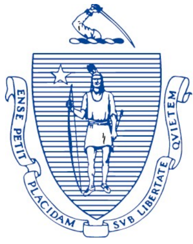

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
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March 15, 2021

Michael D. Hurley, Clerk
State House, Room 335
Boston, MA 02133

Steven T. James, Clerk
State House, Room 145
Boston, MA 02133

RE: Community Behavioral Health Promotion and Prevention Commission

Dear Clerks Hurley and James:

On behalf of the Community Behavioral Health Promotion and Prevention Commission (Commission), I am pleased to provide the following letter summarizing the Commission's activities to date, pursuant to M.G.L. Chapter 6, Section 219. Please accept this letter as the Commission's Annual Report.

In its second year, the Commission met four times after pausing its work due the outbreak of the COVID-19 pandemic. The Commission resumed its work in June, meeting virtually to discuss the impact that the pandemic and the ongoing racial and social justice movements were having on children and families. As a result, the Commission formed a subcommittee to explore promotion and prevention-related recommendations to address the impact of the pandemic on the behavioral health of children and families, with a focus on the disproportionate impact of race, ethnicity, and socio-economic status. These recommendations have not yet been adopted by the Commission, but will be developed in close coordination with the Secretary of the Executive Office of Health and Human Services.

As the Commission continues to develop its specific priorities and recommendations, the Commission will ensure that proposals will complement the Baker-Polito Administration's Behavioral Health Redesign initiatives, which will create a cohesive behavioral health treatment system in Massachusetts, strengthen the

behavioral health workforce, and ensure consumers in the Commonwealth have access to accurate and updated health information.

The Commission acknowledges and appreciates the Baker-Polito Administration's and the Legislature's continued support for behavioral health initiatives and investments in upstream prevention, particularly with at-risk communities. This year, we anticipate that there will be several new members of the Commission related to changes in the makeup of legislative leadership. I would be happy to offer additional details on the Commission's ongoing work and answer any questions you or they may have.

Sincerely,

Kate Ginnis, MSW, MPH
Chair, Community Behavioral Health Promotion and Prevention Commission, serving as the designee of Secretary Marylou Sudders
Senior Director of Child, Youth, and Family Policy and Programs, MassHealth

Cc: Senate President Karen E. Spilka
House Speaker Ronald Mariano

Community Behavioral Health Promotion and Prevention Commission Charge

Legal Authority: M.G.L. Chapter 6, Section 219

Purpose: Commission on community behavioral health promotion and prevention located within, but not subject to the control of, the executive office of health and human services. The commission shall work to promote positive mental, emotional and behavioral health and early intervention for persons with a mental illness, and to prevent substance use disorders among residents of the commonwealth.

21 Members:

- the secretary of health and human services or a designee, who shall serve as the chair;
- the commissioner of mental health or a designee;
- the commissioner of public health or a designee;
- the chief justice of the trial court or a designee;
- the director of the center for health information and analysis or a designee;
- the house chair of the joint committee on mental health, substance use and recovery;
- the senate chair of the joint committee on mental health, substance use and recovery;
- 1 person appointed by the speaker of the house;
- 1 person appointed by the senate president;
- 1 person appointed by the house minority leader;
- 1 person appointed by the senate minority leader; and
- 1 representative from each of the following 10 organizations:
    - Association for Behavioral Healthcare, Inc.;
    - Massachusetts Association of Community Health Workers, Inc.;
    - Massachusetts Association for Mental Health, Inc.;
    - Massachusetts Organization for Addiction Recovery, Inc.;
    - Massachusetts Public Health Association;
    - Massachusetts Society for the Prevention of Cruelty to Children;
    - National Alliance on Mental Illness of Massachusetts, Inc.;
    - Social-Emotional Learning Alliance for Massachusetts, Inc.;
    - Freedman Center at William James College; and
    - Massachusetts chapter of the National Association of Social Workers, Inc

The commission shall:

Promote an understanding of: the science of prevention; population health; risk and protective factors; social determinants of health; evidence-based programming and policymaking; health equity; and trauma-informed care; provided that the commission may use, as a guide for its work, the recommendations of the report of the special commission on behavioral health promotion and upstream prevention established pursuant to section 193 of chapter 133 of the acts of 2016;

Consult with the secretary of health and human services on grants from the community behavioral health promotion and prevention trust fund established in section 35EEE of chapter 10;

Collaborate, as appropriate, with other active state commissions, including but not limited to the safe and supportive schools commission, the Ellen Story commission on postpartum depression and the commission on autism;

Make recommendations to the legislature that: promote behavioral health and prevention issues at the universal, selective and indicated levels; strengthen community or state-level promotion and prevention systems; advance the identification, selection and funding of evidence-based programs, practices or systems designed to promote behavioral health and early intervention for persons with a mental illness and to prevent substance use disorders; and reduce healthcare and other public costs through evidence-based promotion and prevention; provided that the commission may use state and local prevalence and cost data to ensure commission recommendations are data-informed and address risks at the universal, selective and indicated levels of prevention;

Hold public hearings and meetings to accept comment from the general public and to seek advice from experts, including, but not limited to, those in the fields of neuroscience, public health, behavioral health, education and prevention science; and

Submit an annual report to the legislature as provided in subsection on the state of preventing substance use disorder and promoting behavioral health in the commonwealth.

Annually, not later than March 1, the commission shall file a report with the joint committee on health care financing and the joint committee on mental health, substance use and recovery on its activities and any recommendations. The commission shall monitor the implementation of its recommendations and update recommendations to reflect current science and evidence-based practices.

Community Behavioral Health Promotion and Prevention Commission Membership

Commission Chairperson

- Kate Ginnis, Senior Director of Child, Youth, and Family Policy and Programs, MassHealth, Designee of Secretary Sudders (Chair); held until August 2021 by Commissioner Joan Mikula, Commissioner, Department of Mental Health

Commission Staff

- Gabriel Cohen, Program Planning and Implementation Manager, Executive Office of Health and Human Services

Legislative Members

- Julian Cyr, State Senator, Appointment of Senate President Karen E. Spilka
- Daniel Cullinane, State Representative, Appointment of House Speaker Robert DeLeo
- Marjorie Decker, State Representative, House Chair of the Joint Committee on Mental Health, Substance Use and Recovery
- Cindy Friedman, State Senator, Senate Chair of the Joint Committee on Mental Health, Substance Use and Recovery

Appointed Members

- George Beilin, EdD, Licensed Psychologist, Appointment of Senate Minority Leader Bruce E. Tarr
- Lissette Blondet, Executive Director, Massachusetts Association of Community Health Workers (MACHW)
- Ray Campbell, Executive Director, Center for Health Information and Analysis (CHIA)
- Hon. Paula M. Carey, Chief Justice, Massachusetts Trial Court
- Yaminette Diaz-Linhart, LICSW, MPH, Program Director, Boston Medical Center, Massachusetts Chapter of the National Association of Social Workers (NASW-MA)
- Marilyn DeSantis, Chief Financial Officer, National Alliance on Mental Illness- Massachusetts Chapter (NAMI-MA)
- Kirsten Doherty, Project Director, Massachusetts Organization for Addiction Recovery (MOAR)
- Amanda Gilman, Senior Director of Public Policy and Research, Association for Behavioral Healthcare (ABH)
- Margaret Hannah, MEd, GCEC, Executive Director, Freedman Center at William James College
- Jessica Larochelle, SM, Director of Public Policy and Government Relations, Massachusetts Association for Mental Health (MAMH)
- Danna Mauch, PhD, President and CEO, MAMH, Appointment of House Minority Leader Bradley H. Jones, Jr.

- Mary McGeown, President and CEO, Massachusetts Society for the Prevention of Cruelty to Children (MSPCC)
- Carlene Pavlos, Executive Director, Massachusetts Public Health Association (MPHA)
- Emily Sherwood, Deputy Commissioner of Child, Youth and Family Services, Designee of Department of Mental Health Commissioner
- Lindsey Tucker, Associate Commissioner, Department of Public Health, Designee of Department of Public Health Commissioner
- James Vetter, Executive Director, Social-Emotional Learning Alliance for Massachusetts (SEL4MA)

Summary of Activities of the Community Behavioral Health Promotion and Prevention Commission for 2020-2021

June 25, 2020

Summary: *Discussion of Commission's work amidst the COVID-19 pandemic and racial and social justice movements of 2020*

After a four-month pause in activity due to the COVID-19 pandemic, the Commission discussed how the pandemic and the ongoing racial and social justice movements were impacting the work of the Commission. The Commission discussed a temporarily postponement of the work of the various subgroups that had been formed in the previous year to explore areas of potential prevention investments, specifically: 1) supporting existing community coalitions and promoting cross-sector prevention work; 2) building resilience in populations with co-occurring substance use disorder, mental health needs, and history of trauma; 3) integrated medical and behavioral health focusing on young children and families, addressing both generational and family stress; and 4) Social Emotional Learning in schools.

August 20, 2020

Summary: *Discussion of Commission's potential priorities amidst the COVID-19 pandemic and racial and social justice movements of 2020*

The Commission continued their previous discussion of the impact that the ongoing pandemic and racial and social justice movements were having on the work of the Commission. Members proposed that the Commission develop a proposal centered on support for frontline staff and caregivers of youth, particularly those of color.

October 15, 2020

Summary: *Discussion of Commission's potential priorities and formation of a subcommittee focused on developing promotion and prevention-related recommendations to address the impact of the pandemic on the behavioral health of children and families*

Members welcomed the new Commission Chair appointed by Secretary Sudders, Kate Ginnis, Senior Director of Child, Youth, and Family Policy and Programs for MassHealth. Representatives from the four workgroups that had been formed early in 2020 provided brief updates on the discussions that have occurred over the past several months regarding each group's proposed areas of investment. Written summaries of the groups' proposals appear in the Appendix.

1. Support existing community coalitions and promoting cross-sector prevention work
   - *Lissette Blondet, Kirsten Doherty, Carlene Pavlos, Lindsey Tucker, Jim Vetter*

- Proposal focuses on the formation of social emotional learning and mental health technical assistance resources to support the work of community coalitions and upstream prevention.

2. Build resilience in populations with co-occurring substance use disorder, mental health needs, and history of trauma
   - *George Beilin*
3. Integrated medical and behavioral health focusing on young children and families, addressing both generational and family stress
   - *Yaminette Diaz-Linhart, Danna Mauch, Mary McGeown*
   - Proposal focuses on creating center for integrated pediatric practice transformation, with the goal of providing pediatric practices with resources, tools, training, and consultation, similar to Team Up, Launch My Child, and Children's Hospital PPOC collaborative.
4. Promoting social emotional competency in schools
   - *Margaret Hannah, Jessica LaRochelle, Jim Vetter*
   - The proposal would focus on the promotion of social emotional competency among adults within agencies and schools. Work would include the provision of trainings and resources that would be part of existing integrated resource centers and initiatives, such Network of Care.

Members voted to create a subcommittee to develop promotion and prevention-related recommendations to address the impact of the pandemic - with a focus on the disproportionate impact of race, ethnicity, and socio-economic status - on the behavioral health of children and families.

December 17, 2020

Summary: *Discussion of the work of the promotion and prevention subcommittee and proposed recommendations*

The Commission discussed the work of the subcommittee formed at the October 15, 2020 meeting to explore promotion and prevention-related recommendations to address the impact of the pandemic on the behavioral health of children and families, with a focus on the disproportionate impact of COVID-19 on communities of color and low-resource communities. The subcommittee highlighted a number of existing initiatives and intervention models, and concluded with recommendations grouped into four distinct themes: 1) Public education about the mental health impact of the pandemic and how to support mental health and well-being for people of all ages; 2) Equip caring adults in regular contact with children with the skills to support their mental health and well-being; 3) Help schools access mental health services and supports for students and staff; and 4) Parents need information, access to peer support and help with basic needs. The Commission agreed to share feedback on the proposed recommendations before voting to adopt the set of recommendations at a future meeting.

February 22, 2021

Summary: *Discussion of Commission's annual report and potential priorities for the current fiscal year.*

The Commission did not have a quorum.

Appendix

Summaries of Workgroup Proposals

SEL Workgroup - Proposed Area of Investment
SEL and Mental Health Training and Resource Center

Brief summary of problem/issue being addressed
Across the Commonwealth, communities have been increasingly recognizing the need to take a proactive approach to support the social and emotional health and well being of all young people. But too often coordination is lacking, with youth-serving organizations working in isolation, often without the benefit of evidence-informed best practices. Because of this, too many young people are not achieving the positive outcomes that they deserve. To help prevent the onset of behavioral health conditions and to promote overall positive emotional health and wellbeing, the Community Behavioral Health Promotion and Prevention Commission has agreed to focus its efforts on children and adolescents, and has identified the importance of addressing the root causes of poor behavioral health in youth as part of its recommendations. The prevalence of mental, behavioral, and emotional conditions among youth was already well documented prior to the COVID-19 pandemic. The effects of the viral outbreak and its related consequences on youth mental health have been and will continue to be exacerbating. Children have experienced school and activity closures, disruptions in routine, parental and caregiver stress, isolation from peers, anxiety, loss, and uncertainty. They are also at greater risk for abuse. Heightened recognition of the impact of racism has made many people more aware of the inequities that result in significantly more Black and Brown youth suffering negative outcomes. This is a time like no other, and interventions and supports for youth are now more critical than ever. It is well understood that social and environmental influences in childhood shape mental health and overall health across the lifespan. Studies have looked at the effects of poverty, race, neighborhood amenities and safety, availability of a medical home, issues with childcare, and parental mental health on child emotional health and wellbeing.[1] Unfortunately, the community-based institutions that support children and families—such as schools, after school programs, pediatricians, community mental health agencies, local youth-serving agencies, public safety, local health departments, etc.—all too often work in silos and may not be using the best evidence-informed strategies. What's needed is a whole-community approach to protecting and promoting child emotional health and wellness. Communication, planning, training, and implementation across multiple community stakeholders will more effectively address the needs of the whole child, as well as address upstream determinants of poor mental and emotional wellbeing. We propose the creation of a SEL and Mental Health Training and Resource Center for the Commonwealth to work with community coalitions to help meet these needs.
Who – *Details on anticipated reach, communities of focus, etc.*

[1] Bitsko RH, Holbrook JR, Robinson LR, et al. Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders in Early Childhood — United States, 2011–2012. MMWR Morb Mortal Wkly Rep 2016;65:221–226. DOI: http://dx.doi.org/10.15585/mmwr.mm6509a1
external icon.

We propose that the SEL and Mental Health Training and Resource Center would work with community-based coalitions, especially from communities at high risk for poor population mental health due to high rates of poverty and chronic stress associated with racism. Communities would also represent geographic diversity in the Commonwealth.

The coalitions would include diverse stakeholders that all influence the wellbeing of youth in their respective communities, including but not limited to: community schools/districts, early learning/childcare organizations, out-of-school time youth-serving agencies, local health departments, community-based healthcare providers, community-based mental health providers, law enforcement, juvenile justice, emergency services, and faith-based organizations.

What – *Description of intervention, proposed model, approach, etc.*

The proposed SEL and Mental Health Training and Resource Center for the Commonwealth. The Resource Center would serve as a trusted source of information on evidence-based and innovative resources, as well as training and technical assistance, for diverse coalitions invested in the overall health and wellbeing of youth in their communities.

The Resource Center would serve as a clearinghouse for resources and tools related to the five social emotional competencies (i.e., self-management, self-awareness, responsible decision-making, relationship skills, and social awareness), as well as mental health awareness and promotion information and curricula (i.e., self-care, when to seek help, suicide prevention, etc.). Many of these resources are already in existence from statewide and national organizations and initiatives, state agencies and the federal government, academia, and foundations. In addition to curating existing resources, the Resource Center could develop new tools where there are gaps.

In an initial pilot phase of this initiative, the Resource Center would partner with diverse coalitions in three to five communities at high risk for poor child and adolescent mental health and substance use. The Resource Center would offer facilitation, training, and technical assistance to coalitions. Trained and experienced Resource Center staff would guide communities through gaps analyses and planning processes, consensus building and goal development, strategy development and implementation, and ultimately, reflection for improvement and evaluation. The goal would be to help communities develop, implement, and measure a comprehensive SEL and mental health approach for their youth.

Over time, the Resource Center would cultivate a learning community among the various community coalitions to share best practices and lessons learned. Thematic gaps or challenges experienced by the communities would be identified and shared with the Community BH Promotion and Prevention Commission to inform its policy priorities and other work. In turn, the Resource Center could help train and empower community members to participate directly in policy advocacy to help shape change in ways that are equitable, inclusive, and reflective of the true needs of communities.

The initiative would include an evaluation component both for the purposes of reflection and program improvement, but also to measure interim outcomes to begin to understand the difference the work is making. Data also would be valuable in attracting resources from other funders, and potentially replicating this model in other states and jurisdictions.

Why – *Details on evidence-based or promising practice supporting model or approach*

Research on models such as Communities That Care have shown substantial benefit from using community-based coalitions to determine local strengths and needs, build shared commitment, and use evidence-informed strategies and data-driven decision-making to promote social and emotional health and well being for young people.

Substantial evidence has shown the benefits for evidence-based approaches to behavioral health promotion. For example, a recent meta-analysis of 213 rigorous studies of social and emotional learning (SEL) programs and practices indicates that young people receiving quality SEL instruction demonstrated:

- Reduced emotional distress: including fewer reports of student depression, anxiety, stress, and social withdrawal.
- Fewer negative behaviors: including decreased disruptive class behavior, noncompliance, aggression, delinquent acts, and disciplinary referrals; and
- Improved attitudes and behaviors: including greater motivation to learn, deeper commitment to school, increased time devoted to schoolwork, and better classroom behavior;
- Better academic performance: including achievement scores an average of 11 percentile points higher than students who did not receive SEL instruction[2]

Where – *Specifics on program's geographic focus*

The communities selected in the pilot phase of this initiative would reflect geographic diversity in the Commonwealth, and would be inclusive of people living in both urban and rural areas. Just as important as geographic diversity, we would select communities that are disproportionately vulnerable to poor mental and emotional health due to risk factors such as poverty, trauma, racism, lack of access to services, high rates of incarceration and homelessness, and stigma, among other considerations.

When – *Timeline and key milestones*

YEAR 1

- SEL and Mental Health Training and Resource Center vendor selected
- Staff hired, space secured, technology and other operating infrastructure in place
- SEL and mental health resources curated and organized
- Website developed and launched with library of resources for communities
- RFR issued for community coalitions to participate in the pilot
- 3-5 communities chosen to participate in the pilot

YEAR 2

- Resource Center staff guide communities through mapping and planning processes
- Communities identify their own needs and set priorities for youth emotional health
- Resource Center staff support development of strategies and tactics, provide training and technical assistance, and support intervention implementation
- Resource Center and communities engage in process evaluation

LONGER-TERM

- Resource Center and communities engage in interim outcomes evaluation
- Resource Center cultivates a learning community among pilot communities
- Gaps and challenges identified by communities inform policy priorities of the Community BH Promotion and Prevention Commission
- Communities empowered to engage in policy advocacy
- New resources secured to reach additional communities

So what? – *Specifics on projected impact and outcomes*

At the end of Year 2, anticipated outputs and interim outcomes would include:

[2] Durlak, J.A., Weissberg, R.P., Dymnicki, A.B., Taylor, R.D., & Schellinger, K. (2011) The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. Child Development: 82 (1), 405-432.

- Resource Center created with information and resources available to communities across the Commonwealth on social emotional competencies and mental wellness for youth.
- Three to five communities at high risk for poor child and adolescent emotional health outcomes engaged, and coalition membership includes diverse youth-serving entities and youth themselves.
- Facilitation provided to help communities identify gaps and challenges, develop consensus around goals, and formulate action plans.
- Training and technical assistance provided to help communities develop social emotional and mental wellness competencies through evidence-based curricula and tools.
- Evaluation support to help communities identify what changes they want to see, and what they want to and actually can measure. Infrastructure created for data collection and analyses.
- Data infrastructure systems in place and process/output data collection underway.
- First convenings of learning community for community coalitions held with opportunities for sharing best practices, lessons learned, and troubleshooting.
- Common challenges and gaps identified across communities to inform policy advocacy.
- Community members directly engaged in education policymakers and policy change.
- Resource Center well positioned with resources to engage new communities in subsequent phases of the initiative.

Estimated Cost

- $500-800K annual cost for the SEL and Mental Health Training and Resource Center (including staffing, technology, travel, training and technical assistance, indirect costs)
- $25K+ per community (including staffing, meeting expenses, technology, evaluation support)