



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
COMMONWEALTH OF MASSACHUSETTS
ONE ASHBURTON PLACE, BOSTON, MA 02108

Tel: (617) 573-1600
Fax: (617) 573-1891
www.mass.gov/eohhs

MAURA T. HEALEY
GOVERNOR

KATHLEEN E. WALSH
SECRETARY

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

March 4, 2025

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

Timothy Carroll, Clerk
State House, Room 145
Boston, MA 02133

RE: Community Behavioral Health Promotion and Prevention Commission

Dear Clerks Hurley and Carroll:

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 met five times, focusing primarily on efforts to support the Executive Office of Health and Human Services (EOHHS) and the Department of Mental Health (EOHHS) in establishing the Office of Behavioral Health Promotion and Prevention (OBHPP). After a six-month recruitment process, EOHHS selected an outstanding candidate, Dr. Funmi Aguocha, who joined in June 2024 and brings a wealth of experience in behavioral health promotion and prevention. Assistant Commissioner Aguocha immediately began engaging the Commission on a number of initiatives, including a priority-setting exercise, which incorporated members' goals, expectations, and potential priorities for the Commission in the upcoming year. Additionally, members were instrumental in collaborating on a Request for Information (RFI) released in October by the OBHPP to gather information from communities about their specific behavioral health needs and innovative approaches they would seek to implement.

The Commission's members remain committed to promoting initiatives centered on behavioral health promotion, focusing on children/young adults, ensuring the voices of community coalitions are reflected in the Commission's work, along with equity and young adults, particularly those in marginalized communities.

The Commission is deeply grateful that \$19,849,679 has been allocated to the Community Behavioral Health Promotion and Prevention Trust Fund, a portion of which has been utilized to staff the OBHPP and support critical public health needs affecting children and young adults through the establishment of an Interagency Response Team (IRT), established to coordinate and expedite support for youth with complex behavioral health or special needs. In the coming years, through a grant-making program led by the OBHPP, these Trust Fund dollars will foster numerous community-based initiatives focused on behavioral health promotion and prevention across the Commonwealth.

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,

A handwritten signature in black ink, appearing to read 'Kiame Mahaniah', written in a cursive style.

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 23 members, as follows: the secretary of health and human services or a designee, who shall serve as the chair; the secretary of veterans' services or a designee; 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; 1 person appointed by the governor representing a veterans organization in the commonwealth; 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;
- (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;
- (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)
- Lena Asmar, Appointee of the Governor representing a veterans' organization in the Commonwealth
- Ruth Blodgett, Department of Public Health (*designee of the Commissioner of Public Health*)
- Jessica Collins, Public Health Institute of Western Massachusetts, representing the Massachusetts Public Health Association (MPHA)
- Georgia K. Critsley, Executive Office of the Trial Court (*designee of Chief Justice Heidi Brieger*)¹
- Yaminette Diaz-Linhart, Massachusetts Chapter of the National Association of Social Workers (NASW-MA)
- Lynette Gabrila, Executive Office of Veterans Services (EOVS)
- Elizabeth Ganz, Association for Behavioral Healthcare (ABH)
- Margaret Hannah, Freedman Center at William James College
- Jacqueline Hubbard, National Alliance on Mental Illness - Massachusetts Chapter (NAMI-MA)
- Sophie Jean-Felix, Massachusetts Association of Community Health Workers (MACHW) (*as of 2/6/2025*)
- Jessica Larochelle, Massachusetts Association for Mental Health (MAMH)
- Danna Mauch, MAMH, Appointee of House Minority Leader Bradley H. Jones, Jr.
- Emma Schlitzer, Center for Health Information and Analysis (CHIA) (*designee of CHIA Executive Director*)
- Noel Sierra, Massachusetts Organization for Addiction Recovery (MOAR) (*as of 2/6/2025*)
- Stephanie Sladen, Children's Friend and Family Services, Justice Resource Institute (JRI), Appointment of Senate Minority Leader Bruce E. Tarr

¹ In accordance with CJE Opinion No. 2014-4, "Serving on Statutory Commissions" (December 10, 2014), the designees from the Trial Court and Juvenile Court serve the Commission in a limited, consulting role and do not take a position on the Commission's overall recommendations.

- James Vetter, Social-Emotional Learning Alliance for Massachusetts (SEL4MA)
- 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 2024-2025

May 1, 2024

Summary: *Announcement of the selection of the hiring of the Assistant Commissioner for the Office of Behavioral Health Promotion and Prevention and a presentation on promotion and prevention concepts and the continuum of behavioral healthcare*

Commissioner Doyle shared an update on the hiring of the Assistant Commissioner for the Office of Behavioral Health Promotion and Prevention (OBHPP), announcing that the hiring committee had selected Dr. Funmi Aguocho, who will be starting in June. Dr. Nadja Lopez, Executive Director of the William James College Center for Behavioral Health, Equity, and Leadership in Schools, presented to the Commission on promotion and prevention concepts and the continuum of behavioral healthcare. Dr. Lopez's presentation covered a broad range of topics, but focused on areas where the Commission could incorporate promotion and prevention frameworks into its work.

June 12, 2024

Summary: *Introduction of OBHPP Assistant Commission and discussion of past proposals developed by Commission workgroups, members' goals and expectations for the Commission's work, and future priorities for the Commission*

OBHPP Assistant Commissioner, Dr. Funmi Aguocho, introduced herself to the Commission, and participated in a priority-setting discussion, focusing on members' goals, expectations, and potential priorities for the Commission in the upcoming year. Among the topics highlighted were the following:

- Activities centered on behavioral health promotion, focusing on children/young adults, potentially building off the work of community coalitions
- Community input and ensuring input from community coalitions
- Equity and young adults, particularly those in the migrant community
- Releasing a request for information (RFI) during the next six months, focusing on community and provider engagement
- Focus on the promotion and prevention building blocks

August 8, 2024

Summary: *Discussion of the OBHPP and proposed Request for Information*

Assistant Commissioner Aguocho provided status updates on the newly-established OBHPP, soliciting members' feedback on their priorities for the OBHPP. Additionally, Commissioner Doyle and Assistant Commissioner Aguocho highlighted the Office's key responsibilities, theoretical frameworks that support

its work, proposed roadmap for the establishment of the OBHPP, as well as a proposed Request for Information (RFI), which the OBHPP intends to release in the coming months to gather information from communities about their specific behavioral health needs and innovative approaches they would seek to implement.

October 10, 2024

Summary: *Continued discussion of the OBHPP and proposed RFI*

Assistant Commissioner Aguocha shared additional updates on the establishment of the OBHPP, including the refinement of the Office's mission and health equity statements. Members shared specific feedback on the draft language in the mission and vision statements, emphasizing the importance of focusing on prevention initiatives over treatment. Assistant Commissioner Aguocha provided members with a detailed overview of the proposed RFI, a draft of which had been shared with members prior to the meeting and would help identify gaps in knowledge and create an opportunity to hear from communities around the existing prevention and promotion programming. Members offered specific feedback on the language in the draft RFI.

December 12, 2024

Summary: *Continued discussion of the OBHPP and proposed RFI, as well as a presentation from DPH on the Community Health Equity Initiative*

Assistant Commissioner Aguocha shared additional updates on the establishment of the OBHPP and the RFI, which was posted in November. Representatives from DPH presented on the Community Health Equity Initiative (CHEI), which collects data on the social and structural determinates of health experienced by Massachusetts residents, specifically among communities impacted by structural racism and other drivers of inequity.

February 6, 2025

Summary: *Continued discussion of the OBHPP and proposed RFI, as well as a presentation from the Bureau of Substance Addictions Services at DPH*

Assistant Commissioner Aguocha shared additional updates on the establishment of the OBHPP and the RFI. Members review the draft annual report. Representatives from the Bureau of Substance Addiction Services (BSAS) at DPH presented an overview of the prevention initiatives they are leading.