



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
COMMONWEALTH OF MASSACHUSETTS
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February 27, 2024

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 from the prior year, pursuant to M.G.L. Chapter 6, Section 219. Please accept this letter as the Commission's annual report.

In the past year, the Commission reconvened twice under its newly-expanded charge, which includes, among other responsibilities, advancing evidence-based practices designed to further promote behavioral health, collecting and analyzing data measuring population-based indicators, and most notably, serving as an advisory board to the Office of Behavioral Health Promotion (OBHP). The Executive Office of Health and Human Services (EOHHS), led by the Commissioner for the Department of Mental Health, has been working to stand up the OBHP and recruit for its leadership position, which has been elevated to the level of an Assistant Commissioner, given the Office's role coordinating all executive office, state agency, independent agency and state commission activities that promote behavioral health and wellness. EOHHS seeks a strong candidate with a broad range of experience, including a proven knowledge of evidence-based practices, upstream promotion work, and the importance of social determinants of health. EOHHS anticipates the role to be filled in the coming month,

and the Assistant Commissioner's close collaboration with the Commission to begin shortly thereafter.

In anticipation of its role advising the Assistant Commissioner for the OBHP, the Commission has begun reviewing its work to date and developing a comprehensive approach to collaborating with the OBHP over the coming year.

The Commission is deeply grateful that \$16,776,906 has been allocated to the Community Behavioral Health Promotion and Prevention Trust Fund, a portion of which EOHHS has elected to draw upon for staffing the OBHP; and supporting critical public health needs affecting children and young adults through the establishment of an Interagency Response Team (IRT) to better coordinate and expedite support for youth with complex behavioral health or special needs, as required by Chapter 177 of the Acts of 2022: An Act Addressing Barriers to Care for Mental Health.

As the Commission's members continue to develop the specific recommendations for the EOHHS Secretary, the Commission will ensure that its proposals will complement the behavioral health initiatives of the Healey-Driscoll Administration.

I would be happy to offer additional details on the Commission's ongoing work and answer any questions you may have.

Sincerely,



Kiame Mahaniah, MD, MBA
Undersecretary for Health
Executive Office of Health and Human Services

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

Community Behavioral Health Promotion and Prevention Commission Charge

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

Section 219:

(a) There shall be a 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.

(b)(1) The commission shall consist of 21 members, as follows: 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: the Association for Behavioral Healthcare, Inc.; the Massachusetts Association of Community Health Workers, Inc.; the Massachusetts Association for Mental Health, Inc.; the Massachusetts Organization for Addiction Recovery, Inc.; the Massachusetts Public Health Association; the Massachusetts Society for the Prevention of Cruelty to Children; the National Alliance on Mental Illness of Massachusetts, Inc.; the Social-Emotional Learning Alliance for Massachusetts, Inc.; the Freedman Center at William James College; and the Massachusetts chapter of the National Association of Social Workers, Inc.

(2) Members of the commission shall serve for a term of 4 years, without compensation. Any member shall be eligible for reappointment. Vacancies shall be filled in accordance with paragraph (1) for the remainder of the unexpired term. Any member who is appointed by the governor may be removed by the governor for cause.

(c) The commission may establish advisory committees to assist its work.

(d) The commission shall:

(1) promote an understanding of: (i) the science of prevention; (ii) population health; (iii) risk and protective factors; (iv) social determinants of health; (v) evidence-based programming and policymaking; (vi) health equity; and (vii) 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;

(2) 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;

(3) 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;

(4) make recommendations to the legislature that: (i) promote behavioral health and prevention issues at the universal, selective and indicated levels; (ii) 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 (iv) 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;

[Clauses (5) and (6) of subsection (d) below were effective until November 8, 2022.]

(5) 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

(6) submit an annual report to the legislature as provided in subsection (e) on the state of preventing substance use disorder and promoting behavioral health in the commonwealth.

[Clauses (5) and (6) of subsection (d) as amended by 2022, 177, Sec. 1 effective November 8, 2022.]

(5) facilitate the development of interagency initiatives that: (i) are informed by the science of promotion and prevention; (ii) advance health equity and trauma-responsive care; and (iii) address the social determinants of health;

(6) develop and implement a comprehensive plan to strengthen community and state-level promotion programming and infrastructure through training, technical assistance, resource development and dissemination and other initiatives;

[Clauses (7) to (12) of subsection (d) added by 2022, 177, Sec. 1 effective November 8, 2022.]

(7) advance the identification and dissemination of evidence-based practices designed to further promote behavioral health and the provision of supportive behavioral health services and

programming to address substance use conditions and to prevent violence through trauma-responsive intervention and rehabilitation;

(8) collect and analyze data measuring population-based indicators of behavioral health from existing data sources, track changes over time and make programming and policy recommendations to address the needs of populations at greatest risk;

(9) coordinate behavioral health promotion and wellness programs, campaigns and initiatives;

(10) hold public hearings and meetings to accept comment from the 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;

(11) serve as an advisory board to the office of behavioral health promotion established in section 16DD of chapter 6A; and

(12) submit an annual report to the legislature as provided in subsection (e) on the state of preventing substance use and promoting behavioral health in the commonwealth.

(e) 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

- Kiame Mahaniah, Undersecretary for Health, designee of Executive Office of Health and Human Services Secretary Kathleen E. Walsh (Chair)

Legislative Members

- Adrian Madaro, State Representative, House Chair of the Joint Committee on Mental Health, Substance Use and Recovery
- Tram Nguyen, State Representative, Appointment of House Speaker Ronald Mariano
- Pavel Payano, State Senator, Appointment of Senate President Karen E. Spilka
- John Velis, State Senator, Senate Chair of the Joint Committee on Mental Health, Substance Use and Recovery

Ex Officio and Appointed Members

- Nancy Allen Scannell, Massachusetts Society for the Prevention of Cruelty to Children (MSPCC)
- Ruth Blodgett, Department of Public Health (*designee of the Commissioner of Public Health*)
- Lissette Blondet, Massachusetts Association of Community Health Workers (MACHW)
- Georgia K. Critsley, Executive Office of the Trial Court (*designee of Chief Justice Jeffrey Locke*)
- Yaminette Diaz-Linhart, Massachusetts Chapter of the National Association of Social Workers (NASW-MA)
- Elizabeth Ganz, Association for Behavioral Healthcare (ABH)
- Margaret Hannah, Freedman Center at William James College
- Jessica Larochelle, Massachusetts Association for Mental Health (MAMH)
- Danna Mauch, MAMH, Appointee of House Minority Leader Bradley H. Jones, Jr.
- Carlene Pavlos, Massachusetts Public Health Association (MPHA)
- Denise Pixley, Massachusetts Organization for Addiction Recovery (MOAR)
- Myisha Rodrigues, National Alliance on Mental Illness - Massachusetts Chapter (NAMI-MA)
- Emma Schlitzer, Center for Health Information and Analysis (CHIA) (*designee of CHIA Executive Director*)
- James Vetter, Social-Emotional Learning Alliance for Massachusetts (SEL4MA)
- Wanda Visnick, Justice Resource Institute, Appointment of Senate Minority Leader Bruce E. Tarr
- Charlene Zuffante, Department of Mental Health (*designee of the Commissioner of Mental Health*)

**Summary of Activities of the Community Behavioral Health Promotion
and Prevention Commission for 2023-2024**

November 16, 2023

Summary: *Discussion of the statutory changes within Chapter 177 of the Acts of 2022 and future priorities for the Commission*

Commission members discussed the statutory changes included within the Acts of 2022, which dramatically expanded the scope of the Commission, as well as the planning underway for the Executive Office of Health and Human Services to utilize a portion of the Community Behavioral Health Trust Fund to establish an Interagency Response Team (IRT) and staff the Office of Behavioral Health Promotion (OBHP). Members discussed potential priorities for the Commission in the upcoming year, including serving as the future advisory board for the Assistant Commissioner for the OBHP.

February 8, 2024

Summary: *Discussion of past proposals developed by Commission workgroups, future priorities for the Commission, and updates on the hiring of the OBHP Assistant Commissioner*

Commission members discussed the package of proposals developed by the Commission's workgroups in 2020 and 2021. Members discussed potential priorities for the Commission in the upcoming year and the future collaboration with the Assistant Commissioner for the OBHP.