his or her routine
- shows a sudden dramatic regression in his or her abilities

Advocacy Tip

A “spectrum disorder” such as autism is a developmental disorder, not a mental health illness. However, some of the information in this Guide will be useful for parents of children with autism or another spectrum disorder such as Asperger’s Syndrome.

Advocacy Tip

Early diagnosis of a mental health problem or a developmental disability (such as autism) is very important. If your child receives treatment at a young age, he or she is more likely to respond well to the treatment and benefit from it.

Seems inattentive

- often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- often has difficulty staying focused on tasks or play activities, and is easily distracted
- often does not seem to listen when spoken to directly
- often does not follow through on instructions (even if he or she understands them) and fails to finish schoolwork, chores, or duties in the workplace
- often has difficulty organizing tasks and activities
- often avoids, dislikes, or is reluctant to engage in tasks that require a focused mental effort (such as schoolwork or homework)
- often loses things necessary for tasks or activities (such as toys, school assignments, pencils, books, or tools)
- often is forgetful in daily activities

Seems overactive

- often fidgets with hands or feet or squirms in seat
- often leaves seat in classroom or in other situations where children are expected to remain seated
- often runs about or climbs on things in situations where this is inappropriate
- often has difficulty playing quietly
- often is “on the go” or acting as if driven by a motor
- often talks excessively
- often blurts out answers before questions have been completed
- often has difficulty waiting for his or her turn
- often interrupts others during conversations or games

Possible diagnoses

Since many children—especially young ones—may behave like this, you should try and determine whether your child’s behavior seems to occur too frequently and appears to be interfering with his or her ability to learn and form social connections. If the behavior is severe enough to trouble you, it is possible that your child may have a medical condition, a learning disorder, or a developmental disorder; Attention Deficit Hyperactivity Disorder (ADHD); or an anxiety or mood disorder.

Medical condition, learning disorder, and/or developmental disorder

Your child may have a medical condition (such as bad eyesight or hearing), a learning disorder, and/or a developmental disorder. In some cases, these conditions can make children restless and impatient, particularly in a learning environment where they are having difficulty keeping up with other students. A child with a developmental disorder such as Autism Spectrum Disorder or Asperger’s Syndrome may have trouble building social connections and may not communicate well.

Attention Deficit Hyperactivity Disorder (ADHD)

Your child may have ADHD, which is found in approximately three to five percent of school-age children. A child who has ADHD is unable to stay focused on tasks at home or at school and has problems with learning, making friends, and developing self-esteem.

Anxiety and/or mood disorder

Your child may have an anxiety or mood disorder that is making it hard for him or her to pay attention, sit still, and/or complete tasks. These disorders are discussed in Sections 2 and 3 of this chapter.

2. Extreme anxiety or fear

General information

Almost every parent has had to comfort a child after a nightmare or an episode where a child is afraid of the dark, of monsters, or of everyday activities like speaking in front of his or her classmates. These anxieties are quite common during childhood and adolescence. As your child grows and develops, he or she is bound to have occasional fears and worries. However, if these fears and worries seem excessive, and/or if they cause your child to feel extremely upset and to have trouble functioning on a daily basis, you may want to take a closer look at the problem.

Checklist of symptoms and effects

Consider whether your child is behaving in any of the following ways:

- often feels shaky, restless, or tired
- often experiences shortness of breath, a very rapid heart rate, and/or cold and sweaty hands
- often complains of stomach pain, headache, and/or dizziness
- often seems “edgy” or irritable, and has difficulty concentrating and/or falling asleep

Advocacy Tip

You know how your child behaves at home—but you also need to know how he or she behaves at school, both in class and out. Talking with teachers, coaches, and administrators can be helpful.

- often worries too much, broods over things, and feels very nervous
- often feels as though every situation will end badly
- often speaks of feeling helpless or powerless
- often has trouble sleeping alone and experiences frequent nighttime fears and/or nightmares
- often resists going to school
- often argues with others and frequently stirs up conflict

Possible diagnoses

If your child or adolescent is behaving this way on a frequent basis, he or she could be suffering from a medical condition or a serious anxiety disorder. Although anxiety disorders are common and come in a variety of shapes and sizes, some are more serious than others. If your child is having a lot of trouble just getting through the day, this is cause for concern.

Medical condition

Your child may have a medical condition—such as hyperthyroidism or hypoglycemia (these terms are defined in the Glossary at the end of this Guide)—that produces symptoms similar to the symptoms of an anxiety disorder. Substance abuse also results in similar symptoms.

Advocacy Tip

It is important to try and encourage your child to talk with you about emotions and problems. As your child grows older, he or she may need help and support when coping with social situations.

Anxiety disorder

Your child may have a serious anxiety disorder that is causing feelings of excessive fear (a

phobia) or panic. A disorder like this can affect your child's self-esteem, social development, and academic performance.

3. Extreme sadness and despair

General information

Most children, especially teenagers, go through ups and downs as they grow older. As a parent, you learn to expect these mood swings. However, if your child appears to feel sad and "low" for weeks at a time and has trouble snapping out of it, the problem may be more than just a bad mood. You should pay close attention to this, because your child might be suffering from a very serious condition.

Checklist of symptoms and effects

Consider whether your child is behaving in any of the following ways:

- often seems downhearted, irritable, and/or bored
- often talks about feeling hopeless or sad
- has less interest in activities, even those he or she once enjoyed
- seems to have less energy and/or seems to be going through frequent severe mood swings
- seems to spend less time with friends and has less interest in relationships of any kind
- often has trouble communicating or is reluctant to talk
- seems to feel isolated, lonely, and self-critical
- often has trouble concentrating and is not performing well in school

- often seems hostile or angry and is very sensitive to rejection
- often complains of headaches or stomach pains
- makes a major change in eating or sleeping habits
- often throws temper tantrums, and the tantrums are increasing in length and intensity
- talks about running away from home and/or tries to do it
- mentions suicide and/or other self-destructive behavior

Possible diagnoses

If your child seems unable to break free from intense feelings of sadness and despair, and if these feelings persist for several weeks, he or she may be suffering from a serious depression or a bipolar disorder. It is important to determine this as soon as possible, to reduce the risk of harm to your child. Also, if your child's condition is identified and treated early, he or she is more likely to recover quickly.

Depression

Your child may be experiencing depression, which is a complex illness with many possible causes, including stress and biology (when it is a trait that runs in the family). Depression can lead to poor academic performance, social isolation, family problems, and—in extreme cases—suicide.

Advocacy Tip

Once you receive a diagnosis from a qualified professional who has thoroughly examined your child, make sure you understand and agree with the opinion. Ask questions! Even doctors can be wrong.

Bipolar disorder

Your child may have a bipolar disorder, which is a kind of depression. Children with this disorder go through periods of being very

depressed followed by periods of being extremely irritable and are likely to have temper tantrums.

4. Problems with food or fear of being too fat

General information

In today's world, nearly everyone feels pressure to be thin, and this pressure is sometimes difficult for teenagers to handle. Your child may become very careful about what he or she eats, and may also become extremely interested in exercise. Most of the time, you do not need to worry about this. However, if your child seems overly obsessed with food and weight, if he or she frequently disappears after eating, or is becoming painfully thin, this is cause for concern. Your child's health may be in serious danger.

Checklist of symptoms and effects

Consider whether your child is behaving in any of the following ways:

- often expresses an intense fear of being fat
- feels fat even if he or she is underweight
- is not able to maintain a healthy weight for his or her height
- has stopped getting her period
- has a low sense of self-esteem
- often talks about feeling worthless because of his or her weight
- often eats and then vomits to get rid of the food
- often eats and then exercises much more than is typical
- seems to be increasingly isolated from friends and family

- often prepares food as if carrying out a ritual (may cut food up into tiny pieces, for example)
- often prepares food for others in a very careful way, but may not eat any of this food

Possible diagnoses

Many people are concerned about their bodies and their weight. In a small number of cases, this concern becomes extreme and may turn in to an eating disorder, which can be a very serious illness. If your child is behaving this way on a frequent basis, it is time to explore the problem. It is important to catch this illness as early as possible, because early treatment of an eating disorder usually leads to a faster recovery.

Eating disorders

There are four different types of eating disorders, and all of them are dangerous. You have probably heard of these two types: *Anorexia Nervosa* and *Bulimia Nervosa*. A child suffering from Anorexia will be terrified of gaining weight and may count every calorie, eat only tiny amounts, and even weigh his or her food. A child suffering from Bulimia will appear to eat normal or even large amounts of food but will secretly try to find ways to “purge” the food, such as by vomiting it back up. For more information about these eating disorders (and others), see the Glossary at the end of this Guide.

Advocacy Tip

When you discuss these behaviors with your child, try to avoid using labels and medical terms. For example, “mood swings” is a less frightening term than “bipolar disorder.”

Girls are more likely to develop eating disorders, but boys—especially competitive athletes—can develop them, too. If your child has an eating disorder, both you and your child may end up confused,

frustrated, and unhappy. More importantly, these disorders can lead to severe weight loss, various health problems, and even death.

5. Problems that arise after a traumatic event

General information

When a child goes through a traumatic event, he or she is likely to have a reaction, and the reaction can lead to emotional and/or physical problems. This is a normal response. If your child has lived through a traumatic experience—such as a violent event in the home or the neighborhood, a painful medical procedure, a shooting or similar emergency at school, or sexual or physical abuse—it is important to help him or her deal with any problems that may follow. Support from family members and friends can make a big difference.

Checklist of symptoms and effects

Consider whether your child is behaving in any of the following ways:

Infants and toddlers up to age 2.5 years

- seems more irritable than usual
- seems more clingy than usual
- cries more often than usual

Children ages 3 to 5 years

- often seems to feel helpless and powerless
- often seems to feel that the world is not a safe place
- often has a hard time being away from you (the parent)

- has more nightmares than usual
- seems fearful and anxious
- talks about the traumatic event, telling the story over and over
- acts out the traumatic event

Children ages 6 to 12 years

- has more difficulty concentrating in school than usual
- has more difficulty sleeping than usual
- seems fearful and anxious
- talks about the traumatic event, telling the story frequently
- acts out the traumatic event and/or makes drawings of it
- complains of aches and pains when nothing is wrong

Children ages 13 to 18 years

- seems fearful and anxious
- connects the traumatic event to feelings of sadness, anger, guilt, and/or revenge
- seems to need to talk about the traumatic event
- seems more irritable than usual
- withdraws from family and friends
- has more difficulty focusing in school than usual
- has more trouble sleeping than usual

Possible diagnoses

These symptoms are usually a normal reaction to a stressful and/or traumatic event. In most cases, the reaction is only a short-term reaction, and (with some

help from family and friends) the symptoms will go away over time. In some cases, the reaction is more severe. If your child's symptoms do not go away over time, he or she may have Post-Traumatic Stress Disorder.

Short-term reaction to trauma

If your child has experienced a stressful or upsetting event and shows some of the symptoms listed above, you can help by answering his or her questions, getting the family back into daily routines, and offering extra attention and affection.

Post-Traumatic Stress Disorder (PTSD)

A child with PTSD will show symptoms for longer than a month and will also start having more severe problems at home, in school, and with friends. He or she may express extreme fear, may begin avoiding people and places that are reminders of the event, and/or may become extremely withdrawn. If this is happening to your child, you will probably need to find help outside of the family.

6. Extreme anger or defiance

General information

Most children begin to rebel a little against their parents, usually as they enter their teenage years. You may learn that your child has been caught shoplifting or has been fighting with a schoolmate. He or she may sometimes lie to you

Advocacy Tip

Even a very young child can have a mental health illness. Instead of avoiding or ignoring a problem your young child may be having, try finding a way to discuss the problem with him or her.

or refuse to do what you ask. In many cases, teenage rebellion is not cause for alarm. However, if your child is acting very aggressive on a frequent basis or is being destructive, you may have a more serious problem on your hands.

Checklist of symptoms and effects

Consider whether your child is behaving in any of the following ways:

- often loses his or her temper
- often gets into arguments with you or other adults
- refuses to follow the rules set by you or other adults
- seems interested in annoying people on purpose
- often blames others for his or her misbehavior
- is easily annoyed by other people
- often seems angry and resentful
- often seems full of bitterness and eager to lash out at someone
- has caused or seems likely to cause damage to property
- has caused or seems likely to cause physical harm to a person or animal

Possible diagnoses

Many children and teenagers get angry at adults, misbehave, and refuse to obey their parents. However, if your child's hostile behavior seems extreme to you, and if these behaviors continue for six months or longer, then you may want to explore the problem. Your child may have a developmental problem or a behavior disorder called Oppositional Defiant Disorder.

Developmental problems and/or family tension

It is possible that your child's behavior is the result of developmental problems or problems at home. A child who is having a hard time keeping up in school, or who has trouble expressing himself or herself, may feel more hostile than most children. A child who is enduring family problems may also feel hostile and act more aggressively.

Oppositional Defiant Disorder (mild)

A child with mild Oppositional Defiant Disorder may behave well at school, and may also behave well with friends, but will misbehave frequently while at home. If your child has this disorder, he or she may argue excessively with you, use offensive language, or refuse to obey your rules. He or she may be feeling unusually angry and resentful. It is important for you to try and understand why your child feels this way.

Oppositional Defiant Disorder (severe)

A child with severe Oppositional Defiant Disorder has the problems described above and is also likely to cause harm to people, property, and/or animals. He or she may become very destructive and may also start having problems at school. In extreme situations like these, your child may be dangerous to others and will probably need professional help.

Advocacy Tip

Whenever you have a gut feeling that your child may be having trouble of some kind, it's better to trust this feeling, even if your friends or family members don't share your concern.

7. Tendency to use drugs or alcohol

General information

Some teenagers experiment with alcohol and drugs. In some cases, children begin using drugs or alcohol on a frequent basis. Often, a child who is using drugs or alcohol will try very hard to hide this from his or her parents. If you think your child might be developing a problem with drugs or alcohol, it is important to keep in mind that he or she may have an underlying emotional problem that is causing or contributing to the substance abuse. When you address the issue of substance abuse with your child, be sure also to try and address any mental health problems he or she may be having.

Checklist of symptoms and effects

Consider whether your child is behaving in any of the following ways:

- is very irritable and/or seems to be going through a change in personality
- often starts arguments and/or behaves irresponsibly (stays out late at night, for example, or breaks limits you have set)
- is missing school and/or neglecting schoolwork
- often shows poor judgment and a negative attitude
- often seems “out of it,” sluggish, and not really aware of what’s going on or seems unnaturally energetic and excited
- often has glazed eyes or reddened eyes
- often has trouble waking up
- often gets a bloody nose
- has stained fingers or visible needle marks (or “tracks”)

Possible diagnoses

If your child is engaging in excessive use of substances such as drugs or alcohol, this may be evidence of an addiction—and addictions are generally treatable. However, a drug or alcohol addiction is frequently a sign that something else is wrong. Your child may be depressed or traumatized, for example. You may need to explore his or her state of mind and mental well-being in order to determine what steps to take next.

Advocacy Tip

Remember to get involved and stay involved if you think your child needs help. Ask questions, write everything down, be organized, and be prepared to advocate for your child.

**Summary
and things
to remember**

You have now reviewed a variety of child behavioral and emotional symptoms—the symptoms that most often trouble parents (*please see the chart on page 26*). This is step one of the two-step approach described at the beginning of this chapter. With the information you find here, you will be able to make a more informed decision about whether your child's behavior indicates a serious problem. If you decide that your child might need professional help, Chapter 2 will be useful because it explores the question of where and how you can find services for your child.

Remember that nearly all children and teenagers go through rough spots as they mature, and most of them also get into unhappy conflicts with their parents. It is important to observe your child's behavior carefully and discuss it with people you trust before you jump to any conclusions. In the long run, your child may or may not need professional services—but he or she will always benefit from the love and understanding you can offer.

**Symptoms
& possible
diagnoses**

Symptoms	Possible Diagnoses
Developmental delays, inattentiveness, or overactivity	<ul style="list-style-type: none">■ Medical condition or learning disorder■ Developmental disorder■ Attention Deficit Hyperactivity Disorder (ADHD)■ Anxiety or mood disorder
Extreme anxiety or fear	<ul style="list-style-type: none">■ Medical condition■ Anxiety disorder
Extreme sadness and despair	<ul style="list-style-type: none">■ Depression■ Bipolar disorder
Problems with food or fear of being too fat	<ul style="list-style-type: none">■ Eating disorder
Problems after a traumatic event	<ul style="list-style-type: none">■ Short term reaction to trauma■ Post-Traumatic Stress Disorder (PTSD)
Extreme anger or defiance	<ul style="list-style-type: none">■ Developmental problems or family tension■ Oppositional defiant disorder (mild or severe)
Tendency to use drugs or alcohol	<ul style="list-style-type: none">■ Drug or alcohol addiction■ Depression or traumatization

First steps for getting help

2

Overview

If you have read through the information in Chapter 1, and if you are reasonably certain that you need some outside help for your child, the next question is: How can I find that help? Maybe your child's pediatrician can answer some important questions for you. Or perhaps the teachers, administrators, or health care professionals at your child's school will be helpful. Friends and/or members of your community—youth leaders, advisors in your church or other faith-based organization, caregivers at your local health services clinic—may also be valuable resources for you. Each one can offer helpful observations and information, and some can offer services as well.

However, each of these options opens up a different path for you and your child to follow. This means you may find yourself wondering: Where do I start? What questions should I ask? If the health services my child needs are available from both the school and our community health center, which one should I turn to? Will the school and the health center work together to help my child?

The goal of this chapter is to help you with those questions as you begin evaluating your options—and this is step two of the two-step process described in Chapter 1.

Advocacy Tip

If your child has a mental health problem, he or she may not be able to control his or her behavior. This lack of control may be your first sign that something is wrong.

Remember that it is important to make some observations of your own about your child's behavior. Your observations will be useful to any service provider who wants to help your child. See the chart on the next page for people and/or organizations that can help. Before contacting someone for help, try to answer the following questions as best you can:

- Is your child's troubling behavior similar to the behavior of other children in his or her age group? (For example, it may be typical for a three- or four-year-old child to throw a temper tantrum because you have said "No ice cream before dinner!" But it is not typical for an eleven-year-old child to throw a tantrum over the same issue.)
- How often does your child behave in a way that troubles you? (For example, does your child throw a tantrum once a week—or twice a day?)
- How severe or extreme does your child's behavior seem to you? (For example, if your child stamps his or her feet during a tantrum, this is less severe behavior than if he or she destroys something in your home during a tantrum.)
- How long does each episode of troubling behavior last? (For example, does the temper tantrum last for 10 minutes—or for an hour?)
- Where does your child's troubling behavior occur? (For example, has your child had discipline problems in school, in an after-school program, or with the coach of a sports team? Have any of your child's friends or the parents of those friends ever complained about your child's behavior?)



By answering these questions, you will be able to assist the health service providers as they try to understand your child's behavior. If your child needs treatment, the treatment plan will be designed to address his or her specific needs—and since you are the one who knows your child best, your input will be invaluable. Some parents may find it difficult to speak up, but it is important to be an active participant whenever someone is creating a treatment plan for your child.

Who can help

1. A family member or trusted friend

When and/or why you should turn to a family member or friend

Many of us know somebody whose child has needed help because he or she was behaving in a troubling way. When this person is a family member or friend, you may feel more comfortable discussing the problem with him or her—and it will probably be helpful to sit down and learn about what happened in that person's situation. You will probably feel better and less alone once you talk about the problem with someone who has had to deal with something similar. It is reassuring to know that other parents have also had to figure out problems like this—and it might be a relief for you to share your concerns with someone who is sympathetic.

How the family member or friend might help

If the family member or friend has gone through something similar to the problem you are facing, he or she will probably have some good advice for you. That person may also know your child (and you) well enough to make some

Advocacy Tip

If you don't know any other parents whose situations are like yours, consider joining an online parent discussion group (see our Resource list for more information).

helpful observations about your child's behavior. You might also be able to get some good ideas about where to look for help and what to expect during the process.

If your family member or friend has found a health care provider that he or she likes, you might want to consider seeking help from the same provider. In almost every case, your family member or friend will also be a strong source of support for you as you begin trying to help your child.

What questions to ask

Consider whether it might be helpful for you to ask your family member or friend one or more of the following questions:

- What made you decide that your child might need help?
- Where did you go first? (Your child's school? The doctor?)
- How did you choose a doctor or therapist for your child?
- What kind of treatment has your child had, and has it worked?
- Where can I go to talk about my own feelings and concerns?

2. Your child's pediatrician

When and/or why you should turn to a pediatrician

Your child's pediatrician is someone you can turn to with any questions about your child's health or behavior. Because the pediatrician is the person who knows the most about your child's health history, he or she has the knowledge and resources to help you try and determine whether your child's behavior is

the result of a medical condition or a mental health illness. Even more importantly, you may feel comfortable discussing your child's behavior with the family pediatrician—even if you don't feel comfortable discussing the problem with anyone else. the result of a medical condition or a mental health illness. Even more importantly, you may feel comfortable discussing your child's behavior with the family pediatrician—even if you don't feel comfortable discussing the problem with anyone else.

How the pediatrician might help

The pediatrician will listen to your concerns, and write notes about the problem in your child's medical record (this is called "taking a history").

He or she also has access to several different screening tools that can help identify developmental, mental health, and substance abuse issues. The screening process is quick, simple, and also voluntary—you can choose whether or not to have your child screened. If the screening shows that your child has some problematic issues, the pediatrician may refer your child to a mental health professional for further evaluation.

In general, if the pediatrician believes that your child might benefit from mental health services, he or she will probably give you a list of health care professionals and health care service centers. Most pediatricians will recommend that you call several different providers on this list. You are more likely to get the services your child

Advocacy Tip

Your child's pediatrician can also help if your child seems to have a developmental delay. If the pediatrician notices that your child is not achieving developmental milestones at the expected age, the doctor will recommend that your child be assessed for a developmental problem.

needs if you make several phone calls instead of just one. The pediatrician may also recommend that you speak with someone at your child's school. (The services provided by schools and health care centers are discussed in later sections of this chapter.)

In some cases, the pediatrician may want to consult directly with a child psychiatrist, particularly if the pediatrician believes your child may be in crisis. The state has recently established a resource for pediatricians—the Massachusetts Child Psychiatry Access Project (MCPAP)—which enables pediatricians to get a very quick telephone response from a child psychiatrist (usually within 30 minutes) and recommendations for treatment.

If the pediatrician believes your child is a danger to himself or herself, or to other people, then the situation is considered an emergency and the pediatrician will probably try to get immediate help for your child. The pediatrician may send you and your child to the emergency room of a local hospital or may locate an emergency services team that will evaluate your child at the pediatrician's office. In either case, your child's mental health will probably be evaluated by a social worker.

Advocacy Tip

When speaking with your child's pediatrician or any other medical professional, be sure that you don't minimize your concerns and/or downplay your child's symptoms.

Advocacy Tip

Pediatricians have access to mental health experts who can help address your child's symptoms. Ask your child's pediatrician to arrange a consultation or call MCPAP if possible.

After evaluating your child and speaking with you about your child's behavior, the social worker will make recommendations for your child's treatment. These recommendations may include intensive

mental health services and/or hospitalization. Keep in mind that the emergency room doctor—if he or she believes that your child is a danger to self or others—has the power to hospitalize your child without your consent.

What questions to ask

Consider whether it might be helpful for you to ask your child’s pediatrician one or more of the following questions:

- Can you give me a list of mental health service providers in my area?
- What do you recommend I do for my child at this point?
- Have you been trained to diagnose or treat mental health problems?
- Should I get a second opinion?
- What have you recommended for other parents in my situation?
- How do I keep you involved in my child’s treatment?

3. Your child’s school teachers, administrators, or health care staff

When and/or why you should turn to your child’s school

Advocacy Tip

It is important to pay attention to your child’s troubling behavior at home, even if he or she has no problems at school. Troubling behavior usually shows up at home first.

Your child’s school can be a very good source of information and support. If you have noticed something in your child’s behavior that is troubling, it is a good idea to contact the school to find out how your child is behaving at school. You may also want to find out if your child’s schoolwork is suffering. Because your child spends much of his or her time at school, the information you can get from people at the school might be very important and sometimes even reassuring.

Even if you have not noticed a problem with your child at home, the school may contact you because someone has noticed a problem at school. If this happens, it is important to take the school's observations seriously. Your child may behave differently at school than at home. Also, you may have grown so accustomed to your child's behaviors that you may be overlooking a serious problem. Try not to feel panicked or insulted if the school calls you, because this is an opportunity to work with the school on your child's behalf.

How your child's school might help

Advocacy Tip

You may need to be persistent with your child's school. In general, schools resist providing mental health services and—unfortunately—may try to downplay a child's emotional problems.

The teachers, administrators, and health care staff at your child's school can provide you with valuable information about how your child behaves at school and about his or her academic performance. With this information, you will be able to develop a more complete understanding of your child's behavior.

Your child's school can also put together an informal team of teachers and specialists who will observe your child's behavior in the classroom. This team can then work with your child's teachers to make changes in the classroom that will help your child improve his or her behavior. Some strategies that help your child in the classroom may also help your child at home.

The school's mental health specialist—usually a social worker, therapist, or psychologist who works part-time or full-time with the school—can provide your child with short-term individual counseling. The mental health specialist may also want to meet with you to discuss your child's situation.

Special education services are available at your child's school for children with mental health problems, developmental disabilities, and/or learning disabilities. If you request a formal evaluation from the school (or if a teacher, administrator, or health care professional requests one), the school is required to conduct a complete assessment to see if your child is eligible for special education services. This evaluation will become part of your child's school record. Getting special education services for your child can often be a complex process. Please see Chapter 5 of this Guide for more information about services that are provided in schools.

What questions to ask

Consider whether it might be helpful for you to ask your child's teacher, school administrator, or school health care specialist one or more of the following questions:

- Who works with the school to provide mental health services to the students?
- How do we develop an education plan for my child?
- How have you worked with other children who behave like my child?
- How can I stay involved in my child's education plan?
- How often will you update me on my child's progress?

4. A psychiatrist, psychologist, or other mental health professional

When and/or why you should turn to a mental health professional

Many parents are reluctant to contact a mental health professional such as a psychiatrist or a psychologist. Some parents worry about what other people will

think about them or their child. Other parents worry that they will have difficulty understanding the mental health professional's recommendations. Many also worry that they will lose control over their child's treatment and/or that the treatment will be very expensive.

However, a mental health professional is the person who is most qualified to help you if your child has a mental health problem. For example, your child's pediatrician may recommend that your child visit with a mental health professional. You may also get recommendations from family members or close friends. It is important to know that you can contact a mental health professional directly when seeking help for your child.

If your child has undergone a screening process at his or her daycare center, school, or pediatrician's office, the screening may suggest that he or she should meet with a mental health professional. You may receive a referral to a specific specialist.

If you have medical insurance, the mental health services that are available to your child will depend on what is covered by the insurance and/or what services you can afford to pay for on your own. Please see Chapter 3 of this guide for more information about paying for your child's care.

It is helpful to know that psychiatrists, psychologists, social workers, and therapists also work through schools and other agencies to help children get the

Advocacy Tip

If you are unable to get services for your child on your first try, don't give up! Keep knocking on doors!

care they need. You may find that your child is eligible to receive services from a mental health professional at school.

How a mental health professional might help

Mental health professionals are the experts on mental health, and they are trained to provide many different kinds of care. If your child is brought to an emergency room at the hospital because of an emotional problem, he or she will be evaluated by a mental health professional. Mental health professionals also provide services in many non-emergency situations.

For example, mental health professionals usually provide “talk therapy,” which means they talk with your child one-on-one about his or her problems and try to help your child improve his or her behavior and/or mood. Sometimes, talk therapy also works for groups of children. Mental health professionals also provide other services for children, such as behavioral therapy and play therapy.

Advocacy Tip

Medication raises many issues. Make sure you understand everything about your child’s medication—and make sure your child continues to take the proper dose.

Therapy for children has become more common in recent years, and most families are willing to give it a try. However, many parents find it hard to accept the idea that their child might need more intensive treatment, such as medication or hospitalization. Keep in mind that your child’s best interests need to come first. Mental health professionals provide a wide range of services, and you will want to consider as many options as possible, even if some of them make you feel uncomfortable.

If your child's emotional condition can be improved by medication, a mental health professional such as a psychiatrist or clinical nurse specialist can prescribe the medication. Sometimes, you will find that medication is suggested for your child early on during treatment. It is always a good idea to ask your child's mental health professional about other treatment options that might be helpful.

If your child's emotional condition is only moderately severe, a mental health professional will work with your child while he or she continues living at home. This is called "outpatient treatment." In this case, you may find it fairly easy to stay involved with decisions about your child's treatment.

Please note that if your child is covered by MassHealth (our state's Medicaid programs), he or she is eligible for screening and (if warranted) an evaluation paid for by MassHealth. If he or she is determined to have a "serious emotional disturbance" (SED), the state must put together a treatment team and develop a treatment plan for your child. The treatment plan will emphasize in-home and community-based services as much as possible.

However, in some cases, he or she may need to live for a while in a hospital or a residence for children or adolescents with mental health disorders. This is called "inpatient treatment" or "residential care." In this case, it may be more difficult for you to stay involved with decisions about your child's treatment. However, the mental health professionals providing treatment for your child should be in contact with you on a regular basis. You will have a better chance of staying involved with your child's treatment if you actively seek information and answers from these professionals.

Advocacy Tip

Before signing any consent forms for your child's treatment, be sure to ask questions, get the facts, and know the pros and cons. Be particularly careful when medication is involved.

What questions to ask

Consider whether it might be helpful for you to ask the mental health professional one or more of the following questions:

- What is your specific background and training in child mental health?
- Have you treated children with problems similar to my child's problem?
- What are my child's treatment options?
- Which option do you recommend, and why?
- How long will it take for my child's mood or behavior to improve?
- How can I stay involved with my child's treatment?

You may also want to ask yourself the following questions:

- Has this mental health professional explained everything to me in a way that helps me understand my child's situation?
- Am I comfortable with this mental health professional?
- Does this mental health professional seem genuinely concerned and interested?

Remember that there are many different kinds of mental health professionals, and some of them are able to provide services that others cannot provide. For example, if your child needs medication, he or she will need to get treatment from a mental health professional who is able to prescribe the medication.

Depending on what kind of care your child needs, it is important to try and figure out if the mental health professional is a good match with your child.

5. A community health center, youth agency, or social services agency

When and/or why you should turn to a community agency

In most cases, parents turn to a community agency because someone has referred them to that agency. If your community has a health center, it may offer services that can help your child. Your child's pediatrician or school may also suggest that you explore other local agencies to see what services are available there.

Often, a parent finds a community agency helpful because it offers programs and services that are designed to meet the particular needs of the community and the community's children. The programs and services for children may be woven into the community in a way that helps build connections between the families in that community. Also, community agencies are sometimes able to offer specialized services that address your child's specific emotional needs. Many community agencies provide services like these by working together with hospitals and public agencies such as the Department of Mental Health and the Department of Children and Families.

Different kinds of community agencies provide different kinds of services and programs. An "activity agency" like the YMCA or a Boys and Girls Club usually organizes after-school programs for children and teenagers in the community.

Advocacy Tip

Some churches, synagogues, and other faith-based organizations have special needs classes which may provide support for children with behavioral or emotional issues.

If you are concerned about your child’s behavior and you feel that he or she needs to be more active, you might send your child to such an agency. Organized physical activities can often help children develop friendships and can contribute to your child’s physical and emotional health.

Your local faith-based organizations may also provide after-school programs and/or other services for children in the community. Again, programs like these can improve your child’s general health and well-being.

However, if your child has a more serious mental health condition, an activity agency or faith-based organization is probably not equipped to deal with it. In this case, you may want to find out whether your community has a local mental health and/or social services provider—such as the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC)—that is better equipped to address a more troubling mental health problem. However, if your child has a more serious mental health condition, an activity agency or faith-based organization is probably not equipped to deal with it. In this case, you may want to find out whether your community has a local mental health and/or social services provider—such as the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC)—that is better equipped to address a more troubling mental health problem.

How a community agency might help

Most community agencies provide the same range of services your child might receive from a private mental health professional, but at a lower cost. Many community agencies (including faith-based organizations) also organize sup-

port services for the families in the community. For example, the MSPCC has daycare and after-school programs, programs to educate and support parents, and programs to protect against child abuse or neglect, as well as mental health counseling. Some agencies provide individual and group therapy, medication therapy, and mental health testing services. Unlike mental health professionals who work in private practice, community agencies are often willing to provide services in a family's home.

What questions to ask

Consider whether it might be helpful for you to ask the community agency staff member one or more of the following questions:

- What kind of services can your agency provide for my child?
- Does my family need to meet certain eligibility requirements to qualify for services?
- Who provides mental health services through this agency, and what kind of training does he or she have?
- Does my child need services beyond the services that you can provide?

6. A hospital emergency department

When and/or why you should turn to an emergency department

If you are very worried about your child's emotional condition, and if you don't have easy access to a therapist's services, you may want to bring your child to a hospital emergency department for immediate evaluation. Some parents feel that they should wait until their child behaves

Advocacy Tip

As a parent, you have the right to stay with your child in the emergency room—and it's always best if you stay.

in a seriously desperate way before bringing him or her to an emergency department. However, you know your child well enough to know if he or she is behaving in a disturbing way, and you may need to trust your instincts.

If it is very clear that your child is having a severe emotional crisis, do not hesitate to bring him or her to the emergency department. Some children who are having a severe emotional crisis may behave violently and seem to be out of control, while others may seem completely paralyzed by serious depression. It is particularly important to bring your child to a hospital if he or she is threatening to harm other people, harm himself or herself, and/or commit suicide.

You can drive your child to the hospital yourself, call for a taxi that will take you there, have a friend or family member take you there or go along with you, or even call 911 if you believe your child needs to be transported in an ambulance with professional medical assistance. Try and choose the transportation option that makes the most sense in terms of your child's safety and your own safety.

Your community may have a local emergency services team (such as the Boston Emergency Services Team—or BEST Team—in Boston) that you can call. These teams are generally trained to provide emergency services including transportation to a hospital emergency department if necessary.

How an emergency department might help

When you first arrive at the hospital, your child will be given a medical exam and a health care professional (such as an emergency department nurse) will ask you for information about your child's condition and situation. Your child will also be examined by a mental health specialist. In most cases, this specialist will

talk with you and your child separately, then bring the family together to discuss recommendations for treatment.

If your child is in a crisis and/or may cause harm to himself or herself or others, the specialist may tell you that your child needs to be admitted to the hospital as an inpatient. If your child is not in a severe crisis, the mental health specialist may recommend that your child see a therapist. Other treatment recommendations include outpatient mental health services and/or intensive home-based services.

In each of these situations, you should expect the mental health specialist to explain everything to you clearly and help you understand your child's options. The emergency department staff should also help you plan the next steps for your child's treatment. In fact, this may be the most important part of an emergency visit. Be sure to work with the mental health specialist to plan what will happen when your child is released from the emergency department.

What questions to ask

Consider whether it might be helpful for you to ask the emergency department staff member or mental health specialist one or more of the following questions:

- Is my child stabilized?
- What specific treatment plan would you recommend for my child?
- Why are you recommending this particular treatment plan?
How will it help my child?
- What other treatments did you consider?

- If my child needs to be hospitalized, how long will he or she stay in the hospital?
- Can I bring things for my child, like games or clothes or snacks?
- Can you help me figure out whether the services you recommend are covered by my insurance plan?

A special note about consent forms

In an emergency department setting, parents are often asked to sign forms consenting to treatment or the release of information. Although it is important to maintain an open line of communication between the hospital and your child's school, you will need to be very aware of what information is flowing back and forth. In order to maintain your child's privacy as much as possible, you will want to try and control the information exchange by only consenting to the release of certain information. Take care not to sign any "blanket" consent forms that place no limitations on the release of information.

7. The police and the juvenile (criminal) justice system

When and/or why the police may get involved

If your child is charged with committing a crime, he or she may be taken into custody by the police or may be summoned to court to answer to the charge(s). In very rare cases, the police may be called in by a parent or family member who has been harmed or has reason to believe that he or she is in danger of being harmed by the child.

Advocacy Tip

More and more police departments are teaching their officers about child mental illness. Try and find out how prepared your local department is—but only call the police if you have no other options.

If your child is prosecuted for a crime, he or she will go through proceedings in the juvenile justice system. This system is primarily focused on dealing with children who have been charged with or convicted of a crime—not children who have a mental health condition. If you are aware that your child might get into trouble with the law, it is important to try and get services for your child that might help keep him or her out of police custody. **The juvenile justice system should be viewed as the “last resort” in terms of mental health services and should be avoided if possible.**

The state’s Department of Youth Services (DYS) is the agency responsible for children involved with the juvenile justice system. It is important to note that DHS is a correctional agency and not a mental health treatment agency. Any mental health services provided by DHS will be limited at best. DHS can get involved if your child is being held on bail and is waiting for a trial or if he or she has been committed to DHS custody by the court. The court can only commit a child to DHS if he or she has been charged with committing a crime while between the ages of seven and 16, and he or she pleads guilty to the criminal charge, is found guilty after a trial, or violates the terms and conditions of probation.

If your child is in trouble with the law and you believe this has happened because he or she has a mental health disorder, be sure to let your child’s attorney know this. The attorney will need all of the relevant information so he or she can advocate for a mental health assessment while your child is being detained and/or mental health treatment instead of imprisonment

How the police or DYS might help

If a judge has placed your child in temporary DYS custody (detention), your child may be seen by a social worker or other mental health professional. If DYS is familiar with your child and knows that he or she has a severe mental health problem, a higher-level mental health professional may be called in to help. However, DYS usually does not provide mental health treatment to a child in detention unless he or she is in crisis. If a child is committed to DYS custody (an arrangement that is more permanent than temporary detention), some limited mental health services may be available—but DYS commitment is generally not something that you would want for your child.

It is possible that DYS will make an effort to get other agencies—such as the Department of Mental Health or the Department of Children and Families (DCF; formerly known as Department of Social Services or DSS)—involved with your child’s case if those agencies provide services that may help your child. Unfortunately, other agencies sometimes try to avoid working with children who have been detained by DYS because they think DYS cases are too complicated.

The DYS has two residential facilities for children with mental health problems, one for boys and one for girls. These facilities are small and only accept children who have been committed to DYS custody and are in crisis.

Advocacy Tip

Very few children get appropriate mental health treatment while in DYS custody. The Resource list in this Guide has some legal and clinical advocates who might be able to help.

Advocacy Tip

If your child has a serious mental illness, he or she may receive services from several different agencies. Always ask an agency about finding someone to help coordinate your child's care.

Generally, if your child is committed to DYS, you will have little or no day-to-day control over what happens or what services your child receives. However, if you make an effort to stay involved, you should be able to have some input in the process. For example, parents continue to have certain medical decision-making powers, and you may participate in monthly treatment meetings and/or other team meetings.

A special note about CHINS

If someone—your child's teacher, for example, or a police officer—suggests that you might want to file a CHINS (Child in Need of Services) petition to get services from DCF for your child, you should be extremely cautious. This is a time to think hard about the situation before acting. If you file a CHINS petition, you will be taking your child to court and getting him or her involved with the court system, which could have a very negative effect on the relationship you have with your child. It could also result in your losing legal custody of your child and losing the right to make certain parenting decisions. In addition, it is difficult to predict or control what kind of services DCF will decide are best for your child.

Be sure to get as much information as you can from an attorney or advocate if you are considering filing a CHINS petition, and try to avoid filing a CHINS petition unless it is the last and only option for your child. (For additional information about CHINS petitions, please see Chapter 6 of this Guide.)

What questions to ask

If your child has been committed to DYS custody, you may want to locate and talk with his or her DYS caseworker and/or the head of his or her unit. However, your child's attorney may be your best option if you want help getting information. Ask the attorney if he or she can help you with one or more of the following questions:

- Why has my child been committed to DYS?
- What mental health services will DYS provide for my child?
- Will DYS commitment affect my child's insurance coverage for mental health treatment?
- If my child has a learning disability, what impact will DYS commitment have on his or her learning experience?
- (If you believe your child may be in crisis and/or suicidal:) How can I have my child transferred to a hospital?

**Summary
and things
to remember**

You have now been introduced to a number of different ways to seek mental health services for your child (*please see the chart on page 52*). Next, you will need to think about how to pay for these services. Schools provide some services for free, but mental health services in general can be expensive, especially if you have little or no health insurance. Chapter 3 will help you begin to learn more about health insurance and payment options, and how they may determine what kind of services are most easily available to you and your child.

As you go forward, it is important to remember that if your child has a mental health illness, you can expect that a variety of people will work together as a team to help your child. For example, you might first make contact with your child's pediatrician instead of your child's school, because you feel more comfortable with that approach. Even so, it is likely that the pediatrician and the school will end up working together to help your child.

This team approach allows the people working with you and your child to collect and discuss the widest possible variety of important information. This approach is also a way of providing your child with as many services as possible—within an agency, in his or her school, and/or at home. It is important that you work hard to keep people interested in and involved with your child's situation.

Seeking help

Your child's situation	When to get help	Where to get help
<ul style="list-style-type: none">■ Developmental delay or problem■ Mild to moderate change in behavior■ You are worried but not alarmed	Soon (a routine assessment)	<ul style="list-style-type: none">■ Pediatrician■ Mental health professional■ School■ Family/Friend■ Community agency
<ul style="list-style-type: none">■ Major change in behavior■ Child seems unable to function without help■ You feel unable to cope or help	48–72 hours (urgent)	<ul style="list-style-type: none">■ Pediatrician■ Mental health professional■ School
<ul style="list-style-type: none">■ Severe, out-of-control behavior■ Child may be a threat to self or others■ You are frightened	Immediately (emergency)	<ul style="list-style-type: none">■ Hospital emergency department■ Police

Paying for services

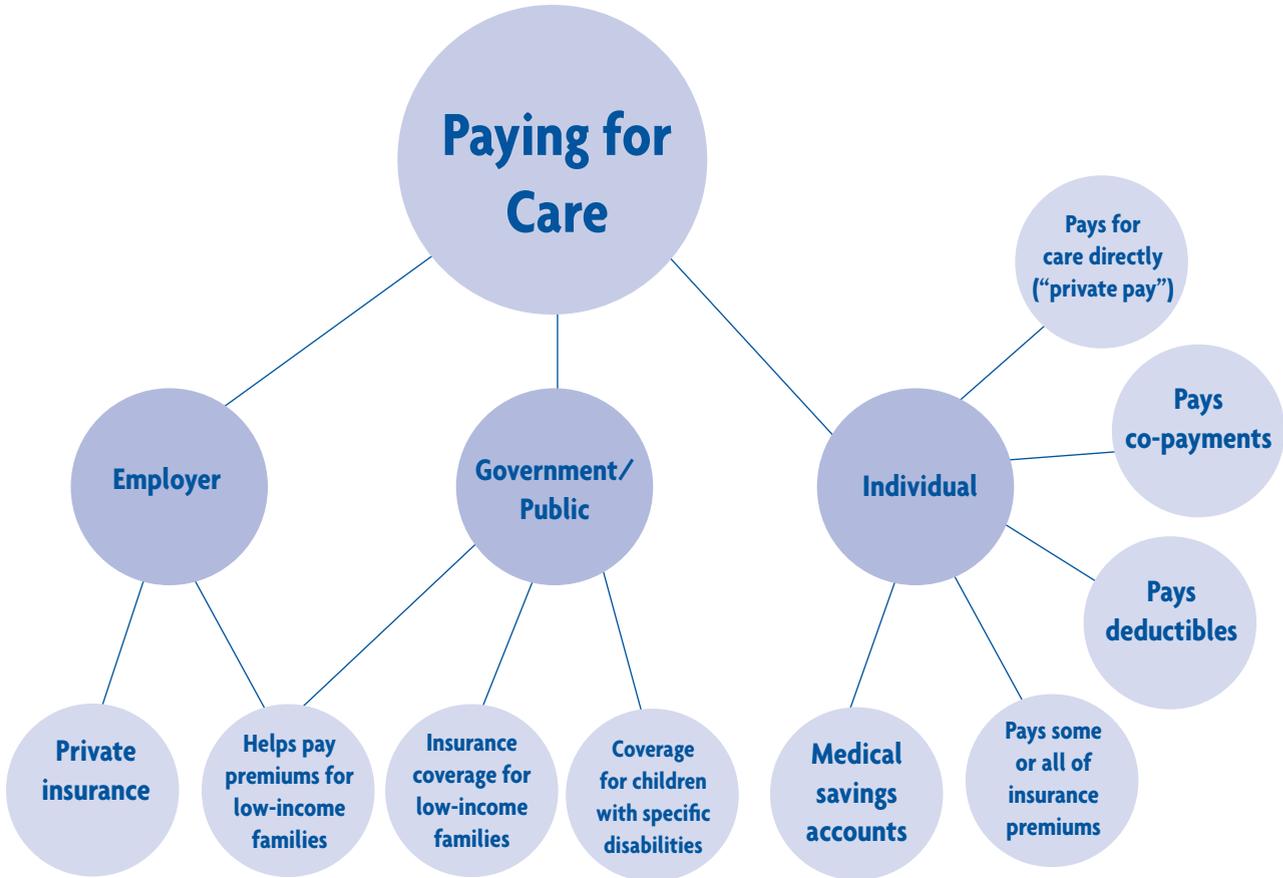
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Overview

Medical services in general—and mental health care services in particular—can be expensive. There are a variety of ways to pay for mental health care, including private health insurance plans, public health insurance programs, or your own personal funds (*please see the chart on page 54*). In many cases, you will find that you need to use two or even three of these sources to cover the cost of mental health care for your child.

For example, your employer may provide health insurance coverage but may require you to pay a portion of the monthly fee (or “premium”) charged by the insurance company. In addition, the insurance plan will probably require you to pay an additional fee (called a “co-payment”) whenever your child receives a health care service. In this case, you and your employer are sharing the costs of health care. Some public insurance programs can help you meet the costs of private employer-provided health insurance—and in that case, you would be using three different sources to cover your child’s health care costs.

Paying for Care



Advocacy Tip

Even if you have insurance, you may still have trouble getting the services your child needs. Keep written records to help with requests.

This chapter is designed to help you make smart choices about how to provide your child with the best possible mental health care in an affordable way, through a private insurance plan, a public program, or both. The chapter will help you:

- gain a general understanding of the kind of private insurance plans and public programs that are available
- consider which insurance plan or program may be right for you and your child depending on need and/or eligibility

One way or another, it is very important for you to try and get some kind of health insurance coverage for your child. Most insurance plans will help you meet the costs of mental health care services such as therapy, medication, and testing and/or evaluation. In a few cases, more intensive services like acute residential treatment (also known as CBAT: community-based acute treatment) and day treatment are also covered. (Please see page 57 for a more complete list of the kind of mental health services your child might need.) Without insurance coverage, your options may be significantly limited if you are unable to personally afford the services your child needs.

Note: *If you have private insurance, emergency services for your child will always be covered. MassHealth will also cover emergency services.*

Also please note that if your child is age 18 or older, your options may be different in terms of paying for (and managing) your child's mental health services. For information about insurance coverage and other payment options for children who are old enough to be considered adults (and who may have "aged

Advocacy Tip

In any emergency situation, a hospital is required to evaluate your child and provide stabilizing treatment if he or she has a mental health condition, regardless of your insurance status.

out” of child services and/or dependent coverage), please see Chapter 7 of this Guide.

It is important to remember that the information provided in this chapter is just the tip of the iceberg. With any insurance plan or program, you will need to follow through on your own to get more detailed information about mental health care coverage for your child.

The chart at right describes the kind of services that may be provided to your child by mental health care professionals. All insurance plans and programs cover emergency services, but coverage of other services depends on the specific plan or program.

Some of the terms used in the chart may look unfamiliar. The Glossary in the back of this Guide explains many of these terms in more detail.

Types of insurance plans and programs

Group insurance through an employer

Most children in Massachusetts with employed parents or caretakers are covered by private health insurance. Under Massachusetts law, insurance is generally categorized as either “group” or “small-group” for the purposes of insurance regulation. Group insurance is generally less expensive but is usually only available to large groups of people, such as the employees of a medium- or large-sized employer. An individual or family cannot buy group insurance unless they are part of that group of people. In contrast, small-group insurance is available to everyone, including individuals, families, and employees of a small-sized employer. Small groups can also be formed by people who have a common profession or background, such as through a trade association,

**A list of
mental
health
services**

Emergency services

- Crisis intervention and screening
- Short-term crisis counseling
- Emergency medication management
- Crisis stabilization

**Intensive non-residential
outpatient services**

- Community services from support services to more intensive services
- Family stabilization services
- Observation / holding beds (partial hospitalization)
- Psychiatric day treatment
- Care during a transition from one level of care to another
- Substance abuse treatment
- In-home behavioral health services

**Office-based
outpatient services**

- Diagnostic evaluation
- Individual and/or family therapy
- Group therapy
- Case consultation and/or multi-disciplinary team consultation
- Medication management
- Placement assessment
- Psychological testing
- Substance abuse assessment and services

Inpatient services

- Acute in-hospital treatment
- Short-term residential treatment
- Longer-term residential treatment

professional association, or religious organization. Most people with private health insurance have group coverage through an employer.

Group insurance plans usually fall into one of the following categories below, which are listed in order of least expensive/least choice to most expensive/most choice:

- Health Maintenance Organization (HMO) plan (where you and your child receive care from a specific network of health care providers who contract with the HMO; your primary care physician usually provides or authorizes all health care services; services from out-of-network providers generally are not covered)
- Preferred Provider Organization (PPO) plan (where your co-payments are lower if you and your child seek care from providers who are in the PPO plan's network; some PPOs require authorization for services from your primary care physician)
- Point of Service (POS) plan (where you and your child can see any provider you want at any site, and you have two types of coverage, resulting in lower costs for services from in-network providers and higher costs for services from out-of-network providers)
- Fee-for-Service or Indemnity plan (where there is no network, so you and your child can see any provider for any service, and you generally pay a relatively small fee for each office visit)

Advocacy Tip

Incomplete records are the primary factor when insurers refuse to pay for a service. Remember to keep copies of all correspondence!

Your group insurance plan may have a "deductible." A deductible is a specified amount of money that you have to pay toward health care expenses, including mental health expenses, before the insurance company will begin covering services. The amount of a deductible can vary from plan to plan; most HMO plans do not have deductibles.

Employer-based coverage following a job loss

If you lose your employee benefits due to a job change, you are eligible to continue your family's health insurance coverage under your former employer's group health plan for a defined period of time. You will have to pay for this coverage yourself, but a group policy is generally less expensive for its members than an individual policy would be—and if you have been laid off, you may be able to get state or federal subsidies to help cover the costs. Coverage under your former employer's plan will end when the defined period of time is over or when you obtain health insurance coverage elsewhere, whichever happens first.

Non-employer insurance options

Under the Massachusetts health reform laws, all adults must have health insurance or they will have to pay a penalty, unless they apply for and receive an exemption because the available insurance is unaffordable. If you need to purchase affordable private insurance for you and your family, and you do not have easy access to an insurance plan through an employer, you may want to explore the options available through the Commonwealth Health Insurance Connector—a state agency known as “the Connector.” More information is available on the Massachusetts state website.

Choosing a group insurance plan

As you explore your insurance options, particularly if you are able to get insurance through your employer, you might find that you have several different choices of private health insurance plans. Each plan will charge you a monthly

premium, and most will require you to also pay co-payments and/or deductibles for the services your child receives. Some plans provide “better coverage” of a particular service, such as hospitalization, which means these plans pay a larger share of the costs of that service or pay for more days of treatment. Others may limit your choice of health care providers for your child (as discussed in the next chapter).

When choosing a plan, you will want to find the one that best fits your child’s health needs. Be sure to learn the following details about the plan:

- which mental health and medical health services are covered
- whether your choice of providers is limited
- what your out-of-pocket costs are likely to be for your child’s services
- whether you can change to a different plan easily if you need to

There are several ways to learn about these details. You can:

- review the plan’s written summary of benefits, which will explain what services are covered and what providers you can use
- contact the plan’s customer service department
- discuss the plan with a staff member from your employer’s human resources office
- talk to the provider(s) you prefer to find out which plans they participate in and/or which plans they think are better

Advocacy Tip

A mental health care advocate can help you sort out insurance details, select a plan, or locate an agency that will work with your child. See the Resource list at the back of this Guide.

Insurance through a public program

Public insurance programs can provide assistance if you are unable to get private insurance through an employer or if you are unable to afford the employer-provided health insurance on your own. In order to

receive assistance from a public program, you and/or your family must meet the specific eligibility requirements of that program.

Some public programs can serve as a supplement to private insurance, which means you have more than one way to cover your child's costs. A program like MassHealth CommonHealth in Massachusetts can provide health benefits to families who have a disabled child. CommonHealth can serve as a backup (or "wrap-around") insurer if your private insurance doesn't pay for all needed mental health services.

Advocacy Tip

During the process of seeking assistance, you will usually sit down with an advocate or a financial counselor who will either fill out your request form with you or will help you fill out the form online.

Try not to leave any sections blank, because incomplete forms can cause delays.

Most children in Massachusetts are enrolled in a "managed care" plan, which may be a Primary Care Clinician (PCC) plan or a Managed Care Organization (MCO) plan.

Applying for a public insurance program

To apply for most public insurance programs in Massachusetts, you will need to fill out a Medical Benefit Request (MBR) form. The majority of the programs that apply to children are Medicaid programs, which in Massachusetts are known as MassHealth plans. To participate in

MassHealth, your child must qualify for assistance based on your family's income or on your child's disability. In Massachusetts, one out of every four children are covered by MassHealth.

If your child has a disability, it is important to check the box on the MBR form that provides this information. You will also need to fill out a disability supplement to submit with the MBR form.

The MBR form can be downloaded from the MassHealth website and is also available by calling a MassHealth Enrollment Center. Many health care providers and community organizations have the forms and might help you fill out and submit your MBR form. A health care advocate can help, too. The state also encourages people to submit applications online.

If you are denied eligibility for a public insurance program, you can appeal the decision. See Chapter 4 of this Guide for more details.

When to define a child as “disabled”

The words “disabled” and “disability” may sound very negative to you. In fact, your child may not appear disabled and/or may not be disabled in your opinion. It is possible that he or she will nevertheless meet the standards for “disabled” as described by the laws that govern public health care programs in Massachusetts.

Note that your child’s eligibility is based on his or her mental health disability or any other kind of disability (regardless of his or her mental health).

You may have concerns about your child being labeled “disabled.” However, be sure to keep in mind that your child may fit the legal definition of “disabled” and may therefore be eligible for special services. As information about disabilities becomes more widespread, more people with temporary or permanent disabilities are gaining recognition and learning about their rights.

Advocacy Tip

If you can’t afford private health insurance but you think you don’t qualify for a public program, don’t give up! Eligibility is complicated, and your family may be eligible in ways you haven’t considered.

After you have sent in your MassHealth MBR form (described above), the question of whether or not your child has a disability will be decided by MassHealth. All of the medical and non-medical information that you send will be reviewed.

Types of public programs

After you send in your MBR form, it will be reviewed to see if you and your child are eligible for a MassHealth plan based on your family's income or on your child's disability.

Each MassHealth plan has its own eligibility rules. If you are eligible for one of these plans, the MassHealth administrators will place you in the plan that will give you and your family the most benefits based on the information you have provided. You will receive notification telling you which plan you and your child are eligible for, and how much of a premium (if any) you will pay. Once you have enrolled in a MassHealth plan, you and/or your child will receive a MassHealth card. If you are paying a premium, you will be billed monthly.

If you and your child qualify for a MassHealth plan, the plan will either pay your health care providers directly or will pay part or all of your insurance premiums (if you have or can get private insurance). If you and your family are not eligible for a MassHealth plan, your MBR form will then be reviewed by the Office of Medicaid to determine if your child is eligible for services under the Children's Medical Security Plan (CMSP).

Advocacy Tip

It's important to remember that if your child has any private insurance coverage, that insurance must be used before MassHealth coverage is used.

Advocacy Tip

Be sure to check with your child's doctors to make sure they are MassHealth providers. MassHealth only pays health care providers who participate in the program.

MassHealth is broken down into several different types of health insurance plans. The MassHealth plans and other public programs that children are eligible for are described below.

MassHealth Standard

This plan offers the most comprehensive set of MassHealth benefits, including inpatient and outpatient hospital services, medical services, and mental health and substance abuse services. It is available as a PCC plan or an MCO plan. A child in a low-income family may qualify for this plan if he or she meets any one of the following conditions:

- is under the age of 19
- is in foster care
- is receiving Supplemental Security Income (SSI) due to a disability
- is a disabled adult child, at least age 18, who was formerly receiving SSI

MassHealth CommonHealth

If your child is under the age of 19 and has a disability, and if your family income is high enough to make you ineligible for MassHealth Standard, your child may be able to enroll in this plan. There is no upper income limit for CommonHealth. People enrolled in

Advocacy Tip

If your child has a serious emotional disturbance and is eligible for MassHealth Standard or CommonHealth, he or she is also eligible for important community-based services like enhanced care coordination through the state's Children's Behavioral Health Initiative.

Advocacy Tip

In the CommonHealth application process, you will receive a standard denial notice for all members of your family based on income. Only the second notice—the CommonHealth Decision Notice—applies to your child who may be disabled.

Advocacy Tip

Something as simple as forgetting to mail in a required form can lead to a loss in MassHealth eligibility. You can reapply, but this may cause a gap in coverage for your child's services. Do your best to avoid gaps in coverage by staying on top of any issues that might affect your child's eligibility.

CommonHealth pay a relatively low monthly premium for services, and the premium is calculated on a sliding scale according to your income and the size of your family. This plan's benefits are similar to the benefits you and your child would receive under MassHealth Standard.

MassHealth Family Assistance

This plan covers low-income families whose level of income makes them ineligible for the MassHealth Standard plan. There is no disability requirement for this plan. Instead, your child may qualify for this plan in one of two ways:

- If you are unable to get insurance from your employer, MassHealth Family Assistance provides direct benefit coverage for your child. You may be required to join a managed care plan.
- If you are paying private health insurance premiums to an employer-sponsored plan, Family Assistance will help pay for part of those premiums and will also pay some co-payments and deductibles for your child's well-baby and well-child visits.

The Children's Medical Security Plan (CMSP)

Any child age 19 or younger who lives in Massachusetts is eligible for coverage under the Children's Medical Security Plan (CMSP) if he or she is currently uninsured for primary or preventive health care and is not eligible for MassHealth primary or preventive health care coverage. There are no citizenship rules for this program.

Advocacy Tip

Be careful not to downplay your child's condition when explaining it in person or describing it on a form. Being open about his or her worst days is a better way to get the services your child needs.

Each family with CMSP coverage pays a monthly health insurance premium that is based on the family's size and household income. No premiums are charged if your family is low-income. For each visit to a provider, you will also pay a co-payment of less than \$10.00, depending on your family's size and income. No co-payments are required for preventive and diagnostic services. Mental health care services covered by CMSP include outpatient services (up to 20 visits per year), substance abuse services, and medication. There is a very small prescription benefit per child per year.

Medical Security Plan (MSP)

This plan is available to low-income individuals and families who meet income eligibility guidelines, are Massachusetts residents, and are eligible for and receiving unemployment insurance benefits. When the Division of Unemployment Assistance (DUA) sends out an unemployment benefits package, this mailing will include information about MSP.

MSP offers two health insurance options. One option is that it can help you pay private health insurance premiums if you are continuing to receive health insurance benefits under the Consolidated Omnibus Budget Reconciliation Act (COBRA) after a job loss. The other option is that it can cover health care costs for you and your child directly by providing a series of benefits for you and your family.

Advocacy Tip

Always take extra care when reading or trying to interpret any notice from a public or private agency. If something isn't clear to you, get some help to be sure you understand the notice!

If you have received a DUA mailing about unemployment benefits, be sure not to overlook the MSP information and application. Because MSP options are only available while you are receiving unemployment insurance (UI) benefits, you should apply for MSP immediately. If you are initially denied UI benefits but the decision is then reversed, be sure to apply for MSP at that point. Note that the MSP benefits will be retroactive to the date when your initial application was received—which means you can recover any out-of-pocket medical costs that would have been covered by MSP if you had not been wrongfully denied UI benefits.

Additional assistance

Paying for a child’s mental health services can often place an extra burden on the family’s financial situation. The programs listed below can help ease that burden. Your child may be eligible for one or more of these programs:

- Supplemental Security Income (SSI) due to a disability
- Emergency Aid to Elders, Disabled & Children (EAEDC), which is administered by the Division of Transitional Assistance and covers children who live with someone who is not a relative
- Temporary Assistance for Needy Families (TANF), a short-term program that covers children who live with a relative
- Supplemental Nutrition Assistance Program, or SNAP (previously known as the Food Stamp Program)

**Summary
and things to
remember**

This chapter is designed to provide you with some very basic information about the ways you can pay for (or get help paying for) your child's mental health care services with an insurance plan or program. Insurance plans and programs—whether they are offered through a private insurer or through the state—are complicated, and you may find that it is challenging to get all of the services your child needs.

In fact, most people at one time or another find themselves trying to deal with an insurance plan or program—private or public—that does not cover or refuses to pay for the mental health services a child needs. Chapter 4 will explore insurance in greater depth, to explain how most insurance companies go about providing mental health services and how to appeal an insurance company's denial of coverage for those services.

The most helpful thing you can do for you and your child whenever you become a member of an insurance plan or program is this: Get as much information as you can about your plan, including information about the services it covers, how it handles mental health benefits, and the procedures you should follow to get benefits and to appeal a denial of coverage/payment for care. An insurance plan will only work well for you and your child if you understand what benefits it provides and how you can get the most out of them.

Navigating mental health networks

4

Overview

If your child needs mental health services, you can probably get these services as long as you can pay for them. But mental health services are very expensive—which means the more important question is whether you can get help paying for them.

Having insurance is only the first step toward getting services and getting assistance paying for services. As discussed in Chapter 3, there are a variety of different private insurance plans and public programs that can help you pay for your child's mental health services. To get the best possible coverage for these services, you will need to be very familiar with your plan's benefits and procedures, and you may have to overcome some obstacles along the way.

Most insurance plans limit your choice of health care providers by covering more (or all) of the costs of care from certain providers while covering less (or none) of the costs of care from other providers. For example, if you and your child get your health care services through a Health Maintenance Organization (HMO), the HMO will only pay for services provided by the specific care providers who participate in the HMO's "provider network."

A plan's provider network is made up of the health care professionals who have agreed to participate in the network and who will accept payment from

that plan. In most cases, the plan's payment rates are low, which means that some providers may opt out of participating in that plan's network. You are not required to bring your child to a provider who is in the network. However, in the case of some HMO's, if you choose to have your child visit an out-of-network provider, your child's health care costs may not be covered at all and you may have to pay all of the costs out of your own funds.

The provider network arrangement varies from plan to plan and is not always as simple as it is with an HMO plan. For example, a Preferred Provider Organization (PPO) plan also has a network of providers. This network may not be as large as an HMO plan's network, but PPO plans are generally less strict about out-of-network coverage. If your child receives health care from an out-of-network provider, you will have to pay more personally (out of pocket) for this care, but the PPO plan will pay at least part of the costs.

When it comes to mental health care in particular, many insurance plans complicate the situation further by hiring a second company to manage the mental health and substance abuse services offered by the plan. Your plan's network of mental health providers will be listed in your plan's provider directory and/or in a mental health provider directory available from this second company.

This chapter will provide you with some fundamental information about how to navigate a mental health provider network, obtain services for your child from an appropriate provider, and obtain payment for services. You will also find information in this chapter about how to fight back against (or "appeal") an insurance plan's decision not to pay for your child's services.

Getting coverage for mental health services

The summary of your plan's benefits

No matter which kind of plan you have, it is a good idea to contact the plan directly (or your employer's human resources office, if they have the information about your plan) to ask about the mental health benefits that are provided.

You are entitled to a written summary of all the benefits provided by your plan. This summary will also explain how to get services (including services from an out-of-network provider, if allowed by the plan) and how to file an appeal.

Be sure to carefully review the summary of benefits, also known as a "summary plan description" (SPD). Different plans offer different types of mental health benefits, and some plans pay for more services than others. Some plans may also pay more of the costs for services from out-of-network providers or may have smaller yearly deductibles. If you are familiar with the benefits your plan offers, you will be able to make better choices when you are trying to get services for your child.

Subcontracted mental health services

Some health insurance plans contract directly with mental health and substance abuse providers to furnish services directly. However, as mentioned earlier in this chapter, many private insurers in Massachusetts hire a second company to manage their mental health and substance abuse services. This process is often referred to as "carving out" services. The company handling the carved-out mental health and substance abuse services usually provides these services

Advocacy Tip

The summary plan description (SPD) of the insurance plan is a crucial source of information—so crucial, in fact, that you are entitled by law to receive it. An employer can be fined if it doesn't make its SPD available upon request.

through a separate network of licensed mental and behavioral health specialists.

In Massachusetts, some public insurance programs carve out mental health and substance abuse services, too. The management of these services is usually provided by an organization called the Massachusetts Behavioral Health Partnership (MBHP or “the Partnership”). The Partnership has its own network of mental health care and substance abuse care providers.

Advocacy Tip

Finding a provider who participates in the MassHealth network can be very difficult!

The mental health care carve-out company manages care and handles claims for the primary insurance company—for a price. You may run into several problems when dealing with a carve-out company. For example, if the carve-out company denies benefits, it can be difficult to get the primary company to address this problem and take responsibility for it. Also, many carve-out companies are large and operate in several different states. When you call the carve-out company, your call may be answered at a large call center that isn’t in Massachusetts—and the medical specialist who is supposed to answer your question or help you determine coverage may not know very much about the availability of health care services in your area.

In general, some carve-out companies have a reputation for denying claims and may be more difficult to deal with than the primary insurance company. Recent legislative changes clarify that your primary

Advocacy Tip

If your child has a developmental disorder such as autism, some of the health services that relate to his or her disorder may also be “carved out” and provided by a company that is not your primary insurance company.

Advocacy Tip

If you have a complaint or concern regarding your insurance plan, be sure to put it in writing—and keep a record of all correspondence.

insurance company is directly responsible for the performance of its mental health care carve-out company. So, if you run into problems with a carve-out company, you should first seek assistance from your primary insurer. The insurer should be responsive to your concerns. If it is not, you should consider consulting with a mental health advocate or attorney.

The mental health network

If your insurance plan and/or carve-out company offers mental health and substance abuse benefits through a network of health care providers, this network determines how and where you will get the most coverage for your child's services. Generally, you can expect full coverage for mental health services that are included in the insurance plan and provided by a health care professional who is in the plan's mental health provider network. This is usually the easiest and least expensive way to obtain mental health services for your child.

If you are interested in getting services from a particular health care professional who is not a member of the plan's network, you will want to consider the following two questions:

- Does your plan provide any coverage for the particular service you want if the provider is not in the plan's network?
- If the plan does provide coverage for the service even with an out-of-network provider, how much coverage is provided and how much will you have to pay out of your own pocket?

Note that—regardless of whether you are seeking help for your child from an in-network provider or an out-of-network one—you will need to follow the

plan's instructions about contacting a mental health provider, as discussed in the next section.

Prior approval and referrals

In addition to its rules about which mental health services are covered and whether services from an out-of-network provider are covered, an insurance plan also has procedures you should follow when trying to get mental health services for your child.

Advocacy Tip

The providers participating in your plan's network will all be listed in your plan's provider directory. However, some providers in the directory will be unavailable because they aren't taking any new patients.

For example, when you want your child to receive a particular service in a non-emergency situation, you may need to get prior approval of that service from a primary care physician or from the carve-out company itself. Otherwise, your plan might not cover the cost of that service. In some cases, the plan requires you to get a referral to a particular provider from your child's pediatrician or primary care physician. In other cases, the plan may allow a certain number of mental health services visits with an in-network provider without prior approval, but the plan may require prior approval for any additional visits beyond that number.

Note that the primary care physician's prior approval or referral must be formal and in writing. Usually, the doctor signs a form and then faxes or emails it to the insurance plan. If your primary care physician only gives you verbal approval of a service, this is not an official approval or referral, and your insurance plan will be free to disregard it. Be sure to ask your doctor to send the referral or prior approval in writing to the insurance company.

**Problems
you might
encounter**

It is important to remember that some plans require prior approval or a referral even if you are bringing your child to a mental health care provider who is a member of the plan's provider network.

The “adequate access” problem

There are several types of problems that can occur when you are trying to get (or are getting) mental health services for your child under your particular insurance plan. First, you may have difficulty finding a provider for the particular service your child needs, even though your insurance plan covers the service. For example, there may be no providers of this service in your community or there may be too few of them, in which case you will be told that there is a long wait for services.

This is an “adequate access” problem. Most private insurance plans are required by law to make sure that you and your child have adequate access to mental health services (whether or not the services are managed by a carve-out company). This adequate access requirement is only satisfied if the insurance plan meets these conditions:

- Its network of health care providers has all of the different provider types required by Massachusetts law
- The network providers offer the full range of mental health services required by the law (including specific treatments that are appropriate for children of different ages and with different kinds of conditions)

Advocacy Tip

Some insurance plans have very different procedures for dealing with in-network providers versus out-of-network providers, especially in terms of prior approval. Learn about these procedures and follow them with care!

- The network has enough providers so that no patient has to wait an unreasonably long amount of time to get treatment for a severe condition
- Mental health care is delivered promptly and appropriately
- The insurer provides you with referral assistance upon request to help identify an appropriate provider
- The insurer, upon request, investigates and confirms whether a provider in its network is available to provide needed services
- If no in-network mental health provider is available, the insurer pays for services from an out-of-network provider who is available

If you believe your insurance company is not meeting its legal obligation to provide adequate access to services, you can try to resolve the problem in one of the following ways:

- Ask the insurance company to provide you with a list of available providers
- Ask the insurer to investigate and confirm the availability of providers in its network
- Look for another type of mental health provider within the network who might provide the service your child needs
- Ask the insurance company to approve and pay for services from a mental health provider who is available but who is not in the network
- Switch to a different insurance plan
- File a complaint with the Massachusetts Division of Insurance (DOI)
- If all else fails: consult with a lawyer who is knowledgeable about mental health advocacy

Advocacy Tip

If your plan refuses to cover a service, you are entitled to know why, and the plan should provide a detailed explanation.

Adequate access can come up as a problem when you have insurance through a public program as well. However, the standards for adequate access in the public sector are complex, and this makes them difficult to enforce. Be sure to get a list of available providers and explore your alternatives as much as you can. Unfortunately, litigation is often required in this situation.

Denial of eligibility for a public program

If you have filed a MassHealth Medical Benefit Request (MBR) form and if you have been notified that you are not eligible for any MassHealth or other public program, you can appeal this decision through the Fair Hearing Appeals process. The best way to request a hearing is to fax your request to the Board of Hearings at the Office of Medicaid.

Denial of service

Another problem you might encounter is a “denial of service” or “denial of benefits,” where the insurance plan tells you that a mental health service that your child needs is not covered and/or the plan refuses to pay for this service. If your child is denied benefits, you have the right to appeal the insurance plan’s decision. Both public and private insurance plans are required by law to have a grievance or appeal process. The appeal process (and the rights you have) will vary depending on how the insurance plan is structured.

You may be able to obtain free legal help when appealing a denial of benefits. The list of legal resources at the end of this

Advocacy Tip

If you receive a bill charging you for services you believe are covered by your plan, be sure to check in with your plan. The bill may simply be a mistake or a copy for your records—not a denial of services.

Guide may help you find free legal services in your area.

The insurance plan is required to provide you with a written description of the appeals process, the reason for the denial of coverage of services, and a phone number you can call for assistance. It is important to call the insurance plan and/or visit your employer's human resources department to get as much information as you can about the specific appeals process.

Appealing a denial by a private insurance plan

In general, if you want to appeal a denial of service by a private insurance plan, the following guidelines will apply:

- You will need to file a formal written complaint or “grievance” with the insurance plan as soon as possible, using its internal grievance procedure. Be sure that you don't miss the deadline.
- A private insurance plan must respond to your grievance in writing within specific time frames established by law. If your child needs urgent medical care and/or the situation is an emergency, the insurance plan must resolve the grievance much more quickly.
- If you go through the insurance plan's internal grievance procedure and your child is still denied benefits, you may request an external review of the insurance plan's decision through the Department of Public Health's Office of Patient Protection (OPP). Your plan is required to give you information about this process, and it is important to follow the procedure provided by the plan. Be sure to meet the deadlines for submitting your request and any other related materials.
- The external reviewer's decision is binding by law. If the reviewer overturns the insurance plan's decision, the plan will have to cover the service.

Advocacy Tip

Insurance plans frequently base denials of payment on the claim that the services provided to a child are not “medically necessary.”

Advocacy Tip

If you want to appeal a denial of service, it is important to pay close attention to the timeline of the appeals process. Some of the deadlines may require you to act within a few days.

- The state has contracted with Health Care For All to provide assistance for Massachusetts residents seeking to appeal a denial of services. If you need help filing an appeal or have questions about the process, you can call Health Care For All's free HelpLine at 1-800-272-4232 or fill out the online form on the HelpLine page of www.hcfama.org.

Appealing a denial by a public program

In general, if you want to appeal a denial of benefits by a MassHealth plan, the following guidelines will apply:

For an MCO grievance

- You must file an "internal grievance" with the plan within 30 days of the denial of benefits.
- If your child is receiving services and you file your grievance within 10 days of the denial, your child may continue receiving those services until the grievance is decided.
- If your child is receiving emergency services and has not been discharged yet, you can ask for an expedited grievance decision that will be handed down in 60 minutes (one hour).
- You can also ask for the 60-minute expedited decision if your child's life or health might be seriously endangered by a delay in the grievance procedure.
- Usually, outpatient grievances are decided within five business days. All other grievances are usually decided within two business days.

Advocacy Tip

Only your insurance plan—and not a provider—has the authority to deny coverage under your plan.

Advocacy Tip

Whether a service is medically necessary (and covered by your insurance plan) is a matter of expert opinion. Getting the support of your child's doctor is essential if you want to challenge a denial of coverage based on medical necessity.

Note that your MCO can ask your health care provider for information relating to your appeal. If this request for information is made, the deadline for the decision about your appeal will be measured from the time when the MCO receives this information.

For a PCC plan/Partnership grievance

- You can try calling and discussing your complaint with a Partnership staff member. If the complaint is not resolved, you can send a written grievance to the Partnership.
- The Partnership's Quality Management Department will review and resolve the grievance within 15 days and will send you a letter explaining how the Partnership will respond to your grievance.
- If you are not satisfied with the Quality Management Department's decision, you may appeal that decision by filing a written appeal (or by calling in and appealing by telephone) within 30 days of the date on the Quality Management Department's letter.
- If you are appealing a change in the services your child is already receiving, you must file your appeal (in writing or by telephone) within 10 days of the date on the letter in order to avoid an interruption of services.

Advocacy Tip

The appeal process—although challenging—can lead to a positive result. For example, by clarifying the situation for your insurance plan, you may discover that additional coverage is available.

(For more information about the Massachusetts Behavioral Health Partnership, or "the Partnership," see the earlier section of this chapter titled "Subcontracted mental health services.")

Appealing a public program's final decision

If you file an internal appeal for a denial of benefits and the appeal is decided against you, you will receive a notice of denial containing specific information about why the request

**Mandatory
state and
federal
benefits for
children**

was denied. If you want to appeal further, you may request an appeal with the Office of Medicaid Board of Hearings.

- You will need to file a request in writing within 30 days of the date on the denial notice.
- If you are appealing a change in the services your child is already receiving, you must file your appeal within 10 days of the date on the denial notice in order to avoid an interruption of services.
- When filing an appeal, it will be helpful to the Board of Hearings if you attach a copy of the denial notice you received.

Mental Health Parity Laws

Mental health parity laws are laws that aim to prevent health insurance providers from treating mental health benefits differently (making them more expensive or less accessible) than benefits for other medical treatments, such as surgical care. For example, if your co-pay for seeing a mental health therapist is higher than your co-pay for seeing a physical therapist, and/or if your provider covers fewer mental health therapy visits compared with physical therapy visits, this may violate mental health parity laws.

In recent years, both the federal government and Massachusetts have strengthened their parity laws requiring insurance companies to provide mental health benefits on an equal basis with other benefits. The federal law and the state law each offer a different set of protections. Depending on your health plan, you may be covered by both laws.

Advocacy Tip

If you feel that your plan is not providing a service that your child needs, asking for that service in writing will improve the chances that the plan will honor your request.

Under federal law, an insurer who provides mental health coverage is not allowed to place restrictions on mental health benefits that are more severe than restrictions placed on medical/surgical benefits. For example, if the insurer places a lifetime coverage limit of \$1 million on surgical benefits, that insurer can't place a lifetime coverage limit of \$10,000 on mental health benefits. This federal law applies to any group health plan that offers mental health benefits and covers more than 50 employees.

The state law applies to all fully-insured health plans. (When an employer purchases health insurance coverage for its employees from a licensed insurance company, the employees are covered by a "fully-insured" plan. About half of all private insurance coverage in Massachusetts is fully insured, and you can get this information about your plan by asking someone in your employer's benefits or human resources office.) Under state law, the insurer must provide coverage for most of the major mental health conditions, including depression, bipolar disorder, and autism. In addition, this law provides special protections for any child under age 19 with a mental health disorder that substantially interferes with or limits that child's functioning and social interactions.

In general, mental health parity issues are technical and complicated. If you have questions or believe your insurance provider may be in violation of parity laws, consult an attorney or advocate as soon as possible.

Additional benefits

You and your child have a right to all of the specific services covered by your insurance company. Your insurance plan is a contract between you and the

insurance company, and—under this contract—you have paid for the services and are entitled to receive them. A law known as the HMO Reform Act of 2000 also ensures that you and your child can receive the following benefits:

- **Emergency services:** If your child is experiencing a mental health emergency and you seek emergency services for him or her, your insurer or HMO must pay for these services. Generally, this is true even if the services are not pre-authorized and even if they are provided by a non-network provider.
- **Continued coverage of disabled adult children:** If you have private family coverage, your disabled child may be eligible to remain on your plan as an adult and receive payments after the insurance coverage would normally terminate for children.
- **Provider is not a member of new plan:** If your child has been seeing a mental health care provider, and you switch to an insured health plan with a network of providers that doesn't include your child's provider, your insurance plan will typically continue to pay for your child to see the old provider for up to 30 days for an ongoing course of treatment. The provider must agree to comply with the terms of your new insurance plan.
- **Referral for ongoing care:** Many insurance plans require you to get a referral for specialist care (which includes virtually all mental health services) from your child's primary care provider. If your child is covered by an insured plan and has a mental health condition that requires ongoing care, the primary care provider may make a single "standing referral" (instead of providing a separate referral for each service) that allows you to receive payments for ongoing care from a participating mental health specialist.

Advocacy Tip

If you get advice or information over the phone from your plan, remember to ask for this information in writing. The information your plan provides in writing may be more clear—and is the only information you can truly rely on, particularly in a dispute.

**Summary
and things to
remember**

Sometimes, dealing with health insurance can be time-consuming, frustrating, and even infuriating. The health care system in our country is far from perfect—but on the other hand, insurance plans do help people obtain and pay for the health services their families need. If your child needs mental health care, having health insurance will probably—in the long run—be worth all of your effort and frustration.

It is important to keep in mind that health insurance plans are complicated organizations, and most of them employ people who have a genuine interest in helping you sort through the complications. You might find that your plan's employees are the key to understanding the plan's benefits, procedures, and method of handling mental health services.

However, it is equally important to remember that sometimes you need to have an ally on your side when dealing with an organization as complicated as a health insurance plan. The list of resources in the back of this guide can help you locate a mental health advocate in your area.

As mentioned in Chapter 2, there are some mental health care services that will be provided to your child without cost regardless of whether you and your child are covered by an insurance plan. These services are designed for very specific situations and will have some limitations. In the next chapter, you will find information about one of these specific situations: the mental health services that can be provided to your child by his or her school.

Services in your child's school

5

Overview

When you are seeking mental health services for your child, it is important to investigate every resource. As discussed in Chapter 3, these resources include your own private insurance and insurance plans offered by the government. The government offers another kind of resource as well: direct services, which are provided directly to you by the state through the public school system or state agencies. Generally, direct services are low-cost or free of charge and are available regardless of your insurance coverage if you and/or your child meet the program's eligibility requirements.

Schools and preschools in Massachusetts are currently overseen by the Department of Elementary and Secondary Education (ESE) and the Department of Early Education and Care (EEC). These schools play a central role in the provision of direct mental health services to families with children. This is because most children spend much of their time in school, where teachers and administrators are able to observe any learning or social problems that might be developing. As mentioned in Chapter 2, the school is equipped to provide feedback and information about your child's development. The school will have a nurse on staff, and most schools also have a school counselor, social worker, and/or psychologist. Generally, these health care professionals are trained to provide limited mental health services to the students.

However, it is important to note that every school is different in terms of how it provides mental health services and the kinds of in-school services that may be available. Some schools have some or no services in house, some have services that are delivered by outside programs, and some have school-based health centers. You will need to figure out what your child's school offers: what services are available, who is delivering these services, and the steps you must take to access these services.

The school is also required to provide special services for children with disabilities who would otherwise be unable to make progress in their education. These services include special education services and other accommodations designed to help a student participate more effectively in his or her learning curriculum. (Special education services are discussed in greater detail later in this chapter. Please note that state law also provides some additional services and protection for children with autism.)

Although people sometimes assume that special education and other accommodations at school are only for students who have physical, learning, and/or developmental disabilities, these services are also available to students with serious emotional problems and/or mental health issues—conditions that can interfere with the learning process. However, it is important to keep in mind

Advocacy Tip

Schools must provide on-site educational services to any child who is hospitalized or must stay at home for a period of 14 school days or more. To receive these services, download the “Physician’s Statement for Home or Hospital Placement” form from the Massachusetts Department of Education website (Special Education section, IEP Forms and Notices), have your child’s physician sign it, and then give it to the school principal.

Advocacy Tip

If your child is very young (birth to age 3), you might be interested in the Early Intervention programs provided by the Department of Public Health (see Chapter 6).

that a child with emotional problems is not necessarily considered disabled. In order to receive services designed for children with disabilities, he or she must meet the eligibility requirements spelled out by the laws.

This chapter will give you an overview of the mental health services that may be available at your child's school. You will also find information about eligibility rules that will help you decide whether your child's mental health concerns are serious enough to qualify him or her for these services.

Most children in Massachusetts attend public schools (including charter schools), and the information in this chapter is primarily about public schools. If your child attends a private school, some of the rules discussed below may be slightly different at your child's school.

Services and eligibility

1. School nurses

As mentioned above, your child's school will have a professional registered nurse on staff. All school nurses are experienced practitioners licensed by the ESE. Because of the amount of time your child spends in school, the observations and assistance provided by the school nurse may be vitally important. However, nurses are often shared by schools, which means your child's school nurse may not be at his or her school full time.

School nurses are qualified to identify, assess, and refer students who need mental health services. A child who visits the nurse frequently with the same physical complaint (headache or stomachache, for example) may be suffering

from an underlying emotional issue, and the nurse is trained to recognize this problem. You may want to share any concerns you have about your child with the nurse, who is required to keep your conversations confidential.

If your child is receiving treatment and/or medication for a mental health condition, you may want to inform the school nurse and/or someone else at the school. The nurse can be a key source of support for students in the school, and he or she may be able to help you make sure that teachers and other school staff members are aware of your child's situation and prepared to address any problems. In addition, the nurse might be able to work with you to locate and coordinate mental health services beyond those offered by the school.

2. Basic mental health care

In addition to the school nurse, your child's school will have a designated mental health care professional on staff and/or on call. In a few cases, schools have a full-time or part-time counselor, social worker, or psychologist in residence. These professionals are responsible for psychological testing in the schools. On occasion, they may also provide some limited short-term mental health care, such as one-on-one counseling or group counseling, for students in the school. They can also assist in emergency situations. If you believe your child could benefit from meeting with the school's mental health care professional, consider contacting the school to discuss the services that are available.

Basic mental health services in schools are available to students regardless of eligibility for special education services. Your child can get these services without following a specific process or plan. However, as mentioned earlier, it is

important to keep in mind that the mental health services available in schools can vary a great deal from school district to school district. Try to learn as much as you can about what your child's school offers and whether these services will meet your child's needs.

3. Bullying

School bullies tend to look for victims who are at a disadvantage—including students who have mental health issues. In addition, bullying can have a severe mental health impact on any child or teenager. If your child is bullied, he or she might become depressed, anxious, intimidated, and fearful. If your child has a mental health problem, bullying can make it worse. In some extreme cases, bullying has led to suicide—so it's important to be alert to these situations.

If you believe your child is being bullied, is a bully, or has witnessed someone else being bullied, contact the administrators at his or her school. If you are concerned about retaliation, you may make your report anonymously.

In Massachusetts, state law protects children against bullying in school, which is defined in the law as one or more students repeatedly using a written, verbal, or electronic expression or a physical act to cause physical or emotional harm to another student or damage to his or her property. This state law prohibits all bullying on school grounds, during off-campus school programs or activities, in school vehicles and at school bus stops, and even on property next to the school. Bullying through the use of an electronic device (a computer, for example) owned or leased by the school is also prohibited. In addition, this law prohibits any bullying (including "cyber-bullying" on the internet through a

blog or a social networking site like Facebook) that impacts a child at school by making the school environment hostile or by disrupting the education process. The law applies to public and private schools, charter schools, and day or residential schools.

By law, the school is required to have a procedure in place for responding to and investigating all reports of bullying, making the victim feel safe again, and taking appropriate disciplinary action. The school must also notify the victim's parents, the bully's parents, and the police. In some cases, criminal charges may be filed.

Schools are also responsible for working with teachers and students to prevent bullying and retaliation before it happens. If you have a chance to talk with your child at home about bullying in general, this may help the school's prevention efforts.

4. Special Education

Overview

Your child's public school system is required to provide a "free appropriate public education" (FAPE) to students with disabilities. Special education services are designed to make this possible, and the school is responsible for either providing or funding all of the special education services its students need at no cost to the parents. These services are individualized for each specific student and are not limited to traditional educational services. A

Advocacy Tip

Even if your child is enrolled in a private school, he or she (if disabled) is eligible to receive special education services from the public school system.

student with a disability may also receive counseling, behavioral support, transportation, and other services designed to help that student succeed in school.

Eligibility

In order to be eligible for special education services, your child must be between the ages of three and 22 and must not have graduated from high school yet. He or she must also have a disability that affects his or her ability to make progress in school and/or form good social relationships.

Eligibility is determined through a four-part test:

- Does your child have a disability?
- Is your child making effective progress in the general education program?
- If not, is this a consequence of his or her disability?
- Does your child require specialized instruction or a related service in order to benefit from the curriculum that is taught in the school?

According to the definition of “disability” in the laws governing your child’s school, a child with an “an emotional impairment” may be disabled by an emotional and/or mental health problem if the condition is serious enough to meet these standards:

- The condition has been or will be present for a long period of time
- The condition is having or will have a serious negative effect on your child’s performance in school

Additionally, at least one of the following must also be true:

- Your child is having trouble learning, and there is no other explanation for this difficulty
- Your child is unable to build or maintain good relationships with his or her classmates and teachers
- Your child's behavior and/or emotional response is often inappropriate
- Your child is generally depressed or unhappy
- Your child has a tendency to develop physical symptoms and fears that are associated with school problems and/or with other people

Requesting an evaluation

If you have genuine concerns about your child's development or possible disability, you may request that the school system evaluate your child to determine whether he or she is eligible for special education services. Your child's teacher or another professional (such as a pediatrician) may also make this request.

Regardless of who requests the evaluation, you will have to consent to it in writing before the evaluation can take place.

Once you request an evaluation, the school is required to perform it. The evaluation is carried out by mental health care and other health professionals working with your child's school. It consists of a series of tests that will help these professionals learn about your child's abilities, behavior, and day-to-day functioning. Your child's education history, medical history, and history of social and emotional develop-

Advocacy Tip

You may be able to get information about a school district's compliance with special education regulations through the ESE's Program Quality Assurance Services (PQA).

ment will also be reviewed. Be sure that evaluators also pay attention to any information and reports that you give them concerning your child.

The evaluators must assess all areas relating to your child's suspected disabilities, and they will use a variety of approved testing tools. As a parent, you will have an opportunity to review and discuss the proposed tests as well as the team of evaluators who will conduct them.

This evaluation must take place within 30 school days of the day you gave your written consent. You may find that you need to follow up with the school to make sure it complies with its deadlines.

Independent Educational Evaluation

If your child's school has completed an evaluation for special education services, and if you disagree with the school's results, you can request an Independent Educational Evaluation (IEE). You can ask the school to provide some or all of the funding. At this point, the school will request financial information from you and will use a sliding scale to determine how much of the IEE costs will be paid by the school and how much will be paid by you. If you choose not to provide financial information to the school, you may pay for an IEE from your own funds.

It is very important to request that the independent evaluator conduct a personal observation of your child in his or her education placement as part of the evaluation process.

Advocacy Tip

Experience shows that a school may resist paying for services as a child's needs intensify. Learning when to persist with the school—and when to back off—may help you get the services your child needs.

The Individualized Education Plan (IEP)

Within 45 school days of the day you consented to the evaluation, the school must arrange a meeting with you, your child's teacher(s), and any other service providers who may be involved. Note that you can ask to receive a copy of your child's test results two days before this meeting, and the school should follow through with your request. Make sure that your request is in writing and is signed and dated.

At the initial meeting, you will all discuss the results of the evaluation and reach a decision about whether your child is eligible for special education services. If—as a group—you determine that your child is eligible to receive special education services, you will all work together to create an Individualized Education Plan (IEP). This group of people then becomes your child's IEP team. If your child is 14 years old or older, he or she may also be a member of the IEP team. However, being present at the meetings can make a child feel anxious, so you should consider the pros and cons before inviting your child to join the team.

After discussing services and deciding which services your child needs, the IEP team will then discuss where your child will be placed to receive these services.

In general, your child's school is required to provide special education services in the "least restrictive environment" (LRE), which means that your child will spend as much time as possible learning in regular education classes with his or her classmates. If possible, the school will give your child the services he or she needs within the school setting. However, depending on the situation, the

school may need to find a placement for your child in a private day setting or residential school setting. In most cases, if the school is undertaking this cost, the placement is in a private day or residential school that has been approved by ESE to provide special education.

The IEP for your child must be completed within 45 school days of the day you consented to the evaluation. In most cases, you will leave the meeting with an IEP in hand. If the actual plan is not completed at the meeting, the school should provide you with a written summary of the meeting's proceedings. You should then receive the IEP within three days of the meeting.

Advocacy Tip

The goals and benchmarks described in your child's IEP should be very clear, concrete, and well-defined. You should be able to recognize when your child is making progress.

After the IEP is completed, you have up to 30 school days to consent to both the IEP and the placement that has been recommended for your child. If you want to consent to some parts of the plan but continue working on (or dispute) other parts of the plan, you can give a partial consent. The parts of the plan that you accept will be implemented immediately, and you can then work to resolve the problems with the rest of the plan.

The school is also required to conduct a re-evaluation every three years after the initial evaluation. This re-evaluation may take place sooner than three years if you or your child's teacher requests it or if the school district decides one is necessary. For example, a re-evaluation may be triggered by a noticeable change in your child's behavior or learning in the classroom, your child's absence from school for more than 60 days due to medical reasons, or the school's suggestion that your child's placement be changed.

Special education services

Public school systems are required to provide—or fund—the services and assistance a child needs to be successful in school. These services may include:

- educational services, including residential services
- technologies to help disabled students
- counseling for students and/or their families
- consultation services
- behavioral support
- home-based services
- after-school services
- summer services
- related services such as transportation, interpreting, parent counseling and training, physical and occupational therapy, social work services, etc.

Advocacy Tip

Dealing with special education can be very stressful for parents, particularly when the school system drags its feet. Seek help from an advocate! You can start by exploring this Guide's Resource List.

Sometimes a child who has problems in school needs to be placed in a residential educational setting away from home. The school district is a major source of funding for children in residential settings, and a special education program may be the right solution for a child whose difficulties are caused by a serious emotional and/or mental disability. However, keep in mind that the school district is only required to provide behavioral or mental health services to children who demonstrate a related educational need.

The IEP team should identify the specific services your child needs and will create a list of these services to include in the IEP. In addition, the

IEP team should discuss the hopes and dreams you and your child have for the future and will outline goals for your child to meet. These goals are also included in the IEP. Your child's school will measure his or her progress toward these goals and should provide you with written progress reports.

At least once a year, your child's IEP team will sit down together and review the IEP, making any changes that are necessary. As discussed earlier, the school will conduct a re-evaluation of your child every three years or sooner.

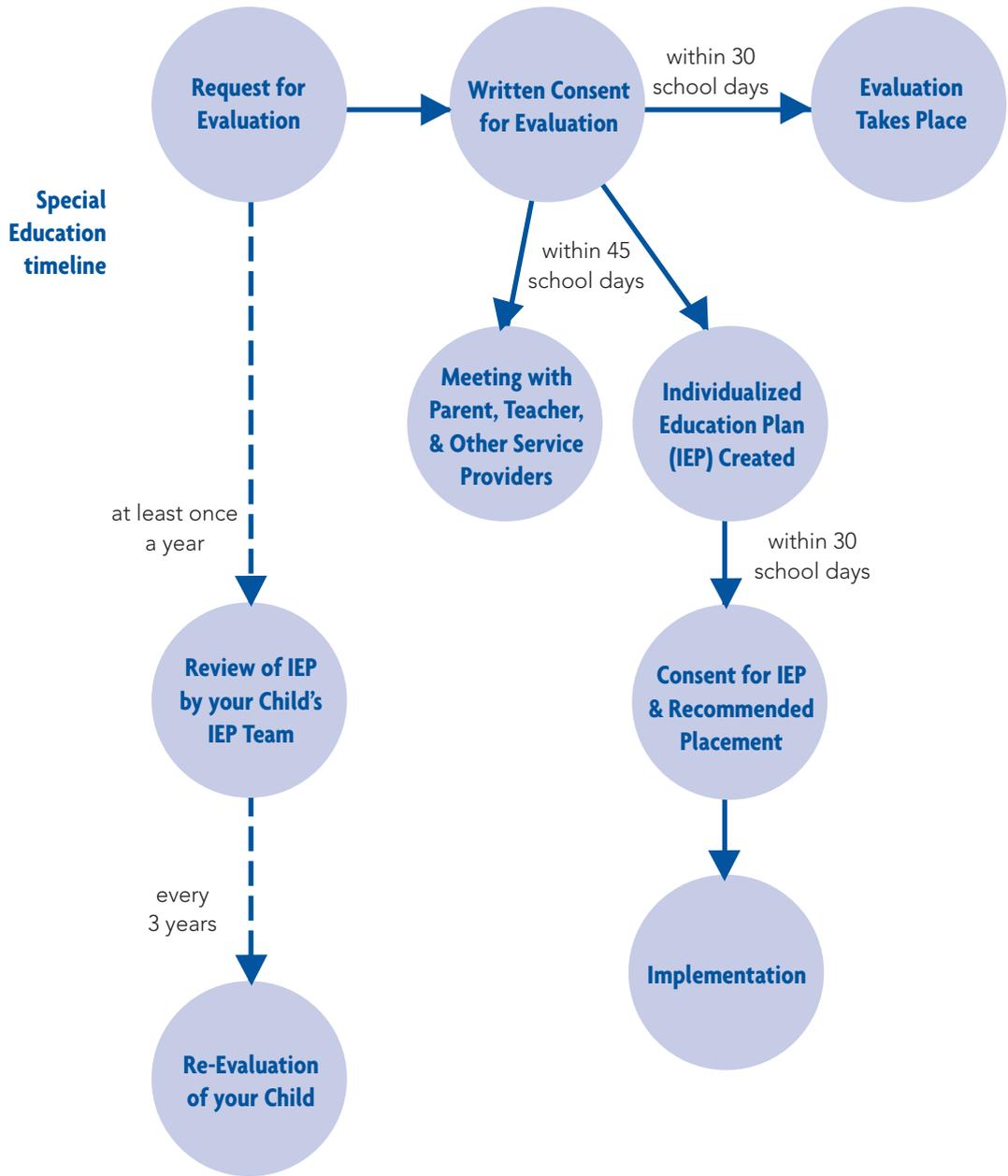
Discipline by the school

If your child is eligible for special education and/or if your child's school is aware that he or she has a disability, there are limits to the school's ability to suspend or expel your child from school. If the school wants to suspend your child for more than 10 days or expel your child, the school must raise this question with your child's IEP team. The team must then decide whether your child's behavior is related to and/or a result of a disability.

In order to determine whether your child's behavior bears a substantial relationship to his or her disability, the team will conduct a "manifestation determination review" or MDR. If the team finds that the behavior is a manifestation of his or her disability, then your child cannot be expelled from school unless you agree to the arrangement (or unless the situation is one involving a weapon or drugs, as discussed below). If your child's behavior is not a result of a disability,

Advocacy Tip

It's important to schedule next year's IEP meeting before leaving this year's meeting! Otherwise, you may have trouble finding a time when all team members can meet.



Advocacy Tip

Do your best to communicate with your child's school often (and document the communication). You can play a vital role in keeping the school informed and aware of your child's needs.

the school can suspend him or her for more than 10 days and is allowed to expel your child completely.

In a few situations, the school can expel your child even if his or her behavior is found to be a manifestation of his or her disability. The school can remove any child, regardless of disability, who brings a gun or other dangerous weapon to school, who is carrying and/or selling illegal drugs, and/or who seems substantially likely to cause injury to himself or herself or others.

Note that the school must continue to provide a "free appropriate public education" (FAPE) to any child with a disability who has been suspended or expelled from school.

If there is a chance that your child may be suspended or expelled from school, don't wait for the school to take action first. Find an advocate or a lawyer who can help you navigate the situation and possibly keep your child in school.

In addition, if your child is receiving services and is excluded from school for more than 10 days, the school district must continue to provide the services. The services may be provided in an alternative setting, such as an alternative school program or an at-home tutoring program.

Resolving disagreements or disputes

When you are seeking special education services for your child, or when the school is providing these services, there are a number of problems that might come up. For example, you and your child's school may get into a dispute because you disagree about:

Advocacy Tip

You are almost always better off trying to work things out with your child's school informally before going forward with a formal procedure. Formal procedures are time-consuming and may be viewed negatively by the school.

- the amount of time it takes for the school to respond to your request for an evaluation and/or complete other tasks
- the eligibility determination process or decision
- your child's IEP (part of it, or all of it)
- the way services are being delivered to your child
- any disciplinary actions being taken against your child
- any other matter relating to the education and/or placement of your child

Whenever you are able to solve a problem by sitting down with people from your child's school and/or school district and talking about it, this is probably the easiest and least complicated solution. However, you have other options for resolving disagreements with your child's school.

The Bureau of Special Education Appeals

If you get into a dispute with your child's school, the Bureau of Special Education Appeals (BSEA) has the authority to hear the arguments and resolve the dispute. The BSEA will first offer you a chance to participate in a mediation process with the school. This is a less formal procedure that is worth considering if you are interested in avoiding formal legal proceedings.

However, you can choose instead to take your dispute before the BSEA in a formal legal proceeding. Your child has the right to stay in his or her educational placement until the legal proceedings have come to an end.

Advocacy Tip

Some school districts have developed procedures for resolving special education disputes at a local level. However, there are times when formal proceedings are unavoidable.

Because BSEA hearings are formal and usually require witnesses and documentation, the hearings often last for several days. Questions about rules and procedures are usually raised. You can choose to represent your child on your own at a BSEA hearing. However, families that have assistance from either a lawyer or an advocate generally fare much better in this process. See the Special Education timeline on the next page for more information.

5. Section 504 plans

Overview

Some students with disabilities are able to succeed in school without special education, as long as the school provides them with the support services they need. Under a law known as Section 504 (part of the Rehabilitation Act of 1973), schools are required to make the adjustments that are necessary to help these students learn.

Eligibility

Under Section 504, some students—including students with mental and/or emotional disabilities—who may not be eligible for special education can still get special assistance. For example, if a child who is hard of hearing wants to tape record a class, her school may have to consider allowing her to tape record the class even if it has a policy against it. Similarly, a child who is challenged by emotional and/or mental health issues might need to take medication during school or might need to be given an opportunity to use other

Advocacy Tip

For help understanding the complications of special education and Section 504, try the ESE's excellent parents' guide on these topics (available on the ESE website).

self-calming techniques during school. If the school does not try to accommodate a student in one of these situations, its actions may amount to discrimination against a person with disabilities. Section 504 protects against this kind of discrimination in education.

Any child who is eligible for special education services will also be protected under Section 504, but it is important to know that Section 504 covers a broader range of students with disabilities than the special education laws cover.

In order for your child to receive special accommodations through a Section 504 plan, the following statements must be true:

- Your child has (or has a history of) a physical or mental impairment
- The impairment interferes with your child's learning in a significant way
- The school can help with this learning problem by making reasonable accommodations (such as allowing a student to tape record classes, in the previous example)

Requesting an evaluation

If you request a Section 504 evaluation and/or someone in your child's school requests one, the school may conduct an evaluation to see if your child meets the qualifications stated above. The school is not required to conduct this evaluation, but it is required to give you its reasons if it turns down your request.

The school must obtain your consent before performing a Section 504 evaluation of your child.

Section 504 accommodations

As it does for students eligible for special education services, the school will put together a team of people—including you—that will decide whether your child is eligible for Section 504 accommodations. If he or she is eligible, the team will then create a written plan that details which accommodations are necessary to help your child succeed in school. In general, these accommodations are not as extensive as special education services.

This written plan is called a Section 504 Plan. Unlike the Special Education IEP, this plan does not have to follow the specified IEP format. However, the team developing the plan can use an IEP format if the team determines that this is in the child's best interests.

The school is required to provide or fund the accommodations that are

necessary for a Section 504 student to receive his or her “free appropriate public education” (FAPE) in the “least restrictive environment” (LRE). The specifics of your child's Section 504 Plan will depend on his or her particular needs. (Note that if your child needs a specialized education placement, he or she will receive Special Education services as discussed above.)

Advocacy Tip

To find people who can provide advocacy assistance, contact the Federation for Children with Special Needs (FCSN) and ask about the Special Education Advocacy Network. (See the Resource List at the back of this Guide.)

Advocacy Tip

In general, there are substantial differences between Special Education services and Section 504 accommodations. If you have questions about these differences, find a SPED expert who can assist you and/or explore the Resource List at the back of this Guide.

Unlike what is required for special education, the school does not have to re-evaluate your child every three years. However, the school does have to perform re-evaluations on a regular basis and must re-evaluate your child before making any significant changes to the Section 504 accommodations your child is receiving.

Resolving disagreements or disputes

Independent evaluations

Under Section 504, you do not have the right to seek funding from your child's school to help pay for an independent evaluation. You can still get an independent evaluation for your child if you are prepared to pay for it yourself or through private insurance.

The Bureau of Special Education Appeals

If you have a dispute with your child's school regarding the provision of a "free appropriate public education" under Section 504, the Bureau of Special Education Appeals has the authority to resolve this dispute.

6. School-Based Health Centers

Overview and eligibility

School-Based Health Centers (SBHCs) are located onsite at a limited number of elementary, middle, and high schools across the state. These Centers provide

Advocacy Tip

Whenever your child's school commits to providing help for your child, be sure to write a letter of confirmation to the school. This letter may be useful if disagreements arise.

primary health care—including mental and behavioral health care—to school-aged children. SBHC staff are trained to recognize the warning signs of mental illness and are able to help parents find the appropriate services for their children. SBHC staff also work to educate school staff and administrators about child mental health warning signs and needs, as well as healthy emotional development. Each SBHC is operated by a private health care provider, and SBHC staff encourage partnerships between schools, health care providers, and families.

Any school-aged child is eligible to enroll for mental health care at a local SBHC, regardless of his or her insurance coverage or the family's ability to pay for services. Generally, a parent or guardian must give written consent to the child's treatment.

Keep in mind that school systems vary widely in the kinds of mental health services they provide. An SBHC may be a convenient and accessible resource, but it may also be limited. For example, services may not be available during the summer and other school vacations.

Getting SBHC services

An SBHC is usually open for patients whenever the school is in session. In many cases, students with emotional and/or mental health concerns receive services on a walk-in basis. Depending on the particular SBHC, mental health services may also be available by appointment.

If your child is enrolled at an SBHC, you will receive specific information about where to go for mental health care when the SBHC isn't open. Any SBHC that

closes during school vacations and/or the summer vacation must transfer student health records to its associated health care provider. The provider is then able to provide care to the students while the SBHC is closed.

Types of services

The services available at SBHCs include:

- Student screening and comprehensive evaluations
- Referrals for special services
- Treatment planning and crisis plans
- Emergency interventions
- Assistance for students returning to school after hospitalization
- Updates for parents about their child's treatment and progress
- Communication with a child's primary care clinician as needed

Paying for services

If your child is covered by private health insurance or MassHealth, the SBHC will collect the insurance information from your child and will try to recover some or all of the costs of mental health care. The SBHC will not turn students away or refuse to give services based on an inability to pay.

**Summary
and things to
remember**

The public school system can be a key factor in your child's growth and development. If your child is enrolled in a public school, its teachers, administrators, and mental health professionals are responsible for your child's health and well-being as well as his or her education. They can offer observations and information that will help you understand your child's behavior. As discussed in this chapter, they can also provide crucial services that may have a profound effect on your child's ability to learn and make progress in his or her education.

If your child is eligible for special education services or Section 504 services from the school, you will have an opportunity to work with a team of people who have your child's best interests at heart. This team approach can be very useful. You will have the chance to hear different points of view and learn more about your child's situation. You may even find that some members of the team will help you gain a better understanding of other mental health services and options that might be available to your child.

The next chapter discusses additional direct services that may be available to you and your child through state agencies such as the Department of Public Health and the Department of Mental Health. It is important to remember that you may have to work hard to get the mental health services your child needs—and it is always helpful to have someone else working by your side. Any time you meet someone (such as one of your child's teachers) who might help you advocate for your child, try to make the most of the assistance they are offering. The more people you have on your side, the better off your child may be.

Other state programs

6

Overview

For many families, the services available through the school district and/or through insurance are sufficient to address a child’s mental health needs. For other families, these services are not enough. This may be because the child’s mental health needs are very intense and/or because it is particularly difficult to manage his or her behaviors in certain settings. In these situations, a broader range of flexible and sometimes non-traditional mental health services is needed.

In Massachusetts, state agencies such as the Department of Mental Health and the Department of Public Health may be helpful. They offer certain mental health services—usually short-term—to families and children who meet eligibility requirements. These services are available through health care service providers (or “vendors”) that contract with the state.

Vendors usually offer a range of services, some of which are funded with state dollars. For example, the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) offers a number of different privately-funded testing, counseling, and treatment programs for children as well as state programs like Early Intervention.

If your child has a mental health disorder, you may find that you have several different options in terms of how and where you can get state services for your child. At the same time, you may find it difficult to get state services for your child, due to eligibility requirements, long waiting lists, the location of vendors, and other obstacles. Difficulties may also arise if your child is receiving services from one agency and needs additional services from another, because state agencies have a tendency to act as though a child is entirely the responsibility of the agency that is already providing services. However, eligible families have new rights to obtain coordinated services from multiple state agencies under the 2008 Children's Mental Health Act, and it is important to exercise your rights and keep trying to get state services for your child without becoming discouraged.

This chapter provides introductory information about the state agencies in Massachusetts that offer mental health services for children. You will also find information about some of the private agencies through which the state agencies operate. If you have access to the Internet, be sure to visit the websites of state agencies to get the most updated information on the services that are available. These services frequently undergo changes as laws and policies change. At times, the state may also add a new kind of service or remove an old one.

In this realm, there is no single best path for you to follow, and your child may end up receiving mental health services from several different agencies and/or

Advocacy Tip

Be sure to ask an agency for a complete description of the full range of services it offers. This will help you figure out how best to meet your child's needs through that agency.

vendors. Although one state super-agency—the Executive Office of Health and Human Services (EOHHS)—oversees most of the state agencies and departments offering mental health services, the coordination of care from these agencies and departments presents many challenges.

Advocacy Tip

Try to pursue services even if you are unsure of your child's eligibility. Some state agencies will provide short term services for your child while you wait for an eligibility determination.

EOHHS is aware of care coordination problems and has issued regulations to assist eligible families with children under the age of 22 who have complex care needs and are eligible for services from more than three child-serving agencies. If you fit in this category, the EOHHS regulations are meant to assist you with getting the appropriate state agencies to work together on reviewing your child's care needs and coordinating how services will be delivered and managed. In addition, a judge's decision in a federal court case (*Rosie D. v. Romney*, discussed below) is intended to make care coordination easier for parents with children who are covered by certain MassHealth programs.

However, you will still need to take action in this situation. A parent facing complicated multi-agency care coordination challenges can request that an inter-agency review team—called a “Unified Planning Team” or UPT—be formed. The UPT reviews care issues and provides a written report with recommendations for care coordination. The UPT must listen to parents and other treatment providers before making any decisions, which must be reached by consensus. (Note: If you are seeking a service that state agencies do not already provide, UPT review may not be helpful. Please see below for more information about UPTs.)

If your child is receiving care from different agencies, it may be important to try and find someone who has experience in this situation and will help you understand how best to coordinate the services. When seeking this help, try a Community Service Agency (or CSA, described in the “Special Coordination Services” section below), a legal services agency, or the Parent/Professional Advocacy League hotline (included in the Resource List).

A note about confidentiality

Once a state agency becomes involved in a child’s life, the agency typically begins to share the child’s personal information with most or all of the providers who may also be involved. This can lead to violations of privacy and/or serious confidentiality problems. As a parent, you should be aware of this possibility. You and/or your child’s advocate can insist that limitations be placed on how much your child’s information is shared.

2008 Children’s Mental Health Act

The 2008 Children’s Mental Health Act restructures how the Commonwealth oversees, provides, and coordinates children’s mental health services. In addition to establishing the UPT interagency review process (discussed above), the Act also focuses on ways to assure that a child does not become inappropriately “stuck” in a hospital, particularly one that does not have specialized mental health services. If your child is receiving inpatient psychiatric services while in the custody of the Department of Children and Families (DCF) and/or as a client of the Department of Mental Health (DMH), the Act—in most cases—requires DCF and/or DMH to contact the parents or guardians and a member of

your child's treatment team within three days of the hospitalization. DCF and/or DMH must then maintain weekly contact with parents/guardians until the child is discharged. Within five days after it is determined that inpatient hospitalization is no longer clinically necessary for your child, DCF and/or DMH is required to arrange for a discharge to home or must initiate placement referrals to the most clinically appropriate setting in your child's community. Also, within 30 days after hospitalization is no longer clinically appropriate, DCF and/or DMH is required to refer your child for a UPT review (described above) to decide what services are most appropriate for your child.

As the child's parent or guardian, you are entitled to participate in a UPT review and to challenge the results of the review if you object to them. If the UPT is unable to reach a consensus decision, then either the regional directors of the applicable state agencies or—if necessary—the Secretary of the EOHSS will make the final decision. If you object to this final decision, you have the right to file a petition for relief under the Massachusetts Administrative Procedure Act.

Consult with a behavioral health specialist or mental health advocate if you have questions about your rights or about what DCF, DMH, or interagency services your child should be receiving. If you need help preparing a petition for relief as described above, assistance may be available free of charge through some of the advocacy organizations in the Resource List at the end of this Guide.

Special coordination services through Community Service Agencies (The Children’s Behavioral Health Initiative)

The *Rosie D. v. Romney* decision is an important step toward improving mental health care for children in Massachusetts who are eligible for Medicaid. In the *Rosie D.* case, the court found that providing children with coordinated, ongoing, community-based mental health treatment is a preferable and more effective approach than isolating children in expensive residential facilities. As a result, the state was required to establish a coordinated system of preventive, diagnostic, and direct care services for children enrolled in MassHealth Standard or CommonHealth (our state’s Medicaid programs).

The state’s response was to establish the Children’s Behavioral Health Initiative (CBHI) to coordinate and oversee the new system of community-based services. CBHI is required to ensure that preventative mental health screening is available to all children in these MassHealth programs. MassHealth providers must conduct an initial behavioral health assessment on all children under the age of 21 who are MassHealth members. To ensure that these assessments are standardized, CBHI requires all providers to use the Child and Adolescent Needs and Strengths (CANS) application as a behavioral assessment tool and to guide care planning. If the child begins behavioral health therapy, then his or her assessment must be updated every 90 days by a provider certified to screen children for behavioral health problems.

Advocacy Tip

Remember that if your child loses MassHealth eligibility, he or she also loses eligibility for CBHI services under the Rosie D. decision. MassHealth eligibility can sometimes be taken away over something as simple as your failure to mail in a form, so it’s important to pay attention to details.

Rosie D. also requires the state to provide preventive care and mental health treatment to any Medicaid-eligible child diagnosed with a Serious Emotional Disturbance (SED). To achieve this, CBHI established its Intensive Care Coordination (ICC) program.

If your child is assessed and diagnosed with a SED, you will be referred to an ICC Care Coordinator at a Community Service Agency (CSA). Using a model called “wraparound care planning,” the Care Coordinator will work with your child and family to determine his or her needs and coordinate the delivery of home- and community-based mental health services (so your child won’t need to be in an institution or hospital for treatment).

In addition to screening and assessment, CBHI services include In-Home Behavioral Therapy, In-Home Therapy, Therapeutic Mentoring, Mobile Crisis Intervention, and Family Support and Training. While providing these services, the state must also work to improve the coordination of care and make the mental health system in Massachusetts less fragmented. The goal is to make the process less confusing for families with children receiving care from several different state agencies.

It will take time for the state to fully implement the requirements of the *Rosie D.* decision, and it is difficult to predict exactly how it will change the mental

Advocacy Tip

To find a Community Service Agency (CSA) near you, please see the Resource List at the back of this Guide for a website link and more information.

Advocacy Tip

A child with a developmental disability or Autism Spectrum Disorder (ASD) may be eligible for CBHI services if he or she also has serious emotional disturbance.

health services available to your child. However, the decision is very promising. If your child is covered by a MassHealth plan, and you feel that he or she should be screened for mental health issues, be sure to ask your child's pediatrician (or any state agency working with your child) about the process.

Acronyms relating to *Rosie D.* services

CANS	Child and Adolescent Needs and Strengths tool, used in diagnostic evaluations
CBHI	Children's Behavioral Health Initiative
CPT	Care Planning Team, headed by a care coordinator
CSA	Community Service Agency
FS&T	Family Support and Training (i.e., family partners)
ICC	Intensive Care Coordination
ICP	Individual Care Plan
MCE	Managed Care Entity (e.g., Massachusetts Behavioral Health Partnership (MBHP), BMC Health Net, Network Health, and Beacon Health Strategies (which serves Fallon Community Health Plan and Neighborhood Health Plan members))
MCI	Mobile Crisis Intervention (both the service and the provider of the service)
SED	Serious Emotional Disturbance

1. Overview and eligibility

The Department of Mental Health (DMH) provides mental health services through private mental health care providers, and it works in partnership with public schools, communities, and other government agencies. DMH also manages the MassHealth services provided by the Massachusetts Behavioral Health Partnership (discussed in Chapter 4).

The overall goal of the DMH is to improve the quality of life for children with serious mental illnesses or severe emotional disturbances by providing a network of connected services and a DMH case manager to help organize each child's care.

Most DMH services must be authorized by DMH and are available only to applicants who meet specific criteria. To receive services, your child must have a serious mental illness, a history of problems with day-to-day functioning as a result of this illness, and a need for the specific services and support DMH provides. Because of budget constraints and the demand for DMH services, DMH must also consider the availability of services and the severity of your child's need for services compared to other applicants.

The availability of DMH services also varies depending on the specific service. For example, only teenagers requiring long-term treatment in a secure residential facility will be admitted into a DMH intensive residential treatment program.

Advocacy Tip

If your child's condition gets worse after you have applied for services and been placed on a waiting list, call the agency with an update.

This may move your child up on the waiting list.

Advocacy Tip

Whenever you apply for services at a state agency, be sure to describe your child on a very bad day. If you minimize your child's symptoms, the agency may fail to address all of his or her needs.

It can be difficult to get services from DMH, and sometimes you have to make an extraordinary effort if you want DMH to get involved.

2. Getting DMH mental health services

For most DMH services, you will need to fill out an application, and the DMH will then determine whether your child is eligible for services. Applications are available at DMH offices and can also be downloaded from the DMH website. Note that the application asks for medical health details, and you will need to get information and/or assistance from the mental health professionals who have treated your child.

If DMH determines that your child meets its clinical qualifications for service, it will authorize one or more services if they are available. If the service that would best suit your child is not available when you apply, you may be offered a service that is less ideal but still meets some of your child's needs. If no appropriate services are available, DMH will try to connect you with community resources. DMH will also check back with you once a month until services become available. If your child's situation worsens, it is important to pass this information along to DMH. As mentioned earlier, DMH gives priority to the child who has the greatest need for a service compared to other applicants.

Advocacy Tip

If you have kept your child's paperwork—evaluations, reports, hospital and medical records—send copies in with the DMH application. This will help expedite the application process.

3. Types of services

DMH tries to provide the services and supports that will enable a child with severe emotional disturbance to remain at home. In some situations, residential or inpatient services are more likely to be effective and/or are required for safety reasons. For a child receiving these services, a major goal of DMH treatment is to help that child return home as soon as possible.

Some DMH services do not require an application or authorization and are available to all parents and caretakers who are interested. These include:

- Parent/Family support services such as support groups and one-on-one informational meetings with DMH parent support staff

For families with children who have serious emotional problems and who are eligible for DMH-authorized programs, DMH services may include:

- Inpatient services for children who have been hospitalized for acute care and who still require hospital services for reasons of treatment and safety
- Residential treatment, including therapeutic family care, intensive in-home services, and residential treatment in a group care facility or a locked intensive program (treatment in a locked facility requires a referral from your child's clinician)
- Day treatment and/or in-home treatment, including after-school, evening, and weekend therapeutic programs
- Respite care
- Flexible individual and family supports and interventions tailored to the child's needs, such as in-home family intervention, therapeutic recreation, youth mentoring, and parenting skills development
- Case management and medication management services

Advocacy Tip

DMH services vary widely from office to office in terms of the types of services available. Your experience with DMH may be very different than someone else's experience.

Some DMH services, such as inpatient and intensive residential programs, are limited due to the number of available beds or spaces in the programs. For any DMH service, your child will be closely evaluated to determine his or her eligibility for that service.

4. Paying for services

If your child receives authorized DMH services, you will not be billed for these services. If you have private health insurance that might cover some of the services (if the insurer determines that the services are “medically necessary”), your child’s service provider will try to collect payment from your insurer. Any services that are not covered by insurance will be paid for by DMH.

Note that the availability of DMH services, which are funded with public dollars, is usually severely limited by the size of DMH’s budget as determined each year by the state legislature. Even if your child qualifies for DMH services, he or she may be placed on a long waiting list if the demand for services exceeds the available funding.

5. Appealing DMH service authorization decisions

The DMH has an internal grievance procedure for handling appeals relating to service authorization. Because this procedure is designed to resolve questions related to whether your child meets DMH clinical criteria for service, it does not apply if your child has been

Advocacy Tip

You may be able to find a good case manager at the DMH. Keep in mind that some state employees who manage cases do not have “case manager” in their job title.

placed on a waiting list or is not receiving the service you originally requested. It only applies when the DMH has determined that your child does not meet the criteria for services at all.

If you are not able to resolve the eligibility issues with the DMH directly, you can appeal this decision through the Fair Hearing Appeals process. The best way to request a hearing is to fax your request to the Commissioner of the DMH. Your denial notice from the DMH will contain instructions about how to request a hearing.

1. Early Intervention

Overview and eligibility

The Department of Public Health's Early Intervention program provides services for children from birth up to age three who have disabilities or developmental problems. Generally, children who are referred to Early Intervention are those who are not reaching age-appropriate milestones and/or have been diagnosed with a physical, emotional, or cognitive condition that may result in a developmental delay. This may include a child who was born prematurely, has sight or hearing problems, has a health condition, or is slow to sit up, stand, walk, or talk. In some cases, a child who is identified as "at risk" due to personal circumstances (such as low birth weight, multiple hospitalizations, very young parents, a lack of food, a lack of clothing or shelter, or the presence of violence in the family) may also be eligible for Early Intervention services.

Advocacy Tip

Pay close attention to DMH's strict timeline for appealing a service authorization decision! If you miss the deadline, you will have to start over at the beginning by applying for services again.

The Department of Public Health (DPH) is the “lead agency” for Early Intervention, which means it receives funding and certifies the private providers who will provide Early Intervention services. The DPH itself does not provide Early Intervention services onsite.

Getting Early Intervention mental health services

Families usually learn about Early Intervention services from a pediatrician, teacher, social worker, or other health care professional.

Sometimes, a parent will contact the program directly. Although referrals are usually made because a child seems to have a developmental problem, an evaluation by the Early Intervention staff may reveal that the child has a mental health problem. In these cases, Early Intervention will provide consultation or ongoing services as appropriate.

If you are referred to Early Intervention or if you contact them directly, the program must respond to you within 10 working days. The program then has 45 days to evaluate your child, determine eligibility, and hold a meeting to discuss an Individualized Family Service Plan (IFSP).

Advocacy Tip

Early screening and diagnosis can lead to more effective treatment of your child’s mental health problem. The same is true for children with autism spectrum disorder (ASD). The DPH’s Early Intervention program provides services to children with ASD through its Office of Specialty Services.

Advocacy Tip

At age 3, your child will stop receiving Early Intervention services. You should then find out whether he or she is eligible for special education services (see Chapter 5).

Types of services

Your child's IFSP will be based on his or her individual needs and your family's needs and preferences. The services spelled out by the plan will be delivered by a team of providers, including the parent(s) (you), other members of your family, and your child's pediatrician. Depending on your child's needs, the team may also include therapists, social workers, early childhood specialists, and other mental health care professionals.

Ideally, the Early Intervention services will take place in "natural environments" such as your home, a childcare center, a community playgroup, or a library. These services may include:

- home visits
- community toddler groups
- parent-child groups
- parent training, education, and support groups
- visits at an Early Intervention center
- assistance locating additional services

Early Intervention programs are required to provide services within 30 days of the IFSP signature date. In addition, the IFSP must be updated at least every six months by your child's team working in partnership with you and your family.

Advocacy Tip

When you need services for a Massachusetts preschooler, Early Intervention and special education (see Chapter 5) are the best places to start. But if your preschooler seems to have serious mental health issues, check with DMH and/or your child's pediatrician about getting a psychiatric consultation for your child.

Paying for services

If your child is a MassHealth member under the age of 21, MassHealth will pay for behavioral health screening by any MassHealth provider. In addition, if your family is enrolled in MassHealth, you are exempt from paying an annual fee for Early Intervention services. Low-income families and foster families are also exempt from paying the annual fee.

Some of the basic Early Intervention services are available to any family at no cost (including evaluation and assessment, service coordination, and IFSP development). For other EI services, families who are not exempt are charged an annual fee based on family size and income. If you receive EI services for a second child, you will pay a second annual fee that is one-half of your original fee.

Note that if you have private health insurance, your insurer is required by law to cover Early Intervention services. These private health insurance funds will be your first resource when paying for EI services.

2. Care Coordination Program

Overview and eligibility

Care Coordination services are provided directly by DPH staff located in the five DPH regional offices or in the offices of pediatric primary care providers. To be eligible for DPH Care Coordination services, your family must include a child under the age of 22 who has special health needs, such as an ongoing illness or a disability, along with complex care coordination needs. (Note that if your child

needs mental health services but has no other special medical needs, DPH is likely to refer you to another agency, such as DMH.)

Getting Care Coordination services

First, discuss Care Coordination with your child's pediatrician. Some pediatricians provide Care Coordination services as part of their medical practice. If your child's pediatrician doesn't provide these services, the next step is to call the DPH's toll-free Community Support Line (1-800-882-1435). This will put you in contact with a DPH Resource Specialist who will assess your child's eligibility for Care Coordination services and provide you with a referral to the program if appropriate.

Types of services

If your family is assigned to a DPH Care Coordinator, he or she will try to help you and your family avoid some of the frustration and difficulties that go along with searching for health care and supports for your child. Care Coordinators maintain contacts with various local agencies and can help you do the following:

- Coordinate medical, social, and educational systems
- Identify community-based resources
- Become a more effective advocate
- Connect with other families in similar situations
- Plan for a transition between health care providers or between different types or levels of care

Care Coordinators also work with pediatricians to help them understand more about the benefits and community-based services available to children with special health needs.

Paying for services

Care Coordination services are provided at no cost to you and your family.

3. The Bureau of Substance Abuse Services

Overview and eligibility

The DPH's Bureau of Substance Abuse Services (BSAS) provides a range of services for children and teenagers with alcohol and other drug problems and addictions. The BSAS also offers Youth Services programs aimed at preventing teenagers from developing addictions to drugs or alcohol. BSAS services may include certain mental health care services, but the BSAS does not coordinate care for mental or physical health conditions unrelated to substance abuse. The BSAS also does not offer case management services.

Advocacy Tip

The BSAS has created a useful online guide to services for teenagers in Massachusetts with substance abuse problems. This guide is available online; please see the Resource List at the back of this Guide for more information.

Most outpatient BSAS services are available to all children and teenagers regardless of their insurance coverage. Residential services are limited to high-risk teenagers ages 13–17 who are experiencing severe problems as a result of their drug or alcohol use. Certain community-based BSAS programs may be limited to the children and teenagers in that community.

The BSAS also offers a range of prevention, intervention, and family treatment educational materials, including free step-by-step guides for parents who want to keep their children healthy and drug-free. This series of guides can help you support your child in making better choices.

Getting BSAS services

If you are interested in BSAS services for your child, you can contact the BSAS directly and/or call the BSAS helpline. The BSAS website is also a good source of useful information. When you contact the BSAS, you will receive information about its services and referrals to its programs. Generally, BSAS services are provided in schools, community agencies and health centers, neighborhood centers, and other community-based locations.

Types of services

The BSAS provides a range of services, including:

- A referral helpline
- Assessment and treatment planning
- Outpatient counseling (individual, group, and family)
- Day treatment programs
- Youth stabilization programs (short-term 24-hour addiction treatment program for adolescents who abuse or are dependent on alcohol or drugs)
- Residential treatment programs (limited enrollment)
- Prevention programs
- Education and skill-building for teenagers

- Recovery high schools (designed to help students complete high school while recovering from addiction)
- HIV and AIDS education

Paying for services

Many BSAS services are covered by private insurance, MassHealth insurance programs, and/or the Children's Medical Security Plan. Certain outpatient services and a limited number of residential placements are funded by the BSAS.

1. Overview and eligibility

The Department of Developmental Services (DDS) (formerly the Department of Mental Retardation, or DMR) provides resources, services, and limited financial assistance to families with children who have intellectual and closely related developmental conditions. Its goals include making the family environment safe and stable, and helping families stay together. DDS services are provided through Family Support Centers, Autism Support Centers, and some specialized family support programs.

Unless you think your child has developmental issues, DDS should not be your first choice of provider for mental health services or referrals. If your child's needs are primarily related to mental health, there are few if any ways that DDS can help. However, if you have found that developmental issues are interfering with your ability to work with your child on his or her mental health concerns (for example, if your child has been diagnosed with severe autism), then you will want to begin exploring the services DDS offers.

Advocacy Tip

You may encounter a waiting list for BSAS services for your child.

A child and his or her family are eligible for DDS services if the child lives in Massachusetts and has a verified diagnosis of intellectual disability or a closely related developmental condition. A very young child (between birth and age 5) is eligible if he or she has a substantial developmental delay and demonstrates severe functional impairments. DDS defines a developmental disability as a long-lasting severe mental and/or physical impairment that may be permanent and places serious limitations on the child's major life activities. At least three of the following major life activities must be affected: self-care, learning, mobility, ability to receive and express language, self-direction, ability to live independently, and/ or ability to support oneself financially.

Technically, a family with a child under the age of five is eligible for DDS services if the child qualifies as described above. However, in most cases, children from birth to age three receive Early Intervention services from the DPH, and children age three or older receive Special Education services.

If your child is eligible for DDS services and has also been diagnosed with a mental health disorder, he or she may be able to receive support services from DDS. However, as mentioned above, DDS is not a primary provider of mental health services, and if your child's primary diagnosis is a mental health disorder instead of an intellectual disability, he or she will have to seek mental health treatment from an agency other than DDS.

Advocacy Tip

DDS provides services for children with autism spectrum disorder (from birth through age 8) through its Autism Waiver Program. More information is available on the DDS website.

Advocacy Tip

All of the services available through DDS are community-based services.

2. Getting DDS mental health services

If your child has been diagnosed with a developmental disability, you can fill out an application for DDS services. Applications are available on the DDS website and at local DDS Area and Regional Offices. Once you have applied to DDS for services, a Regional Eligibility Team will determine whether you and your child are eligible. The eligibility assessment and decision must be completed within 60 days of your completed application for services.

The availability of DDS family support services will also depend on the local resources and demand for services in your area. The DDS Area Director determines which families and children take priority based on the severity of each child's need.

3. Types of services

DDS-funded Family Support Centers and other family support programs provide a wide variety of flexible, individualized services to families and children. If your child has a mental health disorder, you may find many of these services helpful, including:

- Information about community resources
- Referral services
- Education, training, and support groups
- Support and treatment planning

Advocacy Tip

Children who receive DDS mental health services have a primary diagnosis of developmental disability and an accompanying mental health disorder.

- Case management services
- In-home and out-of-home services including respite, skill building, and recreational activities
- Encouragement for families prepared to take a leadership role in treatment planning and advocating for services
- Related support services such as childcare and transportation

4. Paying for services

If you and your child are eligible for DDS services, you may receive a family support flexible funding allocation from your local Family Support Center. Please note that families receiving allocations are prioritized according to need. The support allocation may take the form of a stipend (a payment that is made to you, so you can pay directly for services and/or be reimbursed) or a “direct provider agency payment” (a payment that is made to the provider through your Family Support Center). These two options will be discussed with your family during the family support planning process, and you may select the option that best suits the family’s needs.

Advocacy Tip

Try to get a primary diagnosis for your child’s condition. If your child has dual or multiple diagnoses, it is more likely that he or she will get bounced back and forth between agencies.

The amount of your family support allocation will be based on a needs assessment performed by DDS, the availability of services and resources in your area, and the priority assigned to your child and family.

1. Overview and eligibility

Most parents do not welcome involvement with the Department of Children and Families (DCF; formerly known as Department of Social Services or DSS). DCF is primarily responsible for protecting children who are at risk of abuse or neglect. Under some circumstances, DCF may ask a court to place a child into DCF custody if there is a possibility that the child has been harmed by a parent, guardian, or other caretaker (including a teacher, babysitter, counselor, etc.). If you are a foster parent caring for a child who is receiving DCF services, or if a judge has ordered DCF to get involved with your family, it will be useful for you to know about the mental health services that are available. Note that when a child is in DCF custody, he or she receives MassHealth coverage.

DCF primarily serves (and may retain legal custody of) children up to the age of 18 years. Where there are no concerns about a child's safety, DCF services tend to be more limited. In certain cases, DCF services may be available to a child who is between the ages of 18 and 21, particularly if the child received DCF services prior to his or her eighteenth birthday and is now choosing to "sign back up" to receive DCF care. A child who signs up for DCF care after age 18 will retain his or her right to a court-assigned attorney until age 22 and will remain under the jurisdiction of the court. It can be helpful to have the court involved, because the court's role is to oversee the best interests of the child.

Advocacy Tip

DCF is the largest funder of residential services for children. In fact, certain residential programs are only available through DCF.

In many cases, children who are under the protection of DCF and/or who are receiving DCF services also suffer from serious emotional issues or mental health disorders. Situations that require the attention of DCF—such as when a child is the victim of physical or sexual abuse—can damage a child’s mental health and well-being. In some cases, a child’s existing mental health disorder can play a key role in creating a situation that calls for DCF involvement, such as when a child’s emotional issues lead him or her to get in trouble with the police.

2. Voluntary DCF services, CHINS, and Care and Protection

There are three ways DCF can become involved with a child. The first is when a parent voluntarily seeks DCF services. Usually, the parent is just looking for some support, but voluntary DCF services tend to be extremely limited. The availability of these services is subject to funding, and you have to work hard to get them.

Voluntary DCF services include parent aid and support; parenting classes; youth support, tracking, and mentoring; wrap-around services for support and stabilization; adventure-based after-school programs; and respite services. Most of these services are short term (3–9 months) and intended to promote a child’s stability while also connecting the family to longer-term community-based services.

The second way DCF might get involved is through a Child in Need of Services (CHINS) petition. A CHINS petition may be filed when a child runs away from home, skips school, breaks school rules, or “refuses to obey the lawful and reasonable command” of his or her parent(s).

In some cases, parents who seek voluntary DCF services are advised to file a CHINS petition because the voluntary services are so limited. However, it is important to be extremely cautious about a CHINS petition. Most advocates for children believe that CHINS is not a good way to get services for a child with mental health needs. In addition, if you file a CHINS petition, you stand a good chance of losing the right to decide what happens to your child—and you could lose custody of him or her. Keep in mind that once you file a CHINS petition, you can't change your mind and take it back. Only a court can terminate a CHINS proceeding once it has been set in motion.

If you proceed with a CHINS petition, you and your family will become entangled in a legal procedure that requires periodic court appearances. You will not be entitled to representation during the court proceedings, even though you filed the CHINS petition. However, it is important to stay involved as much as you can. Keep in mind the fact that if the judge is considering awarding legal custody of your child to DCF (which would affect your parental rights), then you are entitled to counsel at that point. If you are not able to pay for your own lawyer, the court will appoint one for you at the state's expense.

If the court awards custody to DCF, then DCF can make certain decisions about a child's care regardless of whether the parents agree with these decisions. For these reasons, you should consider other options

Advocacy Tip

A CHINS petition should only be used as a very last resort. Parents who have voluntarily become involved with DCF should resist pressure to file a CHINS petition and should be aware that a CHINS proceeding can result in loss of custody.

very carefully—such as appealing a school district’s or agency’s eligibility decision—before filing a CHINS petition.

The third way DCF might get involved with a child is through a Care and Protection proceeding in Juvenile Court. This happens when DCF has found reasonable cause to believe that an incident of abuse or neglect of a child by a caretaker has occurred. In this situation, a parent or caretaker is again in danger of losing custody of his or her child.

As described above, getting help from DCF in a CHINS or Care and Protection situation means you will have to share custody of your child with DCF or even give up custody. Recent changes in the law have made it easier for parents to request a termination of DCF custody. However, if it seems likely that DCF is going to be involved with your family, it is important to always keep the question of custody in mind.

Advocacy Tip

Once DCF is involved with your family, it may keep a very close watch on you and your child. If the agency observes signs of abuse or neglect, it may seek custody of your child.

If DCF services have been requested in an emergency situation, DCF will conduct a preliminary eligibility assessment and will provide the services (if the family is eligible) within seven days. If the request for services is made on a non-emergency basis, DCF will conduct a longer assessment that must be completed within 45 days of the request. If the request is limited to a single DCF service, DCF may conduct a more limited assessment and will provide the service within 10 days of the request.

In general, the family assessment is used to determine whether a family needs DCF services and what the best options are for providing these services to the

Advocacy Tip

Keep in mind that you can appeal a DCF family assessment and the plan it has created for your family.

family. A social worker will be assigned to the family during the assessment. He or she will ask a number of questions about family members, including children, and/or other members of the household. The social worker may also want to talk with doctors, teachers, and/or therapists who are familiar with the family's children.

If you have questions or concerns about becoming involved with DCF, you may want to seek legal advice.

3. Types of services

If your child or foster child is found eligible for DCF services, the family assessment will result in a service plan that outlines the DCF services that will be provided, the desired outcome from these services, and the costs that you will be responsible for paying.

In situations where a child has emotional issues and/or a mental health disorder, the following DCF services may prove helpful:

- Evaluation services
- Family support services
- Counseling and case management services

In general, DCF services are provided by service providers who have contracts with DCF and not by DCF itself. Some DCF services are limited in terms of the hours of service a family can receive. The availability of some DCF services may also be limited by demand, and your family may be placed on a waiting list for those services.

If a child in DCF custody receives inpatient psychiatric services, DCF is required to contact the child's parents or guardians and a member of the child's treatment team within three business days of the hospitalization. DCF must maintain weekly contact with the parents or guardians until the child is discharged and must create a discharge plan that prioritizes returning the child to his or her home or to a community placement. If your child is hospitalized while in DCF custody, it is very important to stay on top of the situation and make sure DCF follows through.

4. Paying for services

DCF evaluates each family's financial situation and may charge a fee for services based on a sliding scale. If your child is in the care and custody of DCF and receives Social Security income or Supplemental Security Income (SSI), a significant portion of the SSI income will be used to pay for DCF services. If DCF determines that your family has the ability to pay for services through some other agency or provider, DCF may offer only information and referral services (at no cost).

1. Overview

As discussed in Chapter 2, a child who is in the custody of the Department of Youth Services and is in need of mental health services may receive some limited assistance from DYS. This is not a situation you and your child want to be in. If there is a chance your child will be committed to DYS, and if he or she has a mental health disorder, be sure to seek mental health treatment for him or her instead of incarceration. It is important for parents to realize that it is not

a waste of time to make such a request to all court-related staff—your child’s attorney, probation officers, and even the judge. Treatment is generally a better option than detention—and your request might be granted.

If a judge reviews your child’s case and agrees that he or she needs mental health care, the judge will order an evaluation. He or she may also take an active role in trying to find a state agency that will take responsibility for your child’s treatment. However, as explained in Chapter 2, the juvenile justice system is not a good answer for children who need mental health care.

Some parents who are dealing with the Juvenile Court are encouraged to file a Child in Need of Services (CHINS) petition as a way to access DCF and other state services for their children. As discussed above in the section about DCF, parents should be extremely cautious about filing a CHINS petition because it may lead to a loss of custody.

Advocacy Tip

If an agency tells you that it is not the right agency for your child, be sure to ask where you should go next. The people working at the agency should be able to help steer you in the right direction.

**Summary
and things to
remember**

The mental health services for children offered by state agencies can be a key component in a child's treatment—but are often unavailable or difficult to obtain due to eligibility requirements, budget issues, and a high demand. It can also be challenging to coordinate care if a child is receiving services from more than one agency.

The Executive Office of Health and Human Services is working to make improvements to the state mental health care system. In the meantime, if you believe your child is eligible for services from one or more state agencies, it is important to seek those services. You may want to get help from a mental health advocate or a case manager. If your child is eligible for (or is receiving) services from several different agencies, consider trying to get one of those agencies to take primary responsibility for your child. Case conferences with everyone involved in your child's situation can also be very useful. Although the state mental health care system is complicated, you will find that the people working in the agencies want to help.

In some cases, parents find that their child has entered the mental health system but treatment has stalled, either because the child is “boarded” (kept in a medical ward or emergency department waiting for a bed to open up in a mental health setting) or “stuck” (ready to leave a particular mental health setting but unable to be discharged because the next level of care is unavailable for one reason or another). If your child is “boarded” or “stuck,” he or she is not receiving appropriate care. You will want to seek immediate help from an agency, advocate, or attorney to remedy the situation.

Remember that your active involvement in your child's situation can make all the difference as you seek mental health care for him or her. You may find yourself feeling frustrated, angry, desperate, or all of the above. It's important to know that you are not alone—many other parents feel exactly the same way. In the long run, the knowledge that you are working hard to find the best possible care for your child may help you stay focused and keep trying.

Aging out of child services

7

Overview

As your child gets older, it is important to be aware that family health insurance will not cover your child once he or she reaches a certain age.

For the purposes of this chapter, we will use the following terms to help make the discussion more clear:

- *Child*: a person under the age of 26
- *Minor child*: a person under the age of 18
- *Adult child*: a person age 18 or over

In general, children who are covered by private health insurance receive this coverage because at least one of their parents has family coverage. Family insurance plans provide health coverage under one policy for parents and their children. The premiums for a family plan are higher than those for an individual plan, but the per-person cost is lower because the plan covers two or more people. (Note that lower-priced options may be available for single-parent families.)

Under state and federal laws, a child may be covered under his or her parents' family policy up to and including the age of 26. These laws provide that a young adult age 26 or younger can qualify for family coverage even if he or she is no longer living with a parent, is not defined as "dependent" for tax purposes, and is no longer a student. However, between now and 2014, certain

Advocacy Tip

To find out if your employer-sponsored group health insurance plan is “grandfathered” (and might not provide coverage for your adult child), ask your employer’s human resources representative.

“grandfathered” employer-sponsored group plans do not have to offer this coverage for an adult child if that child is eligible for some other group coverage, such as through his or her employer.

For most families, there comes a point in time when the child (having become a young adult) becomes too old to receive children’s services and/or family insurance coverage. When this happens, the child is often said to have “aged out” of services or coverage.

If your child will soon be aging out of child services and/or family plan coverage, he or she will have to seek separate services and/or insurance coverage as an adult.

For example, many young adults obtain their own private health insurance policies, on their own and/or through an employer. Some state-sponsored insurance programs are also available to adults. A person who qualified for public health coverage as a minor child due to a disability may also qualify for services as a disabled adult, but adults must meet a different standard. The standard applied to adults to determine whether they qualify as disabled focuses on the ability to work rather than on the ability to learn.

This chapter offers an introduction to what happens—in terms of mental health services—when your child “ages out.” You will find information about private insurance coverage, public insurance coverage, and mental health services provided by the state for disabled adults.

**Key issues
for everyone
to consider**

No matter what options you and/or your child choose to pursue when he or she ages out of child services or coverage, remember to plan ahead for this event. By being prepared, you may be able to explore more options—and you will help make the transition smoother for the entire family.

1. Cut-off ages and loss of insurance

If your child (before “aging out”) has been covered by a private health insurance policy or a public health insurance program, he or she faces the loss of this insurance coverage when transitioning to adulthood.

- As mentioned above, private insurers are now required to cover a child up to and including age 26 on a family health insurance plan.
- The majority of the *public* health insurance plans in Massachusetts that apply to children are MassHealth plans. To participate in one of these plans, your child must qualify for assistance based on age and the family's income or on his or her eligibility for coverage as a person with a disability. In general, a child covered by a MassHealth family plan based on age/income will lose benefits at **age 19**. However, any person who meets adult eligibility standards for coverage (for example, as an adult with a disability) will continue to receive MassHealth benefits after age 19.
- Children who are either aging out of foster care or are otherwise in the care and custody of the Department of Children and Families at age 18 continue to be eligible for MassHealth coverage until **age 21**.
- It is important to remember that your child can seek his or her own insurance coverage—private or public—as an adult. These options are discussed below.

Advocacy Tip

Try to view the question of disability as one of eligibility for services or coverage, rather than as a negative statement about your child's capabilities.

2. Legal changes when your child turns 18

Once your child turns 18, he or she is officially an adult in the eyes of the law—and this means that all of his or her medical information will now be shared with your child but not necessarily with you. In addition, unless you or another adult has been appointed as your child’s legal guardian, he or she will be able to make his or her own decisions about whether to seek mental health care and/or coverage. Your adult child will also be responsible for deciding to apply for programs and signing his or her own applications. He or she will also have the legal right to manage his or her medications and treatment, including any hospitalization.

It is possible that you will lose some or all control over your child’s health care and/or special education planning once he or she becomes an adult. You may want to discuss this change with your child as he or she approaches the age of 18.

If your adult child chooses, he or she may consent to your participation in health care and/or education planning decisions. For example, he or she may grant you access to medical records or may obtain your assistance in filling out an application. However, unless you have been appointed as your child’s legal guardian by a probate court, your child would need to complete a consent form for you to get his or her health information from doctors, hospitals, insurers, or others.

Advocacy Tip

It is important for young adults to be involved in their own care, and you may have to accept it if your adult child elects not to pursue all available services.

3. Services based on disability after age 18

In Massachusetts, a person who qualifies for a program based on a finding of disability has a broader range of health care options than those who do not qualify. But every program has its own definition of “disability”—and no two definitions are exactly the same. Your minor child may qualify as “disabled” and receive services while under the age of 18 yet may lose the same program’s services after age 18 because eligibility is determined by a different definition of “disability.”

For example, a child who was found to be disabled (before age 18) due to a learning disability may be found not to be disabled after age 18—because he or she is not functionally disabled and can hold down certain jobs. This can happen even if your child’s abilities and needs are exactly the same after age 18 as they were before age 18. For many families, this can be a very frustrating experience.

A person who qualifies as disabled may receive some or all of the following health insurance benefits:

- Access to public health insurance (MassHealth) options even after the typical cut-off age of 19 (please see the discussion of this later in the chapter); these insurance options may be less expensive and more comprehensive than the available private insurance options
- Continuation of private health insurance coverage under the Mental Health Parity Law, which requires private health insurers to continue coverage for a disabled child who has reached the cut-off age but is receiving treatment for an ongoing condition

In some cases, a parent may feel that a child (whether young or adult) is not disabled at all—yet this child may in fact meet the eligibility standard for one of these programs and therefore qualify for services or coverage. In other cases, a parent may feel that a child does in fact have a disability—yet this child's condition might not satisfy the eligibility standard. It is important to keep in mind that a person may qualify as disabled in a variety of ways and that different plans and programs have different eligibility standards.

4. Planning ahead

No matter what your situation is, you will need to plan ahead for ways to cope with the health care changes that will occur as your child ages out. It is important to be aware of the cut-off age your child is facing as well as the fact that he or she—at age 18—will have more control over his or her own health care.

Planning ahead also includes examining the coverage your child has now, exploring the options he or she has for coverage as an adult, working with your child's school system to ease the transition to adulthood, and working with your child's providers to make sure that his or her medical record is detailed and complete.

If your child is substantially involved with one or more state agencies, Massachusetts law requires those agencies to plan ahead for the many changes that will take place when your child reaches adulthood. Each agency has different

Advocacy Tip

The Department of Mental Health provides helpful transition resources through its Transitional Age Youth Initiative. Please see our Resource Guide for more information.

**Your child's
insurance
options after
age 18**

rules and timelines concerning when they have to start planning ahead for your child. For certain agencies, including schools (if your child receives special education services), transition planning begins as early as age 14. It is important to be aware of when transition planning should begin, make sure it gets started in a timely way, and stay involved in the process.

1. Private insurance

Keeping your child on your insurance plan

As mentioned earlier, if a parent has private family health insurance, this policy covers children up to and including age 26. However, the family policy generally will not cover a child who is older than 26.

If you have private health insurance coverage through an employer but are losing employee benefits due to a job change, you are eligible to continue your family's health insurance coverage under your former employer's group health plan for a defined period of time. Please see Chapter 3 of this Guide for more information.

Insurance for full-time college students

If your child is attending or about to attend a college or university in Massachusetts, state law requires that your child have health insurance. (This is true in many other states as well.) To accomplish this, you can purchase individual insurance for your child, keep your child on your own family policy (if you have one) as described above, or purchase insurance through the college. An insurance plan offered through the college might be the least expensive option;

however, it is important to keep in mind that this plan might provide only limited coverage for mental health services.

It is also important to know that health insurance policies that provide coverage for a college student require the student to be attending school full time in order to receive benefits. This can sometimes pose a challenge when a student has a mental illness or an emotional problem that may keep him or her out of school for a period of time. If your child takes a leave of absence from school and the insurer refuses to continue health coverage for him or her, you should consider appealing the insurer's decision. The question of how an insurer should define "full-time student" in these circumstances has not yet been settled by law.

Insurance for full- or part-time employees

If your adult child is employed, he or she may be able to obtain health insurance through the employer. In most cases, employers offer a group health insurance plan that is more affordable than individual health insurance.

If your child is employed and receiving health care insurance through the employer but is then laid off from the job, he or she will lose that health care coverage. As discussed in Chapter 3 of this Guide, he or she will be eligible to continue group coverage for a defined period of time (or until obtaining coverage elsewhere) by paying out of pocket, possibly with state or federal subsidies to help cover the costs. If your child is age 26 or younger, he or she will also have the option of returning to your family plan for health insurance coverage. In addition, he or she would most likely be eligible for some of the low-cost individual options described below.

Individual insurance options in general

If your adult child is not able to join a group health insurance plan through an employer (and if he or she is not able to get insurance coverage through a family plan), the remaining option is to purchase individual health insurance. Some of the major insurance companies offer insurance plans designed for young people who need individual insurance. These plans are less expensive and more flexible than traditional individual plans, making insurance more accessible to people who do not have coverage through an employer or a group plan.

Advocacy Tip

If you or your child is considering the new individual health plans, be sure to review your options and choose a plan that meets your needs for mental health coverage.

Additional insurance options under Massachusetts health reform law

Under the health reform laws in Massachusetts, subsidized individual health plans are now available. An agency has been established—the Commonwealth Health Insurance Connector, known as “the Connector”—to help uninsured people learn about and buy affordable health insurance plans. For more information about this, you can visit www.mass.gov/connector.

- Subsidized insurance plans called “Commonwealth Care” plans are available for people with low income. This may include your adult child if he or she is unable to work on a steady basis yet does not qualify as disabled.
- Low-cost insurance plans called “Commonwealth Choice” plans have also been established. There are plans in this category for people ages 19–26 which may be of interest to you and your child. However, some of these plans are designed for healthy young adults and not for people who are chronically ill or disabled.

- In addition, it is important to know that the law requires everyone over age 18 to have an approved form of health insurance coverage. If you are without health insurance, this may be a violation of the law and may result in a tax penalty.

2. Public insurance: MassHealth

Disability-based MassHealth coverage

Our state is one of the most generous in the nation when it comes to providing insurance coverage for people with disabilities. MassHealth offers coverage through several of its programs for an individual who has been determined disabled by the state or the Social Security Administration. These programs are: Standard, CommonHealth, and Basic. (Please see Chapter 3 for more details about MassHealth programs.)

MassHealth and Supplemental Security Income (SSI)

Any child or adult who receives SSI automatically qualifies for MassHealth coverage. It is important to realize, as discussed earlier, that the disability standard applied to minors is different from the disability standard applied to adults. Your child may meet the disability standard as a minor, but this could change during his or her SSI case review at **age 18**, when the adult standard (ability to work, rather than ability to learn) will be applied.

Advocacy Tip

As more health reforms are implemented, more changes continue to take place. You can stay up to date by visiting the Health Care For All website or the Connector website or by calling the Health Care for All hotline. (See the Resource List at the back of this Guide.)

For more information, you can visit the following websites:

www.socialsecurity.gov

www.masslegalservices.org (click on “disability”)

www.pathwaystocoverage.org

www.mass.gov/mashealth

Non-disability-based MassHealth coverage: Essential or Basic

In Massachusetts, there are two state-sponsored insurance programs that might provide coverage for your adult child if he or she is unemployed, even if he or she does not qualify as disabled. In order to receive benefits under either of these programs, a person must:

- Be long-term unemployed (more than a year) and not eligible for unemployment insurance (having earned \$3,000 or more during the base period)
- Have an income (if any) that is below the federal poverty line
- Have no access to other health insurance, including programs offered by colleges

MassHealth Essential provides coverage for unemployed adults under the age of 65 who are *not* receiving services from the Department of Mental Health. This program covers 22 services, including doctor appointments and hospitalization.

MassHealth Basic provides coverage for unemployed adults under the age of 65 who are receiving services from the Department of Mental Health or who are receiving cash assistance from EAEDC (Emergency Aid to Elders, Disabled, and Children). This program covers 30 services and is more extensive than Essential.

Services from state agencies

If your adult child's mental health situation makes it difficult for him or her to maintain steady employment, one of these MassHealth plans might be appropriate. For more information, you can visit the MassHealth website.

If your minor child has been receiving services from a state agency, it is important to check and see if there is a cut-off age for those services. Once you know how long your child will continue to receive services, you can plan ahead and/ or investigate whether new services might be available to your child as an adult.

The following state agencies do *not* offer services to adults:

- Special Education: Services end when a person graduates from high school or at **age 22**
- Department of Children and Families (DCF; formerly known as Department of Social Services or DSS): Services end when a person reaches **age 18** unless that person elects to receive services for another 1–2 years on a voluntary basis
- Department of Youth Services (DYS): Services end when a person reaches **age 18**

The following state agencies offering services to children *also* offer services to adults who meet eligibility standards:

- Department of Public Health (DPH): Services are generally not age-dependent; care coordinators provided up to age 21
- Department of Mental Health (DMH): Services are generally not age-dependent; transition age defined as 16–25

Advocacy Tip

Be aware that gaps in health care coverage may result from income reevaluation, missing paperwork, or a change in your child's health plan. If you know a gap will occur (particularly if it will be a long gap) and/or your child requires a continuous high level of care, be sure to talk with an advocate about these coverage issues.

- Department of Developmental Services (DDS):
Transition to adult services upon high school graduation and/or at age 22

Note that the services available to adults through these state agencies may be different from the services available to minor children. In many cases, the services for adults are more limited.

For more information about all of these state agencies, please visit their websites:

Special Education: www.doe.mass.edu/sped

DCF: www.mass.gov/dcf

DYS: www.mass.gov/dys

DPH: www.mass.gov/dph

DMH: www.mass.gov/dmh

DDS: www.mass.gov/dds

Advocacy Tip

If your child is receiving special education services and you feel the school is trying to pressure you into a graduation date that seems too early for your child, be sure to hold your ground. Remind the school that your child is entitled to special education services until age 22.

Advocacy Tip

If your child is enrolled in a state health care plan, be sure to stay up to date about the plan's services and eligibility requirements.

**Summary
and things to
remember**

As your child approaches adulthood, he or she will begin shouldering more responsibility and relying less on you. However, you will continue to play a central role at this time—particularly if your child needs mental health care.

The most important thing you can do for your child at this point is to help him or her achieve a smoother transition by planning ahead. As a family, you can work together to identify the health care services and coverage that will work best for your child as an adult. Try to make sure that your child is well-equipped to enter the next stage of life—and that he or she will be able to get as much care and support as possible.

Glossary

Acute in-hospital treatment is the medical treatment provided in a hospital to a patient who has been admitted to the hospital due to an intense illness and/or an emergency situation.

Anorexia Nervosa (Anorexia) is an eating disorder characterized by voluntary starvation and overexercise. Anorexia is a complex disease involving psychological, sociological, and physiological elements. A person suffering from Anorexia is known as an **anorectic** (although the terms **anorexic** and **anorectic** are also used).

Anxiety disorder is a generalized term used to describe mental health disorders relating to fear, phobias, and nervousness. A person suffering from an anxiety disorder may have panic attacks and may be unable to pursue normal daily routines.

Appeal in this Guide refers to the process parents will follow when they seek to challenge a denial of mental health services. In most situations, there is a higher authority who can review a denial, and it is important for parents to learn about the appeal process and undertake an appeal if necessary.

Assessment is the process of measuring a child's knowledge, skills, or needs. Most assessments are performed by professionals. In schools, for example, an assessment can help determine whether a child needs special services.

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed mental disorders among children. Its symptoms include

inattention, overactivity, and a tendency to be too impulsive. Medication can help—but parents should avoid jumping to the conclusion that any child who is inattentive or overactive has ADHD.

Behavioral problem or disorder is a generalized term used when a child or teenager behaves—over a long period of time—in ways that are not socially acceptable for his or her age and situation or in ways that are destructive or self-destructive.

Benefits in this Guide refers to the services or payments provided for you, your family, or your child by private or public insurers or agencies.

Bipolar disorder is a mood disorder characterized by severe mood swings. A person with this disorder may go from being manic, extremely elated, and energetic to being depressed, sad, and sluggish. People with this disorder are sometimes known as **manic depressives**.

Bulimia Nervosa (commonly known as **Bulimia**) is an eating disorder characterized by extreme overeating or “binge” eating followed by intentional vomiting, excessive exercising, inappropriate use of laxatives or enemas, or fasting.

Carve-out in this Guide refers to a situation where a private insurer or government agency has made a private contractor responsible for the mental health services available through that insurer or agency. The private contractor is often known as the **carve-out company**, and the services under its control are **carved-out services**.

Case manager is someone who is trained to perform assessments and provide assistance to parents, families, and individuals who need to plan and manage patient services and care.

CHINS (Child in Need of Services) petition is a petition that a parent may file with the court when a child runs away from home, skips school, breaks school rules, or “refuses to obey the lawful and reasonable command” of his or her parent(s). However, filing a CHINS petition will trigger a complicated legal proceeding that may result in a transfer of custody to the Department of Children and Families. Parents should only file a CHINS petition as a very last resort.

Clinician is an individual who is trained to practice medicine or psychology and who works directly with people instead of in a laboratory.

Community agency in this Guide refers to a private nonprofit organization located in a particular city, town, or neighborhood, and dedicated to providing services to individuals and families in the surrounding community.

Consultation in this Guide means a meeting with a mental health professional to obtain advice and/or treatment for your child.

Co-payment in this Guide means a payment you must make as part of the total payment for a service which is mostly paid for by an insurance company.

Coverage in this Guide means the mental health services you and/or your child are entitled to receive under a private insurance contract or a government program.

Crisis counseling refers to intensive meetings between a professional and an individual who is experiencing overwhelming or traumatic mental health problems. Crisis counseling is usually short term, lasting for 1–3 months, and is not a substitute for long term psychological or psychiatric care.

Crisis intervention and screening in this Guide refers to a situation where a child is experiencing overwhelming or traumatic mental health problems and a professional (or team of professionals) steps in to provide some immediate help to this child. The professional will assess the child to try and identify the most appropriate treatment.

Crisis stabilization in this Guide refers to a brief (usually between 2–10 days) period of hospitalization during which a child who is experiencing a mental health crisis receives intensive treatment and is stabilized.

Day Treatment refers to an intensive program that involves the patient during the daytime hours but permits the patient to return home at night.

Deductible in this Guide refers to two situations: (1) the expenses that can be deducted from your income in calculating whether you qualify for government benefits; or (2) the amount in an insurance contract that you must pay out-of-pocket before your insurance policy provides for payment by the insurer.

Depression (clinical) is a mental health disorder characterized by a sad mood that is both prolonged and severe. Clinical depression can be treated with medication, therapy, and hospitalization if necessary.

Developmental problem, condition, or disability refers to a severe condition that stems from mental and/or physical impairments and is generally permanent. People with developmental disabilities have trouble with major life activities such as language, mobility, learning, self-help, and independent living.

Diagnostic evaluation in this Guide refers to when a clinician assesses the symptoms presented by your child in order to come to an informed opinion about what condition is causing those symptoms.

Disability is a general term referring to any condition that impedes a person's ability to complete daily tasks using traditional methods.

Dual diagnosis is a term used to describe a situation where one person is diagnosed with two different conditions and needs treatment for both. For example, a person who is clinically depressed and also addicted to drugs has two different mental health conditions.

Eligibility in this Guide means meeting all of the conditions set forth in state or federal law that must be met before you, your family, or your child can qualify for a particular program's benefits under that law.

Emergency services team (EST) refers to a team of mental health professionals that responds to emergencies. All children in Massachusetts are entitled to receive EST services. However, a child who is uninsured or covered by MassHealth, and who is experiencing a mental health emergency, must be evaluated by an EST. The Team can provide crisis intervention, stabilization, and referral services.

Family stabilization services in this Guide means intense, specific services provided to a family after an initial crisis has been addressed. It includes counseling and supervision to help at-risk families gain strength and stability.

Grievance in this Guide refers to a situation where a parent wants to formally complain about the quality of services being provided by an agency, the delay in providing these services, or a denial of services. Grievance processes are often internal, within an agency, and are typically less formal than appeal processes.

Group insurance refers to insurance that is purchased by a group (such as the employees of a company). As part of the group, individual members usually enjoy a reduced rate (compared to the rate charged to non-group individuals).

Hearing refers to a proceeding held in front of a decision-maker where you have the opportunity to present facts and arguments about why your child should receive the services you are seeking.

Hyperthyroidism is a disorder that results when the thyroid gland is more active than normal (or is overactive). Typical symptoms include weight loss, chest pains, cramps, diarrhea, and nervousness.

Hypoglycemia is a disorder that results when a person's blood sugar (or glucose) levels are too low. It can be caused by too much insulin in the body, too much exercise, or not enough food. Symptoms include fatigue, trembling, nervousness, hunger, or (in extreme cases) coma.

Inpatient treatment in this Guide refers to mental health services delivered in either a general hospital or a psychiatric hospital while your child is staying overnight at that facility.

Insurance (private) is a contract between an insurance company and an individual, an employer, or a group of individuals. The insurance company provides coverage for certain health care services (for example) and charges a monthly premium to the individual, employer, or group.

Insurance (public) is similar to private insurance but is provided under state and/or federal law and is typically intended for individuals and families who cannot afford to pay private insurance premiums.

Licensed Social Worker refers to someone who is licensed under state law to provide social work services. The license demonstrates that the person has completed sufficient education and training to satisfy the state's requirements for licensing and is therefore qualified to practice.

Locked ward refers to a section of a hospital or mental health treatment center where patients are confined to a specific area, hallway, or floor. Locked wards are generally for psychiatric patients who are so ill that (in the judgment of mental health professionals and/or a court) they present a threat of harm to themselves or others.

Medication management in this Guide refers to the process of monitoring a child's use of medication(s). Usually, the monitoring is done by a qualified professional such as a psychopharmacologist.

Mental health network in this Guide refers to a group of mental health professionals who are licensed to provide services and who have contracted with an insurance company (or carve-out company) to provide mental health services at a discount to people insured under that company's insurance policies.

Mental health professional refers to a person who is trained to provide mental health services and has been certified to do so by a licensing authority. This category includes psychiatrists, psychologists, psychiatric social workers, and others with similar training.

Mood disorder is a generalized term referring to mental health disorders where a person's general mood is distorted or inappropriate given the circumstances. Clinical depression and bipolar disorder are both mood disorders.

Nurse Practitioner refers to a person with an Advanced Practice Nurse (APN) degree who manages patient care and provides primary care services as well as specialty services. Unlike most nurses, nurse practitioners can diagnose patients and prescribe medications.

Open ward in this Guide means a ward where patients are not confined involuntarily, but are free to leave without professional or court permission.

Oppositional Defiant Disorder is a mental health condition characterized by recurring disobedient and hostile behavior that persists for at least 6 months. A child with this disorder may often argue with adults, throw severe temper tantrums, deliberately break rules, and actively refuse to comply with requests.

Out-of-network refers to a mental health care provider, for example, who is not a member of your insurance company or HMO's network of providers. If you bring your child to an out-of-network provider, the insurance company or HMO will provide less coverage or no coverage of the mental health services you receive from that provider. Generally, exceptions are made for extreme emergencies or urgent care that is needed when you are traveling away from home.

Outpatient is a term used to describe patients who are receiving treatment at a hospital or health care center but who do not reside at that hospital or center.

Partial hospitalization refers to intensive day treatment programs (see definition above) where the patient spends nights at home.

Phobia is a mental health disorder characterized by extreme fear. A person who suffers from a phobia is often seriously disabled by the condition and unable to function under certain circumstances. Different phobias have different names. Arachnophobia, for example, is an extreme fear of spiders.

Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder directly associated with a traumatic event. Symptoms include extreme guilt, reliving the trauma in dreams, numbness and lack of involvement with reality, or recurrent thoughts and images.

Premium refers to the monthly payment that you are required to pay your insurance company in order to receive benefits.

Prior approval in this Guide refers to the process under either private or public insurance where you seek approval from your insurer for mental health treatment that has been recommended for your child. In many cases, you must get prior approval for services or the services will not be covered by your insurer.

Provider network refers to a group of health care professionals who are licensed to provide services and who have contracted with an insurance company to provide health care services at a discount to people insured under that company's insurance policies.

Psychiatric day treatment refers to an intensive program that involves the patient during the daytime hours but permits the patient to return home at night.

Psychiatrist refers to a mental health professional who also has a medical degree and is able to prescribe medication.

Psychological testing is a kind of assessment based on small samples of behavior. The specialist performing the assessment observes a child's behaviors over a limited amount of time and then forms conclusions based on research and statistics.

Psychologist refers to a mental health professional who is not a medical doctor and who does not prescribe medication. Clinical psychologists have extensive training in therapy and psychological testing.

Referral in this Guide refers to a recommendation you receive from one health care professional suggesting that your child seek help from a different health care professional. For example, your child’s pediatrician might give you a referral to a mental health specialist if he or she feels your child needs specialized care. Some insurance companies require referrals before they will cover services.

Residential treatment in this Guide refers to treatment received in a setting where your child lives away from his or her home, usually for an extended period of time.

School counselor in this Guide refers to a trained professional at your child’s school whose duties include mental health counseling.

Section 504 services are services your child’s school is required to provide under Section 504 of the Rehabilitation Act if 1) your child has a disability and is having trouble learning and 2) additional services or reasonable changes in the rules or policies at the school will help your child learn.

Self-insured in this Guide refers to employers who provide coverage (see above) to employees and their families by taking direct responsibility for payment of the covered services (or a portion of the services) rather than buying an insurance policy.

Social services agency refers to a private organization, often funded with government dollars, which is dedicated to providing services (including mental health services) to individuals and/or families.

Special education is a kind of service provided to children aged 3 to 22 who are in need of specialized services as defined by the Individuals with Disabilities Education Act (a federal law that entitles children who are documented to have special needs to receive sufficient services to ensure that these children receive an adequate education).

Summary plan description refers to the detailed description of the health (and mental health) services that will be provided to you and your family by your employer or insurance company. The employer or insurance company is required by federal law to give you this summary plan description.

Therapist in this Guide refers to a mental health professional (typically a psychiatrist, psychologist, or social worker) who provides mental health services through one-on-one meetings, group meetings, or family treatment.

Therapy (individual, family, group) refers to mental health treatment that relies on talking, medication, role-play, and other methods.

Transitional care in this Guide refers to care for patients who require a short-term phase intensive therapy or treatment following an acute hospital stay. It is meant for patients who are not ready to be at home, but who do not need to remain in a hospital.

Traumatic event refers to an emotionally overwhelming experience such as a serious injury, the loss of a loved one, or abuse (mental, physical, or sexual).

Resource list

Introduction

There are many different places parents can go to for help with the problems identified in this Guide. The following list of agencies and organizations corresponds to the Guide's chapters and is a good place to start. As we mention elsewhere, there is also an increasing amount of mental health information available on the Internet. If you do not have an Internet connection at home, you may be able to get online at your local public library, adult education program, or community center.

Parent Support and Advice Groups

Many people find that other parents are their best source of information and advice. Other parents can also help you decide which of the resources in this list may be most helpful for you and your family. There are several terrific parents' organizations in Massachusetts. The resources listed below can be contacted by phone or email and can help you find other resources and groups.

Brockton Area Multi Services Inc.: 508-580-8700

www.bamsi.org — Comprehensive network of statewide services effective in supporting and sustaining individuals and families over time. Offers intensive mental health services, community resources and support, individual and family counseling, and more.

Federation for Children with Special Needs: 617-236-7210

www.fcsn.org — Statewide organization that helps parents of children with special needs; services include information and support groups.

The National Alliance on Mental Illness of Massachusetts: 781-938-4048

www.namimass.org — Nonprofit grassroots organization dedicated to improving the quality of life of people affected by mental illness. Offers a number of support groups throughout the state to provide support and understanding for mental health consumers and the families that care for them.

Parent/Professional Advocacy League (PAL): 617-542-7860

www.ppal.net — Offers advice and support for parents and runs a hotline. PAL is the statewide chapter of The Federation of Families for Children's Mental Health. The FFCMH website also has useful information: *www.ffcmh.org*.

Information about Mental Health Diagnoses

There is a wide variety of information available on the Internet about mental health in general and also about specific conditions. Many of these websites have parent information sections, and a few have areas where parents can ask questions and get responses online.

GENERAL SITES

American Academy of Child and Adolescent Psychiatry

www.aacap.org

National Institute of Mental Health

www.nimh.nih.gov

National Mental Health Information Center

www.mentalhealth.org

TalkListen.org (run by the Boston Public Health Commission)

www.talklisten.org

SPECIFIC DIAGNOSES

ADD/ADHD Information Library

www.chadd.org

The Children’s Hospital Boston “Depression Experience Journal”

www.experiencejournal.com

Eating Disorder Referral and Information Center

www.edreferral.com

Families for Depression Awareness

www.familyaware.org

Keep Kids Healthy: Childhood and Adolescent Anxiety Disorders

www.keepkidshealthy.com/welcome/conditions/anxiety_disorders.html

National Center for Post Traumatic Stress Disorder (PTSD)

www.ncptsd.va.gov/ncmain/ncdocs/facts_shts/fs_children.html

Finding a Provider

If you have insurance, you should start by calling the member services number that is usually printed on your insurance card. Note that there may be a separate number to call for mental health services.

Massachusetts Association of Social Workers: 617-720-2828

MASW has a therapy referral service that you can access at the number above. You will be contacted by a social worker who can help you locate a provider with the specialty, location, and service you need.

Massachusetts Behavioral Health Partnership: 800-495-0086

www.masspartnership.com — Can help many MassHealth members locate a provider and has useful contact information for emergency situations.

Massachusetts Psychological Association: 781-263-0080

MPA provides access to psychologists in Massachusetts through their members. Contact the office at the number above, tell them 1) the type of service you need, 2) your location, and 3) your insurance information, and they will email your request to their membership list.

Massachusetts Society for the Prevention of Cruelty to Children: 617-587-1500

www.mspcc.org — MSPCC runs a number of parent support and counseling programs across the state.

Getting Access to Health Care

Massachusetts has many organizations and state offices dedicated to helping parents find health care coverage. Several key starting points are listed below.

Boston Public Health Commission: 617-534-5050

www.bphc.org — For people living in the city of Boston, the Public Health Commission maintains a wide range of resources to help you find care. The Mayor's Healthline provides information and referral services.

Commonwealth Care: 1-877-623-6765

www.commonwealthcare.com — Commonwealth Care is an independent state agency that helps you find the right health plan. It offers free or low cost health insurance to MA residents.

Employee Benefits Security Administration in the U.S. Department of Labor, Boston Regional Office: 617-565-9600

www.dol.gov/ebsa — Here, you will find information about self-funded ERISA plans as well as mental health parity law.

Health Care For All: 617-350-7279

www.hcfama.org — Health Care For All is the leading consumer advocacy organization in the state. It runs a helpline that can answer many of your questions about how to pay for health insurance.

Massachusetts Division of Health Care Finance and Policy: 617-988-3125

This Division publishes a comprehensive guide to health programs available in Massachusetts. It can be downloaded from the internet at www.mass.gov/dhcfp/pages/pdf/access.pdf.

Massachusetts Division of Insurance

www.mass.gov/doi

MassHealth Information

There are many resources that provide information about the MassHealth program. In addition to those listed above under “Getting Access to Health Care,” you may want to look at:

Community Health, Inc.

www.compartners.org — This is a website with good information about the different MassHealth programs, and it includes some links to local organizations that can help with applications.

MassHealth Main Information

www.mass.gov/dma — This is the main website for the state office that runs MassHealth, and it includes application information, forms you can download, and contact information.

Office of Medicaid Board of Hearings: 800-655-0338

To appeal a decision through the Fair Hearings Board process, fax your request for a hearing to 617-210-5820.

Legal Assistance

If you need legal advocacy or information, the following organizations may be able to help:

Children’s Law Center of Massachusetts, Inc.: 781-581-1977

www.clcm.org — Provides free representation and advice to young people in a variety of legal and administrative proceedings, often when mental health issues are involved. Also gives resource information and training to parents and other child welfare workers.

Disability Law Center: 617-723-8455

www.dlc-ma.org — Provides protection and advocacy for the rights of Massachusetts residents with disabilities, and has expertise in mental health advocacy.

Health Law Advocates: 617-338-5241

www.hla-inc.org — Provides legal advice and representation to income-eligible Massachusetts residents seeking access to health insurance coverage or medical treatment, including for mental health issues.

Massachusetts Advocates for Children: 617-357-8431

www.massadvocates.org — Has a special expertise in school issues.

Massachusetts Legal Help

www.masslegalhelp.org — This website is run by legal services offices in Massachusetts, and it has a great deal of information on health care and other issues. The website has a complete listing of legal services agencies in the state, and you can use this list to find an advocate in your area.

Mental Health Legal Advisors Committee: 617-338-2345

www.mass.gov/mhlac — This state-funded program helps with mental health issues and has a number of publications on the legal rights of people with mental health problems.

School Services and Information

Because special education is run by each city or town's school system, the best starting place is often your own school's special education coordinator. If you are having difficulties or want more general information about special education in Massachusetts, the Massachusetts Department of Elementary and Secondary Education is a good starting point.

Massachusetts Department of Elementary and Secondary Education — Special Education

www.doe.mass.edu/sped/parents.html — The parent information section of this website includes a number of useful guides as well as links to services in your community.

Massachusetts Department of Early Education and Care — Services for Children with Disabilities and Special Needs

www.eec.state.ma.us/ChildrenWithSpecialNeeds.aspx — The EEC oversees preschool special education and transitions from Early Intervention.

Section 504: Free Appropriate Public Education

www.ed.gov/about/offices/list/ocr/docs/edlite-FAPE504.html

Special Needs Advocacy Network

www.spanmass.org — Provides information and resources on special needs to parents and professionals.

Other State Departments and Agencies (Massachusetts)

Bureau of Substance Abuse Services: 617-624-5111

www.mass.gov/dph/bsas/bsas.htm — For help locating substance abuse services.

www.maclearinghouse.com/PDFs/SubstanceAbuse/SA1066.pdf — A guide to substance use treatment services for Massachusetts teens.

Department of Mental Health: 617-626-8000

www.mass.gov/dmh — Applications can be downloaded.

Department of Mental Retardation: 617-727-5608

www.mass.gov/dmr

Department of Public Health: 617-624-6000

www.mass.gov/dph/dphhome.htm

DPH Community Support Line: 1-800-882-1435

Department of Children and Families (DCF; formerly known as Department of Social Services or DSS): 617-748-2000

www.mass.gov/dcf

Department of Youth Services: 617-727-7575

www.mass.gov/dys

Office of Patient Protection: 1-800-436-7757

www.mass.gov/dph/opp —

For filing complaints about your managed care company.

Juvenile Justice System

Citizens for Juvenile Justice: 617-338-1050

www.cfjj.org — Publishes a useful guide called “From a Parent’s Perspective: A Handbook for Parents of Children Committed to the Massachusetts Department of Youth Services.” This guide is available on their site at: <http://cfjj.org/Pdf/103-Handbook2.pdf>

Parent/Professional Advocacy League (See contact info on page 154) has also developed a “pocket guide” that helps parents talk to police officers about their child’s mental health issues. The “Pocket Police Guide: Responding to Youth with Mental Health Needs” is available at www.ppal.net/downloads/PPG_6-10-2002.doc.

Afterword

As this Guide explains, it can be hard to find your way in the mental health system. We have tried to give you a map of how the system works to help you. However, we understand that this is only part of the answer. Learning to find your way through the current system is useful, but changing and improving the way the system works is equally important. Parents and their advocates can be a crucial force in making the child mental health care system better. At the Boston Bar Association, we are committed to working with parents and advocates to make a positive difference in the lives of children.

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