

Community Behavioral Health Promotion and Prevention Commission

Meeting Minutes
February 25, 2019
3:00-5:00 pm

Date of meeting: Monday, February 25, 2019

Start time: 3:10 pm

End time: 4:55 pm

Location: McCormack Building, One Ashburton Place, 21st floor, Boston, MA 02108

Members present:

- Emily Sherwood – Department of Mental Health (acting chair and designee of Secretary Sudders)
- Lindsey Tucker – Department of Public Health
- Paula M. Carey – Trial Court
- Ray Campbell – Center for Health Information and Analysis
- Danna Mauch – Massachusetts Association for Mental Health
- Daniel Cullinane – State Representative
- George Beilin – Licensed Psychologist
- Jessica LaRoche – Massachusetts Association for Mental Health
- Carlene Pavlos – Massachusetts Public Health Association
- Mary McGeown – Massachusetts Society for the Prevention of Cruelty to Children
- James Vetter – Social-Emotional Learning Alliance for Massachusetts
- Margaret Hannah – Freedman Center at William James College
- Amanda Gilman – Association for Behavioral Health
- Yaminette Diaz-Linhart – Massachusetts Chapter of the National Association of Social Workers

Members absent:

- Jonah Beckley – Office of Senate President Spilka
- Lissette Blondet – Massachusetts Association of Community Health Workers
- Marilyn DeSantis – National Alliance on Mental Illness
- Kirsten Doherty – Massachusetts Organization for Addiction Recovery
- Cindy Friedman – State Senator
- Denise Garlick – State Representative
- Joan Mikula – Department of Mental Health

Proceedings

Deputy Commissioner Sherwood, acting Chair, called the meeting to order at 3:10 pm.

Vote 1 to allow remote participation: Deputy Commissioner Sherwood requested a motion to vote on allowing remote participation. Dr. Mauch introduced the motion, which was seconded by Chief Justice Carey and approved unanimously by all members present. The motion passed.

Gabriel Cohen from the Executive Office of Health and Human Services explained that Secretary Sudders will be submitting a letter to the Clerks of the Massachusetts Senate and House of Representatives at the end of the week informing the Legislature that the Commission has met twice and will be submitting its first

annual report in March of 2020. He stated that the Commission has received an offer of technical support from the Results First Initiative, which Commission members had commented had been instrumental in the work of the Behavioral Health Promotion and Upstream Prevention (“Promote Prevent”) Commission.

Deputy Commissioner Sherwood noted that based on discussions during the Commission’s previous meeting in January, the proposed meeting schedule had been revised to include an additional meeting scheduled for April 8, 2019. She explained that for this meeting, a level set discussion had been planned to review the Promote Prevent Commission’s recommendations outlined in its final report. She noted that a number of the members of the current Commission had served on the Promote Prevent Commission and were willing to provide an overview of the Commission’s work and final recommendations.

At 3:16 pm, Rep. Cullinane joined the meeting.

Professor Hannah provided an overview of the Promote Prevent Commission, which developed a set of 25 recommendations over the course of 13 months (see PowerPoint presentation posted online to the [Commission’s Meeting Materials webpage](#) for additional details). She noted that the Commission’s members had agreed unanimously to recommend additional investments in community-based prevention and evidence-based programs, and that the Commission had agreed upon principles by which to operate, which included acting early and investing upstream, following an integrated behavioral health approach, supporting the science of prevention, investing across the continuum of care, and building prevention infrastructure.

Mr. Vetter explained that the Promote Prevent Commission looked at the full spectrum of support from promotion of behavioral health to treatment and maintenance. He stated that as greater investments are made in the promotion and prevention of behavioral health services (upstream), there are significant quality of life and cost-saving benefits for the Commonwealth as a result (downstream).

Chief Justice Carey reiterated the Commission’s recommendations of acting early and investing upstream to prevent behavioral health consequences downstream. She cited data from Boston courts that 49% of probationers in Boston had not graduated high school or received a GED, 57% had been expelled from school, and 23% have parents who had a criminal record. She stated that the statistics revealed areas in which the Commission could potentially work. Chief Justice Carey noted that the recommendations may serve as a useful roadmap for the Commission, in combination with the research and technical assistance from the Results First Initiative, who were able to provide the Promote Prevent Commission with research studies and assessments of programs from other states.

Ms. Diaz-Linhart stated that the multi-disciplinary approach was helpful for the Promote Prevent Commission’s work, as well as the utilization of sub-committees.

Mr. Campbell emphasized the importance of focusing on data-driven and evidence-based approaches in guiding the Commission’s work. He added that social determinants of health were key to providing insight to better understand outcomes, citing data on rates of opioid addiction among construction workers, which he noted were six times higher than those for the general population.

Ms. Gilman stated that the process of organizing the Promote Prevent Commission’s work was well designed and noted that the Commission focused on individuals aged 22 years and younger, which she suggested should be a frame of reference for the Community Behavioral Health Commission’s future work.

In response to a question from Deputy Commissioner Sherwood, Professor Hannah explained that the Promote Prevent Commission met numerous times with community coalition members from across the state to survey existing community-based prevention efforts.

Chief Justice Carey provided an overview of sequential intercept mapping, which she explained involves engaging with numerous community partners, including behavioral health providers, sober homes, trauma providers, and physicians to create community-specific maps to identify evidence-based programs available for community members, as well as any gaps in programming. She noted that 18-20 communities in Massachusetts had been mapped and details are available on the Trial Court's website. She stated that the cost to organize the mapping exercise was approximately \$20,000 per community. Mr. Vetter added that the benefit of a community-based approach is the engagement of communities to build ownership and increase community involvement in programming.

In response to a question from Ms. Pavlos, Professor Hannah stated that the Communities That Care and Strategic Prevention Framework were specifically selected by the Promote Prevent Commission as they were culturally responsive.

Rep. Cullinane stated his desire that the Commission take a bottom-up approach to working with community groups. He cited the example of the Mattapan Community Health Center's behavioral health program, which he noted grew from small seed funding provided by the state into an integrated behavioral health program within the health center that has generated positive results for the surrounding community.

In response to a question from Deputy Commissioner Sherwood, Professor Hannah noted that the Results First Initiative provided the Promote Prevent Commission with an overview of community coalition models and connected the Commission to representatives who were responsible for both designing and implementing the community-based behavioral health models. Mr. Vetter added that the Commission met with the Massachusetts Technical Assistance Partnership for Prevention (MassTAPP), which has supported community-based programming in the state.

Ms. LaRoche mentioned that in planning its work, the Commission could consider a community coalition approach as well as a universal public policy approach to provide communities with the autonomy to address their own needs. She added that within the context of a broad policy approach, communities would then have technical assistance or resources to develop the types of programming community members feel they need.

Deputy Commissioner Sherwood reviewed the Promote Prevent Commission's specific recommendations and confirmed that the Behavioral Health Promotion, Prevention, and Early Intervention (BeHaPPE) trust fund has been established, but has not been funded. Professor Hannah added that the Community Behavioral Health Commission would likely be unable to address all of the previous Commission's recommendations, but in forming its work, members should consider the list of recommendations as a potential roadmap to help guide the Commission's decisions.

In response to a question from Ms. Pavlos about whether the social determinants of health were incorporated into the Promote Prevent Commission's findings, Ms. Diaz-Linhart noted that the Commission's final report discussed social determinants of health throughout. Dr. Mauch and Rep. Cullinane added that the Community Behavioral Health Commission should be explicit in any recommendations it produces about social determinants of health. Rep. Cullinane proposed potentially creating a subgroup within the Commission to review existing behavioral health programming in the Commonwealth.

Mr. Campbell suggested a role for the state could be the provision of templates and incentives for communities to work together and leverage state materials to mobilize themselves to reinforce a "bottom-up" dynamic.

Deputy Commissioner Sherwood proposed that the Commission invite a future speaker to present on the National Implementation Research Network (NIRN). Dr. Mauch added that the Health Foundation of Central Massachusetts engaged with outside evaluation research experts who the Commission might want to consider engaging for its own work.

In response to a question from Mr. Vetter, Deputy Commissioner Sherwood reviewed the Commission's charges.

Dr. Mauch suggested that the Commission consult with an existing working group that is examining and updating the health curriculum framework. Professor Hannah reiterated the importance of collaborating with other existing commissions in the Commonwealth. Deputy Commissioner Sherwood noted that a useful resource for the Commission would be a list of existing commissions in the Commonwealth to help identify areas of potential collaboration. In response, Ms. Diaz-Linhart requested that the Commission receive a brief assessment of the existing programs as a first step for prioritizing the Commission's work. Ms. Diaz-Linhart added that for the Commission's next meeting, the Results First Initiative could utilize the Promote Prevent Commission's recommendations as a framework for a summary of existing behavioral health programming. Ms. Pavlos suggested that it would be potentially helpful for the Commission to create a rubric for prioritizing its work and help identify areas where the Commission can be most effective.

Deputy Commissioner Sherwood summarized action items for the Commission's next meeting, which included exploring whether an inventory of related commissions could be generated, along with examples of existing programming from the Result First Initiative. She noted that Commission members should come prepared to the next meeting having read the Promote Prevent Commission's report. Ms. Diaz-Linhart added that she would be able to share information on consensus building techniques for the next meeting.

Vote 2 to adjourn: Deputy Commissioner Sherwood requested a motion to adjourn the meeting. Dr. Mauch introduced the motion, which was seconded by Chief Justice Carey and approved unanimously by all members present. The motion passed.

The meeting was adjourned at 4:55 pm.