



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

October 26, 2023

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.

Chapter 177 of the Acts of 2022 offered a fundamentally enhanced vision of the Commission's charge, expanding its scope to include a broad range of new responsibilities, including the development and implementation of a comprehensive plan to strengthen community and state-level promotion programming and infrastructure through training, technical assistance, resource development and dissemination and other initiatives; collecting, analyzing, and tracking data measuring population-based indicators of behavioral health from existing data sources; making programming and policy recommendations to address the needs of populations at greatest risk; coordinating behavioral health promotion and wellness programs, campaigns and initiatives; and serving as an advisory board to the newly-established Office of Behavioral Health Promotion (OBHP).

The Healey-Driscoll Administration envisions the Commission working in close collaboration with the new OBHP and has been working to implement the creation of that office. The

process for hiring an OBHP Director has begun. We will be convening the Commission in the next weeks to review work to date, evaluate the expanded mission, and develop an approach to collaborating with the OBHP and its Director.

The Commission is deeply grateful that \$14,773,638 has been allocated to the Community Behavioral Health Promotion and Prevention Trust Fund. As its members continue to develop its specific priorities and recommendations, the Commission will ensure that its proposals will complement the Healey-Driscoll Administration's behavioral health initiatives.

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 blue ink, appearing to read "Kiame Mahaniah".

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

- John Velis, State Senator, Senate Chair of the Joint Committee on Mental Health, Substance Use and Recovery
- Cindy Friedman, State Senator, Appointment of Senate President Karen E. Spilka
- 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

Appointed Members

- Jennifer Barrelle, Deputy Commissioner, Department of Public Health (designee of the Commissioner of Public Health)
- Lissette Blondet, Executive Director, Massachusetts Association of Community Health Workers (MACHW)
- Georgia K. Critsley, Senior Counsel for Governmental Affairs, Executive Office of the Trial Court (designee of Chief Justice Jeffrey Locke)
- Yaminette Diaz-Linhart, Program Director, Brandeis University, Massachusetts Chapter of the National Association of Social Workers (NASW-MA)
- Brooke Doyle, Commissioner, Department of Mental Health
- Margaret Hannah, Executive Director, Freedman Center at William James College
- Jessica Larochelle, Co-Director of Public Policy and Government Relations, Massachusetts Association for Mental Health (MAMH)
- Danna Mauch, President/CEO, MAMH, Appointment of House Minority Leader Bradley H. Jones, Jr.
- Carlene Pavlos, Executive Director, Massachusetts Public Health Association (MPHA)
- Denise Pixley, Assistant Program Director, Massachusetts Organization for Addiction Recovery (MOAR)
- Myisha Rodrigues, Executive Director, National Alliance on Mental Illness - Massachusetts Chapter (NAMI-MA)
- Emma Schlitzer, External Affairs Manager, Center for Health Information and Analysis (CHIA) (designee of CHIA Executive Director)
- Megan Thompson, Senior Director of Payment and Care Delivery, Association for Behavioral Healthcare (ABH)
- James Vetter, Executive Director, Social-Emotional Learning Alliance for Massachusetts (SEL4MA)
- Wanda Visnick, Justice Resource Institute, Appointment of Senate Minority Leader Bruce E. Tarr

**Summary of Activities of the Community Behavioral Health Promotion
and Prevention Commission for 2022-2023**

October 20, 2022

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 revised the scope of the Commission. Members discussed potential priorities for the Commission in the upcoming fiscal year. No decisions were made on priorities or proposed recommendations.